LEWIS, LISA SCANDALE. Community College Nursing Students’ Experience of Repeating a Course After Academic Failure. (Under the direction of Susan Barcinas.)

This narrative inquiry study looked at community college nursing student repeaters, those who have failed a required nursing course and then gone on to repeat the course. Nursing student repeaters are a population at especially high risk for attrition, and about whom little is known. The community college setting is an important site of nursing education, where approximately half of new nurses do their pre-licensure schooling and where attrition is a particular problem. Fourteen nursing student repeaters were interviewed and eleven of them provided a letter of advice to a future nursing student repeater. While each participant had a unique story, common narratives emerged from the data and were presented as storylines: Repeating is an Emotional Journey, Ultimately Repeating was the Best Thing for Me, Nursing School Happens in the Midst of Life, and Nothing Can Really Prepare You for Nursing School. Two additional common themes surfaced from the stories: Finding Support From Other Repeaters and Nursing is More Than Just a Career for Me. The stories of the participants were further analyzed through the lens of Morales’ theory of academic resilience. The results of this study suggest that there is a need for additional support, academic and emotional, for this population. This study adds to the literature on nursing student retention by suggesting interventions that may help nursing student repeaters achieve academic success and thus encourage nursing students to persist in school. This study also adds to the literature on Morales’ theory of academic resilience by demonstrating that the theory may be applied to nursing student repeaters, a population that has not previously been studied through the perspective of this theory.
Community College Nursing Students’ Experience of Repeating a Course
After Academic Failure

by
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DEDICATION

This dissertation is dedicated to my family, who have supported and encouraged me throughout this very lengthy process! Dave, Jessica, Talia and Kyle… I couldn’t have done it without you. I love you so much!
BIOGRAPHY

Lisa Scandale Lewis became a nurse over 25 years ago, and has made a career focused on patient care. After years of bedside care, she decided to share her love of nursing with the next generation of nurses by teaching pre-licensure nursing students. Lisa felt that pursuing a doctorate in education was the next logical step in the process of improving her ability as a nurse educator.
ACKNOWLEDGMENTS

A dissertation reflects independent work, but this project could never have been accomplished without the help of many people. First and foremost, as a professor and committee chair, Dr. Susan Barcinas provided inspiration, guidance and motivation for me throughout this journey. She let me figure out my own way, but was there to point me in the right direction when I wandered off the path. Dr. Duane Akroyd provided valuable advice as I went through my coursework and then offered challenging questions in the role of committee member during my dissertation process. Dr. Alyssa Rockenbach contributed thoughtful feedback on this work, and was also very supportive and encouraging. Finally, I appreciate Dr. Carol Figuers serving on my committee to bring the perspective of someone outside of the fields of both adult education and nursing. Her knowledge of education and the health care field prepared her to understand this work, but her viewpoint was unique among the committee members.

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CHAPTER 1: INTRODUCTION

Nursing student success and failure has been researched from a variety of perspectives (Beauvais, Stewart, DeNisco & Beauvais, 2014); however, the experience of community college students repeating a required nursing course has had little attention. This research study opened the door to learning about the experiences of the struggling nursing student that have not been previously known, and which may lead to the creation of practices or interventions that community colleges may employ to support student success. In this chapter, the background of nursing student academic failure, significance of and rationale for the study, and the positionality of the researcher are described. Finally, there is a description of the research study including the theoretical framework, and the case is made for the importance of this work.

Background and Rationale

Background

When I became an academic nurse educator in 2008, I was struck by a phenomenon, to which I had previously given little attention: nursing student “repeaters”. Repeaters are nursing students who have successfully made it through the rigorous admission requirements and challenging foundational coursework, yet subsequently fail a required nursing course and return to retake the course. Jeffreys (2004) notes “any low or failed academic outcome measure places a [nursing] student at risk for attrition” (p. 125) and the reasons for such students leaving are not limited to academic ability or lack thereof. I observed several different paths a repeating nursing student could take, for example: learning from the
experience of academic failure and going on to unqualified success, persisting in the program but in a context of mediocre academic performance and negative interpersonal relationships, voluntarily withdrawing at some point during or after the repeating experience, or failing a second time and being dismissed from the program. Repeaters were clearly undergoing a complex experience, with layered emotional and social consequences on top of academic consequences. I began to wonder what the experience of repeating was like, and why it seemed to affect different students in different ways. This wondering became a fascination for me.

Observation of nursing student repeaters, and understanding of the context of nursing education and the problem of student attrition were two roots of my desire to learn more about these students. An equally important motivation came from my deep belief that it takes more than academic intelligence to be an effective nurse. McNelis and her colleagues (2010) stated that nursing school admission criteria must include more than just academic measures to identify students who have the potential to be successful in nursing school and in the nursing profession. I believe that, in addition to the science and “book learning” of the profession, intuition, compassion, emotional intelligence, and other qualities are crucial for nursing. A repeater could be someone who is less than outstanding academically, but has other abilities conducive to good nursing that are harder or perhaps even impossible to teach. I feel passionately that such students should be supported to achieve the academic learning they need, even if it requires more time and effort.

There is a paucity of literature addressing nursing student repeaters, possibly because this population is not specifically identified in reported nursing education outcomes.
Regulatory bodies, such as state boards of nursing, track outcomes including gender and ethnicity of nursing students and number of graduates passing the licensure exam (North Carolina Board of Nursing, 2014). The state boards of nursing do not collect data on the number of nursing students who fail and repeat a course; the statistic that gives an indication of the prevalence of this problem is the on-time completion rate. In the academic year 2013-2014, the on-time completion rate for community college nursing students in North Carolina averaged only 53.9% (North Carolina Board of Nursing, 2014). However, the on-time completion rate is defined by the U.S. Department of Education as 150% of the “normal” time frame in which a student should complete the academic program (2015). The reason for a student taking longer than the normal time frame to complete nursing school is not captured in this statistic, which includes students who took leaves of absence or matriculated through the program on a less than full time basis. Nursing student repeaters are hidden within these numbers.

Published research on failing nursing students comes from several perspectives including the concern that faculty may not fail an incompetent student and the necessity for grading standards and consistent criteria to make it easier to fail the student who underperforms in the clinical setting. An additional group of research on failing nursing students addresses concerns about specific areas in which a student might fail, such as ethical issues or medication administration. The few studies that have considered nursing students from a perspective of repeating a required course have not focused specifically on the student experience. Poorman and her colleagues (2002, 2008, 2013) published the results of qualitative studies of nursing students who were struggling academically, though not
repeating a course, and specifically examined the influence of faculty actions on the student, from the perspective of both teachers and students. Themes from the student perspective included faculty helping and hindering behaviors; for example, reviewing content and reaching out to the student were helpful actions, while faculty hindered student success with uncaring, favoring, owning (power) or hovering behaviors (2002). From the teacher perspective, themes involved attending (spending time with and paying attention to a student), finding the right level of involvement, and living with judgments made (2008, 2013). McGregor (2007) wrote about a case study of one student who was an academic success but clinical failure, and explored the student-faculty relationships in that situation. O’Donnell (2009) considered the emotional experience of failure, but from the perspective of students who withdrew from nursing programs, not those who persisted and repeated a failed course. The only published studies found that address the experience of repeating nursing students are by Bryer (2012) and Gerow (2011). Bryer studied the effect of an intervention – a peer tutoring program – on the academic performance of repeating nursing students. Gerow, whose work most closely matches the intent of this study, published a doctoral dissertation on the experience of repeating nursing students in the Southwestern United States, based on a study done in the phenomenological paradigm. There is clearly a need for more information on this subject. The following sections of this chapter will help provide explanation of how this study begins to fill this gap.

**Pre-licensure Nursing Education**

Nursing education in the United States consists of several different paths to licensure as a registered nurse; however, elements of the process are consistent in all programs. In
every setting, nursing education employs selective admissions processes, an expensive educational process, academically rigorous foundational coursework, and demanding nursing curricula. Strict progression policies are also typical in all types of nursing programs.

Community college student attrition is a costly problem; according to Schneider and Yin (2011), between 2004 and 2009, first-year community college students who dropped out before completing their education had received approximately $4 billion dollars in student grants. This problem is accentuated in nursing programs, which have a selective admissions process to identify those most likely to successfully complete their education and go on to become nurses. Student enrollment is limited in nursing programs for several reasons: the expense of medical equipment for training and low faculty to student ratios required for safe clinical experiences (Starck, 2005), the limited number of nurse faculty available to teach, and the limited number of clinical placements in the community (Price, Waterhouse & Coopers, 2007). The website Inside Higher Ed reported that community college nursing programs continually operate at a financial loss due to equipment costs and low faculty to student ratios (Dean Dad, 2010). The cohort model of education used in nursing also contributes to the expense – when a student fails or withdraws from a nursing program, this model prevents another student from filling the vacant spot. Thus, the cost of education for those students who do not complete the program has to be included in the final cost per degree or cost per completion numbers (College Measures, 2013).

The cost of nursing education to the student cannot be ignored, either. While some funding for nursing education is available from federal and private sources, students typically have significant out of pocket expenses for their schooling, as well as lost opportunity cost
due to the need to prioritize time for school over income-earning work (Fulcher & Mullin, 2011). In addition to tuition, fees, and books, nursing student expenses include immunizations, background check, uniforms and equipment. As an example, one of the community colleges attended by participants in this study offers an estimated cost of attendance on their website (WTCC, 2014) totaling $14,000 for the two-year program for in-state residents (students who come from out of the state pay significantly more). This calculation does not include other expenses, such as transportation or dependent care or loss of work time. When a student leaves nursing school prior to completion, this financial investment is lost.

Admission to a nursing program, whether in the community college or another setting, typically involves achieving a target score on a standardized nursing school entrance exam, as well as successful completion of a number of foundational courses. Some nursing programs have additional requirements for entrants, such as certification as a nursing assistant or other exposure to the profession. Foundational coursework, also described as prerequisite coursework, varies depending on the setting of the nursing school and organization of the curriculum, but always includes several rigorous science courses, which students are typically required to complete with a grade higher than the typical passing grade. These courses generally include at a minimum, anatomy, physiology, and psychology. Other foundational coursework may include chemistry, microbiology and, in the university setting, a full complement of liberal arts requirements. The argument for requiring foundational courses, and requiring a rigorous passing level in those courses, is based on research evidence demonstrating that grades in those prerequisite courses are predictive of success in
nursing programs and in passing the National Council Licensure Exam (NCLEX) for Registered Nurses (Abele, Penprase & Ternes, 2013; Pitt, Powis, Levett-Jones & Hunter, 2012).

The rigor of nursing coursework is consistently high across program types. In order to prepare students to pass the NCLEX, all nursing students commit to hundreds of hours of clinical experience and theoretical classroom content to support the clinical practice. While baccalaureate nursing programs add an average of 30 credit hours of population health and leadership components, the nursing coursework in all pre-licensure RN programs similarly covers the content and experiences needed for the graduate to pass the NCLEX.

Nursing programs are high-stakes: most programs only allow one or two courses to be repeated, and passing grades for nursing courses are typically higher than those of other courses in the college setting. If a student fails on the second attempt in a nursing course, they will be ineligible to continue in the program and thus may be unable to realize their goal of being a nurse. The standards for academic success in nursing school are set high in order to best prepare the students for passing the national licensure exam, and thus, to safeguard the public from incompetent professionals.

**The Community College Context**

Community colleges, despite their reputation for having an open admissions policy, are obliged to select and limit admissions into their nursing programs for all of the reasons described above. While admissions may be rolling, with all qualified students admitted as space becomes available, selection may be accomplished by setting numerous criteria for a student to be qualified. A common example in North Carolina is to require all foundational
coursework to be successfully completed, with grades of B or higher in key science courses, and certification as a nursing assistant before a student can be placed on the list of those admitted to the nursing program once space is available. Another selection process that is becoming common is to have a point system, in which student applicants acquire points based on their grades and other factors that are correlated with nursing student success, and then the number of points an entrant has been assigned prioritizes admissions. Therefore, even in the community college setting, a gatekeeping process has occurred prior to admission into the nursing program.

The finances of community college education are a concern to the public, and the cost of providing this education, including the cost of attrition or prolonged time to completion of a program, a subject of analysis by policy-makers (Schneider & Yin, 2011). Community colleges face pressures to demonstrate the connection between the education they provide and employment outcomes (Dadgar & Trimble, 2014; Jepsen, Troske & Coomes, 2014). Nursing programs are one of the educational tracks that are scrutinized for evidence that the community’s financial investment has resulted in a return in the form of nurses added to the workforce (North Carolina Community Colleges, 2014). When nursing students leave the community college setting prior to program completion, the institution may fail to meet target outcomes. Falling short of performance goals for percent of students completing the curriculum or passing the state licensure exam can result in decreased funding or even program closure (National Conference of State Legislatures, 2015; Miao, 2012).

Nearly half of new graduate nurses received an associate degree from a community college as their pre-licensure nursing education (Health Resources Services Administration
[HRSA], 2013). Less competitive admissions processes, lower tuition costs, and shorter time to completion of the education are all reasons that students from diverse backgrounds including those with low socioeconomic status and poor academic preparation may only consider becoming a nurse through the community college route (Mullin, 2012a). The nursing profession is overwhelmingly white and female, and there is an imperative to encourage and develop a broader more diverse nursing workforce; the populations of students attending community colleges are the people that are needed in the profession (Starr, 2010).

In North Carolina, the most recent published data from the Board of Nursing show that community college nursing programs have more enrolled students than any other type of nursing program in the state, and more of those students are male and/or older than traditional college age than those in baccalaureate degree programs. The student body of community college nursing programs in North Carolina includes 13% students of African descent, 3% Hispanic students, 2.5% Native American students, and 2% Asian students (North Carolina Board of Nursing, 2014).

**Nursing Student Attrition and Retention**

The problem of nursing student attrition has been persistent over the years and pervasive across all types of nursing programs in the United States and internationally. Therefore, it is not surprising that nursing student success and retention has been studied from many different perspectives (Campbell & Dickson, 1996; Gilmore, 2008; Jeffreys, 2007; Lockie, Van Lanen & McGannon, 2013; Sayles, Shelton & Powell, 2002). Such research has tended to focus on identifying the factors associated with nursing student
success, in order to refine admissions criteria, or evaluating interventions that have been applied to students who may or may not be at risk for academic failure or withdrawal from nursing school. The nursing student retention literature has consistently addressed the problem of attrition without separating out voluntary from involuntary attrition, and without focusing on the impact of academic failure (Jeffreys, 2004). Little is known about the experience of students who experience academic failure of a course and return to repeat a course with the hope to pass and thus continue their nursing education. This study was focused on that overlooked aspect of the knowledge about nursing student persistence.

Nursing student attrition is a particular problem in the community college setting (Ascend Learning, 2012). In North Carolina, recently reported data shows that only about 68% of all community college students successfully complete their first year of college (North Carolina Community Colleges, 2014). Specific to nursing students, the North Carolina Board of Nursing (2014) reports that the on-time completion rate in the community college nursing programs is 53.9%. On-time completion rate reflects the loss of students who have left the nursing program entirely, as well as the loss from that cohort of nursing students who are out of sequence because they temporarily left the program or were required to repeat a course.

**Nursing students who leave due to academic failure.**

When students leave a community college nursing program after academic failure, there may be one or more factors contributing to the failure and to the decision to leave (Glossop, 2002). One possible factor is that the student learned that nursing was not a good professional fit for him or her (Williams, 2010). Nursing clinical coursework may be the first realistic exposure that the student has to the work of a nurse, and this knowledge may come
with the realization that the student is not actually interested in doing that work. Although the cost to individual and institution of this realization is significant, it may be seen as a positive when a student who does not want to be a nurse leaves the program. Students who do want to be nurses were the focus of this research study.

When a student who does want to be a nurse leaves a community college nursing program after academic failure, again there are multiple factors that may contribute to the situation. Some students simply may not have the academic ability to complete a nursing program (Hadenfeldt, 2012); others may be experiencing a difficult transition to the different and challenging academic work of nursing courses (Williams, 2010). Some students have obstacles such as personal commitments or finances, and still others may have an emotional or psychological obstacle to the workload and endurance needed to complete nursing school (Williams, 2010).

It is a sad realization for faculty and student, but some students are not able to handle the academic rigor of the nursing program. The literature suggests that these students lack the needed preparation in terms of academic background going back, perhaps, even to primary and secondary school (Humphreys, 2012; Windham, et al., 2014). Jeffreys (2004) suggests that such students may best be counseled out of the program and into developmental courses, a major that is less academically rigorous, or one that may be a stepping stone to an eventual return to nursing school after acquiring needed experience or background. In other situations, a student experiencing academic failure may have the ability to handle nursing school, but has not yet adapted to the change in the type of learning that comes with nursing coursework. Nursing is an applied science, and classroom examinations as well as the NCLEX are written
with the intent of evaluating the student’s ability to apply knowledge (Oermann & Gaberson, 2014). Students must understand theoretical information about diseases and patient responses well enough to solve problems that mimic real life, and to answer multiple-choice questions written at application and analysis levels on Blooms Taxonomy (Oermann & Gaberson, 2014). This requires different methods of studying, as well as acquisition of specific test-taking techniques. Some students struggle to learn these academic skills, even if they previously experienced success in the foundational courses.

Another significant factor in student performance and persistence in nursing school is that of outside obligations (Pitt, Powis, Levett-Jones & Hunter, 2012). The community college student is often an adult learner, with multiple priorities to balance. The need to earn money to support oneself and possibly a family, the need to care for children or elderly family members, and other relational commitments can be distractions that compete with school for the student’s attention (Pitt, Powis, Levett-Jones & Hunter, 2012). Family and work expectations can be challenging for the adult learner to juggle with an educational program that requires a large number of hours per week of class, clinical and study time (Jeffreys, 2004; Williams, 2010).

Finally, there are emotional or psychological factors that may affect a student’s persistence in nursing school in the face of academic failure. Two examples of such factors are motivation or commitment, and confidence. Some students experience waning of motivation or even burnout once faced with the increased rigor of the nursing coursework (Deary, Watson & Hogston, 2003; Williams, 2010). This may be expressed in terms of “not wanting it [to be a nurse] badly enough” or “this just isn’t the right time to do nursing
school”. While the retention literature describes emotional and psychological factors affecting attrition (Glossop, 2002; Jeffreys, 2014), there is very little addressing the emotional and psychological impact of academic failure, and how that impact may affect student persistence. Another emotional barrier to staying in nursing school after academic failure may be loss of self-confidence after academic failure. Examples are reported in the literature of nursing students attributing academic failure to external causes, such as the difficulty of the course, and subsequently experiencing decreased self-efficacy (Dunn, Osborne, & Rakes, 2013). Exploration of these emotional or psychological factors that occur after academic failure and may affect nursing student persistence is limited or missing from the literature. This study addresses that gap.

**The Effect of Nursing Student Attrition on the Nursing Profession**

A recurrent problem in the nursing profession is that of insufficient nurses to meet the healthcare needs of communities (Mason, 2011). Current projections suggest that, while there may be adequate numbers of nurses produced in the coming decade, they will not be geographically located to consistently meet needs, and North Carolina is a state in which shortages are still predicted (HRSA, 2014). While nursing shortages wax and wane with the economy and generational population changes, there is a continuous need for new nurses. When students leave school prior to graduation and licensure as a registered nurse, the profession loses a member and community needs go unmet. Additionally, when nursing students leave school, there is a significant personal cost to the student, financially and possibly emotionally.
Another issue in the nursing profession is that of inadequate diversity. While there are more nurses from underrepresented populations now than there have been historically, the profession has failed to attract and retain diverse members in proportion to the populations served (HRSA, 2013). Community college nursing programs uniquely contribute a large and diverse group of new nurses to the profession; therefore attrition of community college nursing students is an obstacle to increasing diversity among nurses. It is important to learn more about the problem of community college nursing student attrition to have an effect on the supply of nurses, particularly from diverse populations.

**Statement of the Problem and Research Question**

The nursing profession faces recurrent shortages and a lack of diversity, both of which are affected by nursing student attrition from community college nursing programs. Due to limitations including expense, insufficient nursing faculty, insufficient clinical placement sites, and the cohort model of education, nursing schools are limited in how many nurses they can educate. These limitations have prompted an intentional selection process and rigorous foundational coursework, which should serve to identify those students likely to succeed in nursing school. Despite this process, a significant number of nursing students fail a nursing course and may come back to repeat the course. Proportions or percentages of students who fail a nursing course are not readily available; instead, institutions report retention and attrition rates that encompass academic failures as well as students who have left for all other possible reasons. The number that best suggests the incidence of nursing student repeaters is the on-time completion rate, which includes both repeaters and those who have taken a leave of absence or decreased to part-time status. It is even more difficult to
identify repeaters within these statistics, because on-time completion is defined as 150% of the “normal” time to complete the program. While it may be argued that a nursing student who struggles academically is potentially an incompetent nurse, there are numerous factors that may contribute to nursing student academic failure yet are still consistent with a safe future nurse.

The context of the community college includes the need to demonstrate the connection between the education provided and the ability for the student to become employed after leaving school. Nursing programs in community colleges are spotlighted as an example of an associate degree education that can lead to a well-paying job. For this reason, and the large number and great diversity of students who attend community colleges, these nursing schools are particularly important settings in which to study nursing student attrition.

The literature offers many perspectives on nursing student success (O’Donnell, 2011), attrition (Fowler & Norrie, 2009) and retention (Robshaw & Smith, 2004), yet there is a paucity of knowledge about how students repeating a required nursing course navigate the complex social, emotional and academic experience of repeating. Nursing education lacks a clear description of this critical experience that is the context for some students to decide to leave nursing school (Gerow, 2011; Jeffreys, 2004). This study provides insight into the repeater experience by examining the stories of students who have gone through this experience. Figure 1 helps to explain the context and importance of this study by presenting a graphic visualization of the story map of a nursing student repeater.
It is my belief that many of these nursing student repeaters are capable of academic success, if given the right kind of support. Learning their stories, to better understand their experience, may provide a perspective that informs the creation of such support.

**Research Question**

The research question for this study was: What are the varied journeys that community college nursing students experience when repeating a required a nursing course?

**Description of the Study**

This qualitative research study is done in the narrative inquiry methodology, and explored the experiences of nursing students who failed a required nursing course and returned the next semester or year to repeat the course. The stories of students who were living through or had lived through this situation, which is academically high-stakes and emotionally and intellectually complex, provided new insights into why students leave or stay in nursing school. This greater understanding of the experience is valuable for future students who may face the same situation, as well as educators and administrators who work with nursing students.

**Purpose of the Study**

The purpose of this study was to learn about the experience of community college nursing students who had to repeat a nursing course. I chose narrative inquiry for the study because this methodology is particularly valuable for studying topics about which little is known, and experiences that are very personal and individual (Connelly & Clandinin, 1990). Specifically, I learned how my study participants felt about the experience at the time, and in retrospect. I learned what they did that contributed to success when repeating, and what they
did that might have been a hindrance. The study participants identified elements that they wished were available to help them. Ultimately, their stories provide knowledge about what was important to them, both positively and negatively, about the experience of repeating.

Gaining a deeper understanding of the experience of repeating nursing students was beneficial for several reasons. First, there was the opportunity to identify potential interventions that might help repeating students be successful, thus decreasing attrition. Academic interventions, such as remediation programs, could be guided by the experience of these repeating nursing students. Emotional or academic support at the peer or faculty adviser level is also indicated as a result of better understanding of the repeating nursing student. Ultimately, there is a collection of recommended interventions that emerge from the knowledge gleaned in this study, and those interventions form the basis for practices that can comprise guidelines for community college nursing programs. Considering the pressure placed upon community colleges to increase graduation rates (Mullin, 2010), knowledge that contributes to interventions that promote nursing student retention is valuable.

Secondly, the knowledge resulting from the study provides clarity and encouragement for students who face academic failure in nursing school to come back the next semester and repeat. The experience of academic failure is associated with shame, embarrassment and self-doubt (Bowden, 2008; Mortenson, 2006; Williams, 2010). The stories of nursing student repeaters, and their advice to other repeaters, constitute a survival guide of sorts for a student facing this situation.

Finally, results of this study make it possible to share a detailed description of the challenging situation of repeating a course in nursing school with a variety of stakeholders to
increase knowledge and empathy. The audiences for this research include community college administrators, nursing program directors, nursing program faculty, and nursing students. Members of the nursing profession outside of the academic environment, such as hospital administrators or hiring managers, are also an audience.

**Scope of the Study**

The study was focused on the stories of nursing students who failed a required nursing course and returned to repeat this course. Participants in the study could be currently repeating a course, or have done so in the past. Some participants went on after the repeating experience to have academic success in nursing school, and others continued to experience academic difficulties after the repeated course. Participants were recruited from two urban community colleges in central North Carolina.

**Positionality Statement**

Disclosing the theoretical positioning of the researcher is an important part of qualitative research. As Caelli, Ray and Mill (2003) state, “the notion of researchers as value neutral observers has long been challenged and overturned” (p. 5). My perspective as a researcher inevitably is influenced by my years as a nurse and as a nursing instructor. Unusual among health care professions, nursing is often described as both an art and a science. Nurses strive to view themselves and the people with which they interact holistically, and evidence-based practice is interpreted through the lens of what is appropriate or acceptable for an individual. My personal viewpoint exemplifies these traditions: I am concerned with practicing as a nurse and a teacher using techniques and perspectives that
have been supported by research, yet I am always open to considering that there is more to know than what can be “proven”.

As a nursing instructor, my position is informed by several important experiences: my experience as a nurse, my experience as a teacher, and equally importantly, my experience as a student. My pre-licensure nursing education was in a community college nursing program. I was, in many ways, a typical community college student; a non-traditional student – in my case, a single parent on public assistance. My own experience and my personal values are the foundation for some important assumptions I hold. First of all, I believe that not just the highest intellectual achievers can be nurses; there is room for and need for people who are not academic superstars but who have other qualities important to the art and science of nursing. I also believe that the application process for nursing programs, even at the community college level, is difficult and represents the “weeding out” process; therefore, there is less of a need for identifying unsuitable candidates once in nursing school - we can instead take a supportive approach. My position is that the nursing student who fails a nursing course has likely done so due to causes that can be corrected or compensated for and that, if reasonably possible, we should help correct or compensate. Overcoming academic failure and going on to success is a type of resilience, and I believe that resilience is a quality that can be nurtured and learned.

There were strengths inherent in a researcher with my positionality conducting this study. Thorough understanding of the context of nursing education from both the teacher and learner perspectives allowed me to more easily establish credibility with study participants and to understand the circumstances with which they are dealing. Appreciation of the
situation of the community college student, especially the non-traditional student, helped me to develop rapport with the participants.

My subjectivity and personal perspectives also posed potential obstacles to conducting this study. It was possible, for example that I over-identified with my participants; especially if their situations mirrored circumstances I was in as a nursing student. It is also possible that I took my assumptions about the worthiness of every student to succeed in nursing school to the point where I found it difficult to recognize when it was a positive and constructive thing for a student to fail in nursing school and not achieve their goal of being a nurse. Strategies for dealing with my subjectivity in this study included peer debriefing (TheNguyen, 2008) and keeping detailed field notes, including notes on my reflections on my subjectivity while carrying out the study (Tracy, 2010).

**Theoretical Framework**

There are numerous theories that attempt to explain college student retention and attrition. This topic has been studied and theorized about for decades, but modern retention theories came to prominence in the 1970s, with Vincent Tinto contributing much of the early literature (Tinto, 1993). The evolution of student retention theories has included nursing student specific frameworks, and Marianne Jeffreys’ model of nursing student retention is currently much used (Jeffreys, 2014). The Jeffreys model incorporates student profile characteristics, affective factors, academic factors, and environmental factors, while centering on professional integration factors as explanation for the reasons why students stay or leave from nursing school (Jeffreys, 2014). While I agree with one of her key points, that persistence is a decision that students make each semester, I don’t believe that Jeffreys’
theory adequately explains the nuances of the student repeater situation. To decide whether to leave or stay in nursing school when one is academically successful is a very different scenario than considering persistence in the face of the complex setting of academic failure and the experience of being a repeater. I believe that students who are repeating a nursing class are faced with not only a decision point, but also a transition process, during which they may or may not adapt to their situation. For this reason, I posited that a better theoretical framework for the study was that of resilience.

Resilience is described as overcoming adversity in some way, to achieve success. Based on the psychology literature about coping and the physiology literature about stress, resilience is a construct that includes concepts of risk factors, protective factors, and positive outcomes (Tusaie & Dyer, 2004). While there are numerous perspectives on resilience that cross professional disciplines and domains of human experience, school performance or academic resilience is the lens through which I considered the participants in this study.

Academic resilience is an idea that has been used in the K-12 literature to think about students who succeed in school despite factors that put them at risk for not succeeding (Downey, 2008). Morales (2010) used the construct of resilience as the basis of a theoretical framework of student success in higher education, identifying factors and processes that contribute to a student achieving success despite vulnerabilities or obstacles. This perspective has a clear parallel to the student who is repeating a nursing course: this student is continuing, and aiming for success, after experiencing a significant obstacle in the form of academic failure. The literature review in Chapter Two more thoroughly explains the application of resilience theory to this study.
Organization of the Dissertation

The remainder of this dissertation includes a chapter of literature review, a chapter devoted to methods, a chapter presenting the data, and, finally, a chapter providing synthesis of the data as well as recommendations for practice and for future research. In Chapter Two, a review of the literature provides context for the study by describing the nursing profession and the field of nursing education. A discussion of the retention and attrition literature provides explanation and identifies factors related to nursing students that experience academic failure and choose to leave or stay in school. Finally, resilience theory is explored as the theoretical framework for the study.

Chapter Three explains the choice of qualitative research methodology, specifically narrative inquiry, for the study, connecting this choice to resilience theory and criteria to ensure quality and rigor. The details of the study are outlined, including study procedures, data collection, handling and analysis, and ethical considerations such as the protection of the participants.

Chapter Four introduces the study participants and tells their stories. Data is presented in several ways: participant profiles, themes found in participant letters, prominent storylines shared across the individual participant stories with exemplar stories to highlight the plots and other story elements, and a presentation of how the data fit with the theoretical framework.
Chapter Five discusses the results of the study and provides meaning. Some of the storylines are supported by the literature, while others represent information that has not previously been published. Implications for nursing education, in the practice setting and for future research, are discussed. The chapter also explains what this study adds to the knowledge about nursing student retention and about Morales’ Resilience Cycle. Finally, I describe what I learned by conducting this study: what I would do differently were I to repeat the study, and what I do differently in my practice as a nurse educator.
CHAPTER 2: LITERATURE REVIEW

Nursing student attrition is an issue with personal, institutional and societal impact. While students may leave a nursing program for a variety of reasons, voluntary and involuntary, academic failure is a crossroads at which some students leave and others persist. Nursing students that experience academic failure and return to continue their nursing program embark on a multifaceted journey, which has not been well described in the literature. The purpose of this study was to learn about the experience of community college nursing students who have had to repeat a nursing course.

Overview

This review of the literature will present and discuss the current academic knowledge regarding several themes that are pertinent to nursing student repeaters. First, the contexts of the nursing profession, nursing education and the community college will be addressed. Second, the concepts of retention and attrition will be explored, paying attention to theoretical models and interventions that have attempted to address these concepts. Finally, a theoretical framework will be described, based on the construct of resilience.

The State of the Nursing Profession and Nursing Education

Nurses are the largest group of health professionals in the United States (HRSA, 2013), and have a long and complex history as a profession. The evolution of the profession is integrated with the evolution of healthcare as a field, and nursing education has undergone many changes over the years in response to these professional developments. It is important to understand the context of both the nursing profession and nursing education to understand this study of nursing student repeaters.
Nursing profession.

Nursing as a profession has undergone multiple transformations from the days of Florence Nightingale, whose work in the Crimean War in the 1850s marked the beginning of modern nursing (Mason, 2011). Once considered little more than handmaidens of physicians, nurses now have an independent practice, based on scientific evidence (Mason, 2011).

Current issues in the nursing profession that are affected by nursing student attrition, and are thus related to nursing student repeaters, are the nursing shortage and the need for increased diversity in the profession.

The nursing shortage is a problem that has been cyclical and recurrent for the last century (Mason, 2011). Changes in the United States economy have eased the current nursing shortage by discouraging retirement of practicing nurses and encouraging people to enter the seemingly recession-proof vocation, though a continual stream of new nurses is still required to meet demands. Health policy researchers vary in their predictions for the coming decade, with some calling for a more severe shortage in the next ten years (Buerhaus, Auerbach & Staiger, 2009). The most recent data and predictions suggest that nurse supply will be roughly equivalent to demand in the United States as a whole, but that nurses will not be geographically distributed consistently with jobs and some areas, including North Carolina, will continue to experience shortages (HRSA, 2014).

In 2010, the average age of practicing nurses had reached 44.6 years, and fully a third of all practicing nurses were older than 50 years (HRSA, 2013). These statistics reflect in part the aging Baby Boom generation but also the expanded career opportunities available to women since the 1970s and the resulting decrease in women choosing the traditionally
female profession of nursing. The aging of the Baby Boom generation contributes to the potential nursing shortage in another way by creating a large population of the American public that is entering the life stage in which increased healthcare services are typically required. Yet another factor that may exacerbate the nursing shortage is the Affordable Care Act, which is ultimately expected to make healthcare available to an additional 32 million Americans (American Association of Colleges of Nursing [AACN], 2014a). Increased need and decreased supply will combine to make a projected need for over one million nurses by 2022 (AACN, 2014a). While predictions are imperfect and not unanimous among healthcare workforce researchers, it is clear that there is an ongoing need for nurses that can be expected to create shortage conditions in some areas.

In addition to nursing workforce issues of supply and demand, there is a call for more nurses to be prepared at the baccalaureate level (Institute of Medicine, 2010). However, the pressure for nurses to have higher levels of education does not obviate the need for associate degree programs (Gorski, Gerardi, Giddens, Meyer & Peters-Lewis, 2015). Associate degree nurses continue to be needed in healthcare settings outside of the hospital (Auerbach, Buerhaus & Staiger, 2015) and nursing education is charged with creating new solutions for a more seamless transition from one educational level to the next (Gorski, et al., 2015).

Nursing has traditionally been a profession dominated by white women, and this continues to be true today. While more than one-third of the United States population consists of people from ethnic and racial minority groups, they comprise less than 20% of the registered nurse population (AACN, 2014b). The gender division is even more lopsided: less than 10% of nurses are men (AACN, 2014b). Recruitment of under-represented populations
to nursing has the potential to ease the nursing shortage, as well as to address healthcare disparities by improving access and culturally appropriate care (Sullivan Commission on Diversity in the Healthcare Workforce, 2004). While diversity is increasing in the nursing profession (HRSA, 2013) it has not yet achieved representation by ethnic and racial minorities or men in proportion to the general population (NLN, 2016).

**Nursing education.**

**History.**

Nursing education has evolved along with the profession, starting with the earliest training programs developed during the Civil War (Mason, 2011). Bellevue Hospital in New York City was the first to establish a diploma nursing school in 1873 and by the turn of the century there were 400 such schools across the United States (Mason, 2011). Hospital-based diploma schools offered nursing education on an apprentice model, in which students were educated by working long hours in the hospital under the supervision of a nurse – a practice later seen as exploitative (Mason, 2011).

In 1923 the Goldmark Report was issued; a report produced by the Committee for the Study of Nursing Education and funded by the Rockefeller Foundation (Mason, 2011). This report proposed that nursing education should occur at the university level, and called for a move away from the apprenticeship model (Mason, 2011). By 1960, there were close to 200 nursing programs in universities, and diploma schools were beginning to decline in number (Mason, 2011). Before the profession committed to one model of education or the other, a third route to becoming a nurse was developed: the associate degree program. Created to deal with post World War II nursing shortages, the community college based programs were
initially intended to prepare a “technical” nurse, in contrast to the “professional” nurse prepared in the university program (Mason, 2011). Meanwhile, graduate nurses from all three types of programs sat for the same licensure exam to become a registered nurse (RN) and, in most cases, filled the same jobs. This situation of multiple levels of entry to the profession has continued to this day, despite regular calls for standardization in the educational preparation of nurses.

**Models of nursing education.**

The diploma nursing program is the model of nursing education that has been in existence for the longest time, but is much less common today in comparison to other types of nursing programs. Diploma programs are hospital based and believed to offer advantages to the student in terms of experiential learning, offering greater exposure and opportunities for the student to learn in the hospital setting (Brooks & Shepherd, 1992). Diploma programs are typically 2 ½ to 3 years in length. The lack of ability to transfer credit earned in diploma programs, coupled with the push for nurses to achieve higher education levels, has contributed to diploma programs closing or merging with institutions of higher education.

The Bachelor of Science in nursing (BSN) program is a university-based education that balances a liberal arts background with a nursing science focus, typically in a four-year program. An emphasis on leadership roles and theoretical bases for nursing set the BSN program apart from the diploma or associate degree program, and some argue that needed skills of critical thinking are only taught at the BSN level (Brooks & Shepherd, 1992). Accelerated BSN programs came into existence in the 1990s and offer students who are
academically high achieving and already have a prior baccalaureate degree to achieve the BSN in a rapid time frame, typically less than two years (Cangelosi & Whitt, 2005).

Associate degree nursing programs may be offered at a community college or private vocational school, and offer preparation for the nursing licensure exam in about two years, although prerequisite courses and waiting lists may add to this time frame. Associate degree programs are the most popular entry to nursing practice today, and offer access to the profession for students from diverse backgrounds and those who have challenges or barriers to university attendance. Non-traditional students, second career students, first generation college students, and under-represented minorities are all more likely to attend an associate degree nursing program (Brooks & Shepherd, 1992; Loftin, Newman, Gilden, Bond & Dumas, 2013).

Completing the context of nursing education models is the rare master’s degree entry level nursing program (Pellico, Terrill, White & Rico, 2012) and the increasingly common RN to BSN completion degree programs. Programs that permit a nurse who achieved licensure with a diploma or associate degree program to complete the BSN are increasing in popularity with the recently increased emphasis on increasing the educational preparation of nurses (Sportsman & Allen, 2011). These completion programs, or articulation agreements between community colleges and universities, are designed to allow a smooth transition for students from one level of education to the next.

Who are the students in these programs?

Data on nursing students can be difficult to capture, largely due to the variety of educational programs for nursing. University data on BSN programs often includes students
who are already nurses and are advancing their education from an associate degree to a baccalaureate degree. There are two major agencies that specifically accredit nursing programs, but nursing programs can also be accredited by general higher education accrediting agencies. One of the ways to identify the nursing student population is retrospectively, by considering those who are taking the licensure exam for the first time. This population has steadily increased over the past decade, with a slightly greater increase in BSN candidates for licensure (HRSA, 2013). Approximately 40% of candidates for the nursing licensure exam are graduates of BSN programs, with almost all of the remainder prepared at the associate degree level (HRSA, 2013).

The National League for Nursing (NLN) conducts a survey of their member institutions annually and the most recent survey for which data are available included 1839 programs (NLN, 2013). Of those programs participating in the survey, 1084 were associate degree programs (NLN, 2013). Data and trends were available for several characteristics of the current nursing student population: gender, race and ethnicity (NLN, 2013). In the years between 1993 and 2012, the percentage of nursing students who were from ethnic or racial minority populations varied, but generally trended up from 16% to 26% (NLN, 2013). In 2012, the breakdown of minority nursing students was 12.9% African American, 6.8% Hispanic and 5.6% Asian – all of those subgroups generally larger in number since 1993 (NLN, 2013). The percentage of men enrolled in nursing school is at an all-time high of 15%, and the percentage of students older than 30 years old who were enrolled in nursing programs is also high, at 50% of all associate degree nursing students (NLN, 2013). In summary, today’s nursing student, particularly those in associate degree programs, is more
likely than ever to be a non-traditional student by virtue of age, gender, or minority status. This is a positive change, when considering issues and trends in the profession.

