

RECONCILING LIFE BALANCE: A GROUNDED THEORY STUDY OF OVERCOMING FAILURE

by
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Abstract
RECONCILING LIFE BALANCE: A GROUNDED THEORY STUDY OF OVERCOMING
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Academic failure has been described as endemic in nursing education. Although, associate degree nursing programs graduate the largest number of nurses each year, the on-time graduation rate is 59%. Every semester students fail nursing courses and are required to successfully repeat the course before they can progress in the nursing program. Students who re-take a failed course are often called “repeaters.” This qualitative Grounded Theory research explored the process of overcoming failure and becoming a successful student repeater. This emergent mode grounded theory study applied qualitative analysis techniques to prospectively verify and refine this emergent concept by delineating dimensions embedded in overcoming failure. Through the constant comparative method of data analysis, selective and theoretical coding, the Grounded Theory *Reconciling Life Balance* emerged.

Reconciling Life Balance represents the basic social-psychological process of nursing students who failed a course, repeated the course successfully and continued to complete their nursing program. Two substantive categories emerged from this data: 1) acknowledging, which included the concepts of the unexpected and failure and 2) becoming a successful repeater, which included the concepts of managing emotions, asking for help and adjusting their work-life balance. By focusing on human interaction and emotional connections, *Reconciling Life Balance* has the potential to transform current approaches to nursing education and facilitate student success.

Dedication

This dissertation is dedicated to my parents, Thomas and Mary “Bubbles” Westman, for their unwavering support and for instilling in me the importance of family.

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Chapter 1

Introduction

Success and failure are experienced in everyday situations and are intrinsic to the academic setting (Nummenmaa & Niemi, 2004). Today's college students experience greater stress than did students in the past, given that many work and have family responsibilities in addition to their academic course work (Yucha, Kowalski & Cross, 2009). Nursing students are no exception. Their stress is related to the intensity and complexity of the nursing program, as well as that not all students who enter a nursing program will experience academic achievement (Yucha, Kowalski & Cross, 2009). A student who fails a nursing course must repeat the course before they can continue in the program; these students are often known as "repeaters." Nursing schools have progression policies that allow a student to repeat a failed course. These policies are strictly enforced and include grading criteria for repeating a failed course as well as the conditions that constitute failure and dismissal from the program (Newton, Smith & Moore, 2007). This study will explore how students who fail a nursing course, overcome this failure, by successfully repeating the failed course, and completing their nursing program.

Research in the area of success and failure has investigated what motivates a student to achieve success or avoid failure (Atkinson & Litwin, 1960). The factors that a student attributes to success or failure have also been studied. When the motive to achieve success is stronger than the motive to avoid failure a student performs better (Atkinson & Litwin, 1960). The causes a student attributes to either success or failure are internal and controllable, (i.e. ability), or external and uncontrollable, (i.e. a complex textbook or a difficult exam) (Weiner & Kukla, 1970, Cortes-Suarez & Sandiford, 2008; Forsyth, Story, Kelley & McMillan, 2009). While we have learned much about what motivates a student and the attributes assigned to the outcome of

their achievement related tasks, the literature is limited in illuminating how they prevail after failure.

Studies by Diekelmann and McGregor (2003), Gallant, MacDonald, and Smith (2006), and Jeffreys (2002; 2007) looked at nursing students and the factors that predict academic success and increase retention in nursing programs. The results of their work identified pre-program grade point average (GPA), grades in pre-clinical science courses, and faculty advising and tutoring as key factors that contributed to student achievement and retention. Nurse educators have designed interventions, such as improved faculty advisement, peer-tutoring and workshops to help at-risk students achieve success (Jeffreys, 2007; Bowden, 2008). Nursing faculty focused their attention on identifying at-risk students and implementing strategies to prevent them from failing (Jeffreys, 2007). These interventions have prevented some failures for at-risk students. There is a great deal of research literature focused on quantitative methods to explore students' academic challenges and outcomes (Diekelmann & McGregor, 2003; Gallant, MacDonald, & Smith, 2006; Jeffreys, 2002; 2007). However, there is very little research literature that discusses how faculty can assist the student who has already experienced academic failure. Little work has been done that explores how nursing students who fail a course, overcome the failure and progress on to succeed in a nursing program. There is a dearth of research that has provided students with the opportunity to tell their story-- to verbalize what they have endured when they have failed a nursing course and how they were able to overcome that failure and complete their nursing program.

A classic Glaserian Grounded Theory method is appropriate for this nursing research study because of its approach to the study of human conduct and human group life (Chen and Boore, 2009). Individuals sharing common circumstances (e.g., students who fail nursing courses

and must repeat them) experience common perceptions, thoughts, and behaviors, which are the essence of Grounded Theory (McCann and Clarke, 2003). Nurse researchers use Grounded Theory due to its inherent ability to provide insight into individuals' experiences in a social context (Hernandez, 2010). In this research, students who have failed a nursing course and have continued to complete their nursing program will provide a first-hand account of how they were able to overcome failure.

Purpose of the Research

The purpose of this research was twofold: 1) to understand how a student overcomes nursing course failure, and successfully continues to complete an associate degree nursing program; and 2) to formulate a logical, systematic, and explanatory theory of overcoming failure. The reasons for academic and clinical failure have been the focus of much research; however, there is a gap in the literature about the how students overcome nursing course failure. Much time and money has been spent trying to identify variables and develop "formulas" that predict success; however, there are a lack of qualitative studies that examine the phenomena of the student who achieves success *after* failure.

Research Question

The following research question guided this study:

- 1) How do students who fail a clinical course overcome failure and continue to successfully complete their nursing program?

Definitions

For the purpose of this research study, in order to differentiate better understand nursing curriculum the following term will be defined as:

- 1) Clinical nursing course: an academic course taken during the clinical phase of a nursing program that includes lecture, laboratory, and clinical. Failure of the lecture, lab or clinical component of this course results in failure of the entire course.

Background of the Problem

Nursing Curriculum

Nursing programs intend to move students through the curriculum in an organized manner beginning with course work that provides a foundation for subsequent courses. Nursing curriculum is designed so that courses are taken in sequence (Mills, Jenkins & Waltz, 2000). Courses are arranged with pre and/or co-requisite courses, e.g., Medical Surgical Nursing I is a pre-requisite to Medical Surgical Nursing II. A student who fails a clinical nursing course is required to repeat that course before they can progress in the nursing program (Newton, et al., 2007). Furthermore, the student may be required to attain a higher grade for the repeated course (Newton, et al., 2007). For example, if the passing grade for a nursing course is 75, and the student fails the course, the student may be required to achieve a 78 the second time they take the course in order to continue in the program. Mastering content is essential for the student when they have failed a clinical nursing course. Students are often frustrated when they are succeeding in the clinical “hands on” aspect of the course, but are struggling with the theoretical aspect of the course, which often results in clinical course failure. To succeed in a clinical nursing course the student must meet the expectations of the theoretical (lecture) portion of the course, as well as, the laboratory and clinical (hands on) portions of the course. Nursing schools have strictly

enforced progression policies that aim to maximize future success, as well as define criteria that constitute failure and dismissal from the program (Newton, Smith, & Moore, 2007; Hrobsky & Kersbregen, 2002).

Nursing education programs, as well as other allied health programs, face the challenge of preparing new graduates with the ability to deal with and adapt to complex health care systems (Hodges, 2011). Nursing, physical therapy, and radiology technician programs all have clinical components that must be mastered to successfully complete the course of study (Lewis, 2010; Ludwig, Huck & Legg, 2010). The Institute of Medicine's (IOM) Future of Nursing Report (2010), *Focus on Education*, details the many changes occurring in healthcare. The report urges nurse educators to prepare students to meet the needs of diverse patients', to develop leadership skills, and to engage in evidence based practice that improves the delivery of safe, quality patient-centered care (IOM, 2011). Patients in the present healthcare environment may have several co-morbidities and multiple psycho-social challenges that require practitioners to have proficiency in the following three domains of learning: cognitive skills, psychomotor skills and affective behaviors (Lewis, 2010). Students who cannot master these three domains of learning experience academic and clinical failure, which impacts student attrition (Litchfield, 2001). Students who fail the clinical experience automatically fail the corresponding academic course and place themselves at risk for program failure (Lewis, 2010). Clinical course failure is a complex aspect of nursing education for both the student and the nurse educator (Gallant, MacDonald & Smith-Higuchi, 2006). In addition to the academic implications, there are important financial implications as well.

The financial implications of clinical course failure are multifaceted. Programs with clinical components are expensive for educational institutions. Clinical course failure has

monetary implications for nursing programs and reduces the number of new clinicians in the profession (Lewis, 2010). The cost of educating a nursing student is approximately \$5,000 a year for a public institution and up to \$30,000 a year for a private institution (Stark, 2005). New York State requires the faculty-student ratio to be 1 clinical instructor for 8-10 students (NYSOPED, 2010). When a student fails a nursing course the student incurs the cost of the failed course. The student is then responsible to pay to repeat the course in the next semester. For community college nursing students this cost can be a barrier to completing their nursing education. The college also incurs the cost of financially supporting this student twice for the same course. However, the cost of educating a nursing student cannot be more important than the discipline's commitment to educating students to practice safe, competent patient care.

Challenges of Nursing Education

Nurse educators must provide students with the academic preparation needed to be competent healthcare practitioners while confronting the demands of clinical experiences, nursing shortages and health care cutbacks (Callaghan, Watts, McCullough, Moreau, Little, Gamroth & Durnford, 2008). There is a shortage of nurse faculty, classroom and laboratory space, and clinical placements, all of which has resulted in a decrease in the number of qualified applicants accepted to nursing programs (Buerhaus, 2007). It is imperative for nursing programs to graduate more students to address both the nursing shortage and adequately prepare the future nursing workforce (Newton, Smith & Moore, 2007). According to the National League of Nursing, there were approximately 105,000 graduates from basic nursing programs in 2008 (NLN, 2008). It has been determined that 30,000 additional nurses should be graduated annually to meet the nation's healthcare needs, an expansion of approximately 30% over the

current number of annual nurse graduates (AACN, 2010). Academic challenges must be addressed in order to increase the number of student nurse graduates.

Graduation rates for nursing programs are slightly higher (59%) than the national graduation rates in other disciplines (57%); however, in order to impact the nursing shortage, nursing programs must increase their graduation rates by 30% (AACN, 2010; NLN, 2008; Tatem & Payne, 2000). To facilitate this increase in nursing program graduation rates, the Nurse Education, Expansion and Development (NEED) Act was passed in 2005. The NEED Act authorizes capitation grants for schools of nursing to increase the number of faculty and students (AACN, 2010). Additionally, schools of nursing have been charged to develop academic-service partnerships with health care facilities to assist with the educational preparation of nursing students and to increase the number of nurses in the clinical setting (Clark & Allison-Jones, 2011; Murray, Schappe, Kreienkamp, Loyd & Buck, 2010). These local and national initiatives have reinforced the need for schools to support admitted students and increase graduation rates.

In 2009, the United States Department of Education reported that graduation rates at community colleges were historically low, and were much lower for minorities and first time post-secondary students (U.S. Department of Education, 2009). In response to these reports, President Obama introduced the American Graduation Initiative (AGI) to increase the number of post-secondary certificates and degrees awarded in the United States by an additional five million by the year 2020 (Kotamraju & Blackman, 2011). Higher, post-secondary, tertiary, or third level education refers to the stage of learning that occurs at universities, academies, colleges, seminaries and institutes of technology. In order for the AGI to meet the goal of five million additional degrees awarded in the next decade, the number of baccalaureate and sub-

baccalaureate degrees that need to be conferred at postsecondary institutions must increase annually by 16% (Kotamraju & Blackman, 2011).