*What is common among these models?*

Among the varied paths for entry into the nursing profession, one major commonality exists: diploma, baccalaureate and associate degree programs all prepare and certify graduates to take the licensure exam and become RNs (Institute of Medicine, 2010). As gatekeepers to the profession, nursing schools are charged with protection of the public by ensuring a basic level of safety and competence among nursing school graduates. One of the ways that nursing schools maintain this standard is by limiting the number of times a student may repeat a course, and by setting the passing rate for coursework at a rigorous level. It is typical for nursing schools to have passing grades as high as 80 on a 100-point scale, and to permit no more than one repetition each of a maximum of two courses. This level of academic rigor creates a challenging and high stakes program for students, particularly students who are in the position of repeating a course.

Another commonality among all models of nursing education is the cohort model. An educational cohort is defined as a student group who begins a program together, progresses together through educational experiences and ends a program at the same time (Lei, Gorelick, Short, Smallwood & Wright-Porter, 2011). Nursing curricula are typically organized with a progression of courses, most of which must be accomplished in a predetermined order. This results in students moving through the nursing program in a cohort, unless they choose to take time off during the program or are required to repeat one
or more courses. Students who do not progress according to the curriculum plan will end up out of sequence, in a different cohort from their starting class.

Peer learning and ongoing supportive relationships are two of many advantages attributed to cohort-style education, which is part of many professional school and graduate programs (Lei, et al., 2011). There are potential drawbacks to the cohort model, including the possibility of competition and cliques (Lei, et al., 2011). However, it is a cherished belief among nurses that the academic rigor and culture shock of nursing school are only survived by the mutual support of peers in ones cohort.

**What is different among these models?**

There is variation among the models of nursing education as well as within each model. Factors such as private or public school setting influence financial and other resources. Programs vary in how competitive they are, ranging from the relatively open admissions policy of many community colleges to the extreme selectivity of affordable programs at prestigious public universities. The population of students served by a program may determine some program expectations; for example, a community college serving non-traditional students may expect that students will have responsibilities outside of school including work, while the accelerated BSN programs strongly recommend that students do not work outside of school at all.

One of the biggest differences that may impact retention and attrition of nursing students is whether the student is accepted to the nursing program prior to or after taking foundational courses like anatomy and physiology. While such courses provide an important foundation for the nursing program and can serve as a predictor of nursing student success,
they also can serve as a barrier to students, preventing them from progressing into the nursing courses if they do not achieve the required level of performance. Many nursing programs require completion of pre-requisite foundational courses with a higher grade than the requirements of the general college. Performance in such pre-requisites is a factor considered in admission and progression decisions at such nursing schools.

*Why community college nursing education is important.*

The majority of new nurses, in particular minority and rural nurses, are graduates of an associate degree nursing program (Fulcher & Mullin, 2011). Community colleges offer an entry to the nursing profession for a diverse population of students by offering flexibility and lower tuition costs, as well as less rigorous admission criteria. This addresses the need for increased number of nurses as well as the need for increased diversity in the profession. It also provides opportunity for people who feel called to the profession of nursing but may not have a background of sufficient academic achievement to gain admission to a university school of nursing. Additionally, community colleges tend to be friendlier to adult learners, offering, for example, weekend or evening classes and thus creating the opportunity for working adult students to pursue a career in nursing.

Two major criticisms of associate degree nursing are the duration of the programs and the desirability of the associate degree as the level of entry into the profession. Associate degree nursing programs are touted for efficiency when compared to BSN programs; an associate degree is hypothetically a two-year program, while the baccalaureate takes four years to complete. In fact, associate degree nursing programs typically require many pre-requisites to admission and many community colleges have waiting lists, thus lengthening
the two-year program to three or more years. Bailey and Belfield (2012), in a critique of community college occupational degrees, assert that associate degree nursing pre-requisites include most of the pre-requisite classes required in a BSN program.

The question of the desirability of the associate degree as an entry level credential for nurses has been raised repeatedly for over 40 years, based on concerns about professionalism. Linda Aiken (2014) has been a leader in research over the past two decades that correlates improved patient outcomes in the hospital setting with increases in nurse education level. While many nursing professional organizations and groups like the Institute of Medicine see a continued role for associate degree nurses, such research evidence has influenced the current goal to increase the nurses prepared at the BSN level to 80% by 2020 (Institute of Medicine, 2010).

The Future of Nursing Campaign for Action, a joint initiative of the Robert Wood Johnson Foundation and the American Association for Retired Persons, has action coalitions in every state to support new educational models of academic progression (Gorski, Gerardi, Giddens, Meyer & Peters-Lewis, 2015). Educational models supported by these coalitions do not discard the associate degree level of nursing, but instead create shared curricula and other types of collaboration to enhance the ability of the associate degree nurse to transition to the baccalaureate level or higher (Gorski, et al., 2015).

**Issues and trends in nursing education.**

*Lack of capacity in programs.*

A recent survey of over 1800 nursing schools in the United States found that over 40% of qualified applicants were turned away due to lack of capacity (NLN, 2013). The
same survey found that the major obstacles to expanding programs and admitting more nursing students were lack of faculty and lack of clinical placements (NLN, 2013). The nursing faculty shortage is a complex problem, with several contributing factors.

Mirroring the aging of the nurse population, nursing faculty as a group are also aging. Depending upon the position (e.g. assistant professor or full professor), the average age of nursing faculty is well over 50 years and in some positions as high as 61 years; this means that a large percentage of current nursing faculty will be retiring in the next decade (AACN, 2014c). Heavy workload in comparison to other academic disciplines and low compensation in comparison to nursing practice roles are factors that make the faculty role unappealing for many (NLN, 2010). While several initiatives, such as educational funding, have been implemented to increase the number of nurses in the pipeline to become faculty, the national investment both public and private in nursing education is extremely low in comparison to medical education (Mason, 2011). Meanwhile, schools of nursing are put in the position of limiting admissions due to the faculty shortage, and of trying to find ways to accomplish more with fewer resources.

An additional factor aggravating the inadequate capacity in nursing programs is nursing student attrition. Due to the cohort model of nursing education, a student who leaves a nursing program prior to graduation leaves a spot that is unlikely to be filled by another student (Edmonds, 2013). Nursing student attrition is a significant problem in nursing education and will be discussed later in this chapter.
**Limits to addressing the lack of capacity.**

Clinical education for nurses is expensive, for reasons including the costly equipment and supplies needed for laboratory practice, and the low ratio of students to faculty in the clinical setting. The traditional model of clinical nursing education involves a faculty member directly supervising fewer than ten students in the patient care setting; this low ratio is mandated by regulatory agencies for patient safety. The large number of nursing instructors required due to these practical and regulatory limits contributes to the faculty shortage.

Solutions to the lack of capacity in nursing programs are restricted by financial limitations. Despite increased funding for undergraduate nursing student loans and future faculty loans for nursing graduate students provided by the Affordable Care Act (American Nurses Association, 2014), nursing is funded at a dramatically lower level than medical education (“Health Policy Brief: Graduate Medical Education”, 2012). Community college nursing education provides needed professional nurses at an economical tuition cost.

**Lack of diversity.**

In spite of rising numbers of male nursing students and students from ethnic and racial minority groups, nursing as a profession remains largely white and female. The percentage of nursing students from under-represented populations is approaching that of other programs in higher education, but still falls short of matching the proportions of the United States population in general (NLN, 2010; NLN, 2013; HRSA, 2013). For example, the percentage of Hispanic/Latino people in the working population of the United States is 14%, while in 2012 the percent of nursing students who identified as Hispanic/Latino was
6.8% (HRSA, 2013; NLN, 2013). Reasons for the lack of diversity in the nursing student population are many. Historical traditions in nursing and lower numbers of ethnic and racial minorities in higher education in general are two obvious reasons. However, the fact that minority student attrition from nursing school is higher than attrition of white students is concerning (Harris, Rosenberg & Grace O’Rourke, 2014). The lack of role models for male and minority students in nursing is evident in the lack of diversity among nursing faculty members (AACN, 2014b). The nursing profession needs increased numbers of nurses from all cultural backgrounds, both to address the nursing shortage and to provide better quality health care to patients from all cultures; attracting and graduating a diverse nursing student body is the primary solution.

Racial and ethnic diversity in the United States is increasing, with non-white populations projected to become the majority in coming years. There is ample evidence that increased diversity among healthcare professionals results in improved access and quality of healthcare for members of racial and ethnic minorities (Institute of Medicine, 2004). Increasing diversity in the nursing workforce presents a challenge due to historical aspects of nursing education and also due to increased attrition among minority population students.

The culture of nursing education has reflected a historical bias toward the white, female majority. The original diploma school model of nursing education required students to be unmarried women who could participate in a training program that included many hours per week of unpaid work in the hospital, thus effectively eliminating non-traditional students (Mason, 2011); the shift to university preparation for nurses did not provide much more access. The community college model, beginning in the 1950s, provided a path to
entering the nursing profession that was possible and attractive to a more diverse student population, including minorities, men, and students of lower socio-economic status (Mahaffey, 2002). Community college nursing programs continue today to be important for increasing diversity in the nursing profession (Mahaffey, 2002).

While statistical data varies widely, the literature is clear that under-represented minority (URM) students leave nursing school at higher rates than do white students (Loftin, Newman, Gilden, Bond & Dumas, 2013; Olson, 2012). In their review of the literature on increasing diversity in nursing education, Loftin and her colleagues cite barriers to completing nursing education that may be faced by URM students: economic barriers, insufficient academic background, lack of support outside of school, lack of role models in school, and racial or ethnic discrimination (p. 388). Olson reviewed literature on English-as-a-second-language (ESL) nursing students and identified additional cultural and language barriers that impact student success and persistence. The literature includes many descriptions of interventions to promote retention of URM students, though methodological problems are common and no simple solutions are recognized (Loftin, et al., 2012).

**Trends to address the lack of diversity.**

The lack of diversity in nursing education is a recognized problem about which much literature is published. Best practice interventions address both recruitment and retention of diverse student populations, and consist of changes in the environment or culture of schools as well as support of various types: financial, social, mentoring and academic (Gilchrist & Rector, 2007). Community college students represent a more diverse population than is found in many university settings (Starr, 2010). Research that addresses community college nursing
student repeaters, a group at risk for attrition, holds the potential to contribute to increased diversity in nursing by supporting retention in this educational setting.

Discussion.

Nursing students experience failure and return to repeat courses in the context of a nursing school. Crucial issues in the nursing profession, specifically the ongoing and looming shortage of nurses and the need to increase diversity among professional nurses, are mirrored in nursing schools where the need to increase capacity and decrease attrition are intertwined with issues of insufficient student diversity. The model of nursing education that offers an entry into the profession for the most diverse group of students, in the most cost effective and efficient time frame is the associate degree nursing program in a community college.

A better understanding of the experience of students who experience failure and return to repeat a course in a community college nursing program, such as this study addresses, will enhance the ability of faculty and administration to support these students and help them to persist in nursing school. Nursing student attrition and retention is a significant and complex problem, especially in the community college context. These topics are the focus of the next sections of this literature review.

The Community College Context

Nursing programs in community colleges are under slightly different pressures in comparison to university-based nursing schools. In addition to their mission to educate the community, with the implication that the student body will include many from at-risk populations, community colleges also are in a financial and political climate that presents
challenges. These schools have been charged with increasing the graduation rate while dealing with decreased resources.

**The national college completion agenda.**

Community colleges were expanded half a century ago with a goal of providing higher education opportunities to those who were less likely to attend universities, such as those of lower socioeconomic status and racial and ethnic minorities (Dowd & Shieh, 2013). According to Dowd and Shieh, these populations are still most likely to enroll in community colleges. The political and economic environment of the last decade has created a public demand for higher education to be efficient, and this is defined as increasing the number of graduates without increasing funding (Dowd & Shieh, 2013).

President Barack Obama, in his first State of the Union address, set an agenda for the United States to have the highest percentage of citizens in the world who have graduated from college by 2020 (Mullin, 2010). This so-called “completion agenda” has been embraced by think tanks across the political spectrum (Miao, 2012; Schneider & Yin, 2012). Those more closely affiliated with community colleges have been more cautiously supportive, recognizing the barriers to achieving this agenda, and expressing concern that completion rates fail to recognize all the success of students who attend community college for different reasons, such as continuing vocational education or transferrable credits (Mullin, 2010).

**Challenges to and critiques of the completion agenda.**

The completion agenda is challenged by a number of factors. Two prominent concerns are the definition of student success, and the quality of community college
education. Pressure to graduate more students without spending more money makes it likely that these concerns are overlooked.

Students attend community college for a variety of reasons. So-called “swirlers” are students who attend classes at multiple institutions, for example, taking liberal arts requirements or other prerequisite courses for low tuition cost at a community college and then transferring credits to a university for eventual completion of a degree (Mullin, 2010). Another group are the “retoolers”; students who attend classes at community college to learn skills needed to advance in the workplace, without any desire or intent for a degree (Mullin, 2010). In addition to these non-degree-seeking students at the community college, Mullin (2012b) identifies a concern with how student success is defined. Graduation may be an ultimate goal, but other measures of success, such as student transfer to a university, or student completion of developmental courses, also constitute success, according to Mullin (2012b).

In the pressure to increase graduation rates, community colleges face the risk of decreasing educational quality. Humphreys (2012) argues that, in the context of a poor economy and after years of shortchanging financial support for K-12 schools, community colleges are working with a population of students that are less prepared for college than ever. With no additional funding for the completion agenda, her article raises the question: Who will pay for what is missing in community college education? Rhoades (2012) describes the completion agenda as “an unfunded mandate to do more with less” (p. 18) and asserts, “the completion agenda is compromising the learning agenda” (p. 18). Increased use of part-
Role of nursing programs in the community college context.

In the current climate of the completion agenda, career technical education has become emphasized as a route to “good-paying jobs in high-demand fields” (Moore, Jez, Chisolm & Shulock, 2012, p. 1). In a report on career technical education in the California community college system, Moore and colleagues analyze the program offerings and provide evidence of those programs that are effective; programs with high enrollment, high graduation rates, and high rates of employment after graduation. The associate degree in nursing (RN) programs rank at the top by all of those measures in most California community colleges (Moore, et al., 2012). As one of four states with the largest population of community college students (Mullin, 2010), California is likely representative of national trends. Despite these comparatively good outcomes, community college nursing programs are still challenged by student attrition.

Retention and Attrition

Definitions.

The higher education literature, especially the nursing education literature, has much to offer on the topic of student attrition and retention. The rate at which students leave an institution of higher education is called the attrition rate; attrition is not often broken down to differentiate among the reasons for which students leave, so students who have chosen to withdraw due to family or work obligations would be included with students who have failed academically and been dismissed from school. Student retention refers to the rate at which
students stay in school until graduation. A term closely related to retention is persistence; typically retention is an institution measure while persistence is an individual student measure (Hagedorn, 2012). Research and thinking around the issues of retention and attrition are valuable to consider when studying students who experience academic failure, as this population is encompassed within the population of students who leave school or overcome academic failure to stay in school.

**How retention and attrition are studied.**

Much of the research and literature on retention and attrition is quantitative, seeking to identify factors that correlate with student attrition or measure the effect of interventions designed to promote retention, but failing to fully explain which students leave or why they leave (VanAntwerp, Reed, Bruxvoort & Carlson, 2008). Perhaps because student retention is a financial issue for institutions, and subject to accountability measures and outcomes, quantitative approaches have been employed to study the issue. However, even in academic areas that are philosophically quantitative, such as engineering, there is a growing recognition that qualitative studies may better capture the context and complexity of student retention (Honken & Ralston, 2013).

Qualitative studies of retention in the higher education literature demonstrate a desire for a more nuanced understanding of students at risk for attrition or interventions to promote retention. Various qualitative methodologies are employed, including phenomenology (Sinacore, Park-Saltzman, Mikhail & Wada, 2011) and grounded theory (Thompson, 2008). Johnson (2013) provides one excellent example of qualitative retention research in her case study of a comprehensive retention program for African American students at a
predominantly White university. The case study identified benefits of the program, perceptions of how the program impacted student success, the most helpful components of the problem, and ultimately informed a new retention model (Johnson, 2013).

Studies of nursing student retention include many examples of mixed methods approaches and purely qualitative methodologies. Mixed methods include Sadler’s (2003) study of themes predictive of attrition or retention in a nursing student admission essays, and studies of nursing student exit data that attempt to better explain why students leave (Glossop, 2002; Fowler & Norrie, 2009). Many nursing education qualitative retention studies focus on students who were at risk for attrition but stayed (Bowden, 2008; Last & Fulbrook, 2003; Rudel, 2006; Williams, 2010) or students who were academically successful but voluntarily withdrew from nursing school (O’Donnell, 2011). Few studies consider nursing students who have experienced academic failure.

McGregor (2005) described a phenomenological study of a nursing student who faced the threat of failure that seemed related to interpersonal relationships and bullying on the part of faculty. This hopefully anomalous case is less interesting than the study by Robshaw and Smith (2004) of 20 students who had experienced academic failure in nursing school but persisted. They conducted focus group interviews and presented resulting key themes: “desire to succeed, acceptance of personal failure, recognition of personal attributes that are required for success, and responsibility for both personal success and failure” (p. 515). This study was conducted in the United Kingdom and cultural differences make it difficult to generalize to nursing students in the United States. For example, the nursing program is not
described in sufficient detail for the reader to determine if it is comparable to an associate
degree, diploma, or BSN nursing program.

Retention and attrition in higher education.

Student retention is a concern at all levels of higher education. Nearly half of
community college students leave before their second year, greater than a third of
baccalaureate degree students do not complete their program of study, and even doctoral
students leave prior to completion at a rate of approximately 20% (ACT, 2014). Factors that
are correlated with increased risk of leaving school have been identified through large
research studies (for example, DeAngelo, 2014). Interventions to promote retention of
students who are at risk for leaving are plentiful, as evidenced by the research literature.
Echoing other authors of retention intervention literature reviews, Valentine and colleagues
(2011) point out that methodological issues abound in the studies that are reported in the
literature. Significant gaps in knowledge of student retention and attrition exist in the areas of
the student’s experience, attitudes and perceptions (Valentine, et al., 2011).

Retention and attrition in community colleges.

According to Windham and colleagues, “there are few retention studies specific to
community colleges” (2014, p. 466). Retention theories have not typically been community
college specific, either (Mertes, 2013). Clear and specific, however, are statistics that
demonstrate that about half of community college students do not persist to graduation, and
most of them leave in the first year (Mertes, 2013; Windham, Rehfuss, Williams, Pugh &
Tincher-Ladner, 2014). Reasons for community college student attrition are complex, and
often a little different from those of university students.
Many researchers have attempted to identify factors that predict attrition or retention in the community college student (for example, Fike & Fike, 2008; Nakajima, Dembo & Mossler, 2012). Their findings demonstrate that community college students stay or leave for complex and multifactorial reasons that defy simple explanation. Qualitative exploration of students at the intersection of the decision to leave or stay, such as this study of nursing student repeaters, enhances understanding of this complicated situation.

The current economic climate appears to have had a greater impact on community college student retention in comparison to universities. The increased enrollment and increased tuition of the last decade have been a financial demand that has significantly outpaced the increase in federal investment (Kennamer, Katsinas & Shumacker, 2010). Kennamer and his colleagues explain, “College is becoming less affordable for low-income students” (p. 89) and that “student outcomes are contingent upon the financial aid support services they receive” (p. 96). Community college students have always been more likely to work while attending school, but this has become an even more prominent feature of the population (Hagedorn, 2010).

Models of student retention developed for universities have been demonstrated to be applicable in community college populations, according to Mertes (2013). He notes that theories defined by Astin, Bean and Tinto have all been applied to community colleges, and all include integration and involvement as important components. Mertes, considering the theories through the lens of critical race theory, finds these traditional retention theories to be culturally insensitive and less applicable when considering community college students of racial or ethnic minority groups. He gives the example of how cultural emphasis on family
for African American and Latino students may collide with institutional expectations of student independence from family.

Further adaptation of established retention theories may be necessary to make them applicable to community college students. Stuart, Rios-Aguilar and Deil-Amen (2014) reformulated Tinto’s theory for the community college population, in the context of today’s economy. They assert that Tinto’s emphasis on student engagement overlooks the influence of the job market and work-family-school issues. Their new model builds on human capital theory as well as social integration and socio-economic integration.

**Retention and attrition in nursing education.**

When students leave nursing school, there are negative effects on the student, the school, and the nursing profession (Hadenfeldt, 2012). Nursing student attrition is considered a global problem: for example, nursing students leave school prior to finishing at a rate of greater than 50% in the United States (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Abele, Penprase & Ternes, 2013) and about 30% in Europe (Abele, Penprase & Ternes, 2013; Dante, Valoppi, Saiani & Palese, 2011). Although some nursing student attrition is inevitable given the need to maintain quality of professional education for the safety of the public, the time, effort and expense wasted when a nursing student leaves prior to completion has an impact on the supply of nurses and on the available educational resources. Given this context and these attrition rates, it is not surprising that researchers have given much attention to the issue.

One of the challenges to the reader of the nursing education literature is to differentiate the reasons for student attrition. There is much overlap in the categories of at-
risk students and students who experience academic failure in nursing school. Factors that are correlated with greater risk for attrition include non-traditional student status, being from an ethnic or racial minority population, and personal factors such as working greater than sixteen hours per week and poor academic performance (Harris, Rosenberg & Grace O’Rourke, 2014). The relationship between retention and attrition, student success and failure, and at-risk factors is complex. Since the 1930s, educators have been studying and theorizing about students who leave college.

**Reasons for nursing student attrition.**

Nursing student attrition is a complex concept. Students may leave nursing school voluntarily, or be dismissed. They may leave in the pre-nursing (pre-requisite) coursework, or during the clinical nursing component of the program. The literature provides factors and possible explanations from the perspective of students leaving and those who might leave but instead stay (Bowden, 2008; Last & Fulbrook, 2003; Rudel, 2006; Williams, 2010).

Voluntary attrition can be thought of as the situation in which a student has the option to continue in nursing school, but chooses to leave. In contrast, a student who is dismissed from a nursing program does not have the option to continue in that program, and may or may not be able to transfer to a different nursing program to continue or begin over again. The differentiation between voluntary and involuntary attrition is deceptively simple, however. The student who is dismissed from a nursing program may be permitted to return and try again after completing some remedial coursework, or taking time off for personal reasons, such as illness. The student who voluntarily withdraws may do so for many reasons: because they decide that nursing is not the right profession, or they are moving to another
state, or they realize that they are in a situation that may result in academic dismissal (Glossop, 2002; Fowler & Norrie, 2009). The voluntary withdrawal may also occur because the failing student doesn’t see evidence that there is sufficient support to help them succeed on their next (and only other) chance, because faculty and staff lack understanding of their experience with nursing school failure.

The timing of a nursing student leaving is another variable factor in the attrition picture. Choosing to leave or being dismissed during the pre-requisite coursework may be less costly both financially (WTCC, 2014) and personally (Andrew, et al., 2008). Students, who have now invested more money and time and personal commitment toward becoming a nurse, may experience leaving differently once in the clinical nursing courses.

Much of the literature that addresses nursing student attrition describes studies conducted in the United Kingdom (Glossop, 2002), while United States researchers have tended to focus on retention (Seago, et al., 2012). This may be a cultural variation in perspective. It seems likely that the nursing student experience has many similarities in both countries, and that the literature would be applicable to students on either side of the Atlantic.

The body of knowledge on this topic is further complicated by the lack of consistent international or even national definitions of attrition or retention (Mulholland, Anionwu, Atkins, Tappern & Franks, 2008).

Cameron, Roxburgh, Taylor and Lauder (2010, 2011) are authors from the United Kingdom who have considered nursing students from both the attrition and retention perspectives. They assert that attrition is a complex problem with no single cause, and that most studies are not methodologically sound, but did conclude in their literature review that
attrition early in a nursing program is most likely to be due to disappointed expectations and that attrition later in a program is most likely to be due to personal factors resulting in some kind of personal crisis (2010). Their retention literature review concluded that nursing students are more likely to be retained if they demonstrate personal commitment and have good support, though “good support” is not clearly defined (2011). Other authors agree that nursing students may experience dissonance between their expectations and the reality of nursing school, and argue that media stereotyping of the role of the nurse promotes unrealistic expectations (Cameron, Roxburgh, Taylor & Lauder, 2010; Kopp, 1999).

Some researchers have attempted to define personality characteristics that are associated with nursing student attrition or retention. Deary, Watson and Hogston (2013) administered a battery of instruments to a large cohort of nursing students in a longitudinal study. They concluded that students who were rated as less conscientious on the NEO Five Factor Inventory and less agreeable on the Maslach Burnout Inventory were at greater risk for attrition. In a similar study, McLaughlin, Moutray and Muldoon (2007) found that retention was correlated with higher occupational self-efficacy, while attrition was correlated with extraversion.

Other studies of nursing student retention have explored demographic data as risk factors for attrition. Younger students and male students were more likely to leave nursing school in a study conducted by White, Williams and Green (1999), while Pryjmachuk, Easton and Littlewood (2008) found that older students and those with higher academic qualifications upon admission were more likely to be retained. Academic qualifications are a factor that has been known to affect retention for a long time: Newton (2008) argues that
rolling admissions (all students admitted who meet minimum program requirements), such as the process used by most community college nursing programs, are associated with “ubiquitous” retention issues (p. 46).

An important perspective to hold when evaluating studies of nursing attrition is that students’ reasons for leaving are rarely as simple or clear as they may indicate on exit checklists or interviews (Glossop, 2002). Students may offer reasons that are less than the entire explanation for leaving, in a maneuver to save face. Additionally, students who consider leaving but stay may not be the best sources of explanation for attrition. White, Williams and Green (1999) found that nursing students in their study who had considered leaving but then stayed cited academic reasons like workload, while students who actually left cited entirely different reasons, such as personal or family problems, disillusionment with nursing as a profession, or even the burden of travel time. A richer and more complete understanding of nursing students’ struggles associated with retention and attrition issues may require different and more qualitative methodologies. This study helps to address this gap.

**Retention models.**

**General retention models in higher education.**

Reason (2009) points out that it is a major undertaking to even try to summarize the literature on student retention. I will mention a few theorists whose ideas have been applied to nursing students. One of the seminal authors in the modern retention theory literature is Vincent Tinto. His model of student persistence was important for several reasons. First, he described student failure or withdrawal from school as a failure on the part of the institution
as well as the student (Tinto, 1993). Second, he identified principles of retention that considered the student from a holistic perspective, including social and institutional concerns as well as academic ones (Tinto, 1993). Tinto’s theory begins with the notion that a student enters college with factors like prior academic history, and family and personal traits, as well as some degree of commitment to finishing college and to the particular institution at which they enroll (Tinto, 1993). Within the college experience, the student develops some degree of academic integration (related to grades and academic development) and of social integration (including relationships with peers, faculty and others in the environment) (Tinto, 1993). The academic and social integration interacts with the commitment to college and to the institution; the integration and commitment components together lead to the student’s decision to stay or leave the college (Tinto, 1993). This model suggests that social integration is an area in which educators and institutions can make an impact to prevent student departure. Tinto has elaborated on and made alterations to his theory over the years since he introduced it, and many other authors have adapted it, for example, to include motivational variables or to apply it to specific subpopulations of students (Demetriou & Schmitz-Sciborski, 2011).

Another theory influential in the nursing education literature is Bean and Metzner’s (1985) model of nontraditional student attrition. Bean and Metzner recognized the gap in the retention theory literature that explained nontraditional student departure from college, and their research led to recognition of the differences between traditional and nontraditional students, such as the fact that environmental factors (work, family responsibilities) rather than social integration factors were more likely to affect a nontraditional student’s decision to
leave or stay in school. Bean and Metzner defined nontraditional students as age 25 or older, not living on campus, and/or attending college part time. In their model, the student enters college with background variables like age, educational goals, prior academic experience, and ethnicity. During the college experience, Bean and Metzner posit that an interplay of academic variables (for example study habits and course availability) and environmental variables (such as finances, hours worked, and family responsibilities) result in academic and psychological outcomes. Academic outcomes (specifically grades) and psychological outcomes (such as satisfaction, stress and goal commitment) lead to a decision to stay or leave (Bean & Metzner, 1985). This model suggests that the in-class experience may be a more important area for educators and institutions to implement interventions to prevent student attrition, as this is the major context in which nontraditional students may be found in college.

Another theoretical perspective that focuses on student success rather than retention or attrition is a framework for student success, developed by Kuh, Kinzie, Buckley, Bridges and Hayek (2006). In a literature review for the National Postsecondary Education Cooperative, Kuh and his colleagues portrayed a figure of student success that envisioned the educational experience as a path, not necessarily continuous, that includes precollege experiences, the college experience with student behaviors and institutional conditions as influences, and post-college outcomes. In the center of this model is student engagement (Kuh, et al., 2006). This model recognizes the numerous factors and influences, as well as the possibly numerous stops and starts and detours in a student’s educational experience (Kuh, et al., 2006). The authors assert that student engagement is at the center of the model because it
is the aspect of student success on which educators and institutions can have impact. Kuh and his colleagues’ model has been applied to research related to student retention and success (Allen & Lester, 2012; El Hassan, 2014).

**Nursing specific retention models.**

Nursing student specific retention theories have been discussed in the literature; two examples are those developed by Shelton and Jeffreys. Shelton (2012) developed a theory based on the work of Tinto along with Bandura’s self-efficacy theory. Her model bases retention on two outcomes: persistence and successful academic performance (Shelton, 2012). The factors that are connected to those outcomes are student background (e.g. GPA, ethnic origin, and work schedule), internal psychological processes (e.g. motivation) and external supports (e.g. family, peers) (Shelton, 2012). Another nursing student specific theory of retention is one developed by Jeffreys (2004, 2006, 2014). Jeffreys’ model is influenced by Bean and Metzner as well as Bandura, and is a more comprehensive view of nursing students’ retention or attrition. She describes retention as a decision that a student makes, that may be voluntary or involuntary, to take one of several actions: remain in a course, persist in a program, stop out, return, dropout, graduate, take the NCLEX-RN exam and enter the nursing workforce (Jeffreys, 2006). This decision point is not a single event but something that happens at least each semester, according to Jeffreys. Factors that influence these decisions are numerous and interactive, including personal characteristics of the student, academic performance, and contextual or environmental factors, among others (Jeffreys, 2006). Jeffreys initially created her model for undergraduate nursing students, but has since expanded the theory to apply to nursing students at all levels of education (2014).
What are factors associated with retention and attrition?

Factors associated with retention and success.

Many authors have focused on predicting students who will be successful in the context of a high attrition rate program of study. Many predictions are related to prior academic success. For example, Seago, Keane, Chen, Spetz and Grumbach (2012) studied nursing students at eight community colleges in California, looking to correlate grade point average (GPA) with several different predictive factors. They found that high grades in pre-nursing courses, especially science courses, were the best predictors for a passing GPA in the nursing program (Seago et al., 2012).

Other researchers have used GPA as a marker for success, correlating GPA with various predictive factors and student traits. Raman (2013) studied 104 students in the second half of their associate-degree nursing program. She found that several traits were associated with passing GPA: higher pre-nursing GPA, perceived faculty support, self-efficacy, math self-concept and affective commitment (Raman, 2013). In a similar study, Beauvais, Stewart, DeNisco and Beauvais (2014) found correlation between passing GPA and emotional intelligence in undergraduate nursing students, as well as a correlation between passing GPA and psychological empowerment, resilience and spiritual well-being among nursing graduate students.

While prior academic success is clearly a factor in predicting future success, and is rightly a component in admissions criteria for nursing students, factors that have the potential to be changed are arguably more important. Student motivation is an elusive factor to measure or affect, but has the possibility of changing, while historical academic performance
does not. Motivation is a concept that includes many contributing elements, internal and external, cognitive and emotional. Attributional or explanatory thinking is a key component of motivation (Perry, Stupnisky, Daniels & Haynes, 2008), and motivation can be the deciding factor for a student who persists despite academic struggles in college (Suresh, 2006). Perry, Stupnisky, Daniels and Haynes write about attributional retraining that can improve motivation and thus academic performance by teaching the student to emphasize more motivating explanations for failure. For example, encouraging the student to see failure as a product of changeable and controllable factors, such as effort and study technique, can support motivation. Stewart and colleagues (2011) conducted a study of students in an introductory psychology class, in which the intervention was attributional retraining; students who received this intervention were significantly more likely to pass the course than those who did not receive attributional retraining.

**Factors associated with attrition and failure.**

Once identified, factors associated with academic failure and attrition also offer opportunities for intervention. While the literature does not identify characteristics associated strictly with academic failure, there is plentiful research on traits that may predict attrition. Bulger and Watson (2006) list classic factors known to affect attrition: age (older students returning after a lengthy absence), low socio-economic status, cultural or language barriers, emotional impairment or physical challenges. They also add that internal characteristics, like weak self-concept, and environmental ones, like lengthy travel time/costs, may predict attrition (Bulger & Watson, 2006). Many of these traits, like being
economically disadvantaged or speaking English as a second language, are not changeable, but can be addressed or supported with interventions.

Dante and colleagues conducted an interesting study in Italy, on which they reported in two publications (Dante, Valoppi, Saiani & Palese, 2011; Dante, Fabris & Palese, 2013). The study was intended to describe factors associated with nursing student failure, with the goal of better understanding the academic dismissal component of nursing student attrition, and the first manuscript reported predictive factors found in the retrospective phase of the study (Dante, Valoppi, Saiani & Palese, 2011). They evaluated 117 students at the end of a nursing program and considered 13 factors that have been reported in the literature as associated with nursing student failure or success. The only two factors that were found to be statistically significant in predicting whether the students in this study would have graduated from the program or not were good grades in the nursing program entrance exam (associated with success) and family commitments like caring for children or aging relatives (associated with failure to graduate, or graduate on time) (Dante, Valoppi, Saiani & Palese, 2011). The second manuscript coming out of this study reported on a time-to-event analysis of student failure in the nursing program, in attempt to identify not only predictive traits but timing that might be important for possible intervention (Dante, Fabris & Palese, 2013). Among the 37.2% of the study participants who failed the nursing program, it was noted that male gender and poor grades in high school prior to attending nursing school were the two predictive factors, and that failure from the program was happening, on average, at the two year mark of the three year program (Dante, Fabris & Palese, 2013).
In nursing education, academic failure in the clinical portion of the program can be particularly challenging to recognize, predict, or provide intervention. Lewallen and DeBrew (2012) published results of a qualitative study they conducted with 24 nurse educators, in which they described the qualities of nursing students who are successful in clinical and those who fail. Students who fail clinical were described by their instructors as having poorer communication skills, preparation for clinical, and ability to function in the clinical setting; identifying these factors can inform interventions that may help failing students learn skills that would improve their performance (Lewallen & DeBrew, 2012). Indeed, many authors have described programs of remediation for nursing students who have failed, especially from the perspective of failure of the licensure exam (NCLEX-RN) or a program exit exam intended to predict passage of the NCLEX-RN.

Factors associated with success after failure.

A nursing student repeater is a student who has experienced academic failure and is attempting to go on to academic success. Therefore, it is of value to consider studies focused on college students who are facing academic challenges but go on to persist. Such studies typically center on identifying predictive factors. The most common type of factor that predicts academic success, even after failure, is prior academic success. Hall and Gahn (1994) studied students who had been academically dismissed to see which of them went on to academic success after readmission. They found that the only significant predictors were grade point average prior to dismissal and grade point average at another school during the dismissal period. Cogan (2010), in a large quantitative study of the same population, found nearly identical results: higher grade point average prior to dismissal, and higher grade in the
course failed were the two predictors of success on readmission. Bosshardt (2004) studied students who were unsuccessful in a foundational economics course and found that factors associated with eventual success were higher grade point average in other courses including other challenging courses, and the persistence to finish the course in spite of failing grades.

Another predictor of success discussed in the education literature is that of attribution. Pizzolato (2007), in a study that is very pertinent to this discussion, conducted grounded theory research on a group of students who faced a threat to their vocational goals in terms of course failure or denial of entry to a program of study in college. She found that the students who maintained the career goal and persisted in spite of failure shared the perspective that their situations were changeable and not due to either innate lack of ability or circumstances beyond their control. In other words, they attributed their failure to causes that they could influence or alter.

Another area to consider is studies that identify interventions that contribute to student success. Such interventions may be academically oriented, psychologically oriented, or more holistic and involving multiple approaches. The first intervention that many teachers and institutions consider for students in academic trouble is to increase academic support. In a review of the evidence on the relationship between college counseling and student retention, Sharkin (2004) describes a summer program to teach academic skills to students who had been academically dismissed and then reinstated. The students were followed for four semesters after the summer program intervention. Although the difference was not statistically significant, a greater number of program participants (64%) remained in school and were academically successful over the time period studied in comparison to similar
students who had not participated in the program (49%). In 2009, Wang and Pilarzyk reported on a study that compared three different intervention programs for students who had been academically dismissed and then reinstated. The program they found to be most beneficial in terms of student subsequent success involved 8 weeks of classes on reading, math and time management skills, along with academic mentoring (Wang & Pilarzyk, 2009). Another approach to intervening with students at risk for attrition is to provide a more holistic type of support, with both academic and psychological encouragement. Arcand (2012) describes a “companioning relationship” with a faculty member or other academic advisor, in which the advisor helped the students in a holistic fashion, employing advising, counseling and mentoring techniques.

Student academic failure is an experience that involves emotional response (Nance, 2007), and thus interventions that address the psychological component may be beneficial. Interestingly, such interventions have often been studied with underrepresented student populations. Wilson (1997) conducted a study of Alaskan American Indian students who were failing and found that the key to success for these students was a relationship with and support from a professor. She additionally found that learning styles on Kolb’s Inventory were different for her American Indian students, and that they endorsed greater value on relationships than her White students (Wilson, 1997). Nance also found success in minority student populations following an intervention that involved five 75-minute workshops from the Psychological Counseling department, an offer of follow-up counseling sessions, and peer partnering for emotional support. In South Korea, where the culture evidently does not typically promote psychological counseling for college students, Yang, Yon and Kim (2013)
implemented a program for probationary students that involved mandatory psychological counseling sessions. In their study, students who attended these sessions, and especially students who attended additional sessions beyond the mandated number, ended up with higher grade point averages than a control group of students who did not receive this intervention (Yang, Yon & Kim, 2013).

Considering the evidence that knowledge-based and psychological interventions are both beneficial for students who are experiencing academic failure, it seems appropriate that some interventions have been developed that combine the two. Tovar and Simon (2006) reported on a “reorientation” (p. 547) program for students that had been academically dismissed and then reinstated. This program involved small group sessions for discussion of factors leading to poor performance, academic advising, and a holistic individual psychological counseling component (Tovar & Simon, 2006). The data collected for Tovar and Simon’s study included several self-report tools, which demonstrated differences by population: for example, African American students were more likely to seek and accept financial advice, while Latino/a students were more likely to seek and accept academic advice. Another holistic program approach was the subject of a report by Arcand (2012). Students who had been academically dismissed were reinstated with a program of academic support that she called “academic companioning” (p. 38). This intervention was based on an ongoing relationship with a professional resource person, and included weekly meetings focused on themes including academic/vocational goals, learning strategies, academic knowledge acquisition, writing skills, and personal challenges (Arcand, 2012). Although a
small study, the outcomes were positive, with 75% of students still enrolled in the college at the time of the report and 20% successfully graduated (Arcand, 2012).