In May 2010, Deputy Commissioner Kerachsky of the United States Department of Education, National Center for Education Statistics, presented a report entitled *Condition of Education*. The *Condition of Education* report is a congressionally mandated, annual report that summarizes important developments and trends in education using the latest statistics (NCES, 2011). The report presents statistical indicators describing important developments in the status and trends of education from early-childhood learning through graduate-level education. In Section 5, *Contexts of Postsecondary Education*, Deputy Commissioner Kerachsky reported that only about 57% of all first-time, full-time students, enrolled in public institutions successfully completed a baccalaureate degree in 6 years (NCES, 2010), and only about 27.5% of all first-time, full-time students enrolled in public institutions completed a certificate or associate degree at a community college in 3 years (NCES, 2010). These alarming statistics indicate that students are experiencing barriers to success.

Barriers to Success

The reasons students give for academic failures include employment obligations, childcare issues, as well as academic difficulty (Cuthbertson, Lauder, Steele, Cleary & Bradshaw, 2004). Barriers can interfere with student progress and put students at risk for failure as they work toward the goal of graduating from post-secondary education programs. Some of those barriers identified in the literature include the following: lack of financial support, lack of family support, lack of affordable childcare options, lack of access to transportation and insufficient cognitive ability (Cuthbertson, Lauder, Steele, Cleary & Bradshaw, 2004; Jeffreys, 2002; 2007). In a study by Smith (2005), five surveys were conducted to identify factors that put

students at-risk for attrition: the College Student Inventory form, the Dropout Proneness index, Academic Difficulty index, Educational Stress index, and the Receptivity to Services index. The College Student Inventory (CSI) form ($r=.80$) is a well-known instrument that measures college retention; the Dropout Proneness index measures a student's overall inclination to drop out of college before finishing a degree; the Academic Difficulty index was designed to predict which students are more likely to have lower college grades; the Educational Stress index captures student's susceptibility to anxiety, discouragement, and feelings of inadequacy regarding the total school environment; and the Receptivity to Services index indicates the relative responsiveness of the student to interventions and resources offered by the institution (Smith, 2005). The results revealed that including other factors in the definition of "at-risk," such as social, emotional and motivational characteristics of the student, in addition to academics, provided a more accurate predictor of college retention than high school GPA and SAT scores alone (Smith, 2005). Without compromising the academic integrity of the program, nurse educators need to assess the academic barriers of the students and develop a plan to address those challenges. This may require referrals of students to support services available at the college or university (Rogers, 2010).

In providing support to students who have failed academically, the nurse educator may have to incorporate some counseling skills into their tutorial sessions (Litchfield, 2001). Identifying and providing support for the possible non-academic factors contributing to the course failure, such as childcare issues or employment, is as important as providing academic support. Support for students repeating a nursing course is essential for student success and facilitates their progression through the nursing program in a timely manner (Hopkins, 2008; Litchfield, 2001).

Colleges and universities are primary stakeholders in college retention and as such have implemented programs, such as First Year Seminar, mandatory college writing courses, and counseling/advisement services, to improve rates of retention (Smith, 2005). First Year Seminar is designed to support the success of new incoming freshman and transfer students at the college or university. Through these weekly seminars students explore academic, career and co-curricular options at their institutions. Educators are in a position to identify barriers, recommend available support services (both academic and non-academic) to alleviate impediments and improve student success. Referrals to and participation in these programs and support services may assist nursing students to overcome barriers and achieve academic success. Graduating more nursing students will decrease attrition, increase retention, and help to alleviate the nursing shortage (Tatem & Payne, 2000). Identifying and eliminating barriers may contribute to students' academic success and prevent nursing course failure.

Methodology

Nursing, health and social phenomena are complex and require theories that are closely tied to nursing practice (Chen and Boore, 2009; Munhall, 2012). Grounded Theory is particularly useful when there is little known about the area of inquiry. The researcher, although familiar with the phenomena of study, refrained from a thorough literature review in order for the data to direct the line of inquiry and the resultant theory. The basic assumption of classic Grounded Theory is derived from symbolic interactionism. For human beings, the meaning of an event/situation results from the social interactions that one has with others. These meanings are handled and modified through an interpretive process used by the individual in dealing with the event/situation (Blumer, 1969). This study explored and attempted to understand the challenges students experienced, their thoughts, emotions, and perceptions concerning nursing course

failure, and what they believed supported their success as they navigated through the rest of their nursing program. This research produced the theory of *Reconciling Life Balance* that allowed an explanation and understanding of the basic social processes involved in overcoming failure.

Although many theorists describe Grounded Theory Method as having two basic assumptions, symbolic interactionism and pragmatism, others argue that symbolic interactionism stems from the ideas of pragmatists (Heath & Cowley, 2004). Blumer coined the term symbolic interactionism and hoped that it would become the basic study of human group life. He identified three major assumptions of symbolic interactionism: 1) people act towards things and people based on the meanings they have for them, 2) meanings come from interactions with others, and 3) meanings are modified through an interpretive process used to make sense of and manage things that are encountered (Wuest, 2007). This basic approach to the study of human group life and conduct is pragmatic. A pragmatist avoids abstraction and instead focuses on concreteness and facts (Plummer, 2000). Pragmatists believe that social interactions create meaning and shape society and that these shared meanings prevail over the effect that society can have on the individual (Heath & Cowley, 2004). Thus, Grounded Theory's aim is to use a practical approach to explore basic social processes and to understand the many interactions that produce variations in that process.

Relevance to Nursing

Exploring the phenomena of success after failure is relevant to nursing because nursing course failure is endemic in nursing education (McGregor, 2006). Support programs for at-risk and failing students have been shown to decrease attrition and increase retention in nursing programs (Hopkins, 2006; Litchfield, 2001; Tatem & Payne, 2000). However, there remains scant nursing literature that addresses the need for support for students who have actually failed a

clinical course. With the impending nursing shortage and the national and local challenges to increasing graduation rates, nurse educators are obligated to address the issue of students who experience academic failure. Nursing program graduation rates are 59% with a 72% retention rate (NLN, 2008). These statistics indicate that 41% of nursing students do not graduate on time and that a 38% attrition rate exists in nursing programs. In order to support the goals of the American Graduation Initiative (AGI), i.e., to increase graduation rates by 16%, and alleviate the nursing shortage by increasing graduation rates by 30%, nurse educators need to explore the phenomena of success after failure. By doing this, effective strategies to assist the student who has experienced nursing course failure can be developed (Kotamraju & Blackman, 2011).

Assumptions and Biases

This researcher is an Associate Professor in one of the nine associate degree nursing programs in the large urban university system where the study was conducted. The IRB did not include participant recruitment or data collection from the community college where this researcher is employed. When the study began, this researcher was a full-time faculty member in the registered nursing program. Shortly thereafter, this researcher was appointed to the position of Director of Nursing Programs.

The impetus for this study came from the researchers experience with students who failed nursing courses and the use of the word “repeater” to describe a student who was re-taking a nursing course. This researcher believed that the label “repeater” affected the student in a negative manner. This researcher has never experienced academic failure, and assumed that failing a course was “always” a negative experience for the student. It was surprising for the researcher to learn that the label “repeater” did not bother the students, and that the students

actually referred to themselves as “repeaters.” In addition, although the failure was devastating for the participants, some of the students identified repeating as “not so bad.”

The researcher assumed that associate degree nursing student graduates who experienced nursing course failure would be willing to discuss their experiences and feelings with the researcher in one-on-one interviews. Surprising to this researcher was the initial lack of participants and the need to amend the IRB application to include more sites for data collection. Further, the researcher assumed that there were specific individuals and/or specific reasons that motivated the student to achieve success after failure. Although this assumption was true and the participants were motivated by different individuals and reasons, the same basic social process of overcoming failure emerged for all of the participants. The researcher assumed that the position of the course in the program sequence (first course vs. last course) affected the student’s motivation when repeating the course. This assumption was not true: the students reacted to the failure in a similar way whether it was the first class or the last class. However, the process of overcoming failure was similar for all the participants. Lastly, the researcher believed that the process of overcoming failure had a cultural component. This assumption was false: no cultural or gender differences emerged in the process of overcoming failure for these participants. The researcher did not assume that every student who entered a nursing program would be successful. However, only students who did successfully repeat the course and complete the nursing program were interviewed.

Summary

The educational experience of today’s nursing students is challenging. For nursing students, threats of failure and high stress levels have been regarded as endemic in the process of

becoming a nurse (McGregor, 2006). Not all students who begin a nursing program will complete it. Some students will withdraw from the program voluntarily, e.g., they may decide that nursing is not for them. Other students will experience involuntary withdrawal. They will be asked to leave the program because of their inability to meet the academic requirements of the program. The reasons for not completing the program have been discussed and well studied. From the limited research about nursing course failure, it is known that some nursing students need more time to be successful (McGregor, 2006). Intended graduation dates are delayed by students who enroll for fewer credits per semester to increase their chances of passing the nursing courses and by students who must repeat nursing courses. However, educational institutions are under pressure to facilitate the education and graduation of nursing students that qualify and pass the National Council Licensure Examination (NCLEX) and enter the healthcare workforce to alleviate the nursing shortage (Poorman, Webb & Mastorovich, 2002). As stated above, the graduation rate for nursing programs is 59% (NLN, 2008). This means that 41% of nursing students experience a disruption in their progression through the nursing program, which delays their expected graduation. Among the 41% of delayed students are those students who fail a nursing course and must repeat the failed course before moving forward.

The focus of this study was to understand how students overcome nursing course failure, and to develop a theory that can be used to inform and assist nurse educators in supporting students who have failed a nursing course. Interventions or programs developed to assist a student to succeed after experiencing a nursing course failure helps prevent the loss of a potentially qualified healthcare professional. The lack of qualified faculty, the lack of clinical placements, and the lack of resources have limited the number of students that are accepted into nursing programs. As a result of these limitations, it is essential that nurse educators utilize all

available resources to prevent student attrition. Without addressing the phenomena of success after failure, we cannot hope to decrease attrition, increase retention and improve the number of qualified graduates entering the nursing workforce.

Chapter 2

Literature Review

Introduction

To understand the nature of failure and the process of overcoming it, a review of the literature will first focus on failure and success more generally, then failure in academia, and finally, failure experienced by nursing students. Initially, the theories of achievement motivation and attribution will be explored to gain an understanding of the context in which failure and success has previously been studied. The concepts of stigma, self-esteem and self-verification have been associated with failure and success and will be explored as well.

Achievement Motivation Theory

A basic understanding of achievement motivation theory and attribution theory are important to the discussion of failure and success. In order to understand failure and success in business, sports, academia, more specifically, and nursing education, and its affect on individuals, researchers use the theories of achievement motivation and attribution.

The theory of achievement motivation was developed by Atkinson and colleagues in 1957 and was based on the work of McClelland (1955). The theory explains that knowledge of motivational differences among individuals helps predict achievement related to performance (Revelle & Michaels, 1976). The theory holds that individuals are motivated in one of two ways: by the hope of success or by the fear of failure (Atkinson & Litwin, 1960). According to the theory, when an individual's motive to achieve success is stronger than his motive to avoid failure, they have a positive approach to a task. However, if the motive to avoid failure is stronger, then the individual avoids the task (Atkinson & Litwin, 1960). Elliot and Church (1997) explain this approach-avoidance dichotomy by proposing an integrated achievement goal. The performance-approach goal is directed toward the attainment of success and the

performance-avoidance goal is focused on avoiding failure (DeCharms & Dave, 1965). The theory of achievement motivation explains that individuals are motivated by either hope of success or fear of failure. A nursing student who is motivated by hope of success is active in their approach to academic success. The student studies and prepares for assignments and exams. However, a nursing student who is motivated by fear of failure is focused on avoiding failure and may only prepare enough to achieve the minimum passing grade. Although either student may experience a negative outcome, i.e., exam failure, the causes a student attributes to the failure may impact their future academic success.