A theme that is evident throughout the literature on students experiencing academic failure but going on to success is that these students are often members of at-risk populations. Tovar and Simon (2006) note that over 25% of community college students are on academic probation at some point in their time in college, and that the community college student body is comprised of many first generation, minority, or non-traditional students. Wang and Pilarzyk (2009) assert that the characteristics of students who tend to leave higher education are the same characteristics of community college students: those with conflicting responsibilities at work, home and school, those with financial limitations, and those who are dealing with personal and emotional factors that may pose barriers. While all students who experience academic failure are certainly not from under-represented populations, and all students at-risk for attrition do not end up on academic probation or being dismissed, as mentioned above, there are many similarities between the two groups.

Abele, Penprase and Ternes (2013) described a study that concentrated on students who failed a nursing course and then went on to succeed. In this study, 327 nursing students who were on academic probation, or had been academically dismissed and then reinstated, were the subjects of a retrospective review to identify predictive factors. The authors found that, in addition to pre-nursing grades in science courses as other authors have reported, the grade earned in a lifespan developmental psychology class was highly predictive of probationary students going on to eventual success (Abele, Penprase & Ternes, 2013).
Discussion.

In summary, college students persist and ultimately succeed in challenging academic situations within the context of their multi-faceted and often complicated life stories. Factors that may be pertinent to this success are many: historic, personal, academic, institutional and psychological. Historical and academic factors that have important influence on these students include prior academic experiences and accomplishments – these factors are not only predictive of future academic performance, but may also contribute to a student’s motivation by affecting attributional beliefs. Personal factors like race, ethnicity and socio-economic status are symbolic for a complex collection of cultural and experiential factors that may support or undermine student beliefs and performance in college. In the context of the college experience, the student experiences institutional factors that could be supportive, such as a strong peer group, mentoring relationship, or class schedule that is flexible enough to integrate with outside responsibilities, or could pose barriers, such as a culturally insensitive environment or lack of needed academic resources. Meanwhile, students’ personal lives continue, with financial, emotional, physical and relational changes that can impact the students’ school success in positive or negative ways. Throughout, psychological factors like beliefs, attitudes, and self-concept will influence the student’s progression through the academic experience.

Student success and failure can be considered from the perspective of student retention, attrition, and persistence after academic failure. Quantitative studies fail to capture the whole picture of student success or failure; such studies have informed interventions that have not been consistently successful. Qualitative studies have explored some of the
complexities of the retention and attrition picture, but there is a dearth of information on the experience of nursing students who fail and then return to repeat a course, as this study has done. It is helpful to understand more of the intricacies of this student experience by viewing it through the lens of resilience.

**Resilience Theory**

**Definition.**

Resilience is a term employed by researchers in many fields, including management, economics, ecology, metallurgy, health care, anthropology, and psychology (Bhamra, Dani & Burnard, 2011). Bhamra and his colleagues examined the use of resilience by 74 authors across numerous contexts and fields of study, finding that all definitions of resilience were similar, and “closely related with the capability and ability of an element to return to a stable state after disruption” (p. 5376). Within the field of psychology, various definitions of resilience all focus on the core concepts of adversity and positive adaptation (Fletcher & Sarkar, 2013).

While resilience may be considered an innate trait or a learned skill, most definitions describe positive adaptation in terms of overcoming challenges or barriers to achieve success (Ziegler et al., 2006). For the purposes of this study, I defined resilience as overcoming the challenge of academic failure and the repeater experience with a positive outcome. I left the definition of a positive outcome to be student-specific; while for many students, the positive outcome would be continuation and success in nursing school; it is possible that a positive outcome is achieved for others by leaving nursing school and experiencing that as a positive adaptation.
Relationship between resilience and failure.

Failure in an academic context is a common yet often painful experience. College students in an international study identified emotional distress in response to academic failure, including shame, embarrassment, frustration and disappointment (Mortenson, 2006). In the rigorous and high stakes context of nursing education, even one bad grade may prompt students to feel despair and doubt their ability to succeed (Williams, 2010). Fear of failure is a prominent issue in nursing school, and shame related to imminent failure is a reason for nursing student attrition that may not be reported on exit interviews (Bowden, 2008).

Interestingly, there is a scarcity of theoretical perspectives on student failure. Most of the literature addressing student failure considers the experience part of student retention or attrition. Searching outside of the education literature, there was still little written about failure. Two authors have recently identified the need for a conceptual framework or theory that can be applied to student failure. Kleinig (2012), in his discussion of the concepts of failure in general and therapeutic failure in particular, claims, “though the issues of failure (and success) are culturally pervasive, there is remarkably little explicit general discussion about the nature of failure” (p.1366). He calls for assumptions underlying failure to be made transparent – for example, if a therapy is seen to fail, it must be asked if the therapeutic strategy was fundamentally flawed, or if sufficient time was given to allow for success. Kleinig cites Henry Petroski, who has written extensively on engineering failure, in seeing failure as a valuable learning event, although he acknowledges that Petroski does not address the psychological effects of personal failures. Petroski (2011), a professor of civil
engineering and history, uses case histories of failure to demonstrate to his students that success is built on the lessons learned from failure.

Stoller (2013) brings the concept of failure closer to education, making the case that educational theory needs to include the idea of failure. He roots his perspective on the topic in ideas from John Dewey. Some of the components of Stoller’s discussion include the connections among feelings, emotions and failure; the notion of failure as an experience that must be lived through in order to make meaning of it; and the need for an individual who has experienced failure to use reflection to “re/vision” the failure in relation to “the shifting, changing narrative of the self and the self’s relationship to the community” (p.31). Klienig (2012), Petroski (2011) and Stoller (2013) provide valuable conversation about possible philosophical foundations of a theory of failure. Their articles have suggested meaningful connections to this study, particularly in Stoller’s discussion of failure in education, and his connection of Deweyan philosophy. It is clear that failure can be a valuable and important part of learning and eventual success, however, the individual can only gain from the experience if they persist in trying after the failure, or use the lessons learned from the failure to go on to another setting or undertaking. This idea of persisting in the face of failure is a component of the construct of resilience.

**Resilience as a construct.**

Resilience is a construct that has been of increasing interest in the disciplines of psychology and sociology since the early 1980s, when researchers became interested in understanding how some people became successful in spite of overwhelming odds against them (Hanger, Goldenson, Weinberg, Schmitz-Sciborski & Monzon, 2011). In recent years,
the study of resilience in higher education has become more common. Resilience as a construct has been part of the framework of studies focusing on non-traditional age university students (Beasley, Thompson & Davidson, 2003), college students who are survivors of trauma (Banyard & Cantor, 2004), women welfare recipients attending literacy classes (Ziegler, et al., 2006), Black South African university students (Theron, 2013) and in a comparison of persisting and non-persisting college students (Shields, 2001).

Resilience, often used interchangeably with the term “hardiness”, is broadly defined as “the ability to manage or cope with adversity or stress in effective ways; resilient people bounce back from adverse circumstances” (Ziegler et al., 2006, p. 60). Resilience has alternately been described as a trait, a process, and an outcome (Fletcher & Sarkar, 2013), but Parr, Montgomery and DeBell (1998) synthesized several descriptions to come up with the following list of dimensions of resilience:

- Being socially adept
- Having a positive outlook on life
- Having a vision and sense of mission
- Accepting responsibility and taking risks
- Being creative and having a sense of humor
- Being able to monitor and regulate emotions
- Having insight and being perceptive (pp. 26-27)

George Bonanno (2004) analyzed the construct of resilience in the context of the psychology literature, noting that resilience is different from recovery: recovery involves a pathological albeit temporary change in functioning before returning to baseline, while
resilience describes “the ability to maintain a stable equilibrium” (p. 20) in the face of loss or trauma. He goes on to assert that resilience is common, and under-recognized by psychologists, who tend to see primarily people who lack resilience, and that there are many routes to resilience. Bonanno describes potential pathways to resilience that include the personality trait of hardiness, self-enhancement (an overly positive view of self), repressive coping mechanisms (including emotional disassociation) and positive emotions and laughter (p. 25).

Researchers have noted that individuals may vary in their resilience, depending upon context and timing (Tusaie & Dyer, 2004). Tusaie and Dyer summarized the ideas of many psychology studies of resilience when they identified four domains of resilience: work/school performance, behavior adjustment, psychosocial adjustment and physical health. They noted that individuals may exhibit resilience in one domain but not another and that it is most useful for research and practice to identify the domain of interest rather than attempting to identify a “global definition” of resilience (p. 3).

**Historical perspective on resilience.**

The construct of human resilience is rooted in the literature on the psychological aspects of coping and the physiological aspects of stress (Tusaie & Dyer, 2004). A seminal study, cited often in the resilience literature, is the longitudinal study over 30 years of Hawaiian children done by Werner and Smith (as cited by Richardson, 2002). Werner and Smith identified children at risk for psychopathology due to life circumstances, and followed them into adulthood, examining in particular those who seemed to overcome that risk and achieve health and success as adults. This study was an example of the early research in
resilience, which focused on identification of risk and protective factors or characteristics associated with resilient people and their environments (Tusaie & Dyer, 2004).

The next phase of resilience research addressed the concern that individual and environmental factors were not enough to fully understand resilience. Resilience began to be seen as a process occurring between the individual and the environment, with emphasis placed on the outcomes (Tusaie & Dyer, 2004). Around this time, in the early 1990s, theories and models of resilience began to emerge.

**Resilience as a theoretical framework.**

Theories of resilience have tended to be population and/or context specific (Fletcher & Sarkar, 2013; Tusaie & Dyer, 2004), creating a need for a more broadly applicable model of resilience. Richardson (2002) addressed this need with his Metatheory of Resilience and Resiliency. In setting the stage for his metatheory, he described three waves of “resiliency inquiry” (p. 307): resilience as phenomenon, resilience as process, and finally, resilience as motivational force. Richardson’s metatheory introduced the idea of biopsychospiritual homeostasis, and he describes resilience as a process of disruption and reintegration with four possible outcomes: resilient reintegration (including growth and increased resilience), reintegration (back to baseline), reintegration with loss, and dysfunctional reintegration. Richardson describes resilience as a motivational force in the following words: “there is a force within everyone that drives them to seek self-actualization, altruism, wisdom and harmony with a spiritual source of strength. This force is resilience…” (p. 313).

An important aspect of resilience theory building has been the recognition of the importance of context. Depending upon context, adversity, resilience and positive outcomes
may all be defined differently (Fletcher & Sarkar, 2013). In one example, Fletcher and Sarkar take issue with the term “adversity” and its negative implications, noting that life experiences that are positive can also be stressful and require resilience (p. 14). Michael Rutter, a prominent figure in child psychiatry in the United Kingdom and author of much writing about resilience, describes resilience as a personal and interactive process, in which the individual’s perception of intrapersonal or environmental factors as negative or positive is influential on outcomes (2006). He further posits that resilience is something developed through “controlled exposure to risk (rather than its avoidance)” (p. 7), a sort of psychological parallel to the physical process of immunity through vaccination and an idea supported by other resilience researchers (Seery, 2011).

Taking the importance of context a step further is the perspective on resilience theory offered by Michael Ungar (2004), who proposes a post-modern, constructionist view of resilience. Ungar addresses some of the problems inherent in many theories of resilience: measurement of resilience, defining of positive outcomes, and development of interventions that fit various cultures, especially those of marginalized groups. He explains that definitions of healthy functioning are constructs of those creating the definition, and that assumptions of behaviors as adaptive or maladaptive may miss the chance to recognize resilience as defined by individuals in their own context. Ungar’s definition of resilience is “the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse” (p. 342).
Resilience theory in education.

The school performance domain of resilience, referred to as academic or educational resilience, has been most often applied in K-12 education (Downey, 2008; Kitano & Lewis, 2005; Wayman, 2002). In this context, educational resilience has been used as a framework through which to identify teaching or counseling practices that support student success and persistence. David Yeager and Carol Dweck (2012) describe the impact of students’ implicit theories about intelligence on academic and social resilience, asserting that students can learn that intelligence is not a fixed trait, and that a new belief that intellectual ability can be developed can contribute to resilience. Dweck’s thinking about implicit theories of intelligence has been applied to adult student populations and found useful (Dupeyrat & Marine, 2005) and provides insight for this study.

Resilience theory and nursing education.

Resilience theory has been applied to the population of nursing students in several ways. Some studies address the concern of professional nurse attrition by attempting to identify educational strategies that, when used in undergraduate nursing education, result in increased professional resilience (Hodges, Keeley & Grier, 2005; Jackson, Firtko & Edenborough, 2007; McAllister & McKinnon, 2009). One author, Stephens (2013) described a broad theory of resilience for nursing students, focused on explaining how they deal with vocational stresses. Studies that address the concern of nursing student attrition through the lens of academic resilience are less common.

Stephens (2013) proposed an operational definition and a conceptual model of resilience for nursing students in relation to their professional context. She states that nursing
students need to develop resilience in order to cope with numerous challenges and stresses inherent in the profession, such as dying patients and exposure to infectious diseases. After describing the antecedents, attributes and consequences of resilience, Stephens offers a model of nursing student resilience based on the following definition: “Nursing student resilience is an individualized process of development that occurs through the use of personal protective factors to successfully navigate perceived stress and adversities. Cumulative successes lead to enhanced coping/adaptive abilities and well-being” (p. 130). While this model seems useful considering its congruence with other views of the resilience construct, it does not fully describe or explain nursing student academic resilience. The impact of characteristics of nursing student resilience has not been clearly connected to academic outcomes (Thomas & Revell, 2016).

When considering the few examples in the literature of studies focusing on nursing student academic resilience, there are clearly gaps in our knowledge. Researchers have administered tools that attempt to measure resilience in nursing students and then correlate those measures to attrition or retention outcomes (Beauvais, Stewart, DeNisco & Beauvais, 2014; Taylor & Reyes, 2012). Based on the K-12 literature, Chen (2011) suggested that the use of a problem-based learning intervention could develop resilience in nursing students; no support was offered from nursing education or higher education for this suggestion. Finally, from the qualitative research literature, Juliet Thomas and her colleagues conducted a systematic review and meta-synthesis of ten qualitative studies of nursing students in the clinical setting (Thomas, Jack & Jinks, 2012). They found that clinical experiences could have a negative effect on students and contribute to attrition, but that such experiences
sometimes contributed to resilience and student persistence. No studies were found that considered the experience of nursing student repeaters through the lens of resilience.

**A higher education resilience theory for this study.**

In the early 2000s, Erik Morales began writing about academic resilience in at-risk student populations in higher education. He provided a clear definition of academic resilience: “high educational achievement despite risk factors that were statistically linked to poor academic performance” (2008a, p. 229). Based on work with high achieving Dominican American students at New York University in the late 1990s, Morales described a “Resilience Cycle” of five steps, based on assumptions that the resilient student is self-aware, self-reflective and has potential resources to access:

- Student recognizes own risk factors
- Student is able to access protective factors
- Student’s protective factors support academic achievement
- Student recognizes the value of protective factors and continues to use them
- Ongoing use of protective factors sustains student through new academic challenges (Morales, 2000)

A follow-up study of some of these students demonstrated ongoing adaptation and use of resources in professional and personal life, and concluded that metacognition was an important factor in ongoing resilience (Morales, 2008a).

Morales has described resilience as a theoretical framework that includes a context of four dynamics or concepts: risk factors (factors posing a possible barrier to academic success), protective factors (factors that offer the prospect of alleviating risk factors),
vulnerability areas (specific expressions of risk factors in an individual) and compensatory strategies (the individual’s specific responses to those vulnerabilities) (Morales, 2010, p. 165). Within the context of these four concepts is the Resilience Cycle (see Figure 2), with each of the five steps visualized as spokes around a hub of Emotional Intelligence (2008c). Emotional Intelligence is a term from the psychology literature that is defined as the “abilities to recognize and regulate emotions in ourselves and others” (Goleman, 2006, p. 14).

In addition to his theory-developing research, Morales has applied the resilience framework to first generation college students and their experience of transitioning from high school to higher education (2012). He has also studied academic resilience in female students, viewed through the perspective of gender differences (2008d). Academic resilience and the Resilience Cycle framework have demonstrated value in studying a variety of student populations.

Other researchers who have used Morales’ resilience theory as a framework have done so for studies of specific at-risk student populations. Graff, McCain and Gomez-Vilchis (2013) used resilience theory in their study of Latina seasonal farmworkers who went on to college, identifying farmworker experience and family as factors that were related in complex ways, both positive and negative, to resilience. Sutherland (2005) used resilience as one of three theoretical frameworks through which to study Cree students of northwestern Canada in the context of science education. Although they did not cite Morales’ definition of resilience, Hanger and her colleagues did identify resilience as a theory in describing their program for students on academic probation (2011).
Morales’ qualitative research has been the foundation of his descriptions of the processes and characteristics associated with the academically resilient student. He contends that the study of resilient students is an under-researched area that is nuanced and challenging to understand (2008b). My study sheds some light on this area by considering the experience of nursing student repeaters, who can be considered to fit the definition of resilient students.

**Strengths and weaknesses of resilience as a theory.**

Resilience theory in an educational context offers several benefits. Firstly, one of the foundational concepts of resilience is that people can overcome adversity and go on to success; therefore this theory offers educators a helpful perspective through which to view their students who struggle or fail. Secondly, the literature demonstrates that this has been a valuable theory to use when studying at-risk (Morales, 2010) and ethnically, racially or socially underrepresented (Sutherland, 2005; Graff, McCain & Gomez-Vilchis, 2013) populations. Finally, although newer to education, resilience theory has strong roots in other fields such as psychology and sociology, with a reasonably large body of evidence that suggests that resilience can be effectively taught. Studies in the educational context, such as the Bounce Back Retention Program study (Hanger, et al., 2011), which demonstrated that a program based on resilience theory was associated with higher grade point averages and lower rates of departure from the university, have shown promise that resilience as a theory can be applied in an educational setting with struggling students.

The weaknesses of resilience as a theory cannot be ignored. As previously noted, this theory has only recently begun to be applied to education, so there is minimal evidence available to support the theory in an educational context. Resilience as a teachable
intervention has been studied in psychology environments and educational settings. While evidence provides some support for the efficacy of such interventions (Brownlee, et al., 2013), Kristjansson (2012) notes that the outcomes of such interventions in schools “have been encouraging at best and mixed at worst” (p. 97). Luthar, Cicchetti and Becker (2000) pointed out that another difficulty in studying resilience is the inability to quantify adversity – how can it be known that all study participants who were successful overcame the same odds? Resilience theories do not specifically or thoroughly consider the situational and sociocultural factors that may vary among individuals.

In addition to the critiques of studies focusing on resilience, there is a prominent conversation in the literature about the problematic aspects of resilience as a construct. Concerns include the characterization of resilience as a personal trait rather than a dynamic process, resilience without consideration of culture or context, and resilience as a value-laden idea, defined by professionals. Aranda and her colleagues (2012) considered resilience theory from a postmodern and feminist perspective and had much to critique. They maintain that resilience is too often seen as a possessed, innate attribute belonging to the lucky few, and that this attribute is often seen as static. They raise the following questions: who defines what is a risk, a protective factor, or a resilient outcome? Are positive outcomes achieved in the face of adversity a socially and culturally constructed idea? And: Is resilience merely adaptation to the established power structure? Payne (2011) wrote about the concept of resilience in the context of street life-oriented Black men, and raised some of the same concerns that Aranda raised. He noted that the construct of resilience is based on the following problematic assumptions: a middle/upper class orientation, a perspective that
ignores historical issues, a viewpoint that holds individuals solely responsible for developing resilience, and a belief that resilience is an all-or-nothing quality (p. 432).

The concerns about resilience as a construct are legitimate; however, I concur with Luthar, Cicchetti and Becker (2000) when they suggest that researchers provide clear definitions of how they operationalize terms like adversity and competence, and explain their philosophical and theoretical justifications for those definitions. I also appreciate Ungar’s (2004) statement that “definitional variability does not pose the same problem to constructionist resilience researchers” (p. 347), particularly those who employ qualitative methods to capture the nuances of the experience of those participating in research.

**Discussion.**

Resilience is a theoretical construct that is closely related to success after failure. Overcoming an academic failure to persist in nursing school is an example of resilience. Resilience as a theoretical framework has been used when studying students at risk for attrition (Graff, McCain & Gomez-Vilchis, 2013; Morales, 2010; Sutherland, 2005; Theron, 2013; Ziegler, et al., 2006). Students who have failed a nursing course and returned to repeat the course are at a high risk for leaving nursing school. I believe that resilience as a theoretical framework for studying these students provides a valuable perspective for understanding the student experience and also provides additional support for the use of resilience as a theory that is useful in nursing education studies.

The nursing student who is repeating a required course is in the unique role of being both a success and a failure. It is evidence of success that the student has been accepted to nursing school and passed with foundational courses with high enough grades. Yet the failure
of the nursing course, which then must be repeated, is a real failure, publicly recognized by
the loss of student cohort, and evident to faculty with whom the student must start over. This
experience was not previously explored in the literature, and provides valuable information
related to nursing student attrition and retention – a topic of particular importance in the
community college setting.

**Chapter Summary**

This review of the scholarly literature pertaining to nursing students who experience
academic failure and then return to repeat a course included a contextual perspective of the
nursing profession, nursing education and the community college. Other areas of the
literature reviewed were attrition and retention in higher education, specifically nursing
education, and a proposed theoretical framework of resilience.

Significant issues in the nursing profession include the ongoing shortage of nurses in
practice and the need to increase diversity in the profession. Nursing education issues parallel
these concerns with a need to increase capacity and diversity in nursing programs. While
community college nursing programs contribute to diversity in the nursing profession, the
political and economic pressures affecting community colleges, such as the completion
agenda, divert resources and threaten the quality of the education. Improving retention in
nursing education, particularly at the community college level, will support graduation rate
targets and increase the number and diversity of nurses successfully graduating and going
into the workplace.

One of the contributing causes of decreased capacity in nursing schools and thus
decreased numbers of nurses in the work place is nursing student attrition. Students leave
nursing school for many and varied reasons including academic failure. Little is known about the experience of nursing students who fail academically but then return to repeat a course and persist in their programs. This study focused on such students, considering their experience through the framework of resilience.

Resilience is a construct used across professional disciplines. As applied to students, academic or educational resilience is seen as the ability to be successful in school, in the face of adversity such as course failure. A complex construct, resilience is alternately described as a trait, a process, and a motivational force. This qualitative, narrative inquiry study of nursing student repeaters provides a more nuanced understanding of a population of students about whom we know little. Better understanding of the nursing student repeater offers insight into interventions that can positively affect retention.
CHAPTER 3: METHODS

The purpose of this study was to learn about the experience of community college nursing students who have had to repeat a nursing course. The research question for the study was: What are the varied journeys that community college nursing students experience when repeating a required nursing course? This chapter explains how qualitative research, in particular the narrative inquiry methodology, was an ideal choice for studying this topic. I will also expand upon my positionality and the theoretical framework as applied to the study. The following section will explain the study protocol in detail, including the setting, participants, and methods of data collection. Finally, I will detail the data analysis and explain how I ensured quality in the research study.

The Choice of Qualitative Research

When setting out to answer a research question, the first decision that must be made is what type of research paradigm and methodological choices should be selected. Ideally, this decision is based on the nature of the research question and also the personal preference, skills and philosophical orientation of the researcher (Polit & Beck, 2004).

This study was designed with the aim of learning about the experience of community college nursing student repeaters. This experience is multi-faceted and not yet well understood; therefore, qualitative methods offered a suitable opportunity to explore and answer the research question. Qualitative research allows for the empirical data and concepts that are studied to be rooted in and emerge from the experience of the participants, rather than being pre-defined by the researcher (Creswell, 2013). As described in the last chapter, the experience of academic failure in general, and the experience of nursing student repeaters
in particular, has not been thoroughly described in the research literature. Researchers have studied general college students that have experienced success after academic failure (Hall & Gahn, 1994; Bosshardt, 2004; Sharkin, 2004; Cogan, 2010); those who have focused on nursing student success after academic failure have directed their attention on factors correlated with such success (Robshaw & Smith, 2004; Abele, Penprase & Ternes, 2013). Few researchers have investigated the experience of failure in a holistic way (Nance, 2007; Arcand, 2012). The experience of being a nursing student repeater is a complex one (Gerow, 2011) that has not yet been fully described, and warrants qualitative methods to better explore.

The chosen research method needs to be congruent with the ontological, epistemological, axiological and methodological beliefs of the researcher (Polit & Beck, 2004). According to Creswell (2013), there is not a single or standard definition of qualitative research, but characteristics that are consistent among numerous definitions include data collection in a natural setting, the researcher as the instrument of data collection, the use of multiple methods of data collection, both inductive and deductive methods of data analysis, and an emergent or flexible nature of the study design. He asserts that the results of qualitative research aim to be holistic, and include the voices of the participants in some way as well as an acknowledgment of the researcher’s positionality. Qualitative research is appropriate for topics that require exploration and exploration, topics that are too complex to fit a quantitative approach (Creswell, 2013). Creswell also notes that qualitative research methods offer the opportunity for empowerment to the participants, in that their voices may be heard in the results of the research. As a researcher, I embrace naturalistic and
interpretivist approaches to research, and believe that the topic of the experience of nursing student repeaters does not fit quantitative methods as optimally as it fits qualitative research methods. I further view nursing student repeaters as a population that has not been visible or well represented in the literature, thus sharing their stories could be an empowering experience for the participants. From this vantage point, qualitative methodologies seemed the only appropriate approach for this research topic.

The specific approach chosen for the study is narrative inquiry. As Clandinin and Connelly (2000) explain, people experience life in a storied way, and they use stories or impose narratives in order to organize and make sense of experiences. Thus, a holistic understanding of experience is best described and analyzed in the form of a story. When employing narrative inquiry, a researcher takes into consideration the element of time as it affects the participants’ stories of their experience, as well as the element of how the researcher and participant interaction or relationship affects the story (Clandinin & Connelly, 2000). Narrative inquiry was a methodology that offered the opportunity for me to understand and then present the stories of nursing student repeaters.

**The Choice of Narrative Inquiry as a Methodology**

When considering the scholarly definition of narrative, as well as the notion of narrative inquiry as *both* phenomenon and method, and the philosophical foundations of narrative inquiry, the following definition from Clandinin (2013) is important:

Narrative inquiry is a way of understanding experience. It is collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in
the same spirit, concluding the inquiry still in the midst of living and telling, reliving and retelling, the stories of the experiences that made up people’s lives, both individual and social (pp. 17-18).

Narrative inquiry is an approach that includes multiple perspectives, disciplines, and methods “all revolving around an interest in biographical particulars as narrated by the one who lives them” (Chase, 2005, p. 651). This deceptively simple explanation encompasses numerous concepts which, when unpacked, can be complex. One concept is the difference between the terms “narrative” and “narrative inquiry”. Another concept is the view, first proposed by Connelly and Clandinin (1990) that narrative inquiry is both a phenomenon and a method. Yet another concept is the notion of truth in narrative inquiry: How do narrative inquiry researchers frame the truth in the data that they collect?

**Narrative as data.**

The term “narrative” is used in so many contexts, and so broadly, it “has come to mean anything and everything” (Riessman & Quinney, 2005, p. 393). Precise meaning of the term is unclear when narrative can be any prose data in response to open-ended questions (Chase, 2005), a form of representation for any qualitative data (Moen, 2006), or any popular culture form of story ranging from the memoir to the blog to the Alcoholics Anonymous meeting testimonial (Riessman & Quinney, 2005). A helpful way of sorting out these multiple definitions can be to contrast the broad meaning of narrative with the scholarly meaning.

The scholarly meaning of the word narrative and the way that narrative inquiry researchers use the term differs from other definitions by the criteria of sequence and consequence (Riessman & Quinney, 2005). The narrative studied by the researcher is seen as
a story that includes or excludes and organizes events in a way that is meaningful to the teller and is designed for a specific audience. To extend this definition, the analysis done by narrative inquiry researchers includes consideration of how and why a story is told, not just the contents of the story (Riessman & Quinney, 2005). The narrative being studied in a narrative inquiry is thus more than a mere chronicle (Polkinghorne, 1988) or a biography (Riessman & Quinney, 2005). This characterization of narrative is one of the key elements of the researcher’s definition of narrative inquiry.

Narrative, in the scholarly sense, is acknowledged as empirical data, offering enhanced explanations and sense of time as compared to quantitative data (Miles & Huberman, 1984; Sandelowski, 1991). Polkinghorne (2005) asserts, “The data gathered for study of experience need to consist of first-person or self-reports of participants’ own experiences” (p. 138). Not only is narrative a legitimate way of learning about others’ experiences, it may be the ideal way to do so.

**Narrative inquiry as phenomenon and method.**

Another important element in the definition of narrative inquiry is the concept of the term being both phenomenon and method. Clandinin (2013) explains that when she and Connelly (1990) first began to use the term narrative inquiry, they conceived of it as both phenomenon and method. Polkinghorne (1988) considered the scholarly use of the term narrative to include the process of making a story, the cognitive scheme of the story, and the result of the process: the story. These definitions are not universal among narrative inquiry researchers. Riessman and Speedy (2007) describe multiple strands of the field of narrative inquiry, identifying realist, post-modern and constructionist strands, and noting, “scholars
and practitioners disagree on origin and precise definition” (p. 429). Clandinin suggests that it is important for authors to explain what they mean when they use the term narrative inquiry, and that the explanation needs to include the ontological and epistemological views of the author. It is appreciation for the theory underlying Clandinin’s definition of narrative inquiry that drew me to this methodology.

**Theoretical foundation of narrative inquiry.**

The philosophical underpinnings of narrative inquiry as described by Clandinin (2013; with Rosiek, 2007) come from John Dewey’s conception of experience. Three Deweyan ideas inform narrative inquiry: the idea that experience is transactional, not transcendental, that the experience is continuous, and that experience has a social dimension.

The transactional nature of experience is described by Clandinin and Rosiek (2007) as “a changing stream that is characterized by continuous interaction of human thought with our personal, social and material environment” (p. 39) and note that capturing and representing that experience is always going to be a selective process, in which the storyteller has to make a choice of elements to include in or exclude from a story. Experience as a continuous thing includes the ideas that every story has a past and a future, and that the story is always going to be pulled from the middle of the life of the individual or group being studied. Finally, the notion of experience as a social thing emphasizes the importance of the context of the individual, in terms of the effect that other people have on the individual and the environment. Basing narrative inquiry on these three ideas leads the researcher to think about the data collected as being essentially rooted in experience, and needing “return to that experience for their validation” (Clandinin & Rosiek, 2007, p. 39).
Another concept related to narrative inquiry data collected from a Deweyan philosophy of experience, is that of truth. Clandinin and Rosiek (2007) state, “inquiry is not a search ‘behind the veil’ of appearances that ends in the identification of an unchanging transcendent reality. Instead, inquiry is an act within a stream of experience that generates new relations that then become a part of future experience” (p. 41). While discussing the concept of plot in narrative, in a context of the assumption that narrative is how humans make meaning of life, Polkinghorne (1988) points out that “more than one plot can provide a meaningful constellation and integration for the same set of events” (p. 19). He goes on to give examples of how several conflicting narratives may exist for the same individual, to be used by that individual in different situations or contexts (p. 162). This does not discredit a narrative, but, rather, demonstrates that multiple perspectives and sometimes multiple truths may be discovered through narrative inquiry.

Moen (2006) goes into more detail regarding the truth in narrative, saying, “the narratives can differ depending on to whom the stories are being told, and this naturally raises the question of whether the stories are true” (p. 7). Referring again to the idea that experience is transactional and not transcendent, she reminds us “there is no static and everlasting truth. Instead there are different subjective positions from which we experience and interpret the world” (p. 7). Moen cites Denzin when she points out that narratives are always told about events and experiences remembered and are thus constructed; and she cites Bruner when reminding the reader of the differences among a life “lived, experienced and told” (p. 7). These concerns about truth in the data that results from a narrative inquiry are answered by the philosophical underpinnings of the methodology, including the notion of
multiple truths.

As a qualitative research methodology, narrative inquiry is holistic, contextual, and well suited to studying an experience about which little is known. Qualitative research is an interpretive and naturalistic process, which aims to understand multifaceted situations that are difficult to define (Denzin, 2008). Qualitative research paradigms have evolved in the context of evolving epistemologies, or ways of thinking, that have gone beyond the traditional or positivist belief that “truth” is objective, unchanging, and able to be completely known (Denzin, 2008). As a researcher, I hold the perspective that there may be multiple “truths” in any situation that involves human beings, and that understanding comes not just through counting and measuring, but also from studying people in a deeper and subtler way. The topic of my research study is nursing student academic failure; something about which little has been written. The context of nursing school, with strict criteria for success and extremely few options for continuing if a student fails a course, is a particular situation integral to the experience of academic failure for a nursing student. The consequences, emotions and other factors surrounding the experience would have been impossible to thoroughly capture in a quantitative study.

The fit of narrative inquiry with this study.

The nature of narrative inquiry research made it specifically well suited to this research study for both philosophical and methodological reasons. My ontological stance is that truth is subjective, numerous, and created; my epistemological perspective is that knowledge about people and their lives must be acquired by interacting with the individuals who are experiencing the topic of interest, and that those individuals best conceptualize or frame the
topic. The methodology of narrative inquiry seeks to address power issues, researcher-participant relationships, and the research of sensitive subjects.

Narrative inquiry authors in education and nursing emphasize that it is important for researchers to make explicit their philosophical stance and how their research methodology fits this stance (Clandinin, 2013; Green, 2013). The theoretical foundation of narrative inquiry as described by Clandinin, based on Dewey’s concept of experience, is a perspective I share. I believe that multiple perspectives can be true, including the truth of an individual’s perceived experience, and that there are multiple ways of knowing truth. Narrative inquiry recognizes that people tell their stories to convey meaning, reconstructing events from memory, and telling the story to a particular audience. The truth of the narrative is “the truth of their experience and not an objective, decontextualized truth” (Green, p. 63).

Narrative inquiry was a particularly good match for this study from the perspective of methods. The researcher-participant relationship in a narrative inquiry study and the process of co-creating the narratives lend themselves to a study of a personally painful or sensitive subject. The experience of academic failure is a painful one, associated with shame and denial (Mortenson, 2006; Williams, 2010). Nursing students who are living or have lived this experience may find it difficult to relive with the researcher (Gerow, 2011). The time spent and the collaborative nature of the research may have made narrative inquiry a methodology that empowered the research participants in my study to process their feelings about the experience as they made meaning of it (Johnson-Bailey, 2004). East, Jackson, O’Brien and Peters (2010) posit that storytelling may help develop resilience and hardiness in the teller, and thus is a particularly good research method for nursing.
Positionality and Subjectivity

As the researcher for this qualitative study, I was the instrument for data collection (Creswell, 2013). Therefore, it was important that I considered how my positionality and subjectivity might affect the study. Key aspects of my positionality in relation to the study were that I am a mother of a college-age child, a nurse, a nursing instructor, and a former nursing student at a community college. There were several advantages and disadvantages associated with this positionality.

Advantages to my positionality included access, tacit and contextual knowledge, and passion for the research. As a nursing instructor, I had the access to study participants through my networking with colleagues at other nursing schools, including the community colleges where I recruited participants. Tacit knowledge, acquired through experience as a nursing student, nurse and nursing instructor, gave me a thorough understanding of the context that my study participants experienced as nursing student repeaters. This knowledge may have contributed to faster or more easily developing rapport with my participants, and may have also allowed for more open dialogue and thus greater depth of the data collected (Blythe, et al., 2013). My prior experience as a nursing student, then as a nurse for over 25 years and subsequently as a nursing instructor over the past 8 years made my perspectives valuable as part of the context of the students’ experiences. This background supported my role as a researcher with tacit and contextual knowledge to draw upon, as well as established a greater ability to build rapport with my research participants. Finally, having had experiences similar to my participants, and being professionally invested in the outcomes of the research contributed to my passion for the study. Such passion, I believe, supported my
persistence and enthusiasm for the study, even when obstacles were encountered.

My positionality had the potential to create disadvantages for the study, for example, assumptions, power differentials and lack of objectivity. When a researcher is an insider to the context of the research, both the researcher and the participants can assume understanding such that data collected is unintentionally insufficient in detail, and prevents effective analysis (Blythe, et al., 2013). Another disadvantage to my positionality in the study was that of potential effect of the power differential. While my participants were not students I taught, or students from my school, there was still a power differential inherent in my role as a nursing instructor contrasted with their roles as nursing students. Participants could have felt less comfortable disclosing information to me, simply because I was in a position that was more powerful than theirs in the context of nursing education. Finally, another disadvantage to my positionality was the risk that a diminished sense of objectivity could interfere with the data collection or the data analysis process. I may not have been aware of what I missed in the data, because I was too close to the context or participants. Recognition of these potential disadvantages helped me to plan strategies to address them in advance.

Stacy Blythe and her colleagues (2013) identified several challenges that they dealt with as insiders doing narrative inquiry research, and strategies to mitigate those challenges. They recommended participant probing to address the potential disadvantage of assumed understanding, and researcher reflexivity along with review by an outside researcher to address lack of objectivity. They did not see power differentials as a potential problem, asserting that insider status actually mitigated power differentials. I disagreed with this, and was concerned that my participants might have felt less comfortable talking with me due to
the power differential and possible fear of lack of anonymity (for example, they might have been concerned that I would talk about their interview with nursing instructors at their school). Thus, I developed plans to mitigate that potential disadvantage by being as open and transparent as possible about the ethics of research, and I emphasized to the participants my obligation to maintain their anonymity. I also put extra attention on time before the interview, during which I aimed to develop trust and rapport in part by sharing my personal story and positionality. This seemed to increase the comfort of the participants to deal with me in spite of my power position.

**Theoretical Framework for the Study**

The theoretical framework for the study is Morales’ academic resilience theory. Resilience theories are congruent with narrative inquiry methodology and well suited to the study of nursing student repeaters. Morales’ theory was a good fit for the study for several reasons. First of all, it aligned with my viewpoint on the potential of most nursing students to be successful, given the right support. Secondly, this theory had a record of being effectively used with at-risk student populations (Morales, 2010). The core concepts of resilience are positive outcomes in the face of adverse situations; this made resilience a very appropriate match with a study of nursing student repeaters. And finally, resilience theory was in alignment with the methodology of narrative inquiry. Resilience theory is compatible with narrative inquiry for at least two reasons. First, when considering resilience as a psychological construct, many authors emphasize that resilience is not an innate attribute, but is dynamic process; Theron (2013) described resilience as “a co-constructed process” (p. 528). Second, many authors also describe resilience as a construct that is necessarily context-
dependent (Aranda, et al., 2012). Narrative inquiry is a research methodology that views stories that are co-constructed by the researcher and participant, and that are entirely context specific as data (Clandinin, 2013). Many resilience researchers agree that qualitative methods are necessary to explore the nuances and to develop the relationship with participants necessary to understand the experience of academic resilience (Morales, 2008b; Ungar, 2004).

I studied community college nursing students who had failed a course. Resilience theory has been applied to student populations that were comparable to my study participants. Morales (2010) and other researchers have used resilience theory to study students who are at risk of academic failure due to socioeconomic status, or ethnic or racial minority status - the community college nursing student population includes many students of African-American, Latino/a and American Indian background (Viterito & Teich, 2002). Attrition from nursing school is greater for racial and ethnic minority nursing students (Buchanan, 1999); it seems likely that academic failure plays a role in the departure of some of these students. Lastly, resilience theory has been effectively employed in research of students on academic probation (Hanger, et al., 2011); students on academic probation are at increased risk of failing a course.