Attribution Theory

Attribution theory is based on the seminal work of psychologist Fritz Heider (Weiner, 1985). Heider identified four prominent causes for performance: ability, effort, luck and the difficulty of the task (Forsyth, et al., 2009). Heider also noted the internality-externality (or locus of control) and stability constructs that are thought to play a role in the determination of causality (Forsyth, Story, Kelley & McMillan, 2009). Cognitive psychologist Bernard Weiner expanded on the work of Heider and added a third construct to attribution theory: controllability (Weiner, 1985, Forsyth et al., 2009). Weiner called these three constructs, locus of control, stability and controllability, causal dimensions (Cortes-Suarez & Sandiford, 2008). The locus of control dimension suggests that internal control refers to the belief that outcomes are a result of one's own behaviors, whereas external control refers to the belief that outcomes are the result of forces such as luck, fate, and powerful others (Phares, 1971). Therefore, the attributes of ability and effort are attributed to internal control, and the attributes of task difficulty and luck are attributed to external control (Weiner, 1985). The stability dimension refers to whether the cause is changeable over time. In this dimension, task difficulty is a stable (unchangeable) cause

whereas luck and effort are conditions that can change over time (Cortes-Suarez & Sandiford, 2008). Weiner (1985) initially identified ability as stable, or unchangeable, however, he acknowledges that ability may be thought of as changeable if learning is possible. The final dimension, controllability, is considered personally controllable or uncontrollable (Cortes-Suarez & Sandiford, 2008). In this dimension, effort may fall under the personal control of the individual in which he or she can increase or decrease the amount of effort they put into a task. Ability, task difficulty, and luck are considered out of the individual's control (Weiner, 1985).

A central theme of attribution theory is that individuals perceive multiple causes for behavior rather than a single cause (McClure, Lalljee & Jaspars, 1989). Weiner (1985) examined the question, "Why this constant pursuit of 'why?'" (p. 548). The process of identifying explanations for "why" questions is referred to as causal ascription and the answers to these questions are the basis for attribution theory (Perry, Hladkyj, Pekrun, Clifton & Chipperfield, 2005). Individuals generally attribute outcomes to a number of causes, and these causes are related to success and failure (Forsyth, Story, Kelley & McMillan, 2009). However, compound explanations are more probable for success rather than for failure; failure often elicits a single cause (McClure, Lalljee & Jaspars, 1989).

The theories of achievement motivation and attribution offer an understanding of what motivates an individual in achievement-related tasks, such as an academic exam. In addition these theories describe what attributes an individual ascribes to the particular outcome of the exam, such as success or failure. However, the theories of achievement motivation and attribution are limited in that they do not offer an understanding of how an individual who fails at an achievement motivated task, such as a nursing course, is able to overcome the failure. In addition, the theory does not explain if what motivates an individual can change over time. If a

student is motivated by fear of failure and ultimately fails a nursing course, is it possible for the motivating factors of the student to change? Can he or she now be motivated by hope of success? And does the cause one attributes to an outcome have an effect on their motivation? It is the hope that the results of this research provided information that will assist educators to understand what factors assisted students to achieve success after failure.

Failure and Success

When people perform achievement-related tasks, common sense dictates that they may experience a positive or negative outcome (Plaks & Stecher, 2007). The meaning people assign to a given outcome as either a success or failure is determined by their beliefs, or theories about the malleability of human ability (Plaks & Stecher, 2007). Dweck (1999) believes that these lay beliefs about the ability of humans to change can be explained using entity theory and incremental theory. Entity theory posits that everyone has a certain amount of intelligence and there is not much that can be done to change this level; incremental theory posits that intelligence is dynamic and cultivatable with effort (Dweck, 1999). Students who are entity theorists have a high desire to prove themselves to others-- to be seen as smart and avoid looking unintelligent. Because success (or failure) is often linked to what is perceived as a fixed amount of intelligence rather than effort, e.g., the belief that "I did poorly because I'm not a smart person", students may think that failure implies a natural lack of intelligence. Those with an incremental view ("Incremental theorists") when faced with failure, react differently: these students desire to master challenges, and therefore adopt a mastery-oriented pattern. They immediately begin to consider various ways that they could approach the task differently, and they increase their efforts as a result. Unlike Entity theorists, Incremental theorists believe that effort, through increased learning and strategy development, will actually increase their intelligence.

To demonstrate this theory, participants were randomly assigned to receive either an entity message or an incremental message. When faced with a setback, those who received the entity message and who consider ability as a fixed quality, experienced negative effects and self-recrimination (Plaks & Stecher, 2007). However, when faced with the same setback, individuals who received an incremental message, i.e., that performance is a dynamic process, demonstrated more adaptive reactions, and set up a plan for growth through effort (Plaks & Stecher, 2007). The entity group identified their outcome as a failure, whereas the incremental group identified their outcome as a “non-success” (Plaks & Stecher, 2007).

Dweck's (1999) conclusions explore the implications for the concept of self-esteem, suggesting a rethinking of its role in motivation, and the conditions that foster it. She demonstrated that students who hold an entity theory of intelligence are less likely to attempt challenging tasks and are at risk for academic underachievement. While this research is important in understanding how people develop beliefs about themselves (i.e., self-theories) and how these self-theories create their psychological worlds, shaping thoughts, feelings and behaviors, nursing programs do not have the resources to identify and evaluate the self-theories of the nursing student candidates that enter the program.

Exploring the social impact of failure and success, Snyder, Lassegard and Ford (1986) used the old adage “we are known by the company we keep” (generally credited to Aesop, the Greek fableist). This adage explains why individuals want to associate themselves with someone who has been successful in order to “bask in the reflected glory” and distance themselves from those who have been unsuccessful in order to avoid being “cut off by reflected failure” (Snyder, Lassegard & Ford, 1986, p. 382). This study design, a 3 X 2 factorial (Group performance feedback: no information, success X subject sex: male, female), students (n=43) were placed into

two groups and asked to complete a problem solving task and then present the results to the judges. One group received positive feedback and the other group received negative feedback. The findings revealed that group members who received the negative feedback were less likely to participate in the group presentation to the judges and less likely to wear name tags that associated them with the negative feedback group. Additionally, the failure group was noted to have more negative emotions, i.e., anxiety and depression, than the success group (Snyder, Lassegard & Ford, 1986). In the case of failure, social distancing may be used to manage one's image; however, this behavior may have a negative effect on the individual who failed, causing them to feel anxious, depressed and isolated.

Failure and Success in General Academia

When a student receives a failing grade it seems almost automatic that the question is asked by a faculty member, another student, or the student himself, "Why did you/I fail?" In a study by Forsyth et al. (2009), students' perceptions of their academic outcomes were examined. On the first day of class after an exam, students were asked to respond to the question, "What do you think caused your outcome on this test?" (Forsyth, et.al, 2009). The researchers edited 600 responses to a list of 175 items. Nearly all of the causes were value-laden, suggesting that causal factors influenced their outcomes in either a positive or negative way (Forsyth, et al., 2009). The students did not respond the "teacher," the "book" or the "test questions," but rather responded an "*unfair* teacher," a "*good* book," or "*ambiguous* test questions." Factor analysis of these results yielded a final list of 69 causal items and students were asked to identify the items as "not at all causally important" to "very causally important." This study revealed that students searched for causes in two main areas; causes that impede performance and causes that aid performance (Forsyth, et al., 2009).

A study by Ward, Wilson and Ward (1994) examined students' assessment of the factors that contributed to their failure in an introductory accounting course. Students in "Accounting Principles I and II" were asked to complete a questionnaire containing questions about their course performance. Students who had failed the course were asked to rank the possible reasons for failure from "most important" to "least important." Separate ranking profiles were created for students who had just failed the first accounting course (n=93) and for those students who had previously failed Accounting I and were now enrolled in Accounting II (n=83) (Ward, et al., 1994). The possible reasons for failure included from most important to least important: "did not study enough, course material covered too quickly, inability to apply material in text, instructor of the course, and inability to understand terminology, too much homework assigned, examination did not test knowledge of material, miscellaneous other factors, textbook difficult to understand, and mathematical calculations too complicated" (Ward et al., 1994, p. 30). The researchers surmised that the students in both groups were significantly correlated, meaning the students in both groups gave similar reasons for the failure ($r=.798$, $p=.01$). In addition, the students recognized to some extent that they are responsible for their own success or failure in completing the first accounting course (Ward, et. al., 1994). Although this study attempted to understand the causes associated with academic success and failure, this study had several limitations. First, there was no theoretical framework to support how the researchers decided upon the 10 causes for course failure. Second, the students were not given an opportunity to express their perceived reasons for course failure, and therefore, some causes may not have explored. Lastly, the study was limited to one course with a relatively small population of participants.

A study by Houglam, Rajender and Delfinis (2004), was conducted to examine which of the admission criteria used in selecting pharmacy students could predict success and failure. The admission criteria under scrutiny were the Pharmacy College Admission Test (PCAT), American College Test (ACT), cumulative grade point average (GPA), science GPA and possession of a prior degree. The study looked at 334 students who entered their first year of a pharmacy PhD program in the years 1997 to 2002. Factors that were significantly associated with academic failure were as follows: ACT scores, average organic chemistry grade and gender. Similarly, predictors of academic success were as follows: ACT scores, average grade in organic chemistry, science value, prior bachelor's degree and being a transfer student (Houglam, Rajender & Delfinis, 2004). It was noted that academic difficulty occurred most often in the first and second years of the curriculum, with the greatest attrition during the first year (Houglam, Rajender & Delfinis, 2004). Support for first-year students, seminars, workshops and tutoring may have an impact on academic failure and a decrease in student attrition. This study acknowledged that students repeating professional curriculum courses was an indicator of academic difficulty and could increase the risk of student failure and an increase in attrition (Houglam, Rajender & Delfinis, 2004).

A “paradox of failure” is described in a study by Perry, Hladkyj, Pekrun, Clifton and Chipperfield (2005). In this situation, a skillful, intelligent high school student unexpectedly fails once they reach college, which in turn delays graduation past the 4-year time-frame. This study is based on the premise that student autonomy and self-reliance are pivotal to success in college and both are part of the paradox of failure (Perry, et al., 2005). The basis of this experimental study is to look at the college student's perceived academic control. Academic control is a student's belief in their ability to influence and predict achievement outcomes (Perry et. al.,

2005). Students were asked to complete two questionnaires: Survey 1 was a perceived academic control measure (Cronbach's alpha = .80) and Survey 2 was a 12 item forced-choice preoccupation with failure measure based on Kuhl's action control theory (Cronbach's alpha = .71). The researchers acknowledge that not every student who perceives that they have high academic control succeed in college. Students' ability to monitor their progress and modify their actions during academic difficulty plays an important role in success (Perry et al., 2005). For example, an intelligent student with high academic control, but who does not monitor success and failure, may not perform optimally in a course (Perry et al., 2005). The study also revealed a relationship between academic control (high/low) and preoccupation with failure (high/low). Preoccupation with failure is defined as the amount of attention a student devotes to monitoring the success and failure of his or her goal-striving efforts (Perry et al., 2005). Students with high academic control and either high or low preoccupation with failure did better than students with a low academic control and either a high or low preoccupation with failure. This suggests that there are other variables that have an impact on academic control and academic performance (Perry et al., 2005). The intelligent college student may do poorly because of low academic control, or because that same intelligent student has high academic control but focuses too much on failure, or not enough—all indicative of the paradox of failure. The above studies have highlighted research that has explored success and failure in general academia.

The literature review will now focus on success and failure in the specific discipline of nursing education. This present research hopes to give students the opportunity to explore the process of overcoming failure. The theory derived from this grounded theory research is intended to aid nurse educators in assisting students who have experienced nursing course failure so that they can successfully complete the nursing program.

Failure and Success in Nursing Education

Nursing program curricula require students to master complex course content, to think critically, and to perform higher level learning behaviors such as application, analysis and synthesis (Bloom, 1956). Nursing program admission is highly competitive and, once admitted, difficult to complete (Goff, 2011). As a result of challenging curricula academic failure is endemic in nursing programs, resulting in program dismissal. Educators continue to seek strategies and interventions to assist students at-risk for academic failure. Nurse researchers have spent much time examining the student who fails a nursing course and the reasons for the failure (Diekelmann and McGregor, 2003; Gallant, et al., 2006; Jeffreys, 2002; 2007).

In an ethnographic qualitative study by McGregor (2006), the relationship between the clinical instructor, often an adjunct, and the student who is failing is examined. Nine nursing students, six faculty and three administrators were interviewed three times during an academic year. After all the interviews were conducted and the data analyzed, the main theme that emerged was that not all nursing students can be successful, yet when failure is the outcome, a student's dignity, self-worth, and future possibilities must be preserved (McGregor, 2007). The researchers supported the idea that nursing schools move away from outcomes or competency-based nursing curricula (i.e., teacher as expert) toward a teaching and learning process that supports a student-centered approach. A student-centered approach focuses on the needs of the students, rather than those of others involved in the educational process, such as teachers and administrators. This would result in a deeper understanding of how student successes and failures are navigated and managed (McGregor, 2006).

In a mixed method study by Bowden (2008), the research team looked at the nursing students who considered leaving their nursing program, but who remained in the program.

During the first phase of a two-phase process, a questionnaire was sent to 93 nursing students who had completed their pre-registration courses and asked them to select one of three responses: never considered leaving, occasionally thought about leaving, seriously considered leaving on more than one occasion. Phase two of the project interviewed those students who had seriously considered leaving on more than one occasion. The study identified the factors that prompted students to consider leaving: academic issues, clinical placement issues, financial issues and personal issues (Bowden, 2008). Several factors were identified as to why they remained in the program: all were related to the support they received from others. Although family and friends were included, the students stated that they (family and friends) could not really understand what they were going through (Bowden, 2008). Peers were another group identified as offering support to the struggling student. However, personal tutors were identified as the most influential group that encouraged the student to remain in the nursing program (Bowden, 2008).

In a phenomenological study by Dobinson-Harrington (2006), a purposive sample of 44 students and 36 nursing faculty were interviewed and the data analyzed. Laddered questions were used to connect actions, relevant knowledge, feelings, attitudes and values associated with personal tutor contact and learning (Dobinson-Harrington, 2006). The researchers also identified personal tutors as an intrinsic component of nursing student success. However, it is important to note that this research was conducted in London, England and although it has implications for students in the United States, the nursing faculty are identified as the personal tutors. Many themes emerged from the study, the most relevant being that both the student and the personal tutor experienced the encounter as one requiring work. The student and the personal tutor identified time and energy as obstacles for success (Dobinson-Harrington, 2006). Again, the

central limitations of this study was identified as faculty not having enough time to demonstrate enough empathy or interest in the student that would be required for success. The three previous qualitative studies identify support services as essential for student success. Students report that faculty support and a more humanistic pedagogical approach to nursing education would positively impact their ability to succeed (Bowden, 2008; Dobinson-Harrington, 2006; McGregor, 2007). Again, the research suggests that nursing education move away from the traditional pedagogy of nursing programs, where the teacher is the expert and the student is a passive learner, to a pedagogical approach that engages the student as an active learner. Examples of this type of pedagogy are the use of case studies and group work.

A quantitative study by Jeffreys (2002) explored student perceptions of variables influencing retention. A pre- and post- test method was conducted with a sample of 80 students, who regularly attended scheduled study groups. The researcher evaluated the perceptions of variables that influenced retention in an enrichment program at the beginning of the semester and again at the end of the semester. Using the Student Perception Appraisal-1 (SPA-1) and the Student Perception Appraisal-2 (SPA-2) the researcher identified factors that “moderately and greatly supported” retention and those factors that “moderately and greatly restricted” retention (Jeffreys, 2002). The reliability for the SPA-1 ranged from .72 alpha co-efficient to .77 split-half and the reliability for the SPA-2 was .89 alpha co-efficient and .88 split-half. The researcher concluded that the instruments were valid because the findings were consistent with the proposed expectations but acknowledged that further use of the SPA=1 and SPA-2 with similar and different nursing student populations and repeated tests of reliability and validity would provide further estimates of the instruments’ psychometric properties (Jeffereys, 2002). Results revealed that faculty advising and tutoring service was retrospectively viewed as “greatly supportive”

(Jeffreys, 2002). The research further identified environmental variables and social integration variables as having a strong influence on retention.

In a subsequent study by Jeffreys (2007), nursing students were tracked through program entry, progression, graduation and licensure to examine student retention and success. In a retrospective evaluation study, 112 student records were accessed for the following information: demographic data, admission records, transcripts, college graduation records, and licensure information. Findings revealed that the average GPA of admitted students was a 3.07. This sample had a 75% retention rate, with first semester failure attrition accounting for 9% of the sample. Graduation rates for the students in the study ranged from 4 semesters to 12 semesters (this represents the number of semesters after the first clinical course). Licensure information revealed that 80% of the student graduates passed the NCLEX on the first try. At the conclusion of the study, 93% of the student graduates were licensed as registered profession nurses and 6% of the student graduates remained unlicensed. Discussion and implications for the study focused on maximizing student retention and success, and identified these factors as a high priority within all nursing programs. Selecting potentially successful candidates for nursing programs, identifying at-risk students, developing strategies to facilitate learning and success, and preparing students for entry into the nursing workforce are predominant themes emerging in the nursing literature. Nurse educators who identify at-risk students can further assess the student's individual strengths and weaknesses and recommend mandatory and/or voluntary support interventions. It was noted that help-seeking behaviors vary among ethnically diverse students and nurse educators must attempt to reach out and intervene with students in a culturally sensitive manner.

The literature review has identified students at-risk for academic failure and discussed interventions and strategies to improve student retention. Student GPA, performances in science courses and innovative pedagogical strategies have been identified as predictors of academic success/failure (Diekelmann and McGregor, 2003; Gallant, et al., 2006; Jeffreys, 2002; 2007).

However, academic failure has been associated with low self-esteem, lack of social support, and the stigmatization of nursing course failure (Link & Phelan, 2001; Peyrovi, Parvizy & Haghani, 2009; Swann, 2003). In order to understand how a student overcomes nursing course failure, the psycho-social aspects of failure must also be explored.

Stigma, Self-Esteem, Self-Verification

Most nursing programs have students that experience academic failure (Newton, et al., 2007). Those students who experience failure in a clinical course are often known as “repeaters” (Casas & Meaghan, 1996, p. 116). This label can stigmatize students. In the seminal work of Erving Goffman (1963), stigma is defined as “an attribute that is deeply discrediting and that reduces the bearer from a whole and usual person to a tainted, discounted one” (p. 3). However, the definition of stigma has evolved over the years and is presented differently depending on the research discipline. Link & Phelan (2001) define stigma as elements of labeling, stereotyping, separation, status loss, and discrimination that occur together in a situation that effects an individual’s psychological being. Stigma has social implications that researchers believe have a dramatic impact on life, including social distancing (Link & Phelan, 2001). The stigma of academic failure can be disturbing for a student; the student is often labeled a “repeater” by faculty and other students. Students suffer a separation from classmates who are moving on, and may endure a status loss as a nursing student as they wait for the clinical course to be offered again.

Students enter nursing programs with the goal of becoming a registered nurse. Some students identify this as a lifelong goal; others have chosen nursing for its job security and its ability to provide financial stability for their families. According to identity theory, the self is comprised of multiple identities that reflect the various social positions that an individual occupies in the larger social structure. Self-verification occurs when meanings in the social situation confirm meanings in an identity. The verification of an identity produces feelings of competency, self-worth, increasing self-esteem. When nursing students are able to verify their identity, self-esteem increases (Cast & Burke, 2002). Receiving a passing grade on an exam or successfully completing a performance exam, helps students gain confidence and self-esteem. This success reinforces their identity/role as a nursing student. Nursing students inhabit multiple roles: all are students; many are sons and daughters of immigrant parents; some are mothers and fathers, and often the person that the family is relying on for support. However, when students are told that they have to repeat a clinical course because they have not met the expectations of that course, it can have an impact on their self-esteem. This academic failure imposes a major setback in their goal to become a registered nurse, provides a disappointment to family who they perceive as “counting on them,” and threatens their identity and role as a nursing student.

Self-verification theory holds that people are motivated to perform well as to confirm and reinforce self-views (Swann et al., 2003). People develop self-views by the way they are treated by others. Earning the praise of family, friends, other students, and faculty for being “smart” and “successful” contributes to their identity that they are smart and successful. Upon entering a nursing program, students believe they will complete the coursework and graduate. They believe they are prepared for this course of study and can be successful. Verification of an identity produces feelings of competency and worth, increasing self esteem. However, when there is a

disturbance in the identity-verification process, distress results in negative emotional responses, such as anxiety, depression, or anger (Cast & Burke, 2002). A strong sense of self (i.e., high self-esteem) acts as a resource for individuals during stressful times. For example, a student with high self-esteem, which is an identity concurrent with getting good grades, fails an exam. This student's high self-esteem supports them through this stressful event and they will work to earn a better grade on their next exam. However, a student who experiences a disruption in their identity, e.g., a failing grade, and who has low self-esteem, has no buffer against these negative events. Preserving the self-esteem of students who are unsuccessful at meeting the expectations of the academic courses provides them with resources and tools to maintain their identity as a nursing student with the potential for successfully repeating the course, and completing the program.

Summary

Individuals experience success and failure every day. The experience of academic failure can impede an individual's progress toward an expected graduation date. For nursing students, academic failure may result in expulsion of a student from the nursing program. The literature review above discusses the ways in which success and failure has been studied. It provides interventions for nursing student selection criteria, pedagogical strategies to assist the at-risk student and the psycho-social impact of failure on the student. The preparation of nursing students for health care in the twenty-first century requires that programs deliver education in the most effective and efficient manner possible (Noble, Miller & Hackman, 2008). This may result in an increase in the number of students who graduate on time, pass the NCLEX, and begin to work as registered professional nurses. However, before these outcomes can be achieved, students must achieve academic success in their nursing programs.

There is paucity in the research regarding how a student succeeds after nursing course failure. A Grounded Theory approach to this inquiry was appropriate for nursing research. Grounded Theory Methodology is used in nursing research because of its inherent power to provide a deeper understanding of the behavior of the participants within a social context. It provided the researcher with the ability to make a beneficial impact on participants by offering a theory based on the unique experiences of the participants and without forcing their experiences into an existing framework (Hernandez, 2010; Wuest, 2007). The Grounded Theory Method was used in this original research to explore how a student who failed a nursing course continued on to successfully complete their nursing program.

Chapter 3

Methodology

Introduction

Grounded Theory has been described as an inductive research methodology for the generation of substantive or formal theory using qualitative or quantitative data generated from research interviews, observation, written sources, or some combination thereof (Glaser and Strauss, 1967). Barney Glaser and Anselm Strauss, both sociologists at the University of California, San Francisco, developed the Grounded Theory methodology of qualitative research in the 1960's during their study of dying (Hernandez, 2010). The foundation for Grounded Theory is derived from symbolic interactionism. The researcher attempts to determine what symbolic meanings artifacts, clothing, gestures and words have for people as they interact with one another in a social context (Chen and Boore, 2009). Individuals sharing common circumstances, e.g., students who fail nursing courses and must repeat them, experience common perceptions, thoughts, and behaviors, which are the essence of this theory (McCann and Clarke, 2003). This is a theory about human behavior and an approach to the study of human conduct and group life. The purpose of Grounded Theory is to uncover a basic social process about a phenomenon of interest; the theory needs to be grounded or rooted in the data, thus the term *Grounded Theory* (Glaser and Strauss, 1967).