For a study of students facing the complex experience of failure, resilience is a theory that offered helpful perspectives to the researcher. Although relatively new in the field of education, resilience has roots in well-established theories and in application to other disciplines. Morales (2000) developed a model of this theory, the resilience cycle. In this cycle, five spokes surround a hub of emotional intelligence: “identifying needs/challenges,
acquiring protective factors, protective factors working in concert, building self-efficacy and enduring motivation” (Morales, 2008, p. 24). Resilience theory offers strengths and weaknesses to be considered, but was also congruent with my philosophical approach, as well as the population I studied and the methodology I used for my research.

Mertz and Anfara (2015) state, “Theory influences the way the researcher approaches the study and pervades almost all aspects of the study” (p. 227). My perspective that resilience theory was applicable to the situation of nursing student repeaters influenced the purpose and research question of the study, supporting my idea that repeaters go through a process that involves living through a negative or difficult situation and adapting to this situation. The notion of resilience as a process or a motivational force was congruent with my choice of the qualitative research methodology of narrative inquiry; I learned, through the stories of my participants, that the journeys they took through the repeating experience had some parallels with resilience theory. Finally, considering the data through the lens of Morales’ (2010) resilience theory was one step in the data analysis process.

**Study Protocol**

**Community College Setting.**

The study took place in the nursing schools of two community colleges in the Southeastern United States. Considering the possible difficulty in recruiting participants suggested by Gerow’s (2011) work, I wanted to widen the pool of potential participants by opening study participation to students in more than one location. Although I did not attempt to select participants specifically to represent the diversity of community college students, the demographics of the community colleges chosen reflected a diverse population.
Site selection.

The two community colleges selected for the study were urban community colleges in neighboring counties in central North Carolina. The choice of the two schools, which I will refer to as Urban Community College A and Urban Community College B, was based upon population characteristics of the students enrolled at the schools, as well as the size of the nursing programs at each school. The students enrolled in these institutions varied greatly in age, race, ethnicity, and responsibilities outside of school (Duda, 2008). The size of the nursing programs offered a larger potential pool of study subjects than would be available in a smaller community college. The choice of these two community colleges as sites was also based on researcher access and geographic proximity.

Urban Community College A.

Urban Community College A was one of the original schools in the North Carolina Community College system, founded in 1957 (DTCC, 2013). In the 2012-2013 academic year, Urban Community College A had 5,618 students enrolled in curriculum programs (as opposed to continuing education students), 656 of who were in the Associate Degree Nursing program (DTCC, 2013). Urban Community College A is classified “Assoc/Pub-U-SC” in the Carnegie classification system (Carnegie Classifications, 2015), which means that it is an associate degree, public, urban-serving, single campus school. The demographics of the student bodies of Urban Community College A and Urban Community College B are presented in Table 1 (DTCC, 2013; WTCC, 2015).
Table 1
Student Demographics of Community College Sites

<table>
<thead>
<tr>
<th>Student Demographics</th>
<th>Urban Community</th>
<th>Urban Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>College A</td>
<td>College B</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (%)</td>
<td>33</td>
<td>52.2</td>
</tr>
<tr>
<td>Black (%)</td>
<td>46</td>
<td>26.4</td>
</tr>
<tr>
<td>Hispanic (%)</td>
<td>9</td>
<td>9.1</td>
</tr>
<tr>
<td>Asian (%)</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-21 years (%)</td>
<td>25</td>
<td>29.56</td>
</tr>
<tr>
<td>22-25 years (%)</td>
<td>18</td>
<td>18.4</td>
</tr>
<tr>
<td>26-35 years (%)</td>
<td>27</td>
<td>27.69</td>
</tr>
<tr>
<td>Over 35 years (%)</td>
<td>26</td>
<td>23.39</td>
</tr>
<tr>
<td>Enrollment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time (%)</td>
<td>71</td>
<td>Greater than 50</td>
</tr>
<tr>
<td>Part time (%)</td>
<td>29</td>
<td>Less than 50</td>
</tr>
</tbody>
</table>
Urban Community College B.

The North Carolina General Assembly founded Urban Community College B in 1958 to train adults in vocational and technical skills needed in the region (WTCC, 2015). Urban Community College B is the largest community college in North Carolina, with five campuses plus satellite training centers and online programs, and has an overall enrollment of over 70,000 students. In the 2013-2014 academic year, there were 1,588 students enrolled in the Associate Degree nursing program at Urban Community College B (WTCC, 2015, March). Urban Community College B is classified under the Carnegie Classification system as “Assoc/Pub-U-MC”: an associate’s degree, public, urban-serving, multi-campus college (Carnegie Classifications, 2015).

Participants.

As previously noted, specific data on nursing student repeaters is rarely reported. Numbers of student repeaters in community college nursing programs vary greatly from one semester to another. Reported graduation rates fail to explain the reasons for student attrition, or even if students have left or stayed but have changed cohort due to repeating or a leave of absence. I learned that Urban Community College B had eleven nursing students fail in the fall of 2014 and over twenty nursing students fail in the spring of 2015; these courses each began with greater than 80 students. These figures suggested that the circumstance of nursing students needing to repeat was fairly common at the sites I selected for recruitment; indeed, I was able to recruit fourteen study participants during a three-month period of data collection.

Participants for the study were chosen purposively and based on the following criteria:
Selection criteria.

- Either currently repeating or had within the last year repeated a required nursing course in a pre-licensure nursing program, at one of the community college sites, after initially failing that course.
- Fluent in English (spoken and written).
- Willing to participate in the study, including spending 90 minutes in an interview with the researcher and spending additional time providing written data and reviewing transcripts of the interview.

The intention of this qualitative study was not to produce results that were generalizable, thus there was no possibility of statistical validity in choosing the participants, it was only important that they represent the situation being studied (O’Reilly & Parker, 2012). Therefore, while I made note of the gender, race, age and other demographics of the fourteen participants as part of understanding their context, there was no intentional process for achieving representation of participants from specific identity categories. Table 2 presents demographics of the study participants. I did not exclude any specific populations, so long as participants were going through or had previously been through the experience of repeating in nursing school, and were able to communicate with me in English.

Number of participants.

Fourteen participants participated in the study. My initial aim was to recruit twelve to fifteen participants; this decision was, in part, based on the limitations of the researcher in terms of collecting and analyzing data independently. The desired sample size in qualitative research is not prescribed; rather, the goal is to include enough participants to acquire quality and
depth of data, to achieve understanding of the situation being studied (Polit & Beck, 2004). Emmel (2013) synthesizes recommendations from the literature on qualitative methods, noting that many authors recommend sample sizes but that there is not a strong argument for any of these recommendations. According to O’Reilly and Parker (2012), in qualitative research, “adequate sample size is one that sufficiently answers the research question” (p. 192). The purposive sampling method used allowed me to include fourteen participants; enough to achieve the desired quality and depth of information.

Table 2

<table>
<thead>
<tr>
<th>Pseudonym (chosen by participant)</th>
<th>Gender</th>
<th>Age</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deirdre Chappell</td>
<td>Female</td>
<td>53</td>
<td>White</td>
</tr>
<tr>
<td>Rebecca</td>
<td>Female</td>
<td>34</td>
<td>White</td>
</tr>
<tr>
<td>Ashley</td>
<td>Female</td>
<td>34</td>
<td>White</td>
</tr>
<tr>
<td>Maria</td>
<td>Female</td>
<td>27</td>
<td>Biracial</td>
</tr>
<tr>
<td>Mike Jacobs</td>
<td>Male</td>
<td>35</td>
<td>Black</td>
</tr>
<tr>
<td>Rose</td>
<td>Female</td>
<td>52</td>
<td>White</td>
</tr>
<tr>
<td>Monroe Cain</td>
<td>Female</td>
<td>35</td>
<td>White</td>
</tr>
<tr>
<td>Elena</td>
<td>Female</td>
<td>32</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Natasha</td>
<td>Female</td>
<td>30</td>
<td>Black</td>
</tr>
<tr>
<td>Catherine</td>
<td>Female</td>
<td>22</td>
<td>White</td>
</tr>
<tr>
<td>Rose Fairground</td>
<td>Female</td>
<td>39</td>
<td>White</td>
</tr>
</tbody>
</table>
Table 2 Continued

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara</td>
<td>Female</td>
<td>24</td>
<td>White</td>
</tr>
<tr>
<td>Janet Smith</td>
<td>Female</td>
<td>55</td>
<td>White</td>
</tr>
<tr>
<td>Kathryn</td>
<td>Female</td>
<td>34</td>
<td>White</td>
</tr>
</tbody>
</table>

*Recruitment strategy.*

Purposive sampling is a participant selection strategy commonly used in qualitative research, with the aim of selecting cases that will allow the researcher to learn as much as possible about the topic being studied (Emmel, 2013). Patton (2002) describes sixteen different sampling approaches that can be used for purposive sampling, two of which I employed for the study: criterion and snowball. Criterion sampling utilizes “predetermined criteria” to select cases (Emmel, 2013); in this study, the inclusion criteria guided the selection of participants. Snowball sampling, also called chain sampling, involves asking participants to recommend other participants who fit the inclusion criteria (Emmel, 2013). In order to learn about the experience of nursing student repeaters, I needed to choose study participants who met the inclusion criteria. One participant was identified using snowball sampling. This participant was a rich source of data; it is possible that she was more comfortable sharing information with me because she was referred to me by a friend who was also a study participant, thus implying endorsement of me as the researcher (Noy, 2008).

I recruited study participants through email (a notice sent to the general nursing student listserv) and posted notices (Appendix A) at the community colleges in public areas of the
nursing school where notices were permitted. I also asked participants to refer other students whom they might know (snowball sampling) who meet the criteria. Namageyo-Funa and her colleagues (2014) found it important to utilize gatekeepers and advertise in more than one way for participants for their qualitative dissertation research studies, especially those focused on sensitive topics. Therefore, I also met with the director of the nursing program at each school, to present the study and ask for recruitment assistance.

**Data collection strategies.**

Participants in the study initially made contact with me via email, after seeing a public notice at their school or being referred by a classmate or other personal contact. After confirming that they met the criteria to participate in the study, and were willing to commit to the time to be interviewed and to write the letter, I arranged to meet with the participant at a time and place of their choosing. My goal was to increase participant comfort during the process of discussing this potentially sensitive subject of being a nursing student repeater. Giving the participant as much control as possible, in terms of the conditions of the interview, as well as striving to build trust through preliminary conversations by phone or email, facilitated the rapport I achieved with the participants (Elmir, Schmied, Jackson & Wilkes, 2011).

The interview process began with conversation, in which I oriented the participant to the study and also disclosed some personal information to encourage a feeling of reciprocity, with the intention of building trust (Corbin & Morse, 2003; Elmir, et al., 2011). The informed consent (see Appendix B) process occurred in the context of this initial phase of the interview process. I then proceeded through a series of more structured questions, designed
to elicit some basic details about the repeater experience (for example, asking about which course they repeated, and whether they had failed the clinical or theory portion of the course) and to contribute further to rapport. The remainder of the interview was less structured, consisting of fewer and broader questions, designed to elicit stories and rich detail (see Appendix C). The total time for each interview ranged from 60 to 90 minutes.

At the end of the interview, I asked the participant to write an anonymous letter of advice to a student faced with repeating. I provided the participant with a stamped, addressed envelope in which to return the letter to me. This process required a variable time commitment, depending upon how much time the participant wished to spend on this letter. I also asked the participant, at the end of the interview, if he or she would be willing to review the data once it was transcribed into field texts. I further offered to share the end products of the research with the participants, by providing information to them about the final publication(s).

**Data sources.**

For this study, interview data, written participant letters, and field notes and memos were all analyzed. I intended to use three data sources for each participant: face-to-face individual interview data; a written letter addressing a given question, and; solicited feedback or member checking based upon the interview transcript. This did not prove to be completely possible, as I did not have all three data sources for all participants. At the end of the data collection phase, there were fourteen interviews and eleven written letters. Although member checking was accomplished by offering transcripts of the interviews to all study participants, none had feedback or elaboration to offer after reviewing the transcripts. As I proceeded
through the study, I created field notes during the data collection phase, and the field notes themselves became a form of secondary data (Emerson, Fretz & Shaw, 1995).

*Interview data.*

Participants in this study were asked to participate in a face-to-face interview of sixty to ninety minutes duration. Interviews, often unstructured, are a common data source in narrative inquiry (Connelly & Clandinin, 1990) and allow the participants to tell their stories in whatever way they choose. As Forsey (2012) points out, however, “even with very open-ended projects the research interview will never be a complete free-for-all” (p. 372). The study included loosely structured interviews (as described in Hall, 2011, and Stone, 2015) in which a general interview guide was employed, without using a strict questionnaire or interview script (Hakim, 2000). The study design began with a statement of purpose, and then general conversation about the participant’s perception of the experience, followed by more specific follow-up or structured questions. The entire protocol was designed to allow time for and to solicit trust and rapport with the participant (Seidman, 2006). My aim was to encourage a conversational experience (Connelly & Clandinin, 1990), in which the participants would be motivated to tell stories and share their repeating experiences. As the interviews progressed, my aim was to shift into a less structured type of interaction, in which the participant was doing most of the talking and I provided follow-up questions or prompts only when absolutely necessary. Examples of topics on the interview guide and some prompts are in Appendix C. To inform the creation of the interview guide, I conducted two informal practice interviews with nursing students at my place of employment.
The practice interviews were with students that were in the fourth and final semester of the nursing program; both had repeated their second semester class one year ago, and one had also repeated the third semester class. This experience was extremely informative for me. I learned that I needed a bit more structure to the interviews than I had initially planned, and I also learned that the interview experience might vary dramatically from one individual to another.

I began these practice interviews with simply a statement of purpose, and then asked the participant to tell me about their experience with repeating. One participant, the one who had repeated only one class, is a very extraverted and talkative individual, who approaches life in a very positive way. This participant talked readily and happily, describing numerous aspects of her experience, offering insights and needing minimal prompting. I felt that I was learning much about the experience of the nursing student repeater in listening to her, though I realized in reviewing the interview afterwards, that I had failed to elicit the kind of rich stories I was hoping to hear. This prompted the insight for me that I needed to ask more specifically for such stories, using terminology, for example, like: “Tell me about a time when you had negative feelings about being a repeater” or “Can you describe a situation in which someone helped you through the repeating experience?” I also realized that the conversational aspect of eliciting stories in narrative inquiry research (Clandinin & Connelly, 2000) creates the necessity for the interviewer to be part of this social and dynamic process in a somewhat different way from other types of interviewing. This prompted me to plan types of interview prompts that intend to be conversational in style but with the careful intention of encouraging the participant’s storytelling.
My second practice interview was a very different experience. The participant was the student who had repeated two courses, and she was a very quiet and introverted individual, by my observation and by her own description. While she was eager to talk to me, probably based on the relationship she and I had over the prior two years, the interview clearly was difficult for her; her responses were fairly brief, and marked by frequent tears. I prompted her often to explore ideas that she alluded to, or ideas that I had gained from the prior participant. This second experience afforded me several insights. First, I believe that, had this participant not had a prior relationship with me, it would have taken a longer and different process for her to develop trust in me enough to honestly talk about her experience. Second, I recognized that I needed to have a flexible plan for interviews that would permit me to include more or less questioning and prompting depending upon the participant’s unique response. Finally, I was reminded that the experience of a student who has repeated once and technically has the option of repeating once more before dismissal from the program (the policy at the school where I teach), might be a very different experience from that of a student who has repeated twice and is in a much higher-stakes situation.

I used the understanding gained from those practice interviews to inform my plans for the study. Additionally, I considered the length of time and the circumstances of the interviews in my planning. An important factor in the study was that academic failure might be considered a sensitive subject, which might prompt emotional reactions in the participants.

While interview length varied somewhat, I spent an average of one hour and fifteen minutes with each participant. The duration of ninety minutes is supported by the literature as an appropriate time frame for qualitative interviews; lengthy enough for participants to feel
attended to and short enough to prevent fatigue and anxiety (Seidman, 2006). I ended each interview with open-ended questions, suggesting to the participants that I had time and interest to listen to any additional stories that they wished to share, and received feedback from the participants that they believed I had asked about everything they wished to discuss. Setting a time frame for the interviews respected the time of participant and researcher, and consistency in interview length was helpful to avoid undue emphasis or weighting of longer interviews in comparison to shorter.

The need to adjust data collection methods when doing qualitative research on sensitive topics has been discussed in the literature for a long time (Cowles, 1988). The topic of academic failure in nursing school can be considered a sensitive one, which may be accompanied by pain or discomfort, shame or embarrassment, and reluctance to discuss, especially with strangers. Gerow (2011), in her study of nursing students who had failed a course and then went on to succeed in nursing school, found recruitment a huge challenge, revising her protocol several times and ultimately needing to offer payment in order to gain enough participants. Some of those who eventually participated in the study told Gerow that they had not chosen to participate when recruitment for the study began “because the experience was too fresh” (page 33). My own experience with the practice interviews demonstrated to me that this experience was an upsetting and painful one for some students. Considering the perspective that academic failure is a sensitive topic, the data collection methods emphasized privacy and support for the participants.

Interviews took place in an environment of the participants’ choosing, which could be on campus or off, in a place that was as free from interruptions as possible. Options that I
suggested included a private conference room or study area at the community college, a private conference room at the place of the researcher’s schooling or employment, or a public area such as library. The majority of the study participants (eleven) chose to be interviewed on their school campus, in relatively public areas. The remaining participants chose public places off campus, specifically, a coffee shop or a fast food restaurant. Interviews were recorded, with the participants’ permission, and then transcribed for analysis.

A potential threat to participants in this study was that of emotional risk. Exploring thoughts and feelings about failure can be an uncomfortable or even painful experience. I anticipated that participants in this study might have found that the emotions they experienced during or after the study were difficult to cope with. In fact, none of the participants expressed negative reactions to the interview process, and several felt that sharing their stories proved to be a type of catharsis.

*Written participant letters.*

At the end of each interview, participants in the study were asked to complete an additional task on their own. I asked them to write a letter, of at least two printed pages (double-spaced, in 12-point font), that offered their anonymous advice to another nursing student who is required to repeat a nursing course after initially failing it. I anticipated that, in order to share advice to another repeater, the participants would be more analytical, reflecting on what went well or did not go well for them when they had the repeating experience. I also believed that this activity would offer a way for the participants to distance themselves from their experiences and frame their reflections as useful information for their peers. This analysis and reflection did provide corroborative yet somewhat different data, as the
participants considered their experience through another lens. Many qualitative studies have used participant-created written documents, such as journals, as data sources and have found the data to be rich and valuable (Jacelon & Imperio, 2005; Janesick, 1999). Written data provides an opportunity for some participants who may be less comfortable or fluid in verbal expression to offer richer information.

Data in the form of participant letter writing has been used effectively in narrative inquiry research with teachers, and is described as a narrative data source in the seminal article by Connelly and Clandinin (1990). Several studies of medical students have used participant essays or letters as narrative inquiry data (Dunatov, 2013; Hamberg & Johansson, 2006) and Casey (2009) used nursing student creative writing as data in her study of critical thinking in nursing students. In addition to the value of letter writing as narrative inquiry data, Elizabeth (2008) contends that participant writing has therapeutic and self-revelatory characteristics. As will be described in the next chapter, the letters did provide a valuable and different perspective.

Field notes.

While field notes are often used to capture observational data, in this study I used field notes for description of the interview experience and my own researcher reflections (Bogdan & Biklen, 2003). Describing the interview experience included my observation of the participants’ nonverbal communication, and the context of the interviews such as location and time of day. Bogden and Biklin explain that reflective field notes may be used to record reactions, explore biases, and note hunches and ideas that can support data analysis. I
generally wrote field notes retrospectively, after the interviews, to minimize the potential
distraction to the participants of watching me writing such notes.

Member checking.

After transcribing the interview data, I offered each participant the opportunity to
review these field texts. The purpose was to allow them to check for accuracy and to afford
the opportunity for participants to identify confidentiality concerns. Most participants did not
have any feedback on the field texts, but the two who did stated that the transcription
accurately reflected our conversations. Carlson (2010) described “traps” she experienced in
member checking data she collected for a narrative inquiry study. I avoided the traps she
experienced by taking actions with participants who reviewed their transcripts: informed
participants of what to expect in the transcripts and gave clear directions for member
checking (Carlson, 2010).

Although participants did not offer corrections or additions to the data in the member-
checking process, the written letter portion of the study created the opportunity for them to
contribute additional data. One participant volunteered follow-up information via email about
her progress in nursing school after our interview, and most participants had a delay of
several weeks prior to sending their letter of advice; this created the opportunity for them to
think about our conversation and potentially identify new insights for inclusion in the letters.

Data Analysis Methods

There are multiple options for data analysis in the qualitative tradition, and
specifically in the method of narrative inquiry. This study took inspiration from the work of
Clandinin and Connelly. Ollereshaw and Creswell (2002) describe Clandinin and Connelly’s
concept of restorying: “The process of restorying includes reading the transcript, analyzing the story to understand the lived experiences and then retelling the story” (p. 330). The restorying process involves looking for elements of story in the transcripts, such as plot and characters, and putting the story into chronological order. In presenting the story in chronological order, the researcher “provides causal links among ideas” (p. 332). Another important point made by Ollereshaw and Creswell is that the participants need to be collaborators in the data analysis process for narrative inquiry research. By collaborating with the participants, the researcher can decrease “the potential gap between the narrative told and the narrative reported” (p. 332).

The restorying process occurs in the transition from field text to research text. Kear (2012) describes this process: transcribing data into field texts, verifying the field texts with the participants, analyzing and coding the field texts, and ending with final research texts. This deceptively simple description only suggests the process of data analysis, which includes multiple re-readings of the field texts, considering them through different lenses, and also includes coding.

Coding in a deconstructed manner can be controversial among narrative inquiry researchers (Whiffin, Bailey, Ellis-Hill & Jarrett, 2014). Connelly and Clandinin (1990) describe the analysis of narrative inquiry data without referring to coding at all, asserting that the unit of analysis is the story. Robin Mello (2002) criticized the notion of coding in narrative analysis, suggesting that such analysis is artificial and may create the risk of the researcher misunderstanding the “the nature of the narrative as a whole” (p. 235). I believed
it was possible to code without breaking up the stories and missing the gestalt of the narrative.

Data analysis was a lengthy and multi-leveled process (see Appendix D). The initial phase of data analysis happened as I listened repeatedly to the interviews and transcribed them, and as I read the letters while transcribing or scanning them. Throughout this phase of analysis, I wrote numerous memos as questions, reactions, remembrances and explanations occurred to me. Prior to loading all data into NVivo qualitative data analysis software (QSR International, 2012) for further analysis, I conducted member checking by offering interview transcripts to all study participants. I also reviewed follow up communication with the participants, as some had sent additional comments along with their letters.

For the next phase of the analysis, I used a coding procedure inspired by Whiffin and her colleagues (2014). Their coding technique, used for analyzing data from a narrative inquiry study of family members of victims of traumatic brain injury, used discrete stories as the unit of analysis, and employed longitudinal matrices for the data, to preserve the temporality of the narratives. During this process I was also inspired by Saldaña’s (2013) description of a similar method that he calls “motif coding”, which incorporates the use of codes while preserving the unit of analysis as the vignette, episode or story. Review of the data in NVivo (QSR International, 2012) and review of my field notes facilitated the identification of stories and vignettes. I created matrices for each participant and arranged elements of their storylines in chronological order. The result of this phase of data analysis was the participant profiles.
One of the ways quality can be accomplished in data analysis is by the use of multiple methods of analysis (Mello, 2002; Saldaña, 2013). I found Coralie McCormack’s (2000a, 2000b) open coding process for analyzing narrative inquiry data a valuable one. In taking the data from interview transcript to interpretive story, McCormack uses four levels of analysis, or lenses through which to consider the data: identifying narrative processes, paying attention to the language used, recognizing the context in which the text was created, and identifying moments where something unexpected happens in the text. Dibley (2011) shares how she applied this process in describing her analysis of data from a study of lesbian parents’ experiences with the healthcare system. Systematically considering my data, from these four perspectives, enhanced my data analysis and complemented the restorying of the data.

The next phase of data analysis for this study employed McCormack’s (2000a, 2000b) four lenses while listening to all of the recorded interviews and reading over the field texts repeatedly. As I reviewed the data again and again, I kept track of my reactions and thoughts in my field notes. I noted specific language and expressions, reflecting on what it meant when participants used particular terminology or phrases. I also paid attention to times in the recordings when participants were silent, changed the tone or volume of their voices, or exhibited nonverbal communication that I had identified in my field notes. I paid particular attention to contexts: the social and cultural context of each participant and the literal context of the interview experience. All of these processes informed my identification of codes and themes. I then went through the letters and interview transcripts and coded them in NVivo (QSR International, 2012). After coding, the individual participants’ coded stories were organized in longitudinal matrices, to help retain the temporal aspect of them
(Whiffin, et al., 2014; Stacey, Felton & Joynson, 2010) and to facilitate comparisons across participants. This phase of analysis resulted in the common storylines that were experienced by multiple participants.

In the next phase of data analysis, I reviewed the coded stories, timelines, and letters of each participant, through the lens of Morales (2000, 2010) resilience theory. While Riessman (1993) warns narrative researchers about the “dangerous tendency to read it [narrative] as evidence for a prior theory” (p. 61), other authors have encouraged the use of narrative data analysis in the context of a theoretical perspective (Bryant & Lasky, 2007). I found inspiration in Josselson and Lieblich (2003), who assert that the narrative inquiry researcher straddles the line between advancing theories while being open to discovering new knowledge. They also contend that theory may be questioned, extended or enhanced through narrative inquiry research. To review the data through the lens of resilience theory, I used the five spokes of Morales (2008) resilience cycle as codes for analysis of the field texts. “Orienting (but not operational) definitions” (Josselson & Lieblich, 2003, p. 263) of those codes came from Morales’ model, thus setting the stage for an analysis of whether the theory made meaning of the participants’ stories.

Analysis of the letters written by participants served both as data that contributed to stories and codes and as a form of triangulation of the interview data. As letters of advice, these documents provided insight into another, more reflective aspect of the participants’ stories. For example, the letters gave me a sense of what aspects of the narratives were seen as most important by the participants. I also used field notes to enhance and enrich the coded
data. The reviewed and reorganized collections of data, informed by all of the previous phases of analysis, comprised the final research texts.

I had anticipated that member checking might provide another type of data, if participants wished to clarify or expand on the initial field texts. In actuality, participants who reviewed the interview transcripts did not offer additional information or clarification. If member-checking data had proven to be conflicting or significantly different from the other types of data collected, then I would have considered analyzing it separately for stories or themes, thus creating additional research texts.

**Data Expression**

Data expression involved several features. Profiles of the participants identified by pseudonym are presented to introduce the reader to the people whose experiences comprise the study findings. I then present constructed narratives, that represent in story form the varied themes or paths that were experienced by the participants. There are prototypical stories, as Frost (2010) did in her work with math teachers, along with collaborative stories that reflect the experiences of the group, similar to Paulus, Woodside and Zieger (2007) in their study of a group of online learners. The written letter data informed these stories, but I also presented this data separately to capture the reflective nature of the letters that did not fit as well with the experiential nature of the interview data.

In data expression I also explained the relationship between the participant stories and resilience theory. By analyzing the data through the lens of resilience, I believe that other aspects of meaning in the participants’ stories are evident. I anticipated that resilience would be evident in the data, and to some extent that was the case.
In this final report of the research study, prototypical stories of the nursing student repeater are restoried from the research texts. These constructed narratives are enriched with quotes from the field texts. Quotes, conversations and debates around the stories are all part of the richness of the narrative inquiry and appropriate for the final research texts (Clandinin & Connelly, 2000).

**Ensuring Quality of Data**

To ascertain quality of a research study, it is important to know the criteria used in planning the research. Plans for the data collection and analysis should be transparent, and strengths and limitations of the research should be acknowledged. It is also important to describe what actions will be implemented for the protection of the participants.

Evaluating quality and rigor in a qualitative research study involves consideration through the lens of the interpretivist viewpoint, not the positivist one traditionally associated with quantitative research. Lincoln and Guba (as cited by Hanson, Balmer & Giardino, 2011), identified the following terms, described as elements of trustworthiness or validity, defined them in comparison to their counterparts in quantitative research, and offered strategies for ensuring them:

- Credibility (internal validity) – triangulation, detailed data collection, prolonged observation, skillful interviewing
- Dependability (reliability) – more than one researcher on project, peer debriefing on emerging themes and insights, rigorous data analysis, member checking
• Confirmability (objectivity) – documenting of recording procedures, data collection, steps in analysis, etc. in such a way that another researcher could audit and find results to make sense

• Transferability (external validity or generalizability) – careful description of sample, setting and results so that the reader can decide if it is applicable to another setting

Polkinghorne (2007) explains that validity in a narrative inquiry study is challenged at two phases: during data collection and analysis. The challenges inherent in the data collection phase have much to do with the human perspectives of those participating in the study. Polkinghorne (2007) says that “The disjunction between a person’s actual experienced meaning and his or her storied description has four sources: (a) the limits of language to capture the complexity and depth of experienced meaning, (b) the limits of reflection to bring notice to the layers of meaning that are present outside of awareness, (c) the resistance of people because of social desirability to reveal fully the entire complexities of the felt meanings of which they are aware, and (d) the complexity caused by the fact that texts are often a co-creation of the interviewer and participant” (p. 480). He says that interviewers can help to offset these challenges by encouraging participants to use figurative expressions, allow time for participant reflection, conduct serial interviews to allow for relationship and trust-building, and to pay attention to non-verbal communication (p. 481-482).

Dodge, Ospina and Foldy (2005) suggest that researchers will focus on areas of quality and rigor in narrative inquiry research by first considering how they value or weight three foundational principles of the narrative inquiry paradigm, which they describe as narrative as language, narrative as knowledge and narrative as metaphor (p. 290). Narrative as language
describes the principle that narrative inquiry tries to understand a situational reality rather than an “objective reality”. *Narrative as knowledge* emphasizes that the knowledge coming out of the stories is based on experiences. *Narrative as metaphor* is an idea that reflects how people not only create stories for their own purposes, but that those stories also affect, change and create meaning for people.

Sarah Tracy (2010) undertook the description of a set of criteria that could apply to all methodologies in the qualitative paradigm, describing excellence in qualitative research. She differentiated the means from the ends, describing quality in terms of the end goals of the research. Qualitative researchers have applied these criteria and found them to be meaningful and sound (for example, Gordon & Patterson, 2013). Tracy’s eight criteria are:

- Worthy topic (including concepts of relevance and significance)
- Rich rigor (appropriate and sufficient use of theory, data, sample, etc.)
- Sincerity (illustrated by researcher reflexivity and transparency)
- Credibility (including evidence of thick description, multiple data sources)
- Resonance (meaningful to a variety of audiences)
- Significant contribution (in terms of theory, methods or other)
- Ethics (the study is ethical in procedures and relationships)
- Meaningful coherence (the study answers the research question)

For this research study, I considered the guidance provided by the authors mentioned, and also looked to narrative inquiry studies for the most applicable quality indicators (e.g. Price, McGillis Hall, Angus & Peter, 2013). I chose to focus on credibility and sincerity to ensure rigor in this study.
Credibility.

According to Thomas and Magilvy (2011) this is “truth-value” or “representativeness of the data as a whole” “the element that allows others to recognize the experiences contained within the study” – they also quote classic article by Krefting 1991 saying “A qualitative study is considered credible when it presents an accurate description or interpretation of human experience that people who also share the same experience would immediately recognize” (p. 152). Dodge, Ospina and Foldy (2005) state that a method for ensuring credibility is to assess for authenticity, or “does the narrative ring true for both internal and external audiences?” (p. 295). Hardy, Gregory and Ramjeet (2009) suggest that credibility can be increased when the researcher is transparent about and collaborative in methods of data collection and analysis. Tracy (2010) further asserts that credibility is found in the explanation of tacit knowledge, the inclusion of multiple voices and input of participants during the analysis phase of the study. I used triangulation and detailed data collection methods, collecting interview and written data from the participants. I also sought out participant feedback on the field texts as an initial step in analysis of the data.

Sincerity.

Sincerity, as defined by Tracy (2010) may be seen as analogous to confirmability; the degree to which another researcher could repeat this study and achieve similar results. While a principle of narrative inquiry is that participant stories are situational and will change over time, the concept of confirmability can also be thought of in terms of coherence, applicability or practicality of the results, and the democratic involvement of the study participants (Dodge, Ospina & Foldy, 2009). Tracy’s definition of sincerity includes the importance of
the researcher’s reflexivity and transparency about the methods and challenges of the study. To contribute to sincerity of this study, I was transparent and meticulous in record keeping, documenting data collection and analysis methods, and reflecting on and exposing my own potential biases throughout the study along with the methods I employed to address them. In addition to my research log and openness about my positionality and perspective, sincerity was accomplished by the design of my study. My data collection process allowed for quantity and quality of data to be collected in the interviewing of participants, and provided thorough exploration of the research question. Additionally, the layering of data with the participants’ written letters of advice provides support for sincerity by triangulation.

Protection of research participants.

Handling of bias and privacy.

Bias and privacy were handled in this study by several means. In qualitative research, the presence of bias is acknowledged by the researcher and mitigated with transparency regarding positionality and reflexivity throughout the research process (Tracy, 2010). In effort to reduce bias, I recruited participants who were not students at the school where I teach. Prior to the study, I did not know or have any relationship with the participants.

Privacy was addressed through established practices of research ethics. Prior to initiating this study, institutional review board (IRB) approval was obtained from North Carolina State University (NCSU). Urban Community College A had a policy (DTCC, December 2011) stating that individuals wishing to conduct research with their students may advertise in forums open to the public (for example, bulletin boards in student areas) and must have approval from an IRB; the college did not have its own IRB process. Urban
Community College B had an IRB, which deemed this study exempt, after receiving confirmation that the researcher had an internal sponsor at the college, and approval from another IRB. Prior to any individual participating in the study, I went through an informed consent process, during which time the participant was notified of any potential risks of the study.

Data was handled with measures taken to protect participant confidentiality and anonymity. All data was kept in the researcher’s password protected computer, located in a locked office. Data was identified by the pseudonym of the participant’s choice, and no information connecting the participant’s identity with the data was kept.

**Potential risks and benefits to participants.**

Potential risks to the participants of this study included risks to confidentiality and anonymity throughout the research process. Confidentiality or anonymity could have been breached in the process of recording and transcribing interviews, as well as in the process of data expression. I described to participants the steps that were taken to maintain their privacy, including de-identifying the transcripts of their interviews and keeping all data in a secure location (secure computer server or locked file cabinet). In data expression, I presented data attached only to pseudonyms, which were chosen by the participants. Additionally, I offered participants the opportunity to review my field texts; if participants had felt that details infringing on their anonymity were present, I would have addressed that concern.

Potential benefits to the participant included the opportunity to process their experience verbally, and to know that their painful experience was contributing to knowledge that may help others in the future. Another benefit to participants was a $25 gift card, given
in appreciation of their time. The decision to provide a monetary incentive, in the form of a $25 gift card, was not made lightly. The literature suggests that incentives can motivate individuals to participate in qualitative research, as well as motivate gatekeepers to allow greater access (Head, 2009). Emma Head, in her sociological study of single mothers in the United Kingdom, found that a cash incentive of 10 pounds (approximately $25) greatly increased her ability to recruit participants. In Lisa Gerow’s (2011) study of nursing student repeaters, she recruited for over two years to get eleven participants, repeatedly revising recruitment strategies and ending up paying $100 per participant as an incentive. Ethically, it has been argued that monetary incentives decrease the power differential between researcher and participant, but it has also been recognized that monetary incentive may interfere with freely given consent (Head, 2009). Deciding how much money is an incentive versus coercive can be difficult, especially when potential participants are community college students, not known for being from affluent populations. I ultimately decided, however, that $25 in the form of a gift card suggested appreciation rather than payment, and was unlikely to be coercive.

**Strengths and limitations of the study.**

This study had both strong points and drawbacks. Strengths that were associated with this research design were the design of the study, and the researcher’s knowledge of and experience with the nursing school context as both a student and an instructor. Limitations associated with the design of this study included the small number of participants and the researcher’s potential bias in the situation.
The design of this study, using narrative inquiry methods and including more than one type of data source, opened the door to learning about aspects of the experience of the struggling nursing student that had not been previously known, and which may lead to the creation of practices or interventions that nursing schools may employ to support student success. I emphasized this strong point of the study design by spending sufficient time on data collection and especially analysis such that I was able to recognize new and unexpected knowledge coming out of this study.

As the researcher, both my past experience of having been a nursing student in a community college program and my current experience of being a nursing instructor in a private diploma/associate degree program gave me invaluable knowledge of the situation that my participants were in academically. As a nursing instructor, I advise students every day and am aware of not just the academic situation they are in, but also the social and emotional stresses that can accompany that academic situation. This knowledge paved the way to rapport and understanding in the researcher/participant relationship during this study. I emphasized this knowledge of the participants’ situation by sharing my personal situation and history with the participants prior to starting each interview.

The same researcher experience and knowledge that was a strong point of the study design may also be looked upon as a limitation. I may have assumed a level of understanding and rapport that was not happening, or may have been tempted to think I understood my participants’ experience based on assumptions that I brought to the research from my own background. My participants may have found my role as a nursing instructor to be a barrier to their comfort or ability to disclose thoughts and feelings. To mitigate this drawback, I
studied students in schools other than the one in which I teach, and I was intentional about letting the participants know my research goal of learning about their experience to inform people about ways in which to help nursing student repeaters.

Another potential drawback to the study was the small number of participants, a necessary limitation due to the nature of this dissertation research with its need for the researcher to work independently and on a limited time line. Qualitative studies often focus on collecting rich data from a small number of participants, so this limitation was not uncommon for the chosen methodology.

**Chapter Summary**

In conclusion, this study was intended to learn about the experience of community college nursing students who have had to repeat a course. This qualitative study, done in the paradigm of narrative inquiry, considered the data through the lens of a theoretical framework of academic resilience. Strategies for managing potential researcher bias were used and described. The data collection, analysis and presentation plans were explained and issues of rigor were addressed.
CHAPTER 4: THE STORIES

The purpose of this study was to learn about the experience of community college nursing students who have had to repeat a nursing course. The research question for the study was: What are the varied journeys that community college nursing students experience when repeating a required a nursing course? To answer this question, fourteen study participants were interviewed and, in addition, eleven of those participants provided a written letter as a second source of data. The letter was each participant’s anonymous advice to a future nursing student faced with the situation of needing to repeat. This chapter presents the data gleaned from those interviews and letters, using pseudonyms that were chosen by the participants.

The expression of the data in this chapter emerged from the data analysis in an incremental, gradual manner. I first wrote participant profiles, to introduce the reader to the study participants and to outline the larger narrative of each participant’s life as a nursing student. Writing the profiles was a form of data analysis in an iterative process, as it influenced subsequent coding. The elements that I chose to include in each profile were the aspects that surfaced most significantly in the interview. I then worked with several different matrices that I created to capture the similarities in plots and story elements across the collective participant stories and letters. This process led me to the recognition of the prominent storylines that were shared among many participants. Focusing on each storyline intuitively led me to consider coded themes and how they fit within one or more storyline. Finally, I read through all of the data again, looking for specific evidence of the theoretical framework in each participant’s story.
This chapter begins with the participant profiles. While each participant had a unique story, there were also common narratives, which are shared after the profiles. Although the participant letters were analyzed along with the interview data, they also provided triangulation and are presented separately as such. Finally, I present the data in the context of the theoretical framework: Morales’ Resilience Cycle.