Grounded Theory methodology is different from other qualitative methods of research which operates almost in a reverse fashion from traditional social science research. Rather than beginning with a hypothesis, the first step is data collection. From the data collected, the key points are marked with a series of codes, which are extracted from the text. The codes are grouped into similar concepts in order to make them more workable. From these

concepts, substantive categories are formed, which are the basis for theoretical codes and the development of a theory, or a reverse hypothesis (Glaser, 1999). This contradicts the traditional model of research, where the researcher chooses a theoretical framework, and only then applies this model to the phenomenon to be studied.

In the years following the publication of *The Discovery of Grounded Theory: Strategies for qualitative research* (1967) by Glaser and Strauss, Strauss began working with Julie Corbin, with whom he published the book *Basics of Qualitative Research* (1990). This was a significantly different version of the original method of Grounded Theory developed by Glaser and Strauss in 1967. The version that Strauss and Corbin advanced was described as a maturation of the classical approach. The classic Grounded Theory approach by Glaser and Strauss generated theory from data. However, Strauss and Corbin's approach involved more structured coding, memoing, and analysis, which describes the procedures of open, axial and selected coding (Chen and Boore, 2009). In response to this modification, Glaser published *Basics of Grounded Theory Analysis: Emergence vs. Forcing* (1992), and countered that Strauss and Corbin were no longer doing Ground Theory, and referred to their approach as full conceptual description. He claimed that it forced the data and theory rather than allowing them to emerge (Chen and Boore, 2009). These publications launched an academic debate in the research community. The original version of the Grounded Theory methodology is now considered "classic" or "Glaserian" Grounded Theory and the modified version of the original is often called "Strasserian" Grounded Theory (Chen and Boore, 2009, p. 2253). For the purpose of this research, a classic Glaserian approach to Grounded Theory will be utilized. In the following section, a brief description of the foundation of this method of qualitative research related to the present study will be discussed.

Theoretical sensitivity

Theoretical sensitivity refers to the attribute of having insight, the ability to give meaning to data, the capacity to understand, and the capability to separate relevant data from data that is not relevant (Strauss & Corbin, 1990). It is the ability of the researcher to be fully open to what the data are indicating. In this way the substantive categories emerge from the data, rather than operating from a personal theoretical bias into which the data are forced (Hernandez, 2010). It is theoretical sensitivity that allows one to develop a theory that is grounded, conceptually dense, and well integrated. Glaser and Strauss (1967) argue that this is the main reason why Grounded Theory researchers should be advised not to read the literature in the researcher's area of interest until after the core category has emerged. The hope is that the delay in the comprehensive review of the literature will prevent researcher bias and avoid force-fitting ideas into core categories. It is acknowledged, however, that researchers are usually familiar with the literature regarding their interest of study, and must make a conscious effort to prevent preconceptions from limiting their ability to recognize what the data are indicating. According to Glaser (1999) the researcher's mandate is to remain open and free to what is actually happening.

As a nursing program faculty member, this researcher was familiar with some of the quantitative literature on nursing student success and failure. However, she was not familiar with the research on overcoming failure. Therefore, she was able to remain open to the data the participants provided on their experience in nursing school and their experience with nursing course failure. This researcher endeavored to recognize what was important in the data and give it meaning. The theory of *Reconciling Life Balance* was faithful to the reality of overcoming failure and becoming a successful student repeater.

Theoretical Sampling

Theoretical sampling is different from other conventional methods of sampling because theoretical sampling is responsive to the data rather than established before the research study begins. Grounded Theory suggests that participants are selected iteratively, rather than all being identified at the beginning of the study through theoretical sampling. The codes and categories that emerge influence the selection of future participants. Sampling continues until the emerging concepts and categories reach saturation, at which point no additional new data is found (Glaser and Strauss, 1967). In this study, theoretical sampling was not used due to several factors. First, the specific criteria of a nursing student who failed a nursing course, repeated the same course and continued on to complete an associate degree nursing program required the participants to self-identify. Second, Institutional Review Boards required that any potential participants be recruited or referred as opposed to approached or solicited by the researcher directly. However, this sample was robust due to the number and diversity of the respondents which contributed to the credibility and rigor of the research findings (Creswell, 2012; Roy, 2012). Patterns emerged with this diverse sample of participants despite different ethnicities, gender and age. It is interesting to note that although men represent 6% of registered nurses nationally, men accounted for 31% of the participants of this particular study. Despite this, differences in codes or categories were not found between the male and female participants. Thus, it is believed that the data is relevant for both male and female nursing students who met the other criteria for this study.

Sample size and selection

The participants in this study were chosen through convenience sampling. Convenience sampling means that the persons participating in the study were chosen because they were

readily available (Morse, 2007). It allows the researcher to make comparisons based upon the concepts that emerge during the analysis but limits choosing whom to interview next (Corbin & Strauss, 2008). In Grounded Theory, once a convenience sample has been identified, snowball sampling may be used. Snowball sampling is when the researcher requests introductions from the participants to refer other nursing students to participate in the study (Morse, 2007). In this study, some snowball sampling was used. Three participants encouraged other classmates, who had received the recruitment information, to participate in the study. Usually in Grounded Theory, after convenience and snowball sampling occur, a purposeful sample is then recruited. A purposeful sample is when participants are recruited who are going through a particular stage in the process that has been identified (Morse, 2007). However, because of the specifications of the IRB, this study did not engage in purposeful sampling and that has been identified as a limitation of the study. The first participant was included in the study based on his experience as a student in an associate degree nursing program who failed a nursing course, repeated the course and then continued on to complete the nursing program. Sampling continued until theoretical saturation was obtained. This occurred when no new data emerged that was relevant to the particular categories and subcategories. Sixteen participants were included in this study.

Recruitment

Recruitment began following Institutional Review Board (IRB) approval through Lehman College, City University of New York. The participants were recruited from a large urban community college in New York City. The initial recruitment focused on ways to access participants who would be judged to have good knowledge of the study domain, i.e., students who have failed a nursing course and have continued on to complete the program (Munhall, 2012). To begin the process of participant selection, the Chairperson of the Nursing Program at a

large urban community college was asked via telephone, followed by a written letter (Appendix E) to provide the email addresses of student graduates who met the sample criteria. An email blast was sent to 90 students who graduated in June and December 2012. The emails obtained from the community college were student issued email addresses. There was a concern that students who graduated would not be checking their student issued emails. The emails contained an informational letter outlining the study (Appendix C). Students who had successfully completed the nursing program after failing a nursing course were asked to voluntarily contact the researcher via email or cell phone if they were interested in participating in this study. The letter informed the potential participant that they would receive a \$20 Amazon.com Gift Card at the completion of the interview. The researcher monitored her email and voicemail at least three times a day for potential participants. It was anticipated that graduate nurses of the community college would either self-refer if they meet they meet the criteria for the study, or would refer their former classmates to this study.

After being contacted by a potential participant, the researcher called them on the phone to verify that they met the study criteria and if they were interested in being interviewed. The researcher screened the potential participant to insure that they met the delimitations for this study: 1) an associate degree student nurse graduate, 2) had experienced nursing course failure, and 3) repeated the course and completed the associate degree nursing program. Once it was confirmed that the participant met the criteria for the study and that they agreed to be interviewed, a date, time and location for the interview were discussed. It is interesting to note that this researcher received at least twenty emails and several phone calls from student graduates who wanted the researcher to know that they had never failed a course. Five interviews were conducted over the phone. For these interviews, the researcher obtained a

mailing address and sent two paper copies of the consent form (Appendix A) to the participant. The participant was instructed to read the consent form, call the researcher with questions, sign both copies of the consent form and return one copy to the researcher in the self-addressed stamped envelope.

For the face-to-face interviews, an interview time and location mutually convenient for both the participant and the researcher was arranged. The consent form was mailed through first-class mail to the address provided by the participant. Included in the mailing were instructions (Appendix D) for the participant to read through the consent form and to bring it with them to the interview. The participant was asked to sign both consent forms in front of the researcher. Before the interview began there was an opportunity for questions and concerns regarding their participation in the research study and demographic data was collected from the participants. Information regarding age, birthplace, marital status, children, employment status and race was obtained (see Appendix B).

After four months of data collection and with only four interviews conducted, an amendment was submitted to the IRB to increase the number of sites for data collection. Three additional community colleges that were part of the university system were added to the approved data collection sites. The chairs of nursing at these new sites were contacted and approval was received to collect data. In addition to email sent to these students, faculty referred student graduates to the study. In addition to faculty referrals, students contacted other students and provided them with the researchers contact information. These additional students self-referred themselves to the researcher. This snowball sampling recruited more participants than the original emails that were sent to the entire graduating classes from the approved data collection institutions. Subsequent recruitment took place to collect data that allowed concepts to

emerge, be confirmed and refined, moving the analysis toward theoretical saturation (Glaser, 1999). After six interviews, common experiences and themes began to emerge. At the completion of twelve interviews theoretical saturation had occurred. An additional four interviews were conducted to confirm saturation and ensure that no new themes had emerged.

Consent, Data Management and Risks

Interviews were conducted after approval from The City University of New York's Institutional Review Board and written consent was obtained from the participants who met the inclusion criteria for this study. When the participant agreed to be included in the study, the researcher obtained their consent and signature (Appendix A). It was explained to the participants that even after signing the consent, they could withdraw from the study at any time. This did not occur. Eleven participants were engaged in one-on-one, face-to-face interviews and 5 participants were engaged in phone interviews with the researcher. All of the interviews were audio taped and transcribed into electronic files, as stated in the consent. The digital audio files were transcribed into Microsoft word documents by a research specialist from the Qualitative Data Analysis Program, University Center for Social and Urban Research at the University of Pittsburgh.

The confidentiality of the interview, the de-identification of the participant and the protection of the data was ensured by storing all data in the password protected, encrypted secured server account provided by the University Center for Social and Urban Research at the University of Pittsburgh. Data contained no identifiable information. All audiotapes have been maintained in a locked cabinet in the researcher's home office. An Excel spread sheet was created to manage the logistics, demographic data and aliases for all of the study participants. Aliases were assigned to study participants using a Google search of the top 100 girls and boys

names of 2012. These names appear in Chapter 4 when discussing the responses of the participants. The worksheet containing the log of interviews with the given aliases is stored on a separate password protected computer in the researcher's home office.

While the risks of this study are minimal, there was a chance that the participants may have experienced distress or anxiety while discussing the incident of having to repeat a nursing course after experiencing nursing course failure. The names and contact information of two counselors were made available to the participants as referrals if their services were needed.

Setting, Access, and Interview Technique

Once the initial participant had been identified, individual, semi-structured, open-ended, face-to-face and phone interviews were conducted to collect data. The data was collected by one researcher, who is identified as the primary investigator. The qualitative interview is intended to be a personal and intimate encounter between the participant and the researcher, where open, direct questions are used to elicit detailed narratives and stories (DiCicco-Bloom & Crabtree, 2006). Interviews were conducted using an initial interview guide with follow-up questions to confirm theoretical concepts. As the study progressed, more focused questions were asked in order to verify, expand and refine the emerging concepts and the relationships among them.

The audio recorder was turned on and the researcher opened the interview with the leading statement, "Tell me about nursing school." The participants began to talk about their experiences in nursing school and often asked, "What do you want to know?" The researcher replied, "Anything you want to tell me." The participants had signed the consent form which described the inclusion criteria for the study; however, it was important to the researcher that the students describe their overall experience with nursing school, rather than focus on the nursing course failure. All of the participants eventually offered specific details about the failure. Over

the course of the interview, the researcher would ask the participants to clarify words and phrases, or to give specific examples that would allow her to better understand the story the participant was telling.