**Participant profiles**

**Deirdre Chappell.**

Deirdre Chappell is a 53-year-old white female who commuted to school from a nearby rural town. Deirdre presented a calm and thoughtful persona, often pausing briefly before answering a question. She had failed NUR 112, the second nursing course in the program, and was about to re-enter the program to repeat that class when we talked. Deirdre was unmarried and did not have children; she also was not employed. While these circumstances seemed ideal for a student to be able to focus on nursing school, Deirdre pointed out that her lack of responsibilities outside of school were offset by the lack of support she had for life outside of school:

So, if the roof starts leaking… which it did this past winter… if something has to be done to the house, I’m the one who has to be there to do it. If the car breaks, I’m the one who has to stay with the car if it needs servicing, I have to stay there for 4 hours or whatever. If one of my animals gets sick… All the grocery shopping, if I’m going to eat, I have to do it.

Deirdre came to nursing school for a second career, following decades of being an adult learner. After earning a bachelor’s degree in philosophy in her younger adult life, Deirdre
attended community college courses simply for the joy of learning. When she became
disenchanted with her career as a pension analyst, her first thought was to return to college
and prepare for a new career. This lifelong learner approach resulted in a surprising problem
when Deirdre was confronted with limits of the community college system:

There’s a rule in place that, once you’ve taken so many hours of classes, you can’t
borrow money from the government to go to school anymore. And I’ve just hit that max.
And they’re not, it doesn’t matter, they’re not looking at just what I’ve taken from this
program, they’re looking at things that I took to transfer to NC State years ago, back in
the 90s, they’re looking at classes I took back in the 80s. Even though I didn’t borrow
money for those classes! I paid for those classes out of my own pocket!

Deirdre chose nursing for practical reasons: she wanted to help people; she wanted a job
that would allow her geographic mobility and that would be somewhat recession-proof, and
after completing a nursing assistant course, she found that she enjoyed working with sick
people:

Deirdre: Old people don’t scare me. Yeah, I love old people. Babies don’t scare me. And I
don’t faint at blood. So that’s kind of how I got into it. I thought, this will be good, it’s a
solid job, I’ll be able to feel fulfilled at the end of the day, like I make a difference. And I’ve
already had that experience, and that feeling from interacting with patients.

Interviewer: As a student nurse?

Deirdre: Yeah, exactly. Plus, it will give me mobility. If I don’t want to work here, I want to
go somewhere else, I can. I’ll have a lot more options available to me.
While Deirdre expected the nursing program to be difficult, she was surprised at just how
difficult it proved to be, saying that nursing school is “its own thing, a whole different
animal”. In her second course, she did poorly on the first exam of the semester and then was
unable to bring her average up to passing with the subsequent exams.

Deirdre came across as an analytical person, who offered rational and reasoned
explanations of her story, yet she repeatedly referred to negative emotions, offering
comments like “I was really bummed out about it.”

Rebecca.

Rebecca is a 34-year-old white married female with 12-year-old twins, a boy and a girl.
A gregarious individual, Rebecca had smiles, waves or comments for nearly everyone we
walked by on our way to a quiet area for our interview. Rebecca aspired to a career in
nursing for a long time:

When I was little I told my parents I was either going to be, well, first it was a nurse,
then a doctor - but then I saw how much school – but I used to joke and tell them that
I was going to be either a nurse or a hair dresser (laughs). They were more happy
towards the nurse goal, but… I actually went to Southern Durham High School,
graduated in 1999, but they had a medical magnet program for health science. So I
always knew I was interested in it… I just can’t see myself doing anything except
something in health care.

Growing up, Rebecca was not very interested in school, which resulted in a weak
academic transcript. Marriage, children and a series of low-wage jobs in a variety of fields
were life events and distractions prior to her returning to school to pursue a career in nursing.
Her faith played a role in this decision: “I go to church. I, like, well, I don’t go to church as much now as I should but… I don’t know, it felt like one day the message was for me, like, to go back to school, to try. Just to try. Just to see.”

Rebecca hesitantly started at the local community college, taking pre-requisite classes, which she sometimes dropped when she feared she would fail, and then took them again. This process, along with her requirement to take some developmental courses prior to starting the pre-requisites, lengthened her time of preparing for nursing school and may have contributed to her feelings of inadequacy as a student. She reflected, “…well, I don’t think I’m stupid, but I don’t see myself as a… not smart, I don’t want to say not smart… but I’ve never been the one to make As. I’ve always sort of been mediocre, all the way through.” Rebecca was so convinced of her mediocrity; she actually was not surprised when she failed NUR 111:

Rebecca: Yeah, I went into the final, I knew I was done.

Interviewer: You knew it wasn’t possible?

Rebecca: Yeah, so… I stuck with it just so I could see the final. The drop date had already passed, so there was no point in dropping, but I feel like I went into that sort of stigma in my mind about myself… I think I went into it thinking, you’re not gonna pass this. Like, you can’t complete it.

Interviewer: You think you started the course feeling that way? Why do you think you felt like that, I wonder?

Rebecca: I don’t know, maybe I… knowing that I’m not stupid, but knowing that I’m not… well, all the stories that I’ve heard about how hard it is and stuff like that.
Rebecca felt overwhelmed and anxious, struggling to figure out how to study and failing exams in spite of all of her effort. She described a feeling she called “stress paralyzed”: “… when I would sit down to study, it didn’t soak. It didn’t go in. I would just be freaking out about everything I needed to know.”

While Rebecca was sad about failing, and referred to having to “go through the five stages of grief” in dealing with the failure, she found repeating the course to be a very positive experience. She was no longer immobilized by anxiety and fear, and even faculty members noticed the change in her:

Rebecca: My navigator [a course faculty adviser] from 111 that semester is actually (laughs) my clinical instructor this semester. But, she even told me that she noticed a difference in my demeanor, and presence. I seemed, I don’t want to say, “glow”, but just, more alive I guess.

Interviewer: On the second go-round?

Rebecca: Yes. She said that I seemed, personality-wise, like a different person. Which is more closely to my personality. But, like I said, I didn’t realize how the anxiety, how anxious I was until the second semester, when I took it the second time.

Interviewer: And you weren’t feeling anxious on that second time?

Rebecca: I mean, there’s always that anxiety. But I was more prepared. I knew what to do, knew what to expect.

This newfound confidence and calm stayed with Rebecca throughout her successful repeat of NUR 111 and into the second level classes of the nursing program.
Kathryn.

Kathryn is a 34-year-old, single, white female who worked part time as a nursing assistant at a local hospital. During the interview, she was fast-talking and enthusiastic, often sharing tangential stories. Kathryn was inspired to go into nursing by examples set by three nurse family members and also from personal experience: she was born prematurely and spent time in the neonatal intensive care unit, where relationships developed between her family and some of her nurses that continued to the present time. Kathryn had previous college successes, including a bachelor’s degree in media and communications, but struggled in nursing school. In fact, Kathryn failed and repeated NUR 111 and then failed NUR 112 and was dismissed from the program. Displaying unusual persistence, she waited out the obligatory two years before reapplying and starting the nursing program all over again. When we talked, Kathryn had successfully completed NUR 111 and was in the middle of NUR 112. Kathryn reflected on her motivation to continue in the face of repeated failure, and explained that she did not want to do anything other than nursing, “I really love the patient care, I love everything about nursing.” Tenacity in working toward a goal was modeled for her by a friend:

She wanted to be a vet super bad. And she was super smart, really talented, but… her grades maybe were not as good for state school, vet school in the states. So, what did she do? She moved to Grenada! She got her degree in Grenada! And she worked her butt off for it. So [then] she came to North Carolina, and that’s how I met her. But it’s like; there are always options for you. If there’s something you truly want to do, there are always options for you in life that is available for you, to help you do that.
Maybe you need to reevaluate yourself. Maybe it can’t be now, maybe it needs to be six years from now, and you need to plan ahead for it… but if you really, truly want it, it will happen.

Kathryn felt that her requisite two years away from nursing school was valuable time, providing the opportunity for her to improve her health and self-confidence through gastric bypass surgery and a subsequent 80-pound weight loss, as well as through spending time working as a nursing assistant first in a nursing home caring for dementia patients and then on a hospital unit caring for others who had experienced gastric bypass surgery. When Kathryn returned to school, she had a very different perspective, which she attributed to the knowledge gained in her work experiences:

I started putting pieces together. And I wasn’t doing that before. And I don’t know if that was because I wasn’t working, or I just wasn’t applying myself as hard. Because now, I love asking questions. Because it’s like I need to connect this to that to make it work, and that helps me figure everything out. So that’s… that was a big… I know, my [instructor in] 111 the third time, she was like, you really came into your own like halfway through the semester, you started, we could really see you pulling ideas together and understanding.

Ashley.

Ashley is a 34-year-old married white female with twin elementary school age daughters. She was soft-spoken, yet conveyed a clear sense of confidence. At the time that we talked, she was taking NUR 212, having successfully repeated NUR 111 and several courses after that. Ashley was also the co-owner, with her husband and parents, of a small business, and
was responsible for managing human resources for the company. Further, Ashley was a major emotional support for her brother-in-law, a recovering alcoholic. After obtaining a bachelor’s degree in psychology, starting the small business with her family, and considering and rejecting several career paths, Ashley found herself pregnant with her twins. An experience in the hospital with postpartum complications was a transformative one for her:

“So it was actually in the hospital…I had a fabulous nurse, she was a night nurse, her name was Phyllis, I will never forget her. And then I had a terrible nurse.” Ashley described the “terrible nurse”, saying, “And, care-wise, she did everything medically correct, you know gave me medications, started the IV, she handled it all, you know, that part well, but the bedside manner…just wasn’t there.” In fact, the “terrible nurse” caused Ashley emotional distress and anxiety; while “the fabulous nurse” Phyllis explained how the situation could be managed without Ashley being separated from her babies, giving Ashley great comfort and relief. Realizing what an impact a nurse can make on a patient was inspirational for Ashley.

She failed NUR 111 during a time of many family events, including her brother-in-law deciding to seek treatment for his alcoholism. Ashley shared:

After, in between the exam 3, which was the one I bombed, and exam 4 which was the one I did better, but not where I wanted, my brother-in-law showed up at the door and said he wanted help. And he lived locally…well, it turns out he wanted to want help but he didn’t want help…So we tried – we got him into programs – it was just a lot of, there wasn’t even a lot of time involved in it, but it was more just one more thing to have to think about. And then I think I just got myself so stressed out and anxious about doing it that I ended up getting either an 80 or a 78, I can’t remember,
basically two points less than I needed. And I had to repeat with a 77.3 and passing is 78.

This event proved to be a tipping point that may have been the final factor contributing to Ashley’s failing NUR 111, as she reflected: “I want to help people and I want to be in nursing school. I’ve always had that personality and that drive. In some ways it’s… a problem. I mean, me wanting to help my brother-in-law got in the way of my studying.”

While failing was a painful event, about which Ashley continued to have some anger and sadness, she maintained that it was a character-building experience that continued to serve her well:

I attempted my first IV. It didn’t happen, but I tried it, and I was able to take from it that it was a hard patient. The nurse said, you can’t, even a seasoned nurse, may not be able to get that one. But if I had done that six months ago in the same course I might have taken it as, this is terrible, I can’t even put an IV in…you know what I mean? And so I think I just have been able to learn from… you’re not going to get it right the first time every time, and that’s okay…I just think it’s kind of…it’s a character-builder to repeat. Or it could be a character-crusher…depends how your support is, how you handle it.

Maria.

Maria is a 27-year-old female immigrant from the Caribbean who identifies as biracial. After being introduced to me by Rebecca, she was eager to participate in the study, saying, “I would be happy to tell you my story!” Maria was quick to smile and laugh, and animated in discussion. She was married and working at both a nursing assistant job in a skilled nursing
facility and selling jewelry that she designs. Maria described herself as academically high-achieving before nursing school, but NUR 111 got the best of her and she failed by a few points. When we talked, she had successfully repeated that semester and was in the middle of NUR 112. Despite prior academic successes in her pre-requisite courses, Maria found nursing school to be very challenging. She reflected:

I got really good grades, and that’s what got me into the program. I did well on the entrance test, so everything made me feel like I would have been successful at that class. But it was like learning another language, really, the medical…I kind of – I was saying this earlier – I kind of wish that I took a medical terminology class to get introduced to the root and the suffix of certain words, to kind of figure out what they meant. Something like that, some kind of introduction (laughs) would have been helpful. It was…I don’t know, I can’t even put it in words, but it was rough…I think the biggest thing was that it was a lot of information at one time to study.

Echoing other participants, Maria described how struggling in nursing school shook her self-confidence:

Because when you come into this program you had to have great grades coming in, so you think, oh – you know it’s not going to be easy, because you hear it from your peers that it’s not easy…but you don’t think you’re going to fail. I certainly don’t. And you don’t think you’re going to do bad either…not even mediocre, because you did so well in your other classes. So that was new to me. I never failed a college course before. So that was shocking. And then you work really hard, I mean, I did at least; I worked really hard for it. I studied, you know, towards the end it was like my full time job and I reduced my
work hours, did everything they encourage you to do but…I think I psyched myself out more than anything.

And she further noted, “Yes, I had to re-learn how to study, definitely. Because what worked on the pre-requisites did not work in nursing school.”

Maria was uncompromisingly optimistic, choosing to see the positive side of every experience or situation. Although she felt torn between her responsibilities as a student and her roles as wife, daughter, and friend, she shared that she had pushed herself to turn that conflict into motivation:

So that was another thing I had to wrap my head around, too, you know, not feeling guilty all the time because I’m not there with my family or my friends. I missed births of my best friends’ children, and weddings of family members, and my dad’s been in the hospital, like, a million times…and he’s had to get used to doing dialysis and all those kinds of things without me being there. And that just broke my heart open. So missing those things, I had to turn that into a motivation, and say, I’m doing it for them. Because I can’t help him, you know, being there is going to make him feel comfort, but I would like to help him financially, too, and this is going to help me do that.

Maria had also chosen to see her repeating experience as an opportunity, and she explained, “I have one more shot, and I’m gonna do everything I can possibly do to make this work for me.”

Mike Jacobs.

Mike Jacobs is a 35-year-old married black male of Arabic ethnicity, with a ready smile and gentle eyes. He is married with three sons, ranging in age from 4 months to 10 years. As
the sole breadwinner for his family, he worked 50 hours or more per week as a nursing assistant while in his first semester of nursing school. He described his home responsibilities: “And I help my wife out a lot. Just, cleaning, cooking, that kind of stuff. I’m a really hands-on kind of dad, too, so I feel like that maybe also took away from my study time.” Mike worked his way slowly to nursing school, acquiring a general equivalency diploma (GED) and then continuing at the community college part time to complete his prerequisite classes, all with excellent grades. He failed NUR 111, and was in the first week of his return to repeat that class when we talked.

   It surprised me that an adult learner such as Mike Jacobs, in a context of such a complicated life and clear risk factors for failing a nursing class, would experience academic failure so painfully. He described these painful feelings:

Interviewer: So, um…how – tell me about how it happened that you found out that you failed, you know, kind of walk me through that experience of finding that our and how you…what you had to go through…

Mike Jacobs: It’s like re-living a nightmare!

Interviewer: I know! This is hard to talk about, for a lot of people.

Mike Jacobs: Um…so, I mean, honestly, I thought I was gonna – I thought I did really well on the final, to get the score that I needed. I had…when it comes down to that time, you’ve calculated every single score that you need to be at, to pass the test, and I could have sworn…I was certain that I got the score that I needed, which was like, an 86 or something like that, on the final. It was like, an 86 on the final… (pauses to say hi to a faculty member walking by, who was saying “really good to see you!” to him) Um…so I got like an 86, I
mean, I needed an 86 and when I saw my results online, and they posted it pretty fast, it was just like…I was destroyed. It took a lot of courage for me to just get back up and come to Dr. Hand and say to him, I am coming back next year, what do I need to do to secure myself a seat? And of course nothing is secure – like, there’s no, guarantee that you can get back into the program, but I took all the steps that I needed to take, to make sure that I was in the position to get a seat, if there was one available.

Mike Jacobs maintained that the biggest obstacle to his success in nursing school was probably financial. He reflected,

Well… it’s always drilled into you from the very beginning that you can’t work…but you know, in reality, you do have to work, if you’re not… you know. Unless you can get grants or loans or something. Especially if you’re like providing for a family, the sole provider for a family, there’s no other choice. You have to find a way to juggle it somehow. And, um… I guess, for me…I just didn’t manage…maybe time management, maybe I didn’t manage my time? As wisely as I could have. I continued to work…

When Mike Jacobs and his wife had a baby during his first semester of nursing school, his home responsibilities increased, occupying potential study time. He further acknowledged that, in addition to inadequate study time, perhaps his study techniques were not completely effective. He talked about his approach to the repeating semester:

I feel like I’m going to just try to, just, take it easy, take it as if I’ve never done this before. I’m gonna go into it as if I’ve never done it before and just try to soak up and…any mistakes I’ve made in the past, try to not make them, and just…whatever I
think I can improve upon from the past, try to improve upon it. That’s how I’m gonna
like move forward as far as clinical, lab, or lecture.

Mike Jacobs’ persistence in the face of these circumstances was motivated by his passion
to become a nurse. He explained,

I feel maybe just realizing that, this is something that fits into your life, like what you
want to do. I mean you can’t get any better than this. Like, to find something that you
love to do, something that you can help people while doing, and then also something
that’s going to provide for your family – and pretty well, too. It’s not every day that those
combinations fit together and…I mean, I feel like I’ve already started this journey so far
and there’s no turning back now, you’ve got to just keep trying.

Rose.

Rose is a 52-year-old divorced white female immigrant from Eastern Europe, with two
children, an adult daughter who was independent and a 13-year-old son who she was raising
alone. Rose spoke heavily-accented but fluent English and her serious demeanor was
occasionally punctuated by a comment that displayed her dry sense of humor.

Rose began our discussion by describing how she had always loved caring for sick
people and had worked in health care throughout her adult life. She initially worked in a
nursing role that she described as comparable to a licensed practical nurse. She then
described how she came to the United States:

I got divorced, and I was single a couple of years when I met with somebody. And I
just figured it out – he’s American, and he wants me to move in here with him, so it
was already late because I was already in love and I never planned to come here! But
I did, with my daughter, at that time she was 13. And I’m here since ’97. But I didn’t speak any English….back in my, back home it was ecumenism and we have to learn Russian instead of English.

Rose’s limited English was initially an obstacle to gaining employment in the healthcare field, so she found a job as a housekeeper in a nursing home, in order to be in the environment she enjoyed: working around elderly and sick people. As her English language skills improved, she became certified as a nursing assistant and then obtained the education and certification to be a medical office assistant. While she was successful in these jobs, quickly rising to the rank of supervisor and accepting additional responsibilities, she continued to yearn for the nurse’s role. She reflected, “And it still wasn’t enough. I’m missing the hospital; I’m missing the bedside care. So I started the prerequisites classes” for the associate degree nursing program.

Once in nursing school, Rose was challenged by both the academic program and by problems in her personal life. She shared,

I started the program last year in January, and my personal life is…was not good. Actually it has progressed to having…we got distanced from each other, and…I figured it out on the week of my final: he was cheating on me. My husband.

With an average just at the passing level, Rose needed to do well on her final exam to pass the course. However, with the turmoil of her marital difficulties, she described herself as “emotionally trash”, was unable to perform at her best on that exam, and ended up with a failing grade for both the final and the entire semester.
Rose went through severe depression in the wake of her marriage breaking up and her failure of NUR 111. She was able to overcome these trials and successfully repeat. She was also successful in the following two classes, though nursing school continued to prove challenging, something she attributed in part to the fact that English is not her first language: “I have to read more and work more harder and spend, especially spend extra time. So when somebody read, oh, okay, that’s it; I spend three times more on that page.”

In a sad post-script to our interview, Rose informed me that she had failed NUR 211 and had been dismissed from the nursing program. However, her amazing persistence was evident when she wrote: “Luckily, Vance Granville Community College was nice enough to take me as a nursing student and I was able to continue the program. Is a little more far as WTCC but hey, if that would be my biggest concern, I should be fine.”

Monroe Cain.

Monroe Cain is a 35-year-old married white female with a 7-year-old daughter, and a job as a personal care aide for a home health agency. An articulate woman, Monroe had a ready laugh yet gave a subtle impression of bitterness when talking about her repeating experience.

Monroe had found academic success easy prior to nursing school, passing university courses even with minimal studying or class attendance. She found nursing school a bit more challenging, but still quite manageable until she was stressed by a series of personal events that included her parents’ house burning down and then her mother dying of a stroke.

Following a trip out of state for a family wedding, Monroe Cain failed an NUR 112 exam with a grade of 60. Despite passing grades on subsequent exams including the final, in the end her average was below the required minimum.
As arguably the most academically gifted participant in the study, Monroe Cain’s experience of failure was a little different from others. While she felt that her failure was somehow more acceptable because she had “a valid reason” to fail in that she was grieving her mother’s death, she also expressed shock and fear related to the experience. She reflected,

That 60 was a huge blow to my…personal ego as well as my….I don’t even know what to say…I’ve always done well, and I haven’t had to study a whole lot, if I read I can generally remember what I read, and apply it pretty well. So it was just kind of a blow, like, holy crap, this can happen to me, too, kind of thing! (laughs) So when I came back to 112, I really, I really was very scared, because it’s just a few wrong answers and that’s the difference in whether you continue or whether you don’t. So it really did weigh on me very heavily. And it didn’t really lift until…I guess after the first exam in this class, which is 211. I did just…I mean, probably by a lot of people’s standards is just bare minimum – I came to class, I took notes, I listened, I recorded, I listened to the recordings, I did the assigned readings, and then before the test for a couple days I went through my notes. And that was all I did. And I did, I got a 90. And, um…as long as I get a C, I don’t even care, I’ve never been like this in my life, but I am now, but…yeah…it didn’t really lift until…I thought, if I can do just that bare minimum, you know, do what I have to do, then….But it wasn’t until then that I sort of got my footing back.
Although Monroe Cain was able to find some positive aspects to her repeating experience, the strongest reaction that she expressed was frustration and disappointment at the time spent on the repeating experience. She explained:

Interviewer: Can you think of a particular time when being a repeater was really a negative?

Monroe Cain: Every day. I mean, really, just the time – the loss of the time invested. There was so much down time because there was that semester in between. I didn’t lose the skills that I had, but not doing anything…because, like I said, my job is non-medical, so I can’t give meds, I can’t do anything like that….so I mean, there was just like…I guess the people who were coming directly from 111 had an advantage because they had just done that two weeks earlier, where it had been six months for me. So…but yeah, so that. And just literally the time, just watching it go by kind of thing.

**Elena.**

Elena is a 32-year-old divorced Latina woman with two children. While in nursing school she worked about 25 hours per week for a commercial cleaning business owned by her sister. Elena immigrated to the United States about fifteen years ago and as a non-citizen, was not eligible for financial aid. However, she worked and saved money prior to entering nursing school, so that she could afford to decrease her work hours to make time for academics. Elena gave the impression that she was extremely organized, self-possessed and able to handle challenges in a calm and effective manner. Initially somewhat reserved in conversation, she demonstrated intensity and enthusiasm when she talked about topics such as her desire to be a nurse:
I don’t want to do any other thing. I like nursing. I know, just being in clinical, I know that I have what it takes to provide not just patient care, not just any patient care. Because I’ve seen how some nurses, sadly, take their career. But excellent patient care. I don’t know, I just think it’s a gift for you to have, to be passionate and compassionate with people. And just to bring a smile into somebody’s room. Every time I get assigned patients, I don’t want the easy patient. I don’t want the one that has no meds, or that is very light. I want the most difficult patient; give me the grumpy one. I like a challenge! You know, every time I get a patient like that, it just comes back around to me to say; this is what I’m supposed to be doing. Because, you know, I bring a different perspective. I bring a smile. And they’re not rude to me. And I had seen that…you know, it’s like, you come get report and the N.A. is telling you, oh, good luck with that patient! Ooh…you should have gotten another patient. It’s like…okay; I don’t really hear that. You just give me the facts, do they need to be turned…just give me the basic report; don’t give me your perspective. So when I come into the room, and, like I said, I bring the smile, I really tell the patients, this is what I’m gonna do for you. This is what I expect for you. This is the behavior that you’re supposed to give me…I find that, a lot of the times; it’s what you bring that gets you the result. And so I have very great experiences. And I just think that it’s a rewarding career.

In spite of her planning and self-discipline, personal issues interfered with Elena’s school success. She described:
My then-husband lost his job, he had a lot of pressure…our marriage broke down…badly. It ended up being…a case of domestic violence…and I had to leave with my kids and…It was, it was a pretty sad time. And a stressful time for me.

Attending NUR 111 the morning after an altercation with her husband, she failed an exam badly and was subsequently unable to pull her average up to the passing level.

Elena went on to successfully repeat NUR 111, and continued in the program. At the time of the study, she was in NUR 211 and still juggling school and home responsibilities: her older son had broken his leg and medical appointments and other duties had consumed time she needed for studying. In spite of the challenges she faced, including single parenthood, the need to work, and speaking English as a second language, Elena was determined to achieve her goal of becoming a nurse. She explained, “I always knew, hey, it’s gonna be more difficult for me than it is for other people, just because of my situation. But I’m still gonna try, I’m still gonna give it my best and see what happens.”

**Natasha.**

Natasha is a 30-year-old African American female and single mother of a 5-year-old daughter. A high-energy, fast-talking and inquisitive person, she asked the interviewer nearly as many questions as she was asked. Natasha worked part time for an insurance company and also dealt with the challenges of her daughter’s health problems; when we met, her daughter accompanied her and was in a wheelchair following a major surgery that had required her to be in a body cast for 8 weeks and would require months of physical therapy in order for her to learn to walk again. Despite already having a bachelor’s degree in biology and a master’s degree in health administration, Natasha found nursing school to be a very different academic
experience. She was able to pass the first nursing course, but then failed NUR 112 by a narrow margin. She reflected,

And, you know…the class structure, which I’ve never witnessed before, was just tests. That’s it. So…it if you do bad on one test, which was, like, my very first test in the class, I just completely bombed it, and it’s hard to recover.

Natasha was in the first week of her repeating experience when we talked, and was still coming to terms with the feelings and fears associated with failure. She expressed shock and dismay,

Definitely a big blow. It had me question myself, like, wow?! I mean, am I smart? Do I have it? Or…you know, it was that time when I was just…I didn’t believe in myself because, you know, nursing is a serious career. And for you to have to kind of get off the track like that…it makes you just doubt yourself a little bit.

She also described how she shared the news of her failure:

Interviewer: And after you found out, like, did you tell people? Did you tell your family? Or friends?

Natasha: I had one really good friend, who I’ve kind of been neck and neck with in nursing school, of course I told her. And I told my mom. But I did not…wear it on my forehead, you know. Like, embarrassed, you know. And of course, people knowing that I’m in nursing school, how’s school going? And I say, oh, well, it’s going…but inside I’m just, like, damn. It’s not going. Cause I’m not going forward like I should be. I mean, yes, in a sense, yes I’m still moving forward, because they allowed me to take the next course, but…in a sense I’m not. Like, I’m not going to be graduating in 2016 like I thought I was going to do…I have to
wait until the spring of 2017. That’s a whole nother year! When it’s supposed to be a two-year program! So, no, I did not broadcast it. I just told it to my close, you know, people that I’m close to. Which is a handful.

Interviewer: And how did they react?

Natasha: They were like, oh, wow, really? You serious? Like, you didn’t pass? You didn’t pass?

Interviewer: So they were very surprised that it happened to you.

Natasha: Mmm hmmm. Yeah. I just almost hate to relive it in my mind. It makes me sad.

Natasha responses during the interview highlighted the struggle that she had in coming to terms with having to change her approach to nursing school. She repeatedly referred to all of the changes she had already made to be in the nursing program, and how difficult it would be for her to do more or differently. She elaborated on this idea:

Interviewer: I know that several students that I’ve talked to have talked about how it was important to figure out why they failed, and what they had to do different to make it not happen again. Do you feel like that’s a kind of mental process that you have to go through? Or do you feel like that process is still kind of coming up…

Natasha: Maybe it’s still coming up. See a lot of people do, like, group studies, things of that nature. But I don’t like to submerge myself, I just like – I’m a self-studier. I just like to have my book, have my notes…I don’t feel like that’s helpful, even though Dr. Hand suggested that to me. I mean, yes, I’ll take it as a suggestion, but…I mean…if I know that that’s not gonna work for me, and I know that I’ve been in certain situations in my previous education that…group studies did not work for me…then I’m not gonna…uh uh. I’m not gonna do it.
And like I said, I made just one really good nursing friend. I didn’t have time to form the relationships…

Interviewer: You’ve got a lot on your plate!

Natasha: Yeah, I didn’t have time…

Interviewer: You’re not hanging out drinking coffee with people after class, I bet…

Natasha: No, I’m not. When class is over, I’m out of there trying to get down 15/501 to get to [her workplace]. Thankfully I’ve moved my office home now, so that’s easier for me, but…No. I just… I wasn’t there early…cause I have to drop her at school before class…My time was really, like, worked out.

Interviewer: Tight schedule.

Natasha: Yeah. I just didn’t have the time. And so…if I try to come out of nowhere and try to form these relationships, it’s like…these people are already culminated. They’ve already got their groups, and they know what works well together, so I…just don’t feel comfortable.

**Catherine.**

Catherine is a 22-year-old white female who was single and lived with her mother and brother. She worked part time as a nursing assistant. When Catherine bounced energetically into the cafeteria where she had requested to be interviewed, she was smiling and waving to friends around the room. At one point in the interview, she jumped from her seat to run across the room and hug a classmate, saying upon her return to our table,

I’m sorry, so sorry! She was in the NA class with me. And she was in my clinical group. Oh, I love my clinical group from last semester! I’m kind of like…I hope I
love my clinical group this semester, too. But, she was with me last semester and I hadn’t seen her…(laughs)

Catherine was a student who came from the Early College program that is designed to identify students at the high school level who can handle the academic rigor of college level courses and begin working toward a major in health sciences. She moved from that program straight into her prerequisites with all good grades and was taken by surprise at how different the first nursing class was. She failed NUR 111 by less than one point and was repeating that semester when we talked.

Catherine was very thoughtful about her repeating experience, attributing her failure to several factors including immaturity on her part and stressors in her family life. She explained,

Catherine: Oh, yeah. It only made a big impact last semester because…there were the snow days, I can remember that… and then, it was just a lot of stress with my brother getting arrested, my parents fighting over it all the time, and I was kind of in the middle of it cause I kinda had to make phone calls about…hey, my brother was – our son was just arrested, so…it was just a lot…a little stressful. Because I don’t feel very safe at my house anymore. So I kind of had to, like, I guess get over that and kind of…

Interviewer: In the sense of…like, not feeling safe in the sense of, he’s bringing people into the house…or…?

Catherine: Like…every time the doorbell goes off I think it’s the cops. And that’s no way to study, like, you can’t sit there and go, yeah, the doorbell’s totally gonna go off…and…I know it sounds kind of weird…
Interviewer: No…

Catherine: It’s just…no one wants to hear that their brother is getting arrested.

Interviewer: It sounds like it was traumatic.

Catherine: Yeah. Because…well…what originally happened, and I know it didn’t have a lot to do with nursing school, but it kind of did at the same time because…it’s 11 o’clock at night when I should be in bed and there’s four cops in front of my house…um…and it was the snow day, so we kind of had that, too…it was just…all a mess. I think just the stress of everything. And you know you try to handle it the best you can and just… I tried to absorb myself in school rather than in that…um…but I also lost a co-worker, too, during all of that. So it was just a lot of…So I’m hoping this semester is a little more low key! (laughs)

Catherine reiterated the sentiments of other participants when she described how different nursing school was in comparison to prior educational experiences:

People tell you all the time that you can take the bios and the micros and the basic classes that you need, but once you get into that first nursing class, like NUR class, it’s a completely different ball game. It’s you know, lecture, lab, clinicals, it’s everything wrapped into one, it’s five days a week for the most part…you know, it’s a lot different. Because you don’t have all those aspects in, just, say, a bio class. I had to change my study habits. I’m changing them again for this semester as well. But it was definitely…yeah, you had to change a little bit. But I’m also so young, and taking the classes…that, in and of itself, I think I had to grow up and mature a little bit.

Despite going through an intense grieving process after she failed, Catherine ultimately found inspiration to continue in the encouragement and support of those around her. In
addition to support from her boyfriend and family, she had a pivotal conversation with a patient while working at her nursing assistant job. She shared:

I think one of the biggest ones was actually from a patient of mine…so…I have actually, I’ve worked at WakeMed for four years and I have repeater patients, patients that come back a lot, and, um, I have one that I am very fond of. I’ve taken care of her a couple times and…she’s awesome. I remember she came back for her final procedure, to finish her round, and I was talking to her, and I told her what happened and…she was like, oh, man, I cannot believe that! You were doing so well the last time we talked! And…I think she said something along the lines of, you know, just the way that you are as a C.N.A. will make you that much more of a better nurse. And I’m like, I don’t know if I’m gonna go back. And she goes, you’ll go back. You wanna know why you’ll go back? Just because, think of all of the people like me that you’re going to impact. And think of all the people you can help like me. And she goes, every single time that I come back to this hospital I don’t really dread it because I know that you’re going to be here, and you’re going to take care of me and that I’ll get to see you…

Rose Fairground.

Rose Fairground is a 39-year-old divorced white female and mother of a 14-year-old son. She was a busy, confident woman, who came into the room with a crowd of classmates trailing her and asking her questions. She described herself as “a country person” and “high strung, and I’ll talk your head off”. She worked part time as a nursing assistant at a local hospital. Rose Fairground is a person whose faith plays a huge role in her life. She described her journey to a second career in nursing in the following way:
And I was just left, pretty much, without a job. And I always loved to take care of people. If someone got sick in my family, when my friend had surgery or something, I’m the one that’s there taking care of them, doing whatever they needed me to do. Help them go to the bathroom, help them take a shower, I used to stay with my grandparents when they were older before they passed away, and my dad used to say, you’re gonna be a nurse. You need to go back to school. You need to be a nurse. And I was like, mmm, whatever. And it was like, you just hear this little voice talking to you, that’s what you need to do…and here I am, 35 years old and I’m thinking, I don’t want to go back to school at 35! Well…every door that I went to, every opportunity that I had for a job, the door ended up being shut. And I would have people call and tell me, I’m holding this job for you, come in and get the paperwork, it’s yours. And when I get there, the job was gone. So…it was like God shut every door, and only left this one open.

Rose Fairground had prior academic successes, having taken business classes at North Carolina State University fifteen years earlier, but nursing school presented a new situation. In addition to the personal challenges of being a single mother of a teenager and having a rocky relationship with a boyfriend, she could not seem to prepare effectively for the exams. Despite all the effort she had to expend, she failed NUR 111. She described this painful experience,

Um…for a while I felt…stupid. I mean, really, I felt…oh, my gosh, I have put this much time and this much money and this much effort…and, I mean…I was studying – it wasn’t that I didn’t study, I was studying 20 to 30 hours a week outside of class.
So...I couldn’t have put in more time. So I felt like a failure, a letdown. And my son watched me study this much, my friend watched me study this much, my parents...and for me to have to look them in the face and say I failed. You know, I could get that if I didn’t try. If I half-assed it. I could get that. But I gave a hundred and ten percent, why am I making a 77.3? So it was devastating. I live out in the country and I have a huge, huge pecan tree in my backyard; I went and sat under my pecan tree and cried for hours. Day after day after day. Because it was just that devastating. I didn’t get in touch with the faculty because I didn’t want to face people that knew I was in school, that knew I had finals coming up. I didn’t want to face them. I didn’t want to look them in the face. Here I am almost 40; I don’t want you to see me as a failure. Because I’ve really been trying. You know...

Rose attributed her faith to getting her through this painful experience. Her faith that failing and repeating was part of God’s plan for her also helped her to embrace NUR 111 for a second time. She implemented changes in her lifestyle and in her study techniques, and she found purpose in her ability to be a resource to her new classmates in the clinical setting. She explained:

Interviewer: How about how other students have reacted to you? Have you told people? Do people know that you’re a repeater?

Rose Fairground: Mmm hmm. Oh yeah. They know.

Interviewer: And what was that like, like I know some people try to keep it a secret...

Rose Fairground: I’m the go-to person. I’m the go-to person. And that’s what the whole outside, when you were here [referring to before our meeting, when she was having a big
discussion with some other students in the lobby] is…what can we expect on this exam? And…in a way, I’m in a position where I can tell you what to expect from this exam but I didn’t have anybody doing that for me, so…I would study your Power Points. Study your Power Points, that’s what you need to focus on. I think where I come in handy is clinical. Because I’ve had – this past week was our first clinical week and last weekend I had six people call me on Saturday, how do you do this clinical paperwork? How do you do this? How do you do this? And I love being able to help. I love the leadership aspect of it; I’ve always been more of a leader than a follower, so I love that. And it feels good. I’m making a difference in somebody else’s career, even when I’m a student. So I love it.

Sara.

Sara is a soft-spoken 24-year-old white woman who lives with her girlfriend and works part time doing intake at an urgent care center. She also noted as a responsibility outside of school that she is the middle sibling of three sisters who are very close. Like Rose Fairground, Sara is a resource person to her classmates. When I arrived at the meeting place for our interview, Sara was fielding questions and dispensing advice to three other students. When Sara came over to me to begin talking, she commented, “I don’t even know them, but I’m happy to help anyone I can.”

Sara had experienced academic struggle before, specifically when she attended East Carolina University with the intent to go into nursing. She did not have the grades necessary to be accepted into the very competitive university nursing major, and this was one reason that she decided to attend community college. She completed the pre-requisite courses without difficulty but then ended up failing the first nursing course. Sara acknowledged that
she did not expect the level of academic rigor and did not realize what she would need to do in order to be successful:

   It’s not – and it’s not meant to be easy, they don’t want it to be easy. And I wouldn’t expect it to be easy. It was just…going through a whole learning process. Because I think that’s what it was. It was an experience that…I had to go through to be able to truly understand what I needed to change in my life to be able to go through this school.

Several times Sara referred to a concept she called “skirting by.” She explained, “I had been in hard classes, but my classes at ECU weren’t necessarily… as…time-devoting as this. Like, I could skirt by with barely studying type thing. Here you can’t skirt by…” She also referred to the difficulty she experienced in learning how to prioritize nursing school above outside activities and relationships:

   But now I have a schedule- a daily schedule. And I have each hour mapped out. And I know that if I take my…2 hours here to study and go spend it with my mom or something; I have to devote 2 hours later, on Saturday or Sunday. And it was finagling all that and figuring that out. Because I was such a…people pleaser that I was, like, oh, yeah okay, I can go here. And it was eating at the back of my head that I needed to study, but I never did it.

Sara, like many other participants, found meaning in her academic failure by seeing it as a learning experience and a character-building opportunity. She vividly summed up the experience with the following words:
I think repeating is more an emotional adventure than it is…anything else. Because it is all about your feeling of embarrassment, shamed, I don’t want anybody to know, or…I’m okay with it, it’s... It’s not really a question of, am I gonna pass? I think it’s more of a question of, am I gonna graduate? Because this is the only time you can repeat. You can’t do it again. So…that, to me, is probably the only – the difference that people don’t realize is that, it’s an adventure, but it’s more of a self, individualistic type thing, inside. And you…kind of, for some people, they may actually have more self-actualization at the end of it. Cause you realize, you can do it. I did it. I’m okay, I’m not – you don’t have that, oh, my God, am I doing it right? Am I gonna pass? How am I gonna pass? I’m barely passing 112. You know, I’m barely passing 213. It’s…that was a solid grade, much better. So that…and now to me, it’s, gotta make sure I graduate. Cause I can’t do it again. I’ve had my one…F up.

**Janet Smith.**

Janet Smith is a 55-year-old married white female with two grown children. She serves as a major support system to her unmarried daughter who has three children. Janet Smith was recovering from bronchitis when we met and she looked tired and serious. Talking to her was a pleasant surprise, as she shared insightful perspectives and several humorous moments.

Janet Smith came to nursing school after several other careers including music teacher, military wife, and real estate agent. By the time she completed her pre-requisites and started the nursing program, she was “an empty nester”, but still had stresses and responsibilities at home, which she described in some detail:
Janet Smith: …last semester…my…daughter…had another baby. Um…she has, I have three grandchildren, all of them out of wedlock (voice very low). And so that was hard.

Interviewer: Mmmm mmmm. And they’re, do – so how many kids do you have?

Janet Smith: I have two kids.

Interviewer: And are they daughters or…

Janet Smith: My daughter is 22, and she has three kids. She had her first when she was 17. My son is 19…um…and…well, last year he…well…he was supposed to go off to Cape Fear last year. And we were gonna pay for it. But he decided during the summer to get some…
(clears throat)…to get a underage drinking ticket. And…his senior year, he had super senioritis. It was like, if you straighten your act out, we’ll pay for you to go to school, but…the way you were your senior year in high school…and…you know…the summer…it was like, okay, you can take the money to take care of your ticket, and…

Interviewer: Yeah…and move on from there…

Janet Smith: And, you know, you figure it out, how you’re gonna go to school.

Interviewer: So I imagine you probably have to help your daughter out a good bit, huh?

Janet Smith: Yes. It’s like, whenever we get a bit of money, it ends up going into her. So…it’s hard. And my husband left me during that time that she was pregnant, because there was so much stress. I mean, you know…so…

Interviewer: And that was during…this last semester, last spring? Or…before?

Janet Smith: No, he left me back when she had her first one. It was…when I had started school, my first semester of doing stuff. Um…but he came back. But…it’s still…turbulent, you know?
Interviewer: So you’re together, but it’s stressful?

Janet Smith: Yeah. There was a lot of junk going on last semester, between us. Or…well…he was probably perfectly happy. (laughs)

The emotional stress of her life was an obstacle to effective studying, and along with the academic challenge of nursing school, contributed to her failing her first semester. Janet Smith used the experience of failing NUR 111 as a catalyst to develop new coping mechanisms for dealing with her emotional stress. She began seeing a counselor, created a support system of nursing school friends including fellow repeaters, and started journaling to prevent rumination on her worries. She shared:

I don’t actually meditate, but I do…I’ve started journaling and that helps me a lot. So…if I’ve got something…that I’m thinking about, I can write it in the journal and, when I close the book I can put it aside, and I don’t have to worry, oh, are you gonna forget this, are you gonna…once it’s in the journal. So that’s my memory now, so this memory (points to her head) doesn’t have to work.

Janet Smith had an interesting explanation of how she learned to change her study habits to be successful in her repeating semester. She clearly described a metacognitive process of coming to an understanding of how she needed to study in nursing school:

Janet Smith: …the reading part is very hard, cause there’s so much reading. I focused a lot on the reading. I can tell you what I did wrong last time. They kept saying that it’s about understanding, and not so much memorizing, so I understood the material, but I found that I didn’t have it memorized. Um…because I understood and all this, but then when you’re asking me a specific question, then I don’t have that question, that specific thing memorized.
I understand it, but I don’t have that specific thing memorized to pull it out. So…they kept saying, it’s not about memory, it’s about understanding…and I figured out that, for me…um…I think a lot. The negative side of it is I can sit around pouting and mulling something over that’s on the negative side. If I’ve got positive things, I think of those things, too. So, um, I’m…I think about it, when it thinks about something, it…I automatically…I’m used to meditating. So, you know, if I’m doing a cultural thing, understanding about the cultural stuff, you know, I think about it. I may be memorizing stuff, but still, my mind works that it’s thinking about it. I’m used to doing that.

Interviewer: You may be analyzing it, and playing with it in your mind and it’s not just like straight memorization, it’s more thoughtful than that, it sounds like.

Janet Smith: Yeah, yeah. That’s the way I am with memorizing. So I just went and did, got the understanding. And so, this semester, I realized, okay, you know how to think about things, you know how to get understanding out of things. What you’ve got to do is focus on the memorizing so when they say, this over here, you say, oh, yeah, I remember that. And if I’ve memorized it, I’ve thought about it. (laughs)

Interviewer: Right, I see what you’re saying.

Janet Smith: I’m not the kind of person that, you know, takes the color red, puts it in my head, and goes red-red-red-red-red.

Interviewer: And then puts it back out!

Janet Smith: Right! Oh, okay, I’ve got red. What is red? I don’t know, I just got red. (laughs) I got red…and I think about, oh, okay, that’s the color red over there and it seems to have a little black, and that’s a brighter red, and…I’m…automatically…just…
Interviewer: It’s just the way your brain works.

Janet Smith: I did, I focused on – especially on this first exam, I got a 90 on it – I focused on memorizing, and not worrying about, am I understanding it. You know…if I’ve taken the time to memorize it, then I’ve had to go through a bunch of different things to make myself hooks for it to get on, and I…understand it.

Interviewer: Yeah. I think maybe your definition of memorizing is different than some peoples. I think, what you’re describing sounds a lot richer and deeper than simple memorization, so I understand what you’re saying.

Janet Smith: But I can’t memorize simple memorization. I have to play with it…

**Storylines and Exemplars**

Each study participant had unique stories and circumstances, but as I immersed myself in their stories, I began to recognize similar storylines across their collective experiences (Kooienga, 2006). A majority of the participants told stories that reflected a common plot described as “Repeating is an Emotional Journey”; components of this story were in every participant’s narrative. Many participants shared a related story called “Ultimately Repeating was the Best Thing for me”. All of the study participants outlined a story of “Nursing School Happens in the Midst of Life” and most of them described another entitled “Nothing Can Really Prepare You for Nursing School”. In addition to these four storylines, there were two smaller but still important related threads, the short stories “Nursing is More Than Just a Career for Me” and “Finding Support from Other Repeaters”. While each storyline offers insight into the repeating struggle, it is important to first understand the emotional aspects of the experience as a context for the other stories.
Repeating is an Emotional Journey.

“I was just so distraught about it” – Catherine’s story.

Catherine found nursing school surprisingly difficult, even though she had come from an Early College program with a health sciences focus. She knew that she did not have outstanding grades as she came to the end of the first nursing course, and her confidence was shaken when she received lower grades than she had anticipated on an end-of-the-semester standardized exam and on her lab final. As she entered the final lecture exam, she was afraid of failing, but clung to hope, thinking, “I studied really hard, I’m going to pass.” Catherine shared what her line of thought as she gradually realized that she had failed:

But I knew by the time I got home, that I kind of felt like I didn’t pass. And I didn’t expect to fail, because, I mean, who really expects that they’re gonna fail? But I think it was kind of…a kind of feeling of, if I don’t pass this, I know I’m gonna fail. But I don’t think I out rightly went in – I mean, I was borderline, but I went in passing, and then I came out not passing, so that’s kind of what tripped me up.

When she received her final grade, Catherine had to confront the reality that she had failed, and this was a painful moment. She described that day:

When I first found out I was really, really upset, like…um…I found out on a Friday afternoon, and I worked the Saturday and I remember my boyfriend was taking me out that night to celebrate me finishing…Oh, I was not in the mood to celebrate. I was in the mood to drink, really, to be honest (laughs). Sorry! Um…but I remember, I just, like, completely broke down in front of him, like…I couldn’t even get dressed, I was just so distraught about it. And I cried the whole next day at work. It was bad. It
was bad. Because this is all I ever wanted to do. I haven’t ever wanted to do anything else.

Over a period of weeks, Catherine came to accept that she had failed NUR 111 and looked for motivation to continue in nursing school. This was a time of mixed emotions, as she struggled with moving past the failure, and was initially indecisive about her next steps. She had defeated thoughts like, “If I’m gonna go back and fail again then why should I even do this in the first place?” and “Yeah, I’ve wanted to do this forever, but I can find something else.”

While she found it difficult and embarrassing to disclose her academic failure to her family, friends and boyfriend, their support helped Catherine absorb the reality of nursing school failure, and start to explore the idea of returning. She felt that she got a message of “you can do this” from the people around her, including patients at work and faculty at school. She described this time:

And about a week later went by, and thankfully I have a very supportive family and very supportive boyfriend and a lot of amazing friends who have been there, and been supporting me. They’re like, you can do this. And after about two weeks I came in and I talked to the professors here, and they’re like, do you want to return? And I’m like…I’m not really sure yet if I want to return or not. Because I was so distraught. I was kind of like, can I really do this? Is this something that I want bad enough to repeat it? But after talking to the professors and talking to some people at work and…you know, just, actually talking to some of the patients I took care of, they’re like…you’ll be a great nurse. Just stick with it. So I decided to come back.
The experience of working with patients in the hospital was also an inspiration for Catherine to continue. She explained, “I think you get a lot more from the patients than you think you do. And I notice that, not just being a nurse aid, but also being as a student. And that’s also one reason why I know that I’m meant to do this.”

Deciding to return to nursing school was the start of a new perspective for Catherine. While she felt much less anxious, knowing what to expect of the program, she had other concerns to deal with. She felt a new and different stress, realizing that she had only one more chance. Enthusiasm and a positive outlook were tempered by the awareness that, “this is it. You’ve got to do it this time. You can’t, like, slack off like you did last time. You can’t just take it for granted. Because if you don’t pass this time, you don’t get to repeat.”

Catherine dealt with this feeling by focusing on an optimistic outlook. She said, “I think the biggest thing, I think, for me, is: turn it into a positive…Like, yeah, you failed, but how are you gonna not fail again?” By the time we talked, she had decided that failing and repeating was a good thing. She declared,

I think it’s a great positive experience to be repeating. I don’t see anything negative in it anymore. At first I was kind of still embarrassed to be coming back and so embarrassed to be repeating everything, but…I have this very strong feeling that it will make me a better nurse. I think that’s the huge positive I’ve gotten from this.

Catherine found meaning in repeating as both an opportunity to reinforce her learning of the nursing fundamentals and for the life lesson of learning to overcome defeat. She explained, Catherine: I think it will make me better because I’ll have that stronger foundation and I’ll have that stronger foundation not just as, you know, knowledge, but just of, like…even if you
fail something, you can still get back up and do it again. I think it will encourage myself to know that…

Interviewer: The experience of failure.

Catherine: Yeah! Like, if I do really bad one day at school – or at work, being a nurse, at least I’ll have another day to do great, I can bounce back from it.

Another aspect of making meaning of the repeating experience for Catherine was the notion that she could help others. She explained this insight:

I think, at first, I was like; I don’t want people to know that I’m a repeater. But I got in there on the first day, and I was talking to my friends, and I was like, you know what…no. I am a repeater. And if I can help some other student not be in my shoes, I’m totally okay with that. If they want to know I’m a repeater, if they want to make fun of me, that’s fine. But I am still…you know…gonna be okay with the fact that I am repeating and maybe help somebody else.

_The storyline._

It was a surprising finding that the emotional experience of overcoming failure was such a traumatic one for most of the participants. Participants ranged in age from 22 to 55 years old; all had experienced grief and loss in their lives at one time or another, especially the older participants, and I anticipated that they would have a perspective based in that experience that would have equipped them with coping skills for dealing with failure. The participants told stories demonstrating that failure in nursing school is accompanied by a type of grief for which they were not prepared. The study participants wrote letters of advice to future nursing student repeaters that also provided strong support for this storyline, with a
majority of the letters wholly or partially dedicated to offering advice and encouragement on how to deal with the emotional experience of failure. This storyline described a process that included five phases: the realization of failure, the acceptance of failure, finding motivation to continue, dealing with the do-or-die feeling, and, finally, making meaning of the experience of failing and repeating.

*The realization of failure.*

For most study participants, this realization had a gradual aspect, in that students were typically struggling academically and in a position of needing to achieve a certain grade on the final exam in order to pass the course. However, in each case there was a moment of harsh and painful recognition that the necessary grade had not been achieved and that the student had failed the course. Janet Smith’s story highlights this phase. She was an adult learner, with previous life and college experiences, yet found nursing school very challenging. After borderline grades on the first two exams of NUR 111, Janet Smith failed the third exam and subsequently, despite making 80 on the comprehensive final exam, could not bring her average up to passing. Recognizing that failure was probable, Janet Smith battled the temptation to give up, yet still maintained hope. She explained,

Interviewer: So, if you kind of gave up, on some level, do you think that…um…was it a surprise when it ended up that you failed, or were you kind of expecting it? Had you given up that much that you were expecting to fail?

Janet Smith: No, I wasn’t expecting it.

Interviewer: So you still had some hope?
Janet Smith: I had calculated my grades wrong. So I thought I was just gonna be over, and in fact I was just under. (laughs) It went the other way. I think I had rounded up, a test grade that wasn’t supposed to be rounded up…

Interviewer: Until the end of the calculations?

Janet Smith: Yeah.

The realization that she had failed the course was painful, even though she had anticipated the possibility. She described that realization:

Janet Smith: The day that I found out I flunked. Yeah. That was a pretty miserable day.

Interviewer: What was your reaction? Can you tell me – I know this is painful, but can you tell me, kind of what you felt and what you did? When you found out?

Janet Smith: Broke down and cried. Cause obviously I still had some hope. If there hadn’t been hope, I wouldn’t have broke down and cried. I was like, okay, I don’t know…how am I gonna do my life now, I don’t know how I’m gonna do stuff. I’ve got all this…put in all this time, got all this money invested in it…and…you know…it felt…it felt pretty bleak.

Ashley was another study participant who told about how she came to understanding that she had failed. The academic challenge of nursing school had not been immediately apparent to Ashley, who made Bs on her first two nursing school exams, and felt like “I got this.” Her trouble began with the third exam:

…then, over spring break we had a friend of the family pass away, so we travelled over spring break and we came back and we had the dreaded fluid and electrolyte test the Monday after…I think I got, like a 64 on it. Really put it…it floored me… I went and talked to one of the instructors, and she was like, you know, it’s a hurdle but
you’re okay. At that point I was okay. And then took the next test and I think I got…
I don’t know, a 70-something, so still not…where I needed to be. Basically, at the end of the semester I needed to make an 80 or 82 on the final exam, the final test.
And, well, that’s doable, everyone told me that’s doable…
As it happened, Ashley got two points lower on the final exam than she needed to obtain a passing average for the course. She shared the process of realizing that she had failed and starting to deal with that realization, referring to the stages of grief:

I found out the day of…well, I was pretty sure right after the exam, cause we did a review and I counted them off, and thought, I think I missed one more than I should have. One of the instructors was, like, we have to review it, we might throw a question out, just go home and try to relax, and I’ll email you directly. So she…it was posted on Blackboard, and I saw it, and I saw that it was a 77.3. But they hadn’t – she emailed me and said they hadn’t reviewed my actual exam, we’re going to review your exam and make sure you didn’t you know, review your actual Scantron and anything else and we’ll make sure that… Basically, at that point, I remember crying, and just being so upset. So I went from, anger, you know I was angry at myself, I was angry with them…I bargained with anybody that would listen…I was depressed probably for a month or so. And then, eventually, I just accepted it for what it was and I said, well, you have a choice. You can let this stop you or you can deal with it, and come back the next semester, which I did. But it probably took me most of the summer to accept it for what it was. And to be okay talking about it…even, I remember when my mother would call me and ask me how I was, I would lose
it…My husband – he literally would walk on eggshells, cause he wasn’t sure if it was a good day or a bad day. And he and I struggled, because he was…I felt like he didn’t accept me, like I was a failure for him, and I put us all through this semester for basically nothing. He didn’t really feel that way, he just didn’t know – he’s not, you know, he’s a guy, you know, feelings are not at the top of their list. So he didn’t know how to tell me that he was sorry… But he was angry, I mean, for a while he was angry at me, and I can understand…I mean, not at me, but at the situation. He was angry at them, he was mad at the program, they shouldn’t have done that.

Elena’s story about her realization of failure was quite different from that of the other study participants; her description seemed pragmatic and even impersonal. Elena failed her first exam following a confrontation with her abusive estranged husband and she described her reaction to that grade:

Well, after the first test, I mean, I am a very realistic person. That’s how I have gotten through a lot of things. I gather myself and I say, okay, what do I need to bring up my grade? I knew that every moment that I had free, I was gonna spend studying. And that’s what I did. I study, and I study, and I study. But my first grade was a 54 on that test. So, I knew that I had to do a lot to bring it up. And I made an 82 on the second test, which wasn’t bad, and then 78, and then, I don’t remember what I did on the other tests, but I was really, really close. And I knew that I was gonna try my best, but…you know…if I didn’t pass I was gonna definitely try again. That really…when I got my test score of the first test I knew I was probably, it was a high probability that I had to repeat. And I was okay with that. Because I knew that it was not like I
was not doing my best, or I was not putting in the best effort that I could, but it was just…You know, for a single mom, going through a lot. It’s just a lot.

Elena’s confidence was supported by her success in lab and clinical, as well as the dramatic gains in theory grades that she made after the first exam. She was hopeful that she could still pass, and said, “Yeah, it was still a chance; because I had a…coming out of the last test I had a 76-point-something average, so I knew I needed an 83 on the final. And I got an 82.”

Unlike other study participants, Elena seemed to not go through a process of grief or struggle with accepting failure. She talked about finding out that she had not passed the course, saying, “…it was a difficult time, because I had put in the time, all the effort, and the money for the class. But I knew that, you know, coming back in that it was gonna be hard, but it was gonna reinforce some of the learning.”

The acceptance of failure.

Several participants described this process by comparing it to the stages of grief. For some, denial, anger, bargaining, and depression were all part of their journey to acceptance of the course failure. I had anticipated that more mature students might have a perspective that made this process easier; it was unexpected that students of all ages, with a variety of life experiences including many other grief and failure encounters, still found the failure of a nursing course deeply upsetting.

Coming to accept the failure was both an emotional and intellectual process for Janet Smith. She questioned her reasons for being in nursing school and her ability to accomplish her goals. She described this thought process,
You know, am I too old to be doing this? Do I need to try to get my life together before I do this? Um…you know, and the answer to that was, no, you’re 55, you don’t have any retirement and…if I don’t want to go back into education – and for me to go back into education I’d have to go back to school anyway, and I don’t want to do education – so…you know…I need to do this now. But I did think – you know – do I really want to do this? Do I really want to go through this…crap…again. You know?

Ashley represented several study participants’ seemingly ongoing struggle with the idea of failure, qualifying the term when she used it, as in this example: “It was the first time I ever failed. Well, not technically failing, but not meeting the criteria…I did have to kind of tell myself that. It’s not like I got a 60 in the class.” Ashley spoke for several study participants also in her feelings about failing the theory portion of the course while passing the lab and clinical portions. She shared her frustration:

Clinical was hard because it was boring. You don’t do a lot the first semester, so it was hard for me to want to go there and engage. Lab was killer, too, because I didn’t have a problem in clinical and lab. So one of my suggestions to them was you should be able to just repeat the part that you needed to repeat.

Coming to terms with the failure was something that Ashley felt she could only accomplish with the maturity and circumstances afforded her. She said,

But I felt like, had I not been 33, have a support system that encouraged me, my parents, my husband…my husband would have not stood for me giving up, you know what I mean? He was like; we didn’t go through all this for you…you know what I
mean? I might not have come back. Because it is...embarrassing. You didn’t get here because you were a mediocre student; you got here because you were a good student.

And then it’s a whole different thing!

*Finding motivation to continue.*

Several participants felt that, had circumstances been even slightly different, they would not have been able to continue in nursing school. In one example, Ashley averred that she couldn’t have come back if it wasn’t first semester and the new classmates wouldn’t automatically know she was repeating. In contrast, Monroe Cain maintained that she couldn’t have repeated it if it was the first semester because that would be so shameful to have failed such basic material as well as so boring to repeat that content. Deirdre Chappell had the insight that maturity made it possible for her to accept the failure and continue; she felt that she might not have been able to do that if she had been the age of a traditional college student.

Each participant had varied reasons for continuing. One powerful motivation was the recognition that others believed in them, be it family, friends, classmates, or faculty. Another inspiration for some participants was the desire to set an example for their children: the example of completing higher education or the example of overcoming failure to achieve success. For some participants motivation was found in the desire to fulfill a long term or even lifelong dream, while for others, the impetus was a feeling of there not being any better alternatives to nursing school.

For Janet Smith, the motivation to continue was partly based on the logic that she didn’t see any other appealing options. The time and money she spent qualifying for nursing
school had resulted in debt, and she questioned whether another career change would provide her sufficient income to pay back that educational debt. However, it was more than a practical decision. Janet Smith found enjoyment in working in the healthcare environment with nurses and patients, and she found inspiration in positive feedback she had received in her clinical work. She shared, “…last semester, my clinical group said that I was the most caring one in the clinical group. So…that was my strength, was being caring.”

Motivation to continue came from several directions for Ashley. Pride and a desire to avoid disappointing her family contributed to this motivation. Another important inspiration for her was the wish to be an example for her children, particularly one daughter who has had academic difficulties. She explained,

And also I think I…my girls. I wanted to be their role model. You know, yeah, you’re going to fail, you’re going to make mistakes, you’re not going to do everything right the first time, but…you keep going. And, in particular, one of my daughters always struggles with…she doesn’t have autism or anything like that, but she was diagnosed with sensory processing disorder, in preschool. Which is not a…an 8 year old diagnosis…usually they kind of develop into something else, or it just kind of tapers off… She’s kind of not diagnosable… but she has her quirks and she struggles with anything physical. She has limited core strength, so we work on that, and the first time she does anything it is a struggle. Well, I had that, too, and I kind of had to overcome that as I grew up… and I don’t want her to think that it’s bad to not do…to not succeed. Because you’re not going to do everything perfectly the first time.
Her desire to be that role model for her children was reinforced when she overheard her daughter talking about her. Ashley said,

[She] told somebody that her mom was gonna be a nurse and that she was so proud of her mom, and her mom worked really hard and went to school every day for hours and hours and hours…and how she wanted to be a nurse when she grew up because her mom was going to be a nurse. And not that that necessarily… I mean, she wants to be a green Ninja, too, but…just the fact that, I couldn’t tell them that I was going to quit because I didn’t do well.

*Dealing with the do or die feeling.*

The participants in this study all attended community colleges with the policy that a student may fail and repeat only one course in the nursing program. The knowledge that another failure would mean dismissal from the program created an intense pressure on participants. Maria described a feeling of fear and anxiety with each test and grade. And Sara explained that her concern was whether or not she would be successful in the course she was repeating, but whether or not she would be successful in the entire nursing program.

When we talked, Janet Smith was in the middle of her repeating semester and she acknowledged the pressures of that experience. While she made light of it, it was clear that she felt the “do or die” feeling:

Janet Smith: This is my…I went to nursing school, this is my one chance now and…if I wouldn’t have been repeating this one, I would always know that…you know…

Interviewer: That you had a safety net still there. And now it’s not there.
Janet Smith: (laughs) I have no safety net now. It’s cement. (both laugh) If I fall, I’m hitting the cement. And it’s not gonna be pretty!

Ashley felt the do or die stress, too. The fear of failing again and being dismissed from the program heightened her anxiety any time that she didn’t do well on an assignment or exam. She gave an example: “114 was the mental health [course] and I thought it was going to be easy because I was a psychology major, but thinking like a psychologist and thinking like a nurse are different, so I had… my first test I got a 76 on, and I was freaking out…”

Even practical Elena described the “do or die” feeling. She responded to my question about the subject:

Interviewer: Are you under a lot of stress now; knowing that you used up your chance to repeat kind of thing?

Elena: Yes. Yes. I’m actually facing the situation right now, because I’m not doing very well…Like I say, my son broke his leg, I had to use the time to go get him, to go be with him…to help him through this process. And I didn’t have time to study. I suffer the consequences of not studying as much as I did. I probably have gotten a few hours of sleep here and there…so…having that in the back of my mind, repeating the class is not a possibility…yeah, it adds some stress! Definitely.

Making meaning of the experience of failure and repeating.

Almost all participants described a theme of finding positive reasons for the experience they were going through. Some turned to faith in God for an explanation, or some other variation on the idea of “everything happens for a reason”. Others avowed that they
were fortunate to be repeating, particularly those who were repeating the first semester, because they were building a stronger foundation of nursing knowledge that they felt would serve them throughout the program or even throughout their career. Several study participants described how failing and repeating was a character building experience that helped them to face subsequent challenges and disappointments.

Ashley found purpose and value in this experience by using it as a way to build confidence and learn how to overcome disappointments and mistakes, calling the repeating experience “character-building”. Ashley also found meaning by identifying a positive personality trait that she believed was part of the reason for her failure. She explained,

I mean, I want to help people and I want to be in nursing school. I’ve always had that personality and that drive. In some ways it’s… a problem. I mean me wanting to help my brother-in-law got in the way of my studying. So that’s part of why… I want to be a nurse. To me it was a sacrifice worth doing, and having that sort of, to make something that’s going to give me meaning…And my husband didn’t understand that – it actually upset him – he was like, you’re spending too much time on other people, you need to spend time on your own stuff – but that’s what I want to do, is spend time with…40 plus hours a week on other people, and their problems, and their families. So… you don’t understand that because you don’t want to be a nurse. He would make a terrible nurse. Not because he’s a bad person, but because he’s not a nurse. He doesn’t have that yearning… it would irritate him, and he would get burnt out very quickly.
Janet Smith’s way of making meaning of the experience of failing and repeating was by using it as a catalyst for necessary changes in her personal life; she felt that the situation drove her to develop new coping strategies. She started seeing a counselor and began journaling about her feelings. She worked to develop healthier relationships with her husband and children; for example, learning to set limits with her daughter, who is a single mother of three children. She also found a new support system in friends from nursing school.

For Elena, making meaning of repeating seemed to center on defining the failure as being beyond her control and not attributable to her level of ability. She talked about a feeling during her repeating semester of needing to prove to faculty and classmates that she was not repeating because of her own fault. One example she gave was,

Well, I mean, I did get a couple of comments where, you know, one of them said, you had to repeat. And I said, yeah, I had to repeat but not for lack of knowledge. And other times, I guess, if we were to put your knowledge and my knowledge to the test, I don’t know that you can compete with me cause I have a lot more knowledge under my belt! (laughs) And so I proved myself that I knew, that I knew what I was doing, and not exactly in a bad way. I mean, if they asked, if the instructor asked me, I…if I knew it, I raised my hand.

She shared the circumstances of her failing semester with some of her new classmates and instructors, and described the response of her new clinical instructor:

After she knew that, and knew why I had to repeat, then she apologized. She was like, I didn’t, well, I had no idea. And I was, like, well, it was not for lack of knowledge that I’m doing this over again, or just because I want to. It’s because of a situation I
had no control over that really affects your mental state of mind… and coming in
taking a test after something like that happens, it’s really hard to concentrate.

**Ultimately, Repeating was the Best Thing For Me.**

*“I’m glad I’m repeating” - Rose Fairground’s story.*

Rose Fairground’s faith in God, and belief that it was God’s plan for her to face this
challenge, had a profound effect on her view of failing and repeating. After her detailed and
intense expressions of grief about failing NUR 111, I did not expect Rose Fairground to be so
affirmative about having to repeat, but she said:

> And then I sat down and thought, unh unh, God brought you down this road for a
reason, and I gotta remember it’s his time, and not my time. And my timing gets in a
hurry; His is perfect. And I have to deal with His timing. He wouldn’t have brought
me here if he didn’t need me to be here.

In addition to belief that it was God’s plan for her to fail and repeat, Rose Fairground had
developed an outlook that repeating was a valuable and important element of her professional
preparation. Discussing her long-term plans to go to graduate school and become a nurse
practitioner, she asserted, “Knowing that I want to take this further than just RN, I’m glad
I’m repeating. Because it’s gonna be a 100% certainty that I will be really knowledgeable in
the fundamentals. So it’s gonna help me in the long run.”

She went on to describe her learning in the repeating semester:

Rose Fairground: You’re not just cramming to study to pass a test to go on to the next level,
you’re really learning it. You’re picking up on things that you missed the last time because
you were trying to record a lecture or follow a Power Point or write a note… and… you miss
stuff in that. So this go-around, you’re not quite as stressed, and you’re not quite as overwhelmed because you know what to expect, so you’re a little bit more laid back, so you’re actually able to listen. You know, you’re not having to constantly write so you’re able to listen. So you’re retaining a little bit more, plus you’re retaining a little bit something different than you did before. So you’re gonna combine that with what you already learned, and you’ve got twice the knowledge. So, I feel like I’m gonna go into the next semester way ahead of the ones who passed last time and are there, because I’m getting a double dose of this. So I feel like it’s…it’s definitely a win-win.

Interviewer: A lot of reinforcement.

Rose Fairground: Yeah. And…if you have to repeat something, this is the one you want to repeat, your fundamentals. This is the one you want to put the most emphasis on, because from here it’s where everything else stems. So if you really get a good handle on this, the rest is gonna make more sense to you.

She went on to talk about how she was learning at a different and deeper level in her repeating semester,

I think that it’s gonna be more positive this go-around, because I’m actually getting it. It’s making sense to me, because I’ve been through that whole curriculum…you know, all forty of those modules…now it’s like, okay, now I can think back and say, okay, when we did fluid and electrolytes, this is why she’s telling us this. This is making sense to me. So light bulbs are coming on for me, whereas they weren’t before. So…and that’s gonna matter. Knowing my lab values and knowing tests and,
you know, what’s going on with this patient…does it have something to do with this little bitty thing over here that I learned in 111? So the dots are starting to connect…

She felt that this deeper level of learning might not have been possible for her if she had not been required to repeat. She explained,

On one level, it’s traumatizing. Really, it is…it was…um…I never wanted my child to see me that devastated, but…I don’t know…I think it’s…on another level, I think it’s good to repeat. I think it’s good to repeat because…you get to see things in a different light…you’re forced to see things in a different light. And when you do that, you understand them differently. And you understand them better. Your comprehension goes up. So you’re not at this little plateau, this complacent area…so you’re above average. So that equates, to me, to better critical thinking. Which is crucial in nursing. And if you’re taking it further. If I want to be an NP one day, critical thinking’s gonna be big. Repeating this, I think, is gonna increase my ability to critically think correctly. And not just make an educated guess.

Support from those around her was important in the evolution of this storyline for Rose Fairground. Her nurse manager at the hospital where she worked as a C.N.A. was one of those supports. Rose shared,

And then I talked to my boss, and she said, I will tell you this, she says, I have five people who work on this floor right now who repeated at least one semester. She says, and I’m gonna tell you, they are my best five employees, those five nurses. She said, so don’t let it get you down.
In her letter of advice to a future nursing student repeater, Rose Fairground summarized this storyline:

I am now in my ‘repeat’ semester, and honestly, I am so glad I am retaking this. It is an opportunity for me to take my time learning this material, which in turn, will make me a much more efficient nurse. I plan to further my career beyond RN, and the knowledge I’m grasping now will help take me there. Things make much more sense to me now.

The storyline.

It was an unforeseen finding that so many study participants had such a positive perspective on the repeating experience. When asked if there was anything positive about repeating, Catherine actually said, “Everything! I don’t really see anything negative about it anymore.” The conclusion that “ultimately repeating was the best thing for me” was one that happened to participants both when they reflected on their failing and repeating experience and in the context of making meaning of the experience. Participants told this story as they described all of the reasons that failing and repeating was beneficial or even an advantage for them.

Participants felt that repeating was a positive experience for several reasons. Several described the repeating semester as an opportunity to be helpful to other students, an activity that they found rewarding. Janet Smith and Rebecca, who had struggled with anxiety during the semester they failed, found the repeating experience to be so much less stressful that they were able to enjoy it. The most common reasons for finding repeating to be a positive
experience were the opportunities it afforded to improve non-academic circumstances and to increase knowledge.

For some participants repeating allowed them room to deal with personal issues in a better way. In one example, Ashley’s course failure changed her schedule and freed up a summer, which made it possible for her to attend to family:

My brother-in-law went to rehab that summer… he went to Holly Hill and did outpatient, and I was able to take him and pick him up every day, because he didn’t have a license, because he had gotten DWIs. I was able to be his, local support so to speak, and go to the things that he needed me to go to. And I would have never been able to do that if I had been in school.

Another example is Kathryn, who made two major changes in her life that she felt helped prepare her for success when she returned to nursing school. She had gastric bypass surgery, subsequently losing eighty pounds, and she worked full time as a certified nursing assistant (C.N.A.) during the two years she had to wait before reapplying to school. Her experiences caring for patients with dementia in a nursing home and then for post-operative patients on a bariatric surgery hospital unit were invaluable. She explained, “not having that work experience prior…when I did nursing school the first time, it hurt me.” She also found that losing weight resulted in increased energy and confidence, which she feels is important as she continues in nursing school.

Many participants described how repeating enhanced their academic skills and increased their knowledge. In Kathryn’s letter of advice to a future nursing student repeater, she shared her story, saying,
Repeating the course like the teachers said actually was probably the best thing for me… It really helped cement the concepts I hadn’t really completely grasped the first time around. Clinicals were a little easier because I knew what to expect. My Clinical Instructor was completely different than my first one… I learned so much from her she pushed me to work harder on my clinical paperwork and [be] a better student.

Kathryn found that even more significant changes came when she returned to start nursing school over again. She explained,

I think the biggest thing with doing 111 is just, I felt very overwhelmed when I did it the first time. When I did it the second time, it was better… because I knew things; I had just gone over them, the semester before. So that helped the passing. I really didn’t super change that…the first time, I was in school. To be honest, I really didn’t super change my… study habits…even with 112. Like I did maybe a little bit, and we did more group work… maybe a little more when I took 112 the first time, but… when I really got back in the program… I had a low pass on one of my tests and I said, okay, this is changing.

She changed her study habits, partnering with other students to increase her accountability for consistent studying, and sought advice from other students who were successful. In her letter she summarized this experience, writing, “I’ve had comments from my previous instructors saying that they saw a difference from the first time in the program to the second time. I was thinking more like a nurse, finding the connections, and just seemed more confident.”
Even Monroe Cain, who was the only study participant to describe very little benefit to the experience of failing and repeating, conceded positive aspects such as the class being much easier the second time around. She also acknowledged that the reinforcement of complex material was useful, saying,

And I think I honestly got more out of it, looking back…I’m glad, if I had to repeat anything, I’m glad I repeated that because there are a lot of concepts and a lot of disease processes…you know, diabetes, and just things like that that are just so prevalent, it’s really important to know the ins and outs of. So I think that helped me in a lot of ways. Didn’t want the help!

She felt that the reason for her failure was a combination of circumstances that were completely beyond her control, and that perspective did not lead her to see the repeating experience as valuable or necessary in the same way that other study participants did. While Monroe Cain in no way saw it as “the best thing for her”, she had come to an acceptance of failure and repeating, and could identify some positive aspects to the experience.

Nursing School Happens in the Midst of Life.

“I’m not one to let everybody down” – Mike Jacobs’ story.

Mike Jacobs was a man with three full time jobs: nursing student, parent, and sole breadwinner for his family. Although he heard the advice to decrease hours or even stop working when he entered nursing school, he was faced with the reality of needing to support his wife and children. He worked forty to fifty hours each week as a C.N.A. to meet his family’s financial need and felt that the time and stress of his financial responsibilities most significantly contributed to academic failure.
Mike Jacobs: Personally, I feel like it was a lot of, really, financial issues. One thing I wish that they did here a lot more – like, we get information on everything but they don’t help us with, like, kind of finding other resources?

Interviewer: Like financial resources?

Mike Jacobs: Yes.

In addition to his financial circumstances, and needing to support a family, Mike Jacobs’ role as a parent was an important part of his context. When he started nursing school, his family included his wife and two children, a ten-year-old son and a three-year-old son. During his first semester, Mike Jacobs and his wife had a third son born. Helping his wife to manage the household and care for three children took considerable time. Additionally, Mike Jacobs portrayed himself as an involved parent and vulnerable to demands of time from his family, stating, “I’m not one to let everybody down.” He described:

Mike Jacobs: I just had to tell them our plans are going to need to be pushed back for another year.

Interviewer: How did they respond?

Mike Jacobs: Of course, my family, they love me, so everyone was still right behind you…we’ll try to do better next time, we’ll try to give you more space, we’ll…you know…

But of course I’ve got to keep reminding them. They tell me, like, ‘oh, this weekend we’re doing such and such’ and I’ve got to say, ‘Oh, I’ve got to study, leave me alone.’

Interviewer: You might think that maybe they don’t totally understand, exactly?

Mike Jacobs: Exactly, exactly. That feeling really comes across strong. And sometimes I try to like, tell them I need to study, but… I feel like I’m nagging about my studies. And they
don’t realize the pressure…. and I feel like it maybe even affects my mood sometimes, like I might be a little on edge or a little, you know, grumpy, when it’s test week or something like that.

While he struggled with the multiple priorities of his three roles, negotiating with his wife and other family members about study time, his younger children posed a different kind of challenge for Mike Jacobs. He shared, “As soon as I’m in the door, the three-year-old is like, my dad is home! So it’s hard to just say…I gotta see y’all later.” When he was struggling academically, he felt these conflicts even more keenly, saying,

I feel like every time when I’m under pressure, studying wise, test wise, I do get a little grumpy. Honestly, I’m a little grumpy, a little on edge. Maybe snap at little things a little faster than usual. I don’t know…is it because of lack of preparation? Or… I feel like the more prepared I am, the more relaxed I am. I don’t like to do things last minute; I like to do things in advance. I will definitely say it has put a significant toll…

At the time that we talked, he was applying for scholarships and loans and planning to decrease his work hours, in the hope that such support would better allow him to fulfill all of his responsibilities. Mike Jacobs is an example of a community college nursing student whose motivation, abilities and work ethic should translate into academic success. However, he must first figure out how to fit nursing school, especially failing and repeating, into the story of the context of his life.
The storyline.

In some ways nursing school is designed for students to put everything else on the back burner and focus entirely on becoming a nurse. The time commitment required for classes, clinical, lab and studying consume as many hours as a full time job or more for most students. In orientation to nursing programs, students are advised that to be successful, they will likely need support from their families and will find it difficult to work much. These expectations are not realistic for all community college students, and the need to work or the lack of family support was an obstacle for some study participants. In addition to the predictable aspects of life that may interfere with nursing school, many participants experienced life events and stressors that created huge barriers to their success. Divorces, domestic violence, a house fire, the birth of a baby, and the arrest of a family member: study participants experienced all of these events and more. As Monroe Cain described,

When my parents’ house burned down my first semester, I remember talking to a girl that was in my class whose mother-in-law, I think, was very, very ill at the time and they didn’t think she was gonna make it much longer…and I looked at her and I said, ‘I swear, I don’t know what it is but just the most traumatic and dramatic things happen to people while they’re in nursing school!’

Life events overwhelmed Rose and posed an obstacle to her academic success. When her marriage disintegrated and then she failed her first semester of nursing school, the simultaneous experiences of loss and grief were difficult for her to manage. She shared,
I felt more deeply and seriously the loss – so, is something really wrong with me? I do something bad? And I’m not doing the right thing in my life? Because I failed the marriage, I failed the school… So it is, was extra hard, it was extra hard on me.