The interviews were conducted in locations that were agreed upon by the researcher and participant that provided sufficient privacy to ensure participant comfort and allow for thoughtful discussion. The locations ranged from a Dunkin Donuts and a Barnes and Nobles café, to the libraries at the various community colleges, to a barber shop where one of the participants was employed. Two interviews had to be re-scheduled several times as a result of Hurricane Sandy. At the conclusion of each interview the student was given a \$20 Amazon.com gift card as promised in the recruitment letter they had received.

The phone interviews were conducted in the researcher's home office. The participants were called at a specified time and were notified that they had been placed on speaker phone to facilitate audio taping. The consent was reviewed and the interview began after all questions had been answered and the demographic data collected. At the conclusion of the phone interview, the digital audio tape was sent to the University of Pittsburgh transcription service via the same process as the face-to-face interviews. The Amazon.com gift card was mailed to the participants immediately following the phone interview.

Theoretical Coding

The conceptualization of data through coding is the basis of Grounded Theory development (Glaser & Holton, 2004). Coding is a way of identifying important words or groups of words in the data and labeling them accordingly (Holton, 2007). There are two types of codes that can be generated in Grounded Theory: substantive and theoretical. Substantive codes

conceptualize the empirical substance of the area of study and theoretical codes conceptualize how the substantive codes may relate to each and be integrated into a theory (Glaser & Holton, 2004; Chen and Boore, 2009). Unlike coding in other qualitative research, Grounded Theory codes for social and social psychological processes, not for topics (Holton, 2007).

It is in the beginning, with open coding, that the theorist is most tested to remain open to the data and let concepts emerge. The process begins with line-by-line coding of the data. This forces the researcher to focus on patterns among incidents and code for as many categories as possible (Glaser & Holton, 2004). The researcher listened to the participants tell their story about completing the nursing program after experiencing nursing course failure. Probes were given as needed during the interview; however a specific line of inquiry was avoided. The constant comparative method assisted the researcher to compare incident to incident in the data and code the incidents into categories. Glaser identifies 18 different coding families that could be used to connect categories of data to each other, but stresses that the 18 codes are only possibilities and not exhaustive (Chen & Boore, 2009). During the initial data analysis phase, Glaser's 18 coding families were used as a guide to place the data into "rough" categories. A different color highlighter pen was used for each category. As themes began to emerge, these substantive categories were re-named based on what the data had revealed.

For example, Glaser named category #8 the Identity-Self Family. Some of the words used to characterize this coding family are self-image, self-concept, self-worth and self-evaluation (Glaser, 1978). The comments made by the participants that related to the lack of self-worth they felt as a result of the failure were highlighted in yellow and the category was renamed "*managing emotions.*" These categories were saturated until the theoretical categories of acknowledging and becoming a successful repeater emerged. The basic social process of

Reconciling Life Balance emerged when it reoccurred frequently in the data and related meaningfully and easily with the other categories. These theoretical categories became the focus of selective coding. During selective coding the researcher stopped open coding and limited coding only to the *acknowledging* and *becoming a successful repeater* categories that related to the basic social process of *Reconciling Life Balance* in a significant way. Substantive categories for *acknowledging* included *acknowledging the unexpected* and *acknowledging failure*. Substantive categories for *becoming a successful repeater* included *managing emotions, seeking help, adjusting work life balance and achieving success*. Selective data collection and analysis continued until the researcher elaborated and integrated the substantive and theoretical categories and its properties into the emerging theory of *Reconciling Life Balance*.

Constant Comparative Method

The constant comparative method of data analysis in Grounded Theory is the simultaneous process by which data are collected, analyzed, and written up (Hernandez, 2010). According to Gasser and Straus (1967), this process will assist the researcher to “compare incidents applicable to each category, integrate categories and their properties, delimit the theory, and write up the theory” (p. 105). While analyzing the data, the researcher continually asked, “What is this data a study of?” and “What is actually happening in the data?” These questions relate to the two major assumptions of Grounded Theory: that there is some issue or problem in the substantive area of study and that the participants’ behaviors are resolving this underlying concern (Hernandez, 2010, p. 156). The main problem in the study of overcoming coming failure was that the students’ lives were “off-balance.” The routines that they had established before entering the clinical phase of the nursing program were no longer effective for them. In addition, the students underestimated the difficulty of nursing education and were surprised by

the nursing course failure. The behavior of the participants as they engaged in the basic social process of *Reconciling Life Balance* will be illuminated in Chapter 4. The process of constant comparison continued until theoretical saturation was obtained. As discussed above, after six interviews common experiences and themes began to emerge. At the completion of twelve interviews theoretical saturation had occurred. An additional four interviews were conducted to confirm saturation and ensure that no new themes had emerged.

Memo writing

Memo writing is an essential part of the constant comparative method of data analysis. Memo writing is the methodological link through which the researcher transforms data into theory. Through sorting, analyzing and coding the data in memos, the researcher uncovers emergent social processes (Lempert, 2007). After the first interview was over, the researcher immediately began to analyze the data. The researcher began to code the data, line-by-line, and generate memos. The researcher interrupted coding to memo ideas as they occurred. Although this slowed the data analysis process, the memos helped the researcher move the data to a conceptual level and develop the properties of the emerging categories. Memo writing occurred throughout the data analysis process and then the memos were sorted by emerging categories into a memo fund that facilitated the write-up of the theory. Initially the researcher titled the memos by the 18 theoretical concepts described by Glaser. Once theories began to emerge, the researcher went back and renamed the concepts based on what was being said by the participants. Often memos needed to be duplicated so that they could be considered in more than one category. Memos were written on index cards and coded with different colored highlighters to make sorting easier and more accurate. Once theoretical saturation was achieved, “writing up the theory” began.

Writing up the theory

After the constant comparative process, the researcher had numerous memos that contained information about each of the theoretical categories, *acknowledging* and *becoming a successful repeater* and their substantive categories, *acknowledging the unexpected* and *acknowledging failure* and *managing emotions, seeking help, adjusting work life balance* and *achieving success*. Memos were sorted into groups according to the substantive categories that had been identified during data analysis (Glaser, 1999). The researcher avoided writing about “individual experiences” and focused on the theory of *Reconciling Life Balance* that emerged from the constant comparative process of data analysis. The evaluation of the final theory explained how the participants continually resolved their main concern of overcoming failure with concepts that fit, worked, and had relevance until they were saturated. The Grounded Theory method offers guidelines on how to develop a practical theory of human interaction that is congruent with the basic social interaction that emerged in the theory of *Reconciling Life Balance* (Glaser, 1999).

Reliability and Validity

Glaser (2001) addressed the issues of reliability and validity in Grounded Theory and concludes that Grounded Theory meets the established criteria: credibility, transferability, external validity, dependability and confirmability. When categories are constantly compared to develop new properties and they fit, work and are relevant the results are credible. Grounded Theory moves from a description of what is happening to an understanding of the process by which it happens. This can be readily applied to a new situation and is transferrable. External validity can be established because the theory fits the situation from which it was generated and can be transferable to other situations by constant comparison. All categories and properties are

constantly verified during the process of generating a theory. As a result new data just require modifications and are considered dependable. Confirmability can be determined because the conceptual patterns stand independently and new data will only modify the theory (Glaser, 2001).

Data was collected over a one year period of time. This enabled the researcher to thoroughly review and reflect upon transcripts, journal entries, and memo notes to code and re-code interview transcripts as the theory emerged. The researcher's dissertation chair, an expert in qualitative research, reviewed the interview transcripts and provided feedback for future interviews along with commentary on the emerging theory. To enhance the credibility of the findings, along with the consistency of the meanings ascribed by the participants to their social interactions with other individuals in the nursing programs, participants of different ages, ethnicities and gender participated in this study. A highly variable sample of nurses resulted. The participants failed different courses in their nursing programs and in different semesters (first semester versus last semester, etc). This resulted in different perspectives regarding program completion.

It is the obligation of the researcher to present the data honestly (Munhall, 2012). Interviews were recorded until the participant ended the interview. Following transcription by the University of Pittsburgh, the researcher read the transcript to insure that the interview was captured in total. Participants were asked to contact the researcher if additional thoughts or ideas surfaced following the interview.

Limitations

Limitations are factors that may have an effect on the interpretation of the findings or the transferability of the results and are not under the control of the researcher (Lunenberg & Irby, 2008). The researcher, therefore, acknowledges the following limitations to this study:

- (1) Limited theoretical sampling. Theoretical sampling in grounded theory is the process by which the researcher seeks answers to questions or hypotheses that arise during data analysis by interviewing new participants who are likely to have relevant experiences, looking for comparisons in data already collected, returning to participants to ask new questions (Munhall, 2012). In this study, theoretical sampling was limited due to several factors. First, the specific criteria of having failed a nursing course, repeated the course and then continuing on to complete the nursing program required the participants to self-identify themselves to the researcher. Second, the Institutional Review Boards required that any potential participants be recruited or referred as opposed to approached or solicited by the researcher directly. This sample, ultimately, was robust due to the number and diversity of the respondents, which contributed to the credibility and rigor of the research findings (Creswell, 2012; Roy, 2012). Patterns emerged with the diverse sample of participants despite different, ages, gender and ethnicities.
- (2) Convenience sample. Only students who failed a nursing course, repeated the nursing course, and successfully completed the nursing program were included in this study. Some snowball sampling occurred. However, this study did not engage in purposeful sampling. Students presently repeating a failed nursing course were not included in this study. Students who failed a nursing course, repeated the nursing course, failed the course a second time and were dismissed from the nursing program were not included in

this study. It is possible that these students could have provided confirming or disconfirming evidence regarding the impact of *Reconciling Life Balance* and student success.

In addition, students who did not experience nursing course failure and completed their nursing program without issue were not included in this study. Although this study focused on overcoming failure, these students could have provided some evidence to facilitate student success.

Summary

Analysis of the data began as soon as the first interview was completed. The transcribed interviews were subjected to line by line coding. The constant comparative method continued throughout the data collection/data analysis process. Memos were written and sorted as categories emerged. Substantive categories were formed during open coding. During selective coding the categories were saturated until the theory of *Reconciling Life Balance* emerged. *Reconciling Life Balance* was the resultant theory of this original Grounded Theory research. It will be demonstrated that the theory of *Reconciling Life Balance* can be applied to nursing education as a means to interpret the student's experience and to direct actions and interventions that will assist future students to prevent and/or overcome nursing course failure and achieve success in nursing education.

Chapter 4

Reconciling Life Balance

Introduction

Reconciling Life Balance represents the basic social-psychological process of nursing students who failed a course, repeated the course and continued on to successfully complete their nursing program. The Grounded Theory method is appropriate for this research because little is known about the process of overcoming failure in nursing education and the theoretical literature available does not provide a satisfactory explanation (Munhall, 2012). The data revealed that the participants experienced common perceptions, thoughts, behaviors and complications which are the essence of Grounded Theory. Two theoretical categories emerged from this data: 1) *acknowledging*, which included the substantive categories of the *unexpected* and *failure* and 2) *becoming a successful repeater*, which included the substantive categories of *managing emotions*, *asking for help*, *adjusting work-life balance* and *achieving success*. It was clear that the participants did not initially acknowledge the challenges involved in completing a nursing education program. As a result of the basic social process of *Reconciling Life Balance* the participants became successful student repeaters.

The context for this study was a large urban university system, in which thirteen schools offer nursing programs. Nine schools offer an associate degree in nursing: a 2 year program in which graduates receive an Associate Degree in Applied Science and are eligible to take the NCLEX-RN (the national registered nurse licensing exam). Six schools in this system offer a Bachelor of Science degree in nursing: a 4 year degree in which graduates receive a BSN and are eligible to take the NCLEX-RN. Some of the institutions offer both an associate's degree in

nursing and a bachelor's degree in nursing. Participants for this study were interviewed from 3 of the institutions that offered an associate's degree in nursing.