She became depressed, had trouble sleeping, and ultimately needed to go on antidepressant medication to feel functional. Becoming a single parent to her son meant that she had not only her own grief with which to deal, but also her son’s grief. When I asked about her family support at that time, she explained,

My son is just graduated from middle school, so last year he was just 12 and…I couldn’t say he not supported me, he loves me so much. But we were more involved with our personal life. His dad just left me – left us. And…he left the big empty space you know in our hearts. So my school wasn’t really a topic, a conversation topic, between us.

Fitting nursing school into the narrative of her life was a struggle for Rose, and she viewed this struggle as a battle, in which nursing school was the victor. In her letter to a future nursing student repeater, she advised:

Yes, it is a completely new life when you are a full time nursing student. You had your routine how you lived your life before school and if you think the school is something you just can add besides all of previous stuff, you’re wrong and you probably will fail the class. School must be on the number 1 place and then everything after that (yes, family, too.) The other thing, you have to be very determined about your goal, because every single test, exam, clinical will be an
obstacle and every bad result will take your energy away. You do not JUST try your best; you FIGHT to stay in alive.

While some might concur with Rose’s family who, when she failed, told her, “yeah, everything has a time in the life…school is for young people”, it is the reality for some nursing students that life circumstances will never be ideal for going to nursing school. Elena represented this reality when she described a conversation with a faculty member:

After my first test I came and talked to my navigator…she was like, well, what happened? I explained to her what happened and she was like, oh, my goodness, you need to reconsider if you need to drop out. And I said no. Because, I mean, the problem is gonna still be here. Either I drop out or I continue, I’m still gonna have the problem. I’m gonna have this problem for many years to come. So I…what I’m gonna do, put my life on hold? I’m not gonna do that. I just need to learn to deal with the problem. I mean, it’s not going away, so I might as well take the challenge on now and if I can do it…if I have to repeat, I just come back.

The challenge for some of the study participants was to learn how to fit nursing school, and the storyline of failing and repeating, into the larger narrative of their complex and dramatic lives. Other study participants experienced fewer personal crises or incidents, yet still faced this challenge.

Unlike many of the other study participants, Deirdre Chappell did not have significant life events happen during nursing school, requiring her to adapt to school responsibilities while she was dealing with new personal stressors. She also did not juggle as many roles as some other nursing students. She described classmates who had multiple priorities to deal
with and then compared her situation to theirs: “I, on the other hand, and this was… I could kick myself, because I don’t have a husband, I don’t have a relationship, I don’t have kids.”

The life situation that Deirdre Chappell had to deal with was a lack of support outside of school. She lived alone and did not feel that she had any resources to help her with the daily tasks or problems of life. She explained this when we talked:

Interviewer: So you have fewer distractions.

Deirdre Chappell: I have fewer distractions and that works for me and against me! I also don’t have anybody to help me if things don’t go right. I missed one of my check-offs, my skill check-offs…

Interviewer: In lab?

Deirdre Chappell: Yes, because I had a flat tire on the way to school. And I can’t… there’s nobody for me to call, literally. My parents are deceased, my only sister is deceased, so…

Interviewer: Oh my goodness…

Deirdre Chappell: So, I can’t leave my car. And who am I going to call to come get me? So I completely… and my classmates were freaking out, like, what’s wrong with her? I don’t see her anywhere! So… that’s tough. That’s… yeah… I guess that’s been my challenge, just not having… Cause they tell you when you get there, let your family know, you’re gonna need their help, and I don’t really have anybody that can…

Interviewer: Your support system is limited.

Deirdre Chappell: Yeah, it really is.

One study participant, Sara, did not fit this storyline as well as many of the others. Sara had a life outside of school with distractions and demands but unlike many of the others,
she experienced no major life events in the course of her college education. She was unclear as to whether there would be financial implications of her repeating nursing school, but at the time we talked, she was receiving financial aid that was more plentiful than she had received in the past. Her personal relationships, with her girlfriend and within her close-knit family, were stable. She had been working at the same part-time job, which she liked, for nearly 8 years.

When Sara talked about understanding why she had failed NUR 111, she described this in terms of needing to learn how to be successful in nursing school. She had to learn how to manage her time, become organized, and put in a level of academic effort that she had never before needed to exert. While nursing school was happening in the midst of the rest of Sara’s life, her overall personal narrative during this time was fairly calm. Sara’s prior college experiences had included some experiences with poor grades, and she left a university prior to applying to the community college nursing program. Sara explained,

And I really wasn’t expecting to get in; I was expecting to get wait-listed, not approved. Or accepted, or whatever. And…I get a call from my mom, thinking that it was something like paperwork or something they needed, and she opens it and it said I’ve been accepted.

The combination of her prior academic experiences and of being accepted to the nursing program before she had, perhaps, made a complete psychological commitment to it, may have prepared Sara to approach her first nursing course a bit too casually.
Nothing Can Really Prepare You for Nursing School.

“It’s sort of sink or swim” – Rebecca’s story.

Rebecca talked about her first weeks of nursing school.

Interviewer: Was it harder than you expected, or do you think you just psyched yourself out?
Rebecca: A combination. Because the first week… so now, after lecture, you should probably go home, or stay here… and look at the stuff again after they say it. If you can.

Interviewer: Yeah, that’s a good way…

Rebecca: But I remember the first part of that semester, I was like, I don’t understand why they’re saying this is so hard. I don’t have anything to do… it was just, I guess it built up momentum… but… there was a month, that was in October, somehow the way the different breaks fell… we had six tests in one month. Five or six. Well, two of them were practicums… It was head-to-toe, and the med administration. So… I may be off in the numbers, but I feel like it was at least four. So, that was kind of insane. (laughs)... I definitely knew after the fourth test that there was no way I could recover. I would have had to make like 110 on each one…

In that first, failing semester, Rebecca realized that nursing courses were different and more difficult than even the most rigorous pre-requisite courses. She found it problematic to find others with whom to study, and described: “…the first semester, it was so hard to find people to study with. And I think part of that was because of my anxiety, and it came across as… desperate.” She had to develop new study techniques and systems of organizing her time, which were effective when she was repeating the course. She elaborated:
Rebecca: I mean, there’s always that anxiety. But I was more prepared. I knew what to do, knew what to expect. It’s… you go into 111 and… they can tell you all day, but you don’t know what to expect until you’re… I mean, people can give you advice, but, it’s just… I don’t want to say I feel like they should prepare you better, but, like… 111 is sort of a weeding (laughs). Even though they don’t… you know, it’s sort of sink or swim.

Interviewer: Yeah, yeah. And it’s so different from other classes you’ve taken, huh?
Rebecca: Yeah.

Interviewer: I think most people find a big shift, in how you do things and how…
Rebecca: Yeah, there’s people who… in all the other pre-reqs got As and… they were barely passing. So… it’s a lot of content…I think it gave me a better grasp of the information, a better understanding, and I was able… like, some of it sunk in the first time, but when I sat down the second time I was able to… I didn’t have the anxiety when I sat. I had a plan.

Interviewer: You knew how to study and you didn’t feel as stressed about the studying part?
Rebecca: Right.

Rebecca also found that nursing school required a commitment of time and energy that had an impact on her personal life. As a parent, she felt guilt about prioritizing school over family. She talked about this situation in her interview:

Well… the first semester, my kids, this was their first year in middle school. My son is high-functioning autistic, but he’s… (laughs) I can’t even get an IEP for that boy because he gets straight As! But socially, socially he’s not there. But the first semester my daughter was coming home with Ds and I felt like I wasn’t there all fall, because I was so concerned with me, because I was so anxious all semester… I still, I
think that still suffered. I stayed on top of her, but I didn’t check it the way I should have. And like, there was some weeks where I didn’t even, I felt like I didn’t see them because I was so in my own stuff, and in studying that it’s… yeah. She’s like, ‘I’m tired of eating this!’ Cause I don’t like to cook anyway, so trying to plan a meal… yeah. So. I think, they, my attention towards them probably hasn’t been where it should, and this summer that’s bothering me. But I have to get through it.

The storyline.

Nursing school is reputed to be difficult. Nursing program orientations advise students to cut down on or eliminate work, identify personal support systems, and utilize academic resources for success. Pre-requisite courses are demanding and entry criteria and entrance exams for nursing programs are challenging. Yet somehow, students are surprised by the rigor of the nursing courses, and do not anticipate the amount of time and effort that is required to be successful in nursing school. Progression requirements in nursing school are higher than the grade needed to pass pre-requisite courses. The classroom component of a nursing course may be the most heavily weighted or even the only portion of the course graded, while laboratory and clinical components are “pass/fail”. Student performance in the classroom component of a nursing course is graded almost entirely on exams, which are primarily multiple-choice tests that mimic the licensure exam. Preparation for clinical and laboratory components is labor-intensive, and the hours of clinical or lab on the calendar do not reflect many mandatory related activities, such as training on an electronic medical record system and other competencies required of the clinical agencies. While “reality shock” (Kramer, 1974) has long been a recognized phenomenon for graduate nurses entering
the workplace, many of the participants in the study experienced a kind of reality shock upon entering nursing school. Components of the storyline of “Nothing Can Prepare You for Nursing School” were the following:

- Recognition that study skills and test-taking techniques that had been effective in the past were no longer working.
- The need to make significant life changes to make room for the responsibilities of nursing school.
- The realization that they had not taken nursing school seriously enough from the start and found themselves falling behind academically as a result.

Maria talked about how different nursing school was in comparison to her prior academic experiences:

Maria: You had maybe two weeks in between certain tests, and it was a lot of different concepts that was brand new to you. Even though you took the pre-requisites, they never introduce you to nursing concepts. So, learning about that and learning how to think like a nurse was another struggle. The types of nursing questions cause you to critically think, like a nurse, they say. And as a regular person, you would have made certain choices, right? (laughs) But when you think like a nurse you’d make other…you’d ADPIE this way…you have to learn how to do it in that method. And then you have to learn to look at other things going on, other signs and symptoms and prioritizing is what you learn how to do and it’s just so much concepts put in one…and that leads the way you think. Now I’m getting that a lot better, but at that time I didn’t have any clue (laughs) about that; it was just looking at a question and saying, well, I think that’s right. But the background part of it wasn’t there yet,
and I didn’t get the concept of that, you know, assess, diagnose, plan, implement. And I
didn’t get the…looking at the other things going on. And then, when I started to realize there
was other things going on in these test questions or concepts that I was thinking about, I
started to overthink it. So…then I started to say, well, I need to think about other things other
than what’s in this question, and sometimes I would even make up a scenario that wasn’t
even in the question…

Interviewer: Yeah, reading into it!

Maria: Yeah, I started to say, well, you know…I know I need to think of other things…so
then, my one patient had pain in the leg, but then I made up a disease that they may have had,
and answered the question based on that…(laughs) you know? Because I thought, oh, this
isn’t…then I started to get to think that everything was a trick, and that’s what caused me to
overthink, because I thought, well, there’s something in this question that is hidden, or I
should be thinking about, that’s not there…When sometimes it really was simply: raise the
head of the bed (laughs). Instead of giving all this complicated medications that I didn’t
know about. I started to make it too complicated, and then that anxiety…I never had anxiety
on other tests. I did very well; I did above and beyond what I needed to do for my
prerequisites, and with this, even that above and beyond didn’t work. Things that I did before
just did not work, I mean, you can sit there and study a paper as long as you want but it’s not
going to cause you to think like a nurse. So that thinking like a nurse…that had to be learned,
over time. And it just took me longer than… (laughs)...everybody else.

She went to say:
Maria: Yes, I had to re-learn how to study, definitely. Because what worked on the pre-requisites did not work in nursing school.

Interviewer: What had always been successful for you was then not.

Maria: Yes, and that was really hard. Because you do that for years and years and years of your life (laughs).

Sara compared her first nursing course to her prior college experiences, saying that she had never before experienced the level of academic rigor that was demanded of the nursing program. Unlike many of the other study participants, Sara did not have one very low grade that pulled her average down, but instead had a pattern of making grades that were just below passing. She shared her feelings when she found out that she had failed: “I felt disappointed. And I was so disappointed in myself, because I know what I am capable of. And I wasn’t producing what I was capable of. And I’ve always been able to skirt by. And I couldn’t skirt by.”

Rose was a little different from the other study participants in that she found American higher education in general challenging compared to her prior experiences. She was not surprised to find nursing school even more challenging, and explained,

So I was…I was always around a 78 so I was in passing grade, because my English…I have to work extra hard to be on level understanding the material, even if it wasn’t completely new for me because I had education before, it’s different kind. It’s a completely different system, the way they teaching, the learning. In my country it was more memorization. You know the material and during the job you just
followed orders. So you didn’t have to use critical thinking and problem solving. So it was hard.

All participants in the study found that they had to make lifestyle changes for nursing school, and many had made substantial modifications to work schedules and daily routines even prior to failing and repeating a course. Study participants who decreased or even eliminated work hours expressed concern about their financial security or their financial reliance on partners or other family. Participants who were parents described feelings of conflict and guilt related to how much time they needed to spend on nursing school instead of with their children. Participants without children experienced similar feelings of neglecting relationships with partners, family and friends. These sacrifices of time and money were particularly painful in the context of failing a nursing course. Natasha talked about her financial responsibilities including her daughter and her mortgage, and commented, “I’ve made all of those changes, like, cutting back my hours so I could make time to be in school and to matriculate all the way through on the 2 year course that was presented to me in the paradigm. That’s how my mind was thinking. I never…coming into the program, I never once thought, oh, I’ll have to repeat a course…”

Maria expressed guilt about needing to prioritize school over her personal relationships at times. She described feeling conflicted about her role in her marriage, and said,

So, I’ve been married for three years – so, in our culture, in Jamaican, it’s really big for the woman to have the house clean, and cook for your husband, and do all that stuff. And my husband’s really understanding, but because I saw that, that’s what my
mom did, I felt guilty when I didn’t do those things. You know, when I came in and the dishes weren’t done and I had to ignore that to study – that just ate me inside. So that was another thing I said I’m going to delegate dinners (laughs) and try to…ignore things. If it’s messy, it’s just going to be messy. I mean, to other people that may not be a huge deal, but to me that was a big, big, big deal. So…now my house is just messy (laughs).

The impact of nursing school extended beyond her household and into her extended family and friend relationships. She feels that nursing school has actually changed her as a person, and explained:

It causes strain on friendships and family, some family members who aren’t as close, because I can’t reach out to them or because I forgot a birthday. I forget a lot of birthdays. And the usual things that I did in nursing school has…scaled down a lot. Because I’m the kind of person who will remember birthdays and send a card, and you know…I like to make other people feel special and that kind of thing, so…Now I’m not the same [Maria] they knew…so it does affect relationships. And I feel like it kind of, the whole experience of repeating, and even going through nursing school, even if I didn’t repeat, um…but especially because of the repeating I think, has caused me to be a little bit…selfish, in a way. Or what they would call selfish!

Maria spoke extensively about the culture shock she experienced when starting nursing school. When I asked how incoming students could be better prepared, she said,

They have the orientation that kind of tells you about nursing school prior to signing up for the program. I think that maybe they could give you a little bit more
information in that… but then again; you don’t want to scare people away, because 
that’s exactly what that would do if they tell you the truth. Nobody will sign up 
(laughs). So I think that’s on purpose. They do tell you that you can’t work; they are 
honest about that. They are honest about, that it’s really hard, it’s not easy, and that 
it’s a grade requirement, but… Honestly, I was sitting through that thinking, okay; my 
other classes were a grade requirement, too. I didn’t understand what they meant by 
that, until you go through it.

Sara recognized that she had to change both her study habits and her personal life in 
order to be successful in nursing school. She began using the ATI program to learn test-
taking strategies and worked with a peer tutor. She talked about the need to change studying 
techniques in nursing school:

You might think you know how to study, but you really don’t. Not unless you were, 
like, taking Organic, or…you know what I mean, one of those really difficult classes. 
The likelihood of you having study habits that are actually beneficial or helpful, are 
slim to none.

In addition to changing her study habits, Sara needed to focus on time management, 
which had an impact on her personal relationships. She described having a talk with her 
close-knit family, and gaining her mother’s support in setting limits with her sisters when 
they wanted her to participate in social activities instead of studying. She also talked about 
egotiating changed responsibilities at home with her girlfriend, a former college athlete, 
who ended up being able to teach Sara about time management. Sara described her conflict
between school and relationships, and her difficulty in setting limits with those in her life, as an emotional factor that posed a challenge. She talked about this challenge:

Sara: [My girlfriend is] getting her doctorate in forensics right now…and it’s gotten better. Because, you know, now she’s not by herself, I’m not worried about her getting lonely, I’m not worried about what she’s doing, how she’s passing the time whenever I’m not there and I’m not studying…so it’s been really helpful with that. Which has taken a huge load off my back.

Interviewer: Because you can study together?

Sara: Right. And I don’t feel so responsible. That responsibility is…gone. And that’s the thing that I’ve had the hardest dealing with, is really how I feel towards others. And feeling like I need to take care of them. And it’s not my job to take care of them.

Several study participants did not take nursing school as seriously as they should have from the start. One hazard of nursing school, particularly in the first semester, is that the content is not initially very complicated, and this can result in students not appreciating the value in establishing necessary study habits and skills early on. Although not difficult at first, the content is large in volume. As the semester goes on, responsibilities are added and students can easily fall behind. Rose used a storm as a metaphor for the experience of NUR 111, saying,

The material is too much and too dense and is hard to study. Is feels like when you going out of the storm. You can go out when it’s showering or it’s a mist but when is a storm, you cannot stand straight. It’s so frustrating, confusing.
Students may not immediately realize the impact of each exam on their course grade, and not exert full effort; this situation is manifested in the student who fails one exam with a very low grade and then is unable to make high enough grades on subsequent exams to bring their course grade up to the passing level. Deirdre Chappell is an example of this situation. She described,

I did something that one of my first instructors warned us against…she said, you need to try to do as good a job as you can on every single one of your tests and not wait until the end of the semester and hope that you do really, really well on your final to pull you through. And, I did poorly on my first exam of the semester, and every one after that I just barely passed.

**Short stories**

Two findings that emerged from the data were less fully developed than the major storylines, or were described by fewer participants, yet still seemed important to me. “Finding support from other repeaters” and “nursing is more than just a career for me” were stories that enhance and inform the main storylines, and I dubbed them “short stories.”

**Finding support from other repeaters.**

Many study participants talked about connecting with classmates who were also repeating. The shame and embarrassment felt by many participants when returning to repeat a nursing course was sometimes exacerbated by the reactions of classmates and faculty. Maria shared a story about an insensitive faculty member:

One time we had a meeting, and it was where the past – the old students – would talk to the new, oncoming students about… their experiences, and kind of help us, and
answer any questions and I already went through that process so I let my other clinical classmates ask their questions. And during that time, one of the girls was asking, you know, it seems really hard and I don’t know people – how do you repeat? And the topic of repeating came up, and I was kind of like, oh, boy! Cause some people knew I repeated and other people didn’t, so… in that group, one of the instructors chimed in, ‘oh, don’t listen to them, don’t let that deter you, you have to really work hard to repeat’. And I just took offense to that. No you don’t! (laughs) I didn’t work for this! But I didn’t say anything, I just kind of walked out, just feeling discouraged with that situation because I saw some eyes on me, cause some people knew I was repeating. And that instructor didn’t know anything about me, so she didn’t know she was saying that around a repeater. But, things like that would happen.

Monroe Cain offered insight into this theme in her letter of advice to a future repeater, writing,

You are obviously a new face in the crowd and there may be whispers or questions about where you came from: ‘Did you transfer?’, ‘Are you an LPN joining the program?’, or the worst, ‘Did you fail?’ The first two questions were common, but the last was not ever asked to me directly. I am not a terribly outgoing person, but because you do spend such a large amount of time with other students it was fairly easy to get to know some of the new class pretty well. When they asked the first two questions and I answered with the answer of the third, the new students that I had gotten to know had a million questions. How are the tests? How does teacher X write
her exams? Are they hard? Is there anything that I should study for specifically? And again, the dreaded question that I don’t recall being asked was, ‘Why did you fail?’ I found it to be easier to just be honest.

Some study participants found encouragement in the support of other repeaters in their current class, or even in other classes. Janet Smith specified in her letter of advice, “Find another repeater and confide in each other.” Support from other repeaters was often emotional, but could be academic or in some other way practical, too. Catherine described how she felt that other repeaters knew what it was like to be in her shoes and were less likely to be judgmental. She said,

Catherine: And I’m back with my friends. Chris and I are back in it together, Rachel is with me…they’re very encouraging, too, as well. So…I think I came back the first day less nervous and less…anxious about it. But I also came back with a lot more determination than I did the first time.

Interviewer: It sounds like maybe you’re a little support group for each other, too, the folks that are repeating?

Catherine: Yeah, definitely. Because they also work as well, they work with me and…so we kind of understand, like the same thing. They’re kind of in the same boat as me, with being a repeater.

Rose elaborated on the realization that other repeaters would be an important support:

Rose: And then, I was noticing more and more people…‘Oh my God, she is repeating too?!’ I knew about four people, but…eleven. Eleven!

Interviewer: Wow, that’s a lot!
Rose: So we were looking for each other at every break, and talking about the experience, how hard was it, the summer, what we were doing. Somebody went and picked up some class, not related to nursing, just to be active in thinking (laughs). And day-by-day, week-by-week, it was easier. And we had group studies, and group projects, and sooner or later it became obvious who was a repeater. And as soon it was said out….

Interviewer: You were relieved!

Rose: Yeah! So it was not end of the world, nobody looking at me, I’m the stupidest person of the world (laughs). So after it was said loud, I was feel myself the same level as the other people. But it was…the first couple of weeks was not good at all.

Interviewer: So you…felt some support from the other people who were in the situation.

Rose: From the other people, yes.

Maria explained how other repeaters could provide a different kind of support, specifically academic support. She said,

You never realize that you would bond with other repeaters. That was – cause I was like, we’re all in the same boat, why would we help each other? (laughs) Not help each other, but, how would I learn something from that person if they didn’t do well also? But you learn that, their reason for failing may not be your reason for failing. Like, I know one girl who’s really good at test taking, but her downfall was getting the concepts. I got the concepts but I was bad at test taking. So we helped each other. So we don’t realize those things.
Nursing is more than just a career for me.

Nursing has long been considered a calling rather than a career choice. While this notion is problematic, rooted as it is in stereotypes of sacrifice and discriminatory gender roles (Mason, 2011), it is clear that the process of becoming a nurse and the job of being a nurse is difficult and off-putting to many, requiring the potential nurse to have a strong desire and motivation to accomplish entry into the profession. The participants in the study all had this strong desire and motivation. Some talked about having wanted to be a nurse for many years before coming to nursing school. Others felt that they were literally called by God to enter the profession.

Natasha’s inspiration to become a nurse represents several of the study participants who had an experience that drew them to the profession and made them feel that nursing was more than just a career. Working for a health insurance company, Natasha had an indirect connection to patient care and that created a scenario that she described:

Natasha: So I’m a firm believer in, everything happens for a reason, but…for some reason…even though this is my first go-round with patient contact, I just feel like, this is maybe, like…what I’m destined to do.

Interviewer: It had an impact that was positive for you, when you got into that direct patient care aspect?

Natasha: Mmm hmmm. And even though I don’t see myself doing bedside nursing all of my life, like, I just want to be that liaison, with that nursing knowledge and…especially, like, in our health care industry, insurance…I’ll never forget, I had to defuse a member who was, like, on the verge of suicide. And that was another, like, light bulb in my head. Because I was
working closely with the nurse, to get her away from those thoughts, and having her discuss what was going on with her medically and physically, and when that moment happened to me…I think it was like, maybe 4 years ago, maybe? I was, like, wow! Even though that wasn’t bedside, that nurse handled it so well. And she allowed me to play a role in that, as well. And we were able to come out of it successfully, without…the member not wanting to harm themselves. And I was, like, wow! I need to be a part of this.

Catherine’s desire to be a nurse came from a family example. She said,

    Well, my great-grandmother was a nurse. And my whole family would always talk about how, what an amazing nurse she was, how kind and caring and considerate she was, and how she was so smart, even for nurses, back in the day, you know, how she was back then. She passed away even before I was…yeah…she was my great-grandmother. But they had her diploma up on the wall, and I thought that’s what I want to be! That’s what I want to be! Um…I started volunteering and thought, yep, I definitely want to be in a hospital, that’s where I want to be.

Sara also came from a family of nurses, and she told of a lifelong desire to be in the profession:

Sara: Um, I’ve always wanted to be one [a nurse]. Since I, uh, was in preschool.

Interviewer: Oh, wow! (laughs)

Sara: Yeah. There’s a video of my graduation and at the end you say what you want to be, and mine was a nurse.

Interviewer: Aww…and you mentioned that your mother was a nurse, so that was probably an inspiration?
Sara: Yes. And my mom’s mom was a nurse, so that was an inspiration, too.

The idea of nursing being more than just a career for many of the study participants is an important one, because it helps to explain the importance of nursing school to the study participants. Additionally, this short story provides insight into the emotional impact of failure in this context.

**Letters of advice to a future nursing student repeater**

The majority of the data came from the interviews, but the letters enhanced the interview data and provided a valuable source of data triangulation. Participants were asked to write a letter of advice with words of wisdom or lessons learned that they would share with someone else who had to go through repeating a nursing course. I encouraged the participants to be specific, and I expected that they would offer detailed study techniques or organizational strategies. While two participants, Catherine and Maria, exclusively provided the practical academic advice I anticipated, most participants offered encouragement and guidance on dealing with the emotional aspects of repeating along with their academic advice. Three participants, Ashley, Monroe Cain and Rose Fairground advised the reader about getting through the experience of failure, without any specific academic advice.

Two significant subjects emerged within the letters. One was the subject of encouragement, typically phrased as “don’t give up”. Participants offered encouragement by sharing some details of their stories and by directly cheering on the imaginary readers of their letters. Monroe Cain wrote, “You worked really hard to be exactly where you are right this instant and you owe it to yourself to continue on.” Rebecca acknowledged the painful feelings associated with failing when she wrote, “So, take a day or two to have a pity party
for yourself, it’s ok to do that, but don’t stay in that pity place.” And Rose ended her letter simply with, “Never give up! Things can slow us down but nothing can stop!”

The second subject was one of specific academic advice in the form of suggesting that the repeater join or form a study group with other students. Deirdre Chappell offered a thoughtful explanation and rationale of the purpose and value of study groups:

…find a group of students who want to form a study group. You can benefit greatly from going over your notes from reading and from class with others. Because the volume of information taught is so great, you need a sounding board to ensure your understanding of concepts and specifics. There were several instances in which I thought I understood the subject matter, only to discuss it later and find that I didn't quite get it right the first time. You can help one another, and be a great source of support as well. Just make sure you get the right study buddies...if they're not a good fit for you, find another group of students you can study with.

Mike Jacobs additionally emphasized the point that it is beneficial to work with those who are already experiencing success when he wrote, “Get together with other students who are doing well and form a study group or try to join a group who are doing well.”

Another topic that was fairly common in the letters was encouragement from a different and more specific perspective, often expressed as “repeating may be beneficial in the long run”. Ashley expressed this sentiment well when she wrote:

If you have to repeat a nursing course, think of it as one way you are building your character and confidence. I wish I hadn’t had to repeat the course, but at the end of
the day I am where I am today and I have relationships with many of the people that I know because I had to repeat.

In a related idea, several letters included mention of learning from mistakes. Mike Jacobs stated this clearly: “…go over what you did wrong or what were the factors that affected your success, and eliminate them this time around.” The final common topic included in participant letters was the advice to “take care of yourself”. Maria offered numerous practical suggestions for self-care, including the following: “Bring healthy snacks to eat during class, or on class breaks. It’s hard to concentrate when you’re hungry. Also bring a reusable bottle of water. This saves money, plastic and keeps you hydrated.”

Finally, many specific strategies for success were described in one or two letters. Deirdre Chappell and Maria wrote in detail about the importance of being organized, including particular suggestions such as setting phone alarms and using an oversized wall calendar for tracking deadlines. Mike Jacobs and Maria both wrote about trying new and varied study strategies, including teaching academic material to family members and utilizing the individualized learning center (I.L.C.) at school. Janet Smith and Rebecca both suggested finding resources to help with the stress of life outside of school, giving examples of psychological counseling and medication for mental health issues. Catherine and Rose both contributed advice that simply urged that the repeater work harder.

The letters consisted of content that often mirrored the interviews. The most prevalent topics were, unexpectedly, advice focused on dealing with the emotional experience of failure. Less commonly, participants offered specific academic strategies or pointed to
resources that could support future success. The letters reiterated the interview data, emphasizing the psychological aspects of being a nursing student repeater.

**Support for the theoretical framework**

The theoretical framework used for this study was the theory of educational resilience developed by Morales (2000). Morales’ theory is envisioned as a “Resilience Cycle” of five spokes, based on assumptions that the resilient student is self-aware, self-reflective and has potential resources to access. The five spokes are:

- Student recognizes own risk factors
- Student is able to access protective factors
- Student’s protective factors support academic achievement
- Student recognizes the value of protective factors and continues to use them
- Ongoing use of protective factors sustains student through new academic challenges (Morales, 2000)

Among the fourteen study participants, half of them had successfully completed the repeat semester and were at least one additional semester into the nursing program, thus they had the opportunity to have worked through Morales’ entire resilience cycle. Three participants, Ashley, Elena and Maria, demonstrated evidence of all of the spokes of the cycle. Rebecca, Kathryn and Rose had stories that revealed some but not all spokes of the cycle. The remaining participant who had continued through nursing school long enough to have accomplished the process of the resilience cycle was Monroe Cain. Interestingly, her story did not fit with the model, in spite of her ultimate success in the repeating semester and
semesters following. I examined the stories of these seven participants through the lens of the resilience cycle, and describe them below.

**Participants whose stories supported Morales’ Resilience Cycle.**

**Ashley.**

Ashley’s story included elements that were congruent with the resilience cycle. Her failure of NUR 111 prompted reflection that spurred her to identify some of her risk factors, represented by needs or challenges in herself or her situation. Comments that exemplified this first spoke of the resilience cycle included her statements, “I really needed to spend time studying” and “I figured out that I was thinking wrong”. Recognizing these risk factors or challenges to her academic success led to her acquiring protective factors.

Two significant protective factors for Ashley were her learning new test-taking techniques and her developing the ability to seek out and accept support from family and faculty. This spoke of the resilience wheel was manifest in several parts of her interview. When Ashley talked about learning new test-taking techniques, she said, “I figured out who wrote the question and how did they teach that content”. She recognized that, while all of the answers for a multiple-choice question might be correct, the classroom presentation of the content by an experienced nurse educator provided guidance for prioritization of those correct answers. Likely the most important protective factor that Ashley acquired in this phase of the cycle was the ability to ask for and receive help. She talked about recognizing that she needed to “let go of” some responsibilities at home and allow her husband to pick up those duties, to give her the freedom both for studying and for taking care of herself with things like exercise and sleep. She also “gained confidence in being able to ask for help”
from faculty, for example, requesting to take an exam on a different day if she had
extenuating circumstances that might interfere with her performance on that exam.

The third spoke in the resilience wheel involves the student recognizing that the new
protective factors are working. Ashley found that giving up some responsibility at home and
allowing her husband and daughters to help out with housework and other tasks “worked out
better”. She also found that, when she had a migraine for several days prior to an important
exam and was unable to study, she could ask her faculty to permit her to take the exam at a
later date, thus giving her the opportunity to prepare for it.

Ashley continued to utilize protective factors, which led to ongoing academic success
and, ultimately, self-efficacy. As she progressed through nursing school, she continued to
utilize the test taking techniques that worked for her, attending to what instructors
emphasized in class to help her be successful on exams. Ashley expanded her use of family
support by having her daughters visit with their grandparents and attend day camp while she
was in summer school.

The fifth spoke of the resilience wheel was evident in both Ashley’s interview and her
letter of advice to a future nursing student repeater. Enduring motivation was obvious when
wrote in her letter about overcoming her failure and going on to greater success in nursing
school. She advised, “Learn from the mistakes you made, meet with the instructors and then
move on confident and strong.”

Elena.

Another study participant whose story offered support for the resilience cycle was
Elena. Elena moved into the first phase of the cycle early in the semester that she failed;
recognizing that her extremely poor grade on the first exam made it very likely that she
would fail the course, she began analyzing her situation and identifying her risk factors
immediately. Elena realized that being a person who spoke English as a second language was
a factor that “slowed her down” academically. She also recognized that she did not have time
to identify effective study techniques on her own, and that she needed to learn how to be
successful on nursing exams as quickly as possible. Elena rapidly moved into the second
phase or spoke of the resilience wheel in that same semester, as she sought out protective
factors in school. Elena was a mother of two young children, going through a divorce and not
receiving help from her estranged husband. Her need to support her household and care for
her children, one of whom had asthma, were risk factors that could not be changed or
mitigated, but her academic risk factors were potentially modifiable.

Elena reached out to faculty and investigated every avenue her school had to offer for
resources. She went to the I.L.C., found a peer tutor from an upper level nursing class, and
spent large amounts of time with her faculty navigator reviewing tests and learning how to
approach nursing exam questions. Even within that semester, and in spite of ultimately
failing that course, Elena saw that her protective factors were effective.

The third spoke of the resilience wheel seemed apparent in Elena’s explanation of her
academic accomplishments during that semester in which she eventually failed. She
explained,

My navigator was able to sit with me and we went through questions. And we
actually looked at a test and went…through the test to see what did I do wrong? You
know, what are some of the test strategies that I can take? I purchased books based on
that, that helped me! You know, if I…if I didn’t have that, I would have probably been, like…seven, ten, even twenty points behind of making it. I was only one point behind, thanks to that. You know, I really dramatically pulled up my grade…

After failing NUR 111, Elena repeated the course successfully; employing the protective factors she had identified and recognized to be effective. This led to continued success, in that course and in subsequent courses. Her ongoing success supported Elena’s self-efficacy, representing the fourth spoke of the resilience cycle. Enduring motivation, the fifth spoke, was evident in her persistence in the nursing program.

Maria.

Maria was the third study participant whose story fully meshed with the resilience cycle. Like Ashley, Maria was prompted to recognize her risk factors when she failed NUR 111. She reflected on her experience in that failing semester, and realized that her study techniques were ineffective, that her time management was poor, and that she placed expectations on herself to embody a gender role tradition in her relationships that did not allow her time to be successful in nursing school. These insights comprised the first spoke of the resilience cycle.

As she moved into the second phase or spoke of the resilience cycle, Maria took a systematic approach to identifying protective factors, talking to faculty and brainstorming a list of all of the academic resources she could potentially access. These academic resources included the online learning system ATI, and the I.L.C. She also developed strategies for her personal life that served as protective factors, such as staying at school to study rather than
going home, where she would be tempted to cook and clean and talk on the phone with family members.

The third spoke of the resilience cycle happened for Maria as she was repeating NUR 111 and found that her newly acquired protective factors were helping her to achieve academic success. Maria described this recognition that her new strategies were working,

So after being encouraged, after the first test, I continued working hard and I got – one of the tests I got a 96 and I was just like, ohhhh! For me to get 80-something was a struggle, I had to work hard for, to be in the 80s, and passing is 78, so for me to get above and beyond what they expected was just…I was over the moon!

Continued use of organizational techniques, study techniques, and limit setting in her personal life led Maria to continued success in that repeating semester and the next. Her sense of self-efficacy, the fourth spoke of the resilience cycle, increased. The fifth spoke, enduring motivation, was evident in Maria’s comments about how her personal life changed as a result of her failing and repeating experience. She said,

Even with my husband – but like I said before, he’s in school, so it’s a perfect match. Our dates are to the library, literally! So…yeah, with that it’s…I don’t know…it definitely does affect relationships cause I feel like it changed me as a person. Like I said, it makes me a little bit more selfish. And I don’t call people as often, and… I miss events, and so on…and I’m more…focused. Like, before, I was the multitasker who got distracted with all these different things, and felt required to do things…now this is my requirement. And thankfully, my immediate family and my husband understand that. And right now those are the main people who I need to understand
that. I do feel guilty sometimes, but that’s just how it has to be for me to become a nurse.

**Participants who had not fully completed Morales’ Resilience Cycle.**

Many of the study participants had stories that did not completely match up to the entire process of the resilience cycle, but had evidence of several of the spokes. The incomplete resilience cycle may have been a factor of time; some study participants were only one semester past the repeating experience. However, other study participants had sufficient time pass after the failing and repeating experience that I would have expected their stories to be consistent with the resilience cycle. Rebecca, Kathryn and Rose were examples that partially demonstrated the cycle.

Rebecca recognized her risk factors after she failed, realizing that she had allowed anxiety and poor time management to interfere with her academic success. She started medication for anxiety, registered for a class schedule that supported better organization of her time, and increased the amount and effort of her studying. These protective factors supported success in her semester repeating NUR 111, and Rebecca offered some comments that indicated that her self-efficacy was increasing, but her story did not yet describe an ongoing use of the new protective factors or enduring motivation.

Kathryn was the study participant who had failed and repeated NUR 111, then failed NUR 112 and was dismissed from the nursing program. She had waited the required time before reapplying and restarting the nursing program, and had successfully gotten through her third time taking NUR 111. At the time of her interview, she was taking NUR 112. It was not surprising to me that Kathryn’s story did not fully reflect the resilience cycle; had she
successfully acquired protective factors and implemented them effectively, she likely would not have failed a second course and been dismissed from the nursing program. Upon restarting the program from the beginning, Kathryn passed NUR 111 with relative ease. Again, this was not surprising as it was the third time she had taken that course. When I talked to her, she was just beginning to identify and utilize the protective factors of academic resources like the ATI program and study groups, having realized that the way that she had been studying in her prior nursing school experience was not sufficient. Kathryn was rewarded with some improved grades, confirming to her that the protective factors were beneficial. Her story, however, did not go so far as to include elements of increased self-efficacy or enduring motivation.

The third study participant whose story partially supported the theoretical framework was Rose. Failing NUR 111 was the trigger for Rose to recognize her risk factors, particularly that her academic background had not prepared her for the type of studying or test-taking techniques that were necessary for nursing school. Rose identified protective factors in the form of academic resources, going to the I.L.C. and working with a tutor, among other changes. She found these protective factors worthwhile and she was able to pass NUR 111. When I talked with her, she was in the middle of NUR 112, which she failed. It was evident that Rose’s protective factors were insufficient for her at that stage in the program, and she consequently did not experience increased self-efficacy. Enduring motivation for Rose was not rooted in the successful use of protective factors, but nevertheless, she was still inspired to continue nursing school at another community college.
A participant whose story did not support Morales’ Resilience Cycle.

Monroe Cain was the sole study participant whose experience was sufficiently long to have the opportunity to go through all of the phases of the resilience cycle, yet whose story did not identify components of the cycle. She did not identify risk factors in the wake of her course failure, but felt that it was completely circumstantial. Monroe Cain did not identify new protective factors, either. She talked about studying in the same way that she usually did, and that process being sufficient for her to pass with good grades in her repeating experience. When we talked, she had successfully repeated the semester she failed, and had gone on to successfully pass a subsequent semester. In her letter of advice to a future nursing student repeater, Monroe Cain offered almost no specific advice but, rather, focused on cheerleading and encouragement.

Participants whose stories were still unfolding in relation to the theory.