The student populations at these institutions are non-traditional. According to the National Center for Educational Statistics, non-traditional students refer to a category of students at tertiary educational institutions who do not enter postsecondary education in the same calendar year that they finished high school, work full-time (35 hours or more per week) while enrolled, have dependents other than a spouse, are single parents and do not have a high school diploma (nces.ed.gov, 2009 accessed February 23, 2013). The students who attend this large urban university system's associate degree nursing programs are as follows: 18% male, 82% female, have an average age of 32 years, 75% are Black, Hispanic or Asian, 62% are not born in the United States and 10% of the students entered college with a GED (CUNY, 2011).

For this study, 16 participants were interviewed and demographic data was collected. Five participants were male and 11 were female, the age of the participants ranged from 22 to 55, with an average age of 34. Nine participants worked full-time, 1 participant worked more than 20 hours a week, and 5 participants worked less than 20 hours a week. One participant self-identified herself as "not working," although she was the primary caregiver for 2 children under the age of 12 years old. Four of the participants were married, 4 were divorced (2 began divorce proceedings during the nursing education program), and 8 participants were single. Four participants identified themselves as Caucasian, three as Asian, one as Hispanic, one as "other"-Black Caribbean, and seven as African-American. Six of the participants had children under 12 years of age, and one participant's child had special needs. Nine participants did not have children. Of the participants who had children, two were male and four were female. According

to the National Center for Educational Statistics, these participants are considered non-traditional students. None of the participants entered the nursing program directly from high school, nine of the participants were working full-time, and six participants had dependents other than their spouses.

The nursing programs at these institutions are highly competitive. The students are required to meet a benchmark score on a standardized entrance exam (HESI, NCLEX-PAX, ATI TEAS V) and are required to have a high grade point average (GPA) in key/required courses to be considered for acceptance into the Registered Nursing Program. In this large urban public university system, students are then placed on a candidacy list, highest ranking score to lowest ranking score. Often 200 students apply for 60-70 available seats. Once admitted to the program, students must adhere to strict progression policies. This entrance process differs from private institutions. Private institutions often accept students directly into the nursing program. The student continues as a nursing major as long as they maintain a specified average, usually a "C" in their science and pre-requisite courses. However, all nursing programs have strict progression policies. In this urban public university system the students are permitted to repeat a failed course one time. Any other nursing course failure results in termination from the nursing program. Students accepted into these nursing programs are among the strongest students at the respective institutions. Most of these students have never experienced academic failure.

This emergent mode Grounded Theory research described the complexities of the participants' lives while they were in nursing school and experienced failure. Symbolic interactionism provided a theoretical foundation for understanding the meanings participants ascribed to the events they experienced and the interactions they had with each other and within society. The chapter begins with a description of how the participants were surprised by the

academic rigor involved in nursing education. As a result of underestimating the difficulty of the associate degree nursing program the participants failed a course. Acknowledging is introduced as the first stage of this Grounded Theory research of *Reconciling Life Balance*. In the next stage, the participants needed to repeat the nursing course in order to progress in the program. Becoming a successful repeater incorporated managing self and help-seeking behaviors. The participants had to deal with watching friends and classmates move on while they remained behind to repeat the course. In addition, the participants engaged in help-seeking behaviors from various support systems to ensure success in the repeated course. Lastly, the participants made adjustments to their work-life balance to include time for studying. These adjustments required varying degrees of sacrifice for the participants. As a result, all of the participants completed the nursing education program. Examples from the participants' stories accompany interpretations to enhance the understanding of the qualitative context in which these findings exist. The basic social process of *Reconciling Life Balance* was far from linear; however, for the sake of clarity, it will be described in a linear manner. This chapter presents the results of the data analysis for the Grounded Theory study of *Reconciling Life Balance*.

Acknowledging

Acknowledging the unexpected

"I thought it was going to be easier."

Several of the participants had a college degree when they entered the nursing program. Mason had a BS in economics; Olivia had an AS in Biology; Sophia had a BS in psychology; and Isabella had a BS in Biology. Other participants had taken some college courses, e.g., Ava had been accepted and completed a year of medical school in Dominican Republic. Their previous academic success and high GPA in their pre-clinical courses gained them entrance into

the nursing programs at their respective institutions. The participants perceived that their previous academic record, employment history and life experiences would carry them through the nursing program. Both the participants who had completed other college degrees and the participants who had completed some college course work, including the pre-requisites, discussed the difficulty of the nursing program. This study revealed that the participants underestimated the academic rigor required to successfully complete a nursing education program.

Nursing curriculum is developed to prepare students for professional practice in an ever changing health care environment. In addition, the nursing curriculum is subjected to rigorous accreditation processes from professional registration boards (Waters, Rochester and McMillan, 2012; van de Mortel & Bird, 2010). Presently, nursing education programs provide a content laden curriculum, which includes academic coursework that covers the lifespan. In addition to the didactic portion of the course, each course in the clinical phase of the program requires a clinical rotation. To successfully complete the nursing program, students are required to pass the lecture portion of each course, to be competent in critical thinking, and to demonstrate priority clinical decision making and safe patient care. Associate degree nursing programs are designed to move students through this curriculum in four semesters (NCES, 2009, accessed February 23, 2013).

Reasons to enter an associate degree nursing education program differed among the participants of this study. Some followed in the footsteps of a relative, a mother, and aunt, etc. Others entered the program for financial reasons, including a good salary and job security. All of the participants had been told that they would “make a good nurse.” However, the academic rigor required of a nursing education program was unexpected for all the participants.

“Whoever goes through this program basically goes through hell. I wasn’t prepared. I thought it was going to be easier.”

Jacob likened attending the nursing program to “going through hell.” He followed up that comment by saying, “you have [to] have a full-time job, and you have to support the family, and you have to pass all these exams.” Although prior to the attending the clinical phase of the nursing program he was able to work, support his family and complete nursing program pre-requisite courses (Anatomy and Physiology I and II, Chemistry, English 101). The nursing program complicated the general order of his life.

“Nursing school is like the most challenging thing I ever had to do. I did the military and I think that was a breeze compared to nursing school.”

Jessica compared the nursing program to being in the military. Jessica considered herself “married single parent” because her husband worked overseas and she was left alone with her daughter for long periods of time. Similarly, Jessica was able to “balance” parenting, working and studying prior to entering the nursing program. In addition, Jessica admitted having a “pregnancy scare” during the semester in which she failed. Her husband came home “unexpectedly and I took like six pregnancy tests, and I’m like this is not happening.” The unexpected difficulty of the program and the possibility of an unplanned pregnancy impacted her success in the nursing course. Mason had worked in banking for six years where his salary was based on commission. He decided to enter nursing school because he needed a “steady income,” and he liked to “care for people.” He admitted that:

“...nursing school was very challenging. It was—I actually didn’t expect it to be that difficult. I did not quit my job [when I started the program] because I thought [it] was something that I could manage easily.”

Mason had a degree in economics, and with that background he thought “nursing is going to be cool” ...having “trouble with it” was a “humbling experience.” He believed his success in an

economics program would translate into success in a nursing program. When asked why he thought the nursing program was not going to be difficult, he replied:

“I never thought about the difficulty of nursing school. I thought it’s a program that people go and do chemistry and something like that. [I didn’t realize] that it’s a program you have to study for.”

William realized that he “didn’t put in the time that [he] should have” until he started seeing his grades:

“I took for granted that, you know I didn’t have to study hard, you know. I mean, I could just read this thing like other subjects and go and pass the exam. And that wasn’t true. I had a rude awakening because I realized that nursing is more than just being right or wrong.”

However, by the time he acknowledged how difficult the nursing course was, it was too late. He failed the first course in the nursing program.

Critical thinking and clinical decision making have been identified as vital skills for nurses. These skills are difficult to master and often evolve over time, thus, impacting a nursing student’s ability to succeed (Mann, 2012). Critical thinking incorporates several key elements including an individual’s ability to seek and comprehend relevant information, the acquisition of knowledge, reasoning, cognitive skills, identification, and exploration of alternative frames of reference based on evidence (Fero, O’Donnell, Zullo, Dabbs, Kitutu, Samosky, Hoffman & Hoffman, 2010). The participants of this study thought that they would be able to complete a nursing education program without difficulty. Compared to previous education programs they had attended, the participants were not prepared for the critical thinking component of nursing education. In previous course work, the participants would study course content, read the textbook, take and pass the content specific exam. Many identified that their lack of critical thinking skills impacted their success in the course. While repeating the failed course, the participants addressed the need to improve their critical thinking. Sophia verbalized that

“nursing school was just so different ...you know, you read something, you take a test, it’s mostly, you know, textbook knowledge, whereas nursing was a little different; the whole critical thinking aspect of it. ...it took me time to adjust.” William also thought nursing courses/exams were different. William struggled with the exams: “All the answers in that [exam question] might be right, but what is the best answer at the time based on that situation.” He admitted to having issues with his “critical thinking.” When asked about improving his critical thinking the second time he took the course, he replied:

“I decided to not just look at the answers, but look at the rationales of why this answer is different from that answer. So I wasn’t all about getting A’s or getting 100% as understanding the concept behind the decisions. So even if I make a selection [on the exam] and it’s not correct, I look at the rationale, I see why my answers are [incorrect]—I was learning how to think critically.”

Acknowledging the unexpected rigor of the academic coursework and improving critical thinking ability was a necessary stage of *Reconciling Life Balance*.

Acknowledging Failure

“I’ve learned to accept failure during nursing school.”
“This experience taught me that without failure, you wouldn’t know what success is.”

Although failure has been described as endemic in nursing education, the experience of failure was unexpected for these nursing students.

William commented:

“I felt like I let down myself. I let down my mother-my late mother who passed. I let down my family, it was-I felt embarrassed. My-you know the people that went ahead, I felt ashamed. I didn’t want to talk to them, you know. I went and took a sense of depression ...I was at the lowest point, you know. As a man and as a person, I just felt, you know, I can’t believe I failed.

However, William reflected on the failure. When “reviewing” the things that “went wrong,” he realized that he “didn’t put in the time” that he should have. Whether it was obvious to the

respondents or not, they engaged in reflective practice to assist them acknowledge the nursing course failure.

Olivia remarked that:

“I failed one exam, one med/surg exam. I cried because now I’m seeing dim lights. I said no—I went underground for like about three days.”

When asked if she had ever experienced failure before, Olivia replied,

“Oh yes but not with this. Failure in marriage, you know, like the marriage didn’t work, but hey, maybe that wasn’t the person for me. You chalk it up as that and you move on. But this was something big for me. This is my dream going down the drain before my eyes.”

Failing the nursing course seemed to upset Olivia more than the end of her marriage. Olivia’s “dream” of becoming a nurse was so meaningful for her that she placed more value on failing one nursing course than she did on her failing marriage.

The experience of academic failure was foreign to these students. They were stunned that they had failed a course. When discussing the failure of the nursing course, the students described how they felt using words such as “embarrassed,” “devastated,” “ashamed,” “humiliated,” “depressed,” “destroyed” and “shocked.” All of these students had dreams of becoming a nurse. As a result of the progression policies in these nursing programs, those dreams were jeopardized. Olivia remarked,

“I knew this would be my last chance, I can’t afford to fail anymore classes because I’ll be out. So I went on, but it was very hard and they push you a lot.”

In each of these nursing programs, the progression policy allows for one nursing course failure. Failure of a second nursing course would result in termination from the nursing program.

The reasons the respondents attributed to failing the course were varied. Some attributed the failure to having house guests for the Jewish holidays, the faculty, while others were enduring physically abusive relationships or experiencing divorce. Most of the respondents admitted that the number of hours that they were employed affected their ability to study.

However, none of these respondents placed complete blame for the failure on these situations.