Seven of the study participants were in the midst of their repeating semester while they were part of this study. This timing offered rich data because the participants were simultaneously living the experience about which they were talking and writing; however, it limited my ability to connect their stories with the theoretical framework. For these participants who were in their repeating semester, it was not clear whether their newly acquired protective factors would prove successful and eventually lead to self-efficacy and enduring motivation. Even though these participants’ stories were incomplete from the perspective of the Resilience Cycle, Janet Smith, Rose Fairground, Catherine, Deirdre Chappell, Sara, Mike Jacobs and Natasha shared stories that revealed two or three spokes of the cycle.
Catherine, Deirdre Chappell, Janet Smith, Mike Jacobs, Rose Fairground and Natasha all identified risk factors in terms of their study techniques, realizing that they needed to change the way in which they studied for nursing school. Sara didn’t describe a deficit in study techniques, but recognized that she had not been putting in sufficient time studying. Janet Smith and Catherine additionally recognized that anxiety was a risk factor that contributed to their academic failure.

All seven of these study participants described seeking out protective factors such as academic and personal resources. Catherine found a mentor in a nursing student who was further along in the program and she changed her job to a less stressful one. Deirdre Chappell rediscovered the value of a study group, a factor that had contributed to her previous success but which she had abandoned in her failing semester. Janet Smith got a professional tutor and also developed a new support network and techniques for dealing with stress and anxiety. Most of the study participants in this group who have partially gone through the resilience cycle have seen some positive results of their new protective factors.

Thirteen of the fourteen participants in this study told stories that wholly or partially represented the spokes of the resilience cycle. The hub of the cycle, emotional intelligence, is a term describing a personality characteristic that may be innate or learned, which Morales (2010) contends is essential for academic resilience. Goleman (2006) defined emotional intelligence as containing five qualities:

1. Knowing one’s emotions.
4. Recognizing emotions in others.

5. Handling relationships. (Goleman, 2006, p. 43)

It was not the intention of this study to analyze the personalities of the participants, but some generalizations can be made based on the data collected. Success in nursing school includes demonstrating the elements of emotional intelligence. Nurses are required to interact effectively in the context of a therapeutic relationship with patients and families, must assess patients for emotional status, and must do so with awareness and control of their own thoughts and feelings. Nursing students must display progress toward and eventual attainment of these qualities in the clinical setting. I believe that the participants in this study, all of whom were effective in the clinical aspect of their nursing education, have emotional intelligence.

Chapter Summary

In this chapter, the process of data collection and data analysis was described, and then data was presented from 14 participant interviews and 11 participant-written letters of advice to a future nursing student repeater. Each participant’s story was unique, as demonstrated by the participant profiles. Yet each story contained one or more common storylines, as described and demonstrated with exemplar stories and negative cases in: Repeating is an Emotional Journey, Ultimately Repeating was the Best Thing for Me, Nursing School Happens in the Midst of Life, and Nothing Can Really Prepare You for Nursing School. In addition to the common storylines, two minor themes that also were evident in many of the participants’ stories were described and examples presented in: Finding Support from Other Repeaters and Nursing is More Than Just a Career for Me.
Finally, data was presented as viewed through the lens of Morales’ Resilience Cycle. Seven study participants had experienced the repeating semester far enough in the past to have had the opportunity to move through the entire resilience cycle, and six of them shared stories that wholly or partially supported the resilience cycle as an explanation for their eventual success. The other seven study participants were in their repeating semester at the time of the study and demonstrated fewer elements of the resilience cycle. The data collected in this study provided rich information about the experience of nursing student repeaters. This information was used to generate ideas for the practice of nursing education and for future research studies.
CHAPTER 5: DISCUSSION AND IMPLICATIONS

This study found that the nursing student failing and repeating experience is a process and a journey. Participants in this study were at various places in that journey. When considering the theoretical framework of academic resilience, it seems that timing may be important. Students who are in the middle of the repeating semester have a different perspective from those who are reflecting on the experience after going on to subsequent academic success. The research study was a narrative inquiry qualitative study that explored the experiences of nursing students who failed a required nursing course and returned the next semester or year to repeat the course. The stories of students who were living through or had lived through this situation, which is academically high-stakes and emotionally and intellectually complex, provided new insights into why students leave or stay in nursing school.

This chapter will briefly summarize the study, and then discuss the findings in relation to the literature. I will explain implications of the results of this study in relation to nursing education, suggesting practice changes and future research. I will describe how this study adds to the knowledge about nursing student retention and expands the use of Morales’ theoretical framework. Finally, I will share my perspective on what I learned from the study and what I would have done differently, if given the opportunity.

Summary of the study

The purpose of this study was to learn about the experience of community college nursing students who had to repeat a nursing course. Specifically, I learned how my study participants felt about the experience at the time, and in retrospect. I learned what they did
that contributed to success when repeating, and what they did that might have been a hindrance. The study participants identified elements that they wished had been available to help them. Ultimately, their stories provided knowledge about what was important to them, both positively and negatively, about the experience of repeating.

The research question for this study was: What are the varied journeys that community college nursing students experience when repeating a required a nursing course?

Through analysis of participants’ individual narratives, some common storylines emerged: Repeating is an Emotional Journey, Ultimately Repeating was the Best Thing for Me, Nursing School Happens in the Midst of Life, and Nothing Can Really Prepare You for Nursing School. In addition to the common storylines, two short stories that also were evident in many of the participants’ stories were described in: Finding Support from Other Repeaters and Nursing is More Than Just a Career for Me. Data was also viewed through the lens of Morales’ Resilience Cycle. Half of the study participants had experienced the repeating semester far enough in the past to have had the opportunity to move through the entire resilience cycle, and most of them shared stories that wholly or partially supported the resilience cycle as an explanation for their eventual success. The other study participants were in the repeating semester at the time of the study and demonstrated fewer elements of the resilience cycle.

Interestingly, the study participants did not seem to imagine applying the lessons learned from the repeating experience to their future interactions with patients. I would have expected that they might recognize that successfully overcoming academic failure could promote empathy that they might later utilize in understanding patients with emotional
difficulties or obstacles to treatment. Although the participants of this study all described a strong desire to be nurses, and an affinity for patient care, it is possible that they had not yet developed their professional identity as nurses such that they would recognize the application of the knowledge they gained by repeating to their future role as a nurse. In Zarshenas and colleagues study of the professional socialization of nurses (2014), her study participants stated that they did not truly begin to understand what nursing is and develop a professional identity until late in their schooling. Johnson, Cowin, Wilson and Young (2012) developed a theoretical professional identity pathway in nursing. They theorize that nursing students construct and deconstruct their professional identities throughout nursing school as they learn about the profession and observe varied role models. Perhaps the recognition of how personal growth can contribute to therapeutic relationships with patients is part of this gradual process of developing a professional identity as a nurse, similar to the gradual process of dealing with the emotional consequences of failing and repeating.

**Repeating is an Emotional Journey**

The findings of this study describe a significant emotional burden of nursing school failure. Participants emphasized this emotional experience and suggested that it was the most challenging aspect of being a repeater. The storyline “Repeating is an Emotional Journey” described a process that included five phases: the realization of failure, the acceptance of failure, finding motivation to continue, dealing with the do-or-die feeling, and, finally, making meaning of the experience of failing and repeating.

There is some support in the literature for the finding that “Repeating is an Emotional Journey”. Some authors have written about the complex and multifactorial explanations for
student attrition (Fike & Fike, 2008; Nakajima, Dembo & Mossler, 2012) and about how persistence in school is a choice or decision that the nursing students make each semester (Jeffreys, 2004, 2006). The emotional journey that nursing student repeaters experience includes numerous reasons for a student to potentially give up on school, and moments when the decision to stay or go must be made. An example from the nursing education literature is that of O’Donnell’s (2009) study of students who left nursing school voluntarily. Some of his study participants were struggling academically and left because they were failing and believed that they could not complete the nursing program. Some of these participants also described feelings of grief and embarrassment.

The storyline “Repeating is an Emotional Journey” also echoes concepts found in the literature about academic failure, and the experience of failure in general. In Mortenson’s 2006 study of college students who experienced academic failure, participants identified negative emotions of shame, embarrassment, frustration and disappointment. Williams (2010) statement that even one bad grade can make a nursing student feel despair and doubt their ability to succeed is reminiscent of the “Do or Die” phase of the emotional journey. The idea that failure is an experience that the individual must live through and reflect upon is described by Stoller (2013), who goes on to say that the concept of self and one’s relationship with the community is part of a process of “re/visioning”. This re/visioning is similar to the phase of making meaning of the repeating experience that my study participants went through.
No specific examples were found in the literature of a description of the process of the emotional journey at nursing student repeaters undergo. This study is the first to explore and explain the emotional process associated with nursing student failing and repeating.

**Ultimately Repeating was the Best Thing for Me**

Connected with the “Repeating is an Emotional Journey” storyline was a sequel story of “Ultimately Repeating was the Best Thing for me”. It was an unexpected finding that so many study participants had gone through the intensely negative process of dealing with failure to subsequently come out with such a positive perspective on repeating. Participants told this story as they described all of the reasons that failing and repeating was beneficial or even an advantage for them.

There is little in the literature that addresses the topic of dealing with nursing student academic failure. The educational psychology literature provides theory and evidence about student success after failure, such as attribution theory (Dunn, Osborne & Rakes, 2013). However, it is less common to study student perspectives or attitudes about failure. One example I found was that of Pesut and Meyerhoff (2005), who aver that seeing their nursing school experience as extended, and the time spent sitting out or repeating an opportunity for growth, gives students who have failed a sense of hope. Robshaw and Smith (2004) found themes of acceptance and taking responsibility for failure in a study of students who experienced academic failure but persisted; these themes could suggest that some students end up having some positive feelings about the experience. Mortenson (2006) emphasizes the importance of students feeling shame about academic failure needing to reevaluate their situation; again, this could suggest that individuals in this situation may end up with positive
feelings. There was nothing in the literature to specifically support this finding that some nursing student repeaters feel that “Ultimately, Repeating was the Best Thing for me”. This study is the first to identify failing and repeating as a positive experience for some nursing students.

Nursing School Happens in the Midst of Life

To be successful in nursing school requires a significant time commitment for classes, clinical, lab and studying; for most students, these activities consume as many hours as a full time job. Students are told that they will likely need support from their families and will find it difficult to work much. These expectations are not realistic for all community college students, and the need to work or the lack of family support was an obstacle for some study participants. In addition to the predictable aspects of life that may interfere with nursing school, many participants experienced life events and stressors that created huge barriers to their success. The storyline “Nursing School Happens in the Midst of Life” explained how the study participants were challenged to fit the demands of nursing school into their already busy and sometimes dramatic lives.

The adult education literature includes extensive discussion of this finding. I did not frame this study with the assumption that all of my participants would be adult learners, but this finding of “Nursing School Happens in the Midst of Life” is consistent with the experiences of that population in higher education. The sites for this study were nursing schools at urban community colleges, which are environments known to include a large number of underrepresented minority (URM) and nontraditional students (Mahaffey, 2002; NLN, 2013).
Both URM and adult students face obstacles that the traditional college student may not have. These students enter college with factors that make them at risk for leaving school, such as responsibilities to family and other dependents, lack of financial and other support outside of school, insufficient or unpracticed academic skills, and lower socioeconomic level to name but a few (Kasworm, 2014; Loftin, Newman, Gilden, Bond & Dumas, 2013). Some students have cultural expectations of family responsibilities that are inconsistent with academic expectations of prioritizing school (Hlinka, Mobelini & Giltner, 2015; Mertes, 2013). There is discussion in the literature about the financial costs versus benefits of pursuing higher education for adult learners; for many, there is not a clear economic advantage (Kim & Baker, 2015).

Considering the realities of life for many adult learners, it is not surprising that situations unpredictably occur that impact their ability to be successful in school. Petty and Thomas (2014) list factors that affect adult learners including “obtaining employment, child care, health crisis, financial troubles, legal dilemma, personal or family hindrances, and transportation” (p. 474). This list is consistent with many of the life events that were experienced by my study participants.

There is also support in the nursing education literature for this finding of “Nursing School Happens in the Midst of Life”. Hadenfeldt (2012) describes many factors that contribute to nursing student attrition, including families that did not understand that students needed to decrease financial and other contributions to the family in order to be successful in nursing school, academic difficulties, language difficulties for ESL students, and unexpected events or crises. Bowden (2008) found that half of the participants in her study of nursing
students who had considered leaving school had experienced significant personal problems during nursing school, including bereavement or ill health of a close family member.

**Nothing Can Really Prepare You for Nursing School**

Although the study participants expected nursing school to be difficult, many of them were surprised by the rigor of the nursing courses, and did not anticipate the amount of time and effort that was required to be successful in nursing school. While “reality shock” (Kramer, 1974) has long been a recognized phenomenon for graduate nurses entering the workplace, many of the participants in the study experienced a kind of reality shock upon entering nursing school. The storyline of “Nothing Can Prepare You for Nursing School” included the following components:

- The recognition that previously effective study skills and test-taking techniques were no longer working.
- The need to make significant life changes to be able to meet the responsibilities of nursing school.
- The realization that they had not taken nursing school seriously enough from the start and found themselves falling behind academically as a result.

The literature provides extensive support for the finding “Nothing Can Prepare You for Nursing School”. O’Donnell (2011) described how nursing students have unrealistic expectations of the demands of both nursing school and professional nursing. He noted that prior educational experiences often do not prepare students for the intense academic requirements of nursing school. Nursing students also may have developed an impression of the nursing profession from societal stereotypes that emphasize compassion and nurturing,
rather than scientific knowledge or critical thinking (O’Donnell, 2011). If students enter nursing school with unrealistic expectations, this may lead to not taking school seriously enough to appropriately prepare for the challenge. Once in nursing school, the conflict between expectations and reality can cause stress.

Researchers have used quantitative studies to measure stress in nursing students (Watson, et al., 2008) and in comparison to students in other health professions education (Beck, et al., 1997), finding that nursing students are under extremely high levels of stress. Subgroups of nursing students, such as foreign-born students, experience additional and different stresses (Malechia, Tart & Junious, 2012). O’Donnell’s (2009) qualitative study of students who voluntarily left nursing school found that the study participants, some of whom were failing, felt intense psychological stress from the intellectual and emotional demands of the program. While some stress is beneficial to learning and growth toward becoming a professional nurse (Gibbons, Dempster & Moutray, 2007), nursing students experience stress that they do not anticipate prior to entering school.

Timmins, Corroon, Byrne and Mooney (2011) studied the impact of stress on nursing student mental health, finding that nursing students are exposed to stressful circumstances beyond those of many other college students. They make the case that increased psychological support should be offered by schools to nursing students, and that nursing students need to learn positive coping mechanisms for dealing with stress to get through nursing school and to prepare them for the stresses of the nursing profession. I believe that the nursing student repeaters in my study could benefit from such psychological support.
**Finding Support from Other Repeaters**

Many study participants talked about getting emotional and even academic support from classmates who were also repeating. The shame and embarrassment felt by many participants when returning to repeat a nursing course was sometimes exacerbated by the reactions of classmates and faculty, but other repeaters understood.

The cohort model of nursing education is known to have advantages and disadvantages (Lei, Gorelick, Short, Smallwood & Wright-Porter, 2011). Support from others in one’s cohort is an important source of encouragement for students in challenging programs of study; nursing student repeaters lose their initial cohort when they fail a required nursing course. The ability to connect with other repeaters may be an important way to feel part of the new cohort.

The literature offers much support for this storyline of “Finding Support From Other Repeaters”. Cameron, Roxburgh, Taylor and Lauder (2011) conducted an integrative literature review considering factors associated with overall nursing student retention and found that peer support was an important component. Peer support has proven to be particularly important to nursing student retention in nontraditional students and minority populations (Shelton, 2003; Rudel, 2006). Nursing student repeaters are a population that might need peer support even more. Academic failure in nursing school results in disrupted peer relationships (McGregor, 2007) and the ability to find new connections, particularly from others who are living the same experience, is important. In the report of his international study of students who experienced academic failure, Mortenson (2014) asserted...
that encouraging such students to find social support from peers would help them to “manage their situation in emotionally healthy ways” (p.140).

**Nursing is More Than Just a Career for Me**

Participants in this study had the strong desire and motivation to become a nurse that is necessary to go through a rigorous process of preparation and then perform a job that is physically, intellectually and emotionally stressful. They described their aspiration to be nurses as a calling. Some talked about having wanted to be a nurse for many years before coming to nursing school. Others felt that they were literally called by God to enter the profession.

This finding was not surprising and has been discussed in the literature, for example, Prater and McEwen’s (2006) study of more than 200 nursing students at a faith-based university, in which the majority of them felt God had called them to become nurses. Larsen, McGill and Palmer (2003) conducted a larger study that included a total of 495 students in three types of nursing programs in North Carolina. The study sought to learn why students chose nursing as a career and the researchers found that over 90% of the participants were influenced in their choice by a desire to do caring work. Comments from the participants in this study described nursing as a childhood dream, influenced by family or other role models, and, again, a religious calling (Larsen, McGill & Palmer, 2003).

Nursing students are not the only people who may feel called to a profession. Hernandez, Foley and Beitin (2011) reported on a study of people who felt a religious calling to their work; participants included teachers, a case manager, and a public defender along with a nurse. According to these authors, spirituality and a call from a higher power may play a
significant role in the choice of an occupation for fifteen to thirty percent of college students. For the nursing students who participated in my study, those who did not feel a calling to the profession still felt that this career choice was based on more than just practical reasons. In Johnson, Cowin, Wilson and Young’s (2012) article proposing a professional identity pathway in nursing, they averred that a student’s choice of the nursing profession is based on the student’s perception of the profession and it’s congruence with their own values, beliefs, and personal identity.

The finding that “Nursing is More Than Just a Career for me” is intertwined with the emotional impact of failure. Participants repeatedly expressed that failing at something upon which they placed such great importance was particularly painful. Pesut and Meyerhoff (2005) described this pain for students who feel that God called them to the vocation of nursing, saying that they experience a spiritual struggle when they fail nursing school.

**Implications for Nursing Education**

**Practice.**

The findings of this study can be applied to the practice of nursing education in several ways. Nurse educators in the roles of administrator, teacher, or adviser may all see a different perspective on their work in light of these findings.

Talking to nursing student repeaters provided interesting insights for administrators and teachers. Elena provided one of these insights. She talked about how nursing students are taught to individualize their plans of care for each patient, and yet nursing school was not individualized per student. She felt that the one-size-fits-all approach was not always effective. McGregor’s 2007 study of a failing nursing student included the same idea; her
participant felt a pressure to conform and give up her individuality to be successful as a nursing student. This insight suggests to me as a teacher that I look closely at students who are not successful and consider whether a reasonable customization of my approach might be needed and appropriate. I need to remember that my power is huge in the teacher-student relationship, that the stakes are extremely high in nursing school, and that it is valuable for me to tell students that it is acceptable for them to ask for consideration of extenuating circumstances; for example, to post-pone taking an exam if the student’s personal life prevented them from being prepared. When viewed from the administrator perspective, this insight suggests that policies may need to be considered more individually, a perspective that is supported by the literature (Crow & Bailey, 2015).

Janet Smith provided another insight that has application to nursing education. She talked about how nursing students are taught to clarify communication in the clinical setting for safety purposes, for example, requesting elaboration on a confusing medication order. Yet, she explained, some teachers seem unwelcoming of questions, directing students back to the resource that was confusing in the first place. It is valuable for teachers to assume the best of their students, believing that they are putting in effort and thought, and are asking for clarification because the topic or instructions truly are confusing.

Advisers to nursing students need to understand that students are going through an emotional journey when failing and repeating and that they need support that is not just academic. It is possible that telling their stories could be the beginning of processing the emotional journey and asking for those stories could be a key approach in advising meetings. Turkett (1987) described effective tools to use when talking with nursing students who had
failed, emphasizing the importance of listening to the student’s story. Kooienga (2006) described the value of a narrative-based primary care approach for nurse practitioners working with Mexican-American clients diagnosed with diabetes. She suggested that asking to hear their stories could allow the practitioner greater understanding of how they were dealing with their illness, thus giving the practitioner needed information for clinical care. Perhaps a narrative-based approach to nursing student advising would be helpful for nursing student repeaters to deal with their emotional journey and for advisers to learn more about the students, facilitating more helpful advice.

The literature on college students who are on academic probation is consistent with my conclusion that nursing student repeaters need both academic and psychological support. There are numerous reports of interventions for students at risk for failing, or students who were dismissed from school and then reinstated, in which both academic support and counseling were used effectively (Arcand, 2012; Sharkin, 2004; Tovar & Simon, 2006; Wang & Pilarzyk, 2009). Advisor and peer support were both valuable in studies described by Nance (2007) and Yang, Yon and Kim (2013). Mortenson (2006) and Wilson (1997) emphasized the value of emotional support of failing students by their professor. This study adds to the evidence that support of nursing student repeaters should go beyond merely academic.

The insights gleaned from this study suggest several specific and practical interventions, which could be implemented at the level of student, faculty and/or administration. Nursing students could be presented with strategies for success that were identified by the repeaters in this study, including the ideas about time management and
organization, helpful resources, and study techniques. Those strategies could be offered in the form of a written collection of advice, or in a workshop or seminar format. The findings of this study also suggest a peer mentoring program as another intervention. Mentors selected from upper-level students, paired with incoming students, could help overcome the reality shock of nursing school and possibly prevent some academic failures. A more targeted intervention could be assigning mentors who have successfully repeated a nursing course and gone on to subsequent academic success to nursing students who have failed a course and are preparing to repeat; this could provide both emotional support and timely academic advice to the nursing student repeaters.

Nurse educator continuing education workshops are a potential forum for sharing recommendations at the faculty level. Faculty should be informed of the findings of this study to increase awareness of the challenges faced by nursing student repeaters. This study suggests that faculty review course policies and consider changes that would support adult learners, such as more flexible deadlines and consideration for students with extenuating circumstances. In many schools, nursing faculty also serve as academic advisors; the findings of this study suggest that advising strategies include more emotional support for nursing student repeaters.

Administrators of nursing schools have the power to consider policy changes or offer resources that could potentially increase the success of nursing student repeaters. I would share the findings of this study with these policy makers through publication in professional journals or presentation at conferences, to enhance their understanding of the needs of the population of nursing students who are repeating. This study suggests that policies should
include counseling support as an option or even a mandate for nursing students who have to repeat a course. Such policies could lead to the need for additional student services personnel in the form of counselors or advisors. In a time of limited resources, administrators may not be eager to make the financial commitment for such support without more evidence; I would recommend pilot studies of this intervention to ascertain whether counseling support for nursing student repeaters provides a reasonable return on the investment.

**Research.**

The findings of this study suggest several areas for future research. There is a need to better outline the prevalence of the problem of repeating, and to determine whether research similar to this study would result in similar findings in different settings. It would also be valuable to learn more about the journey of failing and repeating by studying more nursing students at different points in the journey. Finally, action research could be used to evaluate interventions designed to support nursing student repeaters.

Nursing student repeaters, a population at high risk for attrition, are hidden in the numbers of students who leave nursing school for all reasons, and those who take longer than the expected time to graduate. Quantitative studies that capture more specifically and accurately how many repeaters there are and what percent of them ultimately don’t make it would help to define the extent of the problem. Ideally, a longitudinal survey study could be done of all community colleges in a given state or region, repeated each semester, for data that could uncover the prevalence of this population. Another valuable area of quantitative research would be implementing exit surveys at community college nursing programs, similar to that used by Glossop (2002) in the United Kingdom for nursing students dropping
out of school, to describe the varied factors that contribute to nursing student repeaters experiences.

One of the limitations of many qualitative research studies, including this one, is the low number of participants. It would be valuable to repeat this study at other community colleges and to intentionally select participants that were not well represented in this study, for example, men. It would be interesting to specifically study a group of nursing student repeaters who were all immigrants or first generation citizens, or to study specific age groups. While it is not the intent of qualitative research to provide generalizable findings, it would be helpful to have findings that reflected different student groups in different community college settings.

When considering the study findings through the theoretical framework of academic resilience, it seems that there is variation in the development of resilience. Students who are in the middle of the repeating semester are at a different point in this development when compared to those who are reflecting on the experience after going on to subsequent academic success. It would be interesting to study these groups separately to better understand the temporal nature of the development of academic resilience. It would also be potentially valuable to do a longitudinal study, with repeated interviews over the entire nursing school experience, to better understand when and how resilience develops in repeaters.

Finally, one of the reasons I chose to do this research study was that I hoped to find potential interventions that could help the study participants or nursing students like them. Research studies could be conducted that would implement a specific support, such as
training in organizational skills or a peer support group, or a group of such supports, and compared the outcomes of nursing student repeaters who were involved in those activities with those who were not. In a more holistic approach, an action research study could be done to evaluate a program of supportive relationships that would help students through both academic and emotional support, perhaps like the companioning program described by Arcand (2012) or the supportive counseling program used in an Iranian study of low-performing nursing and midwifery students (Jannati, et al., 2012).

**What this study adds to knowledge about nursing student retention**

Nursing student repeaters are a population at particular risk of attrition (Jeffreys, 2004), yet there is little discussion in the literature about their specific experiences or needs. The findings of this study suggest that retention of this population may be increased if those needs are addressed. While the retention literature describes many types of support that may keep nursing students in school, it has not previously recognized identified emotional support as an important intervention. For students whose journey has included the grief and other emotional aspects associated with repeating, emotional support could make the difference between leaving and staying in nursing school.

Nursing student retention is an issue that has impact on two significant concerns of higher education in the United States at this time: diversity and the national completion agenda. My recommendation that emotional support could increase retention of nursing student repeaters is congruent with Gilchrist and Rector’s (2007) discussion of best practice interventions to increase recruitment and retention of diverse students. They called for
changes to the environment and culture of schools, emphasizing increased social support and mentoring, along with financial and academic support.

The national completion agenda is the public and governmental demand for higher education to be more efficient: increasing graduates without increasing funding (Dowd & Shieh, 2013). Organizations like Complete College America are recommending changes at the system and administrative level to support student retention to graduation (Jones, 2015) and institutions are scrutinizing the courses that students most commonly repeat and the outcomes of those student repeaters (e.g. Purdue University, 2014). Part of this push to encourage student completion of college degrees is the recognition that the longer a student is in college, and the more courses a student repeats, the greater the likelihood that the student will leave school before finishing a degree. Interventions to promote nursing student retention, specifically nursing students repeating a course, may have a positive impact on rates of college completion.

**What this study adds to knowledge about Morales Resilience Cycle**

Morales’ cycle of academic resilience is a theory that was developed to explain success in high-risk student populations. Morales initially studied high achieving students from an underrepresented minority population, and many subsequent studies have applied his theory to other high achieving students in other minority populations. This study provided a novel application of the resilience cycle by using it as a lens through which to view low performing students who were overcoming academic failure and attempting to move on to academic success. Some of the study participants were from underrepresented minority populations and many were not. Yet the findings of this study were somewhat consistent with
Morales’ framework, suggesting that this theory may be applied to students who have failed and are at risk for attrition.

The nursing student repeater journey incorporating the academic resilience cycle.

The academic resilience cycle described by Morales offers valuable insight into the nursing student repeater experience, but does not fully explain the experiences of the participants in this study. The journey of a nursing student repeater happens in the context of their personal lives and vocational motivation, and events that occur on this journey both influence and are influenced by this context. For the participants in this study, it seems simplistic to separate academic resilience out from the interplay of academics and the rest of their lives.

The storylines identified in the findings of this study provide description of situations and events that happen in and around the spokes of Morales’ resilience cycle. Nothing Prepares you for Nursing School and the phases of Repeating is an Emotional Journey are prequels to the story that happens in the first spoke of the resilience cycle, when students identify their needs and challenges. At the same time, the emotional journey has a significant impact on the life outside of school of the nursing student repeater, while the life outside of school may represent some of the needs and challenges that are being identified.

The stories of the study participants suggest that personal reflection and emotional support are keys to successfully continuing the journey of repeating and developing academic resilience. The second spoke of the resilience cycle, acquiring protective factors, involves the story of Finding Support from Other Repeaters as well as the story about choosing the perspective that Ultimately Repeating was the Best Thing for Me. Acquiring protective
factors does not happen solely in the academic environment, either; participants repeatedly suggested that the lessons learned through the repeating experience resulted in personal growth and positive impact on their lives outside of school.

The final spokes of the resilience cycle, protective factors working, increasing self-efficacy, and enduring motivation are ongoing stories of the journey of the nursing student repeater. As with the earlier spokes, these experiences are enhanced by the student’s personal reflection, the emotional support they have sought out from within or outside of school and the ongoing motivation of their vocational inspiration or calling to nursing. Figure 3 provides a more succinct demonstration of the steps on this journey of repeating and developing academic resilience.

**What I learned from the study**

**What I would do differently.**

One of the limitations of this study was the small number of participants, and if I had the opportunity to do this study again, I would like to include more participants, deliberately striving for more diversity of viewpoints by selecting more men. If I had included a larger number of participants, I would then have liked to do separate analyses on those who were in the repeating semester at the time of the study and those who had completed that semester. I would also have liked to include some participants who had repeated a semester but gone on to successfully complete nursing school entirely.

In another limitation of the study, I believe that the data from the letters written by participants were less helpful than I had anticipated. Rather than the letters, if I were to do the study again, I might instead include focus groups that allowed students to share their
experiences in discussion with one another. Focus groups might provide the analytic and advice-giving aspect of the experience that I was seeking while also encouraging additional sharing as participants recognized that others had been through similar experiences.

What I now do differently.

In an interesting postscript to my own story of conducting this study, I had a recent experience that highlighted a perspective shift that I have undergone. As a nursing faculty engaged in teaching and advising associate degree level nursing students, I routinely work with student repeaters. One of my advisees failed her first semester nursing course in December, and subsequently initiated a controversy when she engaged in complaining about her faculty and the final exam on social media. The student and her classmates involved in the discussion were reprimanded based on the school’s social media policy. I had a negative emotional reaction to these events. I was a little angry with the student, because her comments had hurt the feelings of my colleague. I also felt pessimistic about the student’s potential for success, and thought that her attitude of blaming the teacher and the exam for her failure was a poor perspective for the student to take as she entered her repeating experience. I wondered how I would reconcile these feelings and be able to be supportive to the student as her adviser.

After the break between semesters, the student came to my office for an advising meeting. I decided to open our discussion by asking her how she was feeling about the recent events at school. I was amazed at the flood of emotion and discussion that the student shared with me. She talked about feelings of disbelief and sadness, telling me, “I cried for about three days straight.” She talked about feeling angry – and posting comments to social media
in the heat of that anger. And finally, she talked about coping with embarrassment as she started the semester with a new group of students, and tried to move forward with a positive approach. I realized that she was undergoing the same emotional journey that my study participants had described. I was reminded that the intense emotions of the “Repeating is an Emotional Journey” storyline could produce the poor judgment and hurtful comments that this student had exhibited in her social media post. My own negative feelings dissipated as I encouraged her to share her story, and then offered her words of wisdom that I had learned from my study participants. I was able to put my heart into advocating for her and supporting her in dealing with the emotional stress of her failing and repeating, and to gently guide her along the storyline to suggest that it may be valuable for her to choose a viewpoint of “Ultimately Repeating Was the Best Thing for Me”. This was a powerful experience for me as a nursing instructor and as an adviser.

Chapter summary

The findings of this study resulted in an enhanced understanding of the nursing student repeater experience. Some of the findings were relatively new, while others were previously reported in the literature. While it is known that students who experience academic failure have negative emotions, and it known that students experience stress in nursing school, this study was the first to unpack and describe the emotional journey that nursing student repeaters undergo. It is known that part of dealing with grief related to failure is making meaning, but it was an unexpected finding that participants in this study made meaning in part by choosing the perspective that repeating was positive and valuable. The findings of this study suggest interventions for nurse educators and areas for future research.
This study also adds to the knowledge about nursing student retention by offering a more nuanced understanding of a group of students at high risk for leaving nursing school. Finally, Morales’ academic resilience theory is supported and expanded by being applied to this population, who had not previously been viewed through the perspective of the Resilience Cycle.

**Final summary**

This narrative inquiry research study of fourteen community college nursing student repeaters involved the collection of participant stories through interviews and letters of advice written to future nursing student repeaters. Participants each had unique circumstances and stories, which were analyzed and restoried into profiles. There were also common storylines identified across the participants: Repeating is an Emotional Journey, Ultimately Repeating was the Best Thing for Me, Nursing School Happens in the Midst of Life, and Nothing Can Really Prepare You for Nursing School. Two additional common themes, or short stories, emerged from the data: Finding Support From Other Repeaters and Nursing is More Than Just a Career for Me. The findings of this study support changes in nursing education to support repeaters, specifically the recognition of the psychological aspect of repeating and the need for psychological support for students in this situation. The study findings suggest future research with nursing student repeaters, to better understand the timeline or process associated with the development of academic resilience in this population. This study provides an important contribution to the literature on nursing student retention, which is key in the current era of emphasis on college completion.
REFERENCES


DeAngelo, L. (2014). Programs and practices that retain students from the first to second year: Results from a national study. *New Directions for Institutional Research, 160*, 53-75. doi: 10.1002/ir.20061


APPENDICES
Appendix A. Participant Recruitment Flyer

Are you a nursing student who is repeating (or has repeated) a required nursing course?

Would you be willing to talk about your experience?

I am a doctoral student doing research on the experience of being a nursing student “repeater”, and I would like to talk with you!

The commitment:

- Participate in one interview, at a time and place convenient for you, for about 90 minutes
- Write one letter of advice to another nursing student who is faced with repeating a class

The reward:

- A $25 gift card as a token of appreciation for your time
- The knowledge that you are contributing to our understanding of nursing student repeaters

If you are interested, please contact Lisa Lewis at lslewis@ncsu.edu or 919-672-2608
Appendix B: Informed Consent

North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: Community College Nursing Students’ Experience of Repeating a Course After Academic Failure
Principal Investigator: Lisa S. Lewis
Faculty Sponsor: Dr. Susan Barcinas

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

What is the purpose of this study?
The purpose of this study is to learn about the experience of community college nursing students who have had to repeat a nursing course.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in an interview with the researcher. This will take approximately 90 minutes. The interview can happen at a location of your choice. The interview will be recorded on an audio recorder. You will also be asked to write an anonymous letter of advice to a nursing student who is facing the repeating experience. This letter may be as long as you like, but should be at least 2 pages in length (double-spaced, 12-point font).

Risks
There are no known risks to participating in the proposed study beyond what may be experienced in everyday life. You are free to not answer any question that makes you uncomfortable, and you may withdraw from the study at any point without penalty. If you become uncomfortable with the interview topic or process, you will be permitted to end the interview. If you are unable to continue, any information that has been collected from you will be destroyed.
Benefits
There is no direct benefit expected for you from participating in this research. The results gained from this research will provide insight and knowledge about the experience of nursing students who are required to repeat a course. This knowledge may benefit nursing faculty, future nursing students, and others associated with nursing education.

Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Your recorded interview will be transcribed and, along with your letter, will be stored securely in a locked file within this researcher’s office. No reference will be made in oral or written reports that could link you to the study.

Compensation
For participating in this study you will receive a gift card worth $25. If you withdraw from the study after signing this consent and participating in some part of the interview, but prior to the study completion, you will still receive a gift card worth $25.

What if you have questions about this study?
If you have questions at any time about the study or the procedures, you may contact the researcher, Lisa S. Lewis, at 919-672-2608 or via email at Islewis@ncsu.edu.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at (919-515-4514).

Consent to participate
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Participant’s signature______________________________
Date______________________________

Investigator’s signature______________________________
Date______________________________
Appendix C. Interview Guide

Opening statement: With this study, I am hoping to learn about the experience of a nursing student repeater. I am interested in stories about what you went through during this process, how it affected your life, and what difference it has made in you now. Ideally, I would also like to know what was good and what was bad, and what would have been helpful if it had been available.

I would like you to know that you can decline to talk about anything that you want, if you find it upsetting or just don’t care to tell me about it.

The first phase of the interview was semi-structured, with questions such as these:

- What motivated you to become a nurse?
- Which class (level) did they repeat?
- Did they repeat due to a class failure or clinical failure or both?
- What were previous academic experiences like (positive or negative)?
- How did having to repeat affect the rest of your life (e.g. job, family, finances)?

The second phase of the interview was less structured, with questions such as these:

- Can you describe to me how it went when you found out that you had failed and would have to repeat?
- What was your process of deciding to come back and continue in the nursing program?
- Can you tell me about someone or something that gave the motivation to continue?
- Can you tell me about a time when there was a positive aspect to repeating?
- Can you tell me about a time when there was a negative aspect to repeating?
- What was it like when you started in the class you had to repeat, with your new cohort?
• What were your relationships like with other students during this process?

• What were your relationships like with faculty during this process?

• Can you tell me about something that would have made repeating easier or better for you?

Follow-up comments or questions were employed, such as these:

• And then what happened?

• How was that experience for you?

• Can you tell me more about that?
## Appendix D. Data Analysis Process

<table>
<thead>
<tr>
<th>Step</th>
<th>Task(s)</th>
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| Step 1 | Transcribe interviews  
Scan letters  
Create memos as questions, reactions and ideas occur during transcription process |
| Step 2 | Member check transcriptions  
Review follow up communications |
| Step 3 | Review field notes  
Create matrices and timelines for each participant  
Create profiles |
| Step 4 | Open code interviews  
Open code letters |
| Step 5 | Create potential storylines based on profiles and coded vignettes or motifs  
Analyze interview, letter and field note data in relation to potential storylines |
| Step 6 | Theoretical framework code interviews  
Theoretical framework code letters  
Create timelines of participants in relation to theoretical framework |
| Step 7 | Restory data into final transcripts of storylines  
Restory data into final transcripts of phases of the theoretical framework |
Figure 1. Story map of a nursing student repeater

Setting, Part I: 
*The Nursing Profession*
- Safety of the public
- Shortage of nurses
- Lack of diversity in profession

Characters:
*Main* – Nursing student repeater
*Supporting* - nursing faculty, nursing school classmates/peers, significant others outside of school

Consequences of the story on main character:
- Effect on emotions
- Effect on finances
- Effect on life and relationships

Setting, Part II: 
*Community College Nursing Education*
- Selective admissions process
- Academic rigor
- Strict progression policies
- Student attrition problem
- Attrition higher in minority student populations
- Expensive educational process

Plot:
*Problem* – course failure
*Events* – repeat course
*Resolution* – pass and continue education OR fail again and leave nursing school and nursing profession

Student factors affecting the plot:
- Professional fit
- Academic ability
- Socio-cultural
- Personal (family, finances, work)
- Emotional or psychological (motivation, commitment, confidence)

Consequences of story on setting – possible attrition:
- Potential decrease in number and diversity of nurses in profession
- Potential financial impact on community college

Used with permission.
Figure 3. The Nursing Student Repeater Journey Incorporating Morales’ Academic Resilience Theory

Landscape: Community College Nursing Student Life

- Multiple competing priorities
- Vocational calling or inspiration to become a nurse

Step 1: Nothing prepares you for Nursing School
Step 2: Failure of a required nursing course
Step 3: Repeating is an Emotional Journey
Step 4: Identify needs and challenges (Morales Spoke 1)
With personal reflection and emotional support, the journey continues…
Step 5: Acquiring protective factors (Morales Spoke 2), including Support from Other Repeaters and choosing a perspective that Ultimately, Repeating is the Best Thing for me
Step 6: Protective factors working (Morales Spoke 3), beneficial effects on personal life as well as academics
Step 7: Increasing self-efficacy (Morales Spoke 4)
Step 8: Enduring motivation (Morales Spoke 5)