Some of the respondents were baffled by the failure and did not attribute the failure to any one cause. Madison commented:

“So...I don’t know what it was. I just don’t know what it was about 130—I didn’t even fail by that much, maybe 3 points. I understood the material, I honestly don’t know what it was –the reason why I didn’t pass; maybe I didn’t study enough, maybe because I was working full-time. I really can’t put my finger on it.”

The students’ responses to the initial shock and disbelief of failing the nursing course were similar. The respondents were proud to be in nursing school. They enjoyed the status of being a “nursing student.” They felt respected by their families, friends and co-workers for pursuing a degree in nursing. Sophia remarked that her “family likes to brag; [my mother] would say...my daughter is a doctor of pharmacy and my other daughter is doing nursing.” Mason mentioned that “[my mom] tells her friends about me, she would say, ‘Mason’s is going to nursing school.’” Many of the respondents had family members (mothers and aunts) who were nurses. Despite having failed exams during the semester, they were surprised by the failure. Many went into the final with the hope of passing the course.

Jason explained that he:

“failed the [first]exam, the second one was good, and the third one I did better, but still I was on the border—between passing or failing, and I guess I needed to do better on the final.”

Jason ended up failing the course.

Admitting the failure to others proved too difficult for some of the respondents. All of the students were dismayed at having to tell others that they failed. However, not all the respondents admitted the failure openly to family and friends. There was no way to conceal their failure from

the faculty and other students, but outside of the academic setting the respondents were selective about admitting their failure to others:

“I worked in the hospital as a unit clerk, so you know everyone is rooting me, ‘Yeah, you’re gonna be done you can get a job here’ and all this stuff. And then for me to go back and tell them I have to do it again, it was so devastating.”

“So when I didn’t pass ...I told my mom ‘You better not tell anyone I didn’t pass, ‘cause I’ll kill you.’ So you know everyone would ask, ‘Oh how’s school going? Oh, it’s fine, it’s fine, it’s fine. And oh, it’s just, you know taking me a little bit longer than expected.’”

One respondent admitted to never telling her family that she had failed. Abigail was financially responsible for her college education. When she failed “Fundamentals of Nursing” she did not tell her parents. She stated that she only told her sister, because she “didn’t want to deal with the lecture.” When questioned by her parents about taking longer than the two-years to complete the program, she replied that she missed some courses that she needed for graduation. When asked at the end of the interview if she would like to add anything, Abigail said, that she should have told her parents so that they could know how difficult the journey had been for her. As she said,

“Maybe it would have been better telling them before and it’s better for them to know. At least they would’ve known that I accomplished a lot. Like I did it over, and they would know that, you know, it wasn’t the easiest thing, and they would know the seriousness of it because sometimes they wouldn’t even understand what I was going through.”

Failure of a nursing course changed the time frame the respondents had allotted to complete their nursing program. Some of the students were able to take the class in the following semester. For other students, they would have to wait a year for the course to be offered again. This added to the student’s distress. Sophia was jealous that the rest of the class was moving on without her:

“I was so jealous because they’re going to get to finish-because 102 is in the spring, so they were going ahead-the fall semester-up to the next level and I actually had to wait an entire semester and take the class in the spring of next year because that’s the only time it was offered at night. So it was kind of –it was a whole year that was kind of wasted.”

She had planned everything out in “in her head.” She was going to finish school “at this time” and “do this next”:

“...my time line was totally shot because I had to repeat the class, and my friends were moving on without me.”

In addition to acknowledging the failure, Sophia was concerned that the “group of friends” that she had made in the nursing program would be in another course. Scheduling nursing courses is very complex. Each course has lecture on one day, lab on another day and the clinical on yet another day. As a result, it would be difficult for her to maintain those friendships and she would have to “forge friendship with the new students.” For another respondent, the failure occurred in the last semester before graduation.

“It was the last semester, last semester, we had three exams and the final...I went into that final with such anxiety and pressure ’cause I’m like it’s the last semester, I just want to be done....so [when I failed], I was depressed, two weeks straight I cried.”

When asked about “being done,” Isabella replied:

“Oh god, being done is so happy. Now I have more time to spend with my daughter. I drop her off at school and I’m the one picking her up. I lost time with her while I was in school. I would drop her off and my mom would pick her up and the next time I’d see her was the following morning, because by the time I get home she’s sleeping. So that’s the biggest thing with being done.”

For Isabella, and with many of the respondents, acknowledging the failure and repeating the course did not just involve them. The failure involved other people. Olivia’s son had been paying her rent since she quit her job to have more time for studying. When she failed the course she recalled:

“There are times when I feel guilty. Like Lord, they have been doing this for so long, I don’t want them to get fed up or burdened with me.”

The failure not only had meaning for the respondents, the failure had meaning for the families who were expecting the respondents to complete the program without issue.

At the completion of the nursing program, students take part in a nursing pinning ceremony. This time honored tradition dates back over 1,000 years to the time of Florence Nightingale. This pinning ceremony is often more meaningful to the students than the institutions graduation ceremony; it signifies their completion of the program and their official initiation into the profession of nursing. Abigail had strong emotions about the pinning ceremony:

“Pinning was very emotional because this was, you know, a chapter of my life that I get to close and I will miss all my friends, and it was just, you know, I’m over nursing school. Like I’m done. It was just so surreal. And it was something I was going to remember. Yeah.”

Emma perceived the pinning ceremony as a symbol of her success to her family.

“My only dream was to get in a nursing program and finish it, like my mom, having my candle light[ing] ceremony, and everything. For once, for my family to be proud of me.”

Failure of the last course of the program meant the respondents who had failed would not be eligible to participate in the pinning. Although “difficult” and “depressing,” the respondents acknowledged the failure. *Acknowledging*, both the unexpected and the nursing course failure were pivotal in the process of *Reconciling Life Balance*.

Becoming a Successful Repeater

Managing Emotions

“You step outside yourself and just reanalyze what’s going on in your life.”

Once the participants acknowledged the failure of the nursing course, they had to manage their emotions before they could repeat the course. The experience of failure elicited feelings of despair and depression in the participants. These emotions then elicited a sense of grief in the

participants. Grief is a natural response to loss. Loss can be categorized as either physical or abstract, the physical loss of something that an individual can touch or measure, such as the death of a loved one, while other types of loss are abstract, and relate to aspects of a person's social interactions, such as the potential loss of an individual's goal of becoming a nurse (Jakoby, 2012). *Managing emotions* for the participants was about coming to terms with the feelings of loss and sadness that were brought out by the failure and the meanings these losses had for them. The participants experienced a potential loss of their "dream of becoming a nurse," a "loss of confidence," a "blow to [their] ego," self-doubt and despair.

Olivia stated:

"I went underground for like about three days. And then I picked myself up. I have a problem with failure, and this experience taught me that without failure, you wouldn't know what success is."

When asked to elaborate on "going underground," Olivia said:

"I was inside the house, I was not coming out, and I was there crying, thinking, I know I have to come out and face people. I have to face my colleagues. And you have to listen to it, you have to."

Olivia didn't want to "deal with the comments and remarks from others." She had to "pick herself up," and "face it." In addition to acknowledging the failure, Olivia was grieving over "seeing dim lights." For Olivia this represented the potential loss of her dream to be a nurse.

After a few days she decided that she would not "run and hide."

"I went to Ms. Smith and I said, 'I failed my class.' And she was like, 'Oh'—and I felt a little better. Genuinely I felt good, and this is where I understood that you must experience failure to know what success is all about."

Sophia admitted that the failure had an impact on her ego:

"One of my biggest fears is failure, and you know, you fail that one time and it's kind of a blow to your ego. To fail that one class, it was kind of—can I really do this? I can't even pass a class, how am I going to get through nursing?"

She went on to say that she always “strived to do [her best]” and the failure “messed with” her emotions. Sophia admitted that her fear of failure became a “reality.” The failure was difficult to manage because she thought she “could do this [nursing] no problem.” In order to deal with these feelings, Sophia “reassessed” and “reanalyzed” what was going on in her life, and evaluated what “cuts [she would] have to make to reach the goal of finishing nursing school.”

Other participants also experienced difficulty dealing with the emotions elicited by the failure.

Jayden remarked about the loss of confidence he experienced after the failure:

“I had a friend who moved on and she was very supportive and very encouraging, and she tells me, ‘You know, don’t worry about it. I’ll be ahead of you, so I’ll be able to tell you what’s going on.’ I believe she had more confidence in me than I had in myself because at that time I was at the lowest point.”

Confidence provides motivation, which is a key factor in persisting through difficult situations and achieving success (Lundberg, 2008). Jayden came to realize that before the failure, he was “over-confident” and he just approached [nursing] like, “Oh, I’m going to pass.” He was “humbled” by the failure. He knew that he “had to find the confidence in [himself]” in order to move forward and complete the program. Jayden verbalized that he “didn’t let the failure consume [him].”

In order to continue in the nursing program the participants needed to repeat the failed course. Emma recalls that she had to petition the program for permission to re-take the course. She commented that she “didn’t have a plan B,” that nursing was “all she wanted to do.” Sophia received a call from the “head of med/surg” and she knew she was “going to start fresh.” Other students had to wait until the next time the course was offered. This was often delayed by the schedule of courses offered by their nursing program. Students would have to wait until courses offered in sequence were offered again. When the student was re-enrolled in the failed course, they became known as a “repeater.”

The word “repeater” is a commonly used word to describe a student who fails a nursing course and must re-take or repeat the course again in order to move forward in the program. Students who repeat a failed course are often required to achieve a higher grade in the course the second time. For example, the passing grade for Fundamentals of Nursing is 75%. However, if a student fails the course, they are required to achieve a 78% in order to pass the course the second time. As a result, there are two different passing scores required for students enrolled in the same course. Faculty commonly present course reports at the end of each semester. In addition to exam results and course statistics, the students who are moving forward and the students who need to repeat the course are discussed. Faculty members often distinguish between the students who are re-taking the course as “repeaters” and those who are taking it the first time. Students often refer to themselves as “repeaters.”

Being a “repeater” became an identity for the participants. Some of the participants attributed a negative valence to being identified as a “repeater” while other participants didn’t think repeating was “so bad” and actually gave them confidence. Mason identified repeating as a “humbling experience” and did not want to be labeled a failure. He had the “same professors all over again.” He remarked that on the first day of the repeated class “the faculty members were in front of the class and it was a little embarrassing.” For Sophia, repeating the class was not “so bad:”

“I guess I got to go over the material again. I was already familiar with it and then I became even more familiar with it and I think I ended up passing with an A- the second time around, so that kind of helped.”

Although getting a good grade the second time “helped” her feel better about repeating, Sophia was more concerned with the students with whom she would be repeating the class. She gravitated toward the other students who were also repeating:

“Those of us [who] were repeating, we sat together. We were all behind each other saying, ‘We have to get through this together because we’re repeating together.’ And we formed a study group amongst ourselves.”

Sophia assumed the identity of a repeater and felt more support interacting with the other student repeaters. Repeating made Sophia more confident with the course content. She recalled that she noted a mistake on the instructor's PowerPoint and she pointed it out to the class:

“There was a mistake on one of the [slides] and I pointed it out because I’m repeating and I knew the material from last time. I looked up and said, ‘That’s wrong. You need to correct that.’”

Despite the participants’ response to repeating, it is noteworthy to mention that all of the participants made sure to tell the researcher that they were not the only one in the class to fail. When speaking about repeating the course, several of the participants actually said, “I wasn’t the only one.” Sophia remarked, “a few people in the class had to repeat- ...I think maybe 5 or 6 people, so we had that common bond.” Jason recalled, that “a [classmate] failed too. There were actually three of us—and so next time we were studying together.” It was clear that everyone enrolled in the course knew who the “repeaters” were. The “repeaters” usually worked together, forming study groups and mentoring first time students. Emma admitted that repeating gave help her re-gain some of her lost confidence. The second time she took the course she was a study group leader. “I transcribed my notes and highlighted the important things, and they [the study group] all got high 80’s and 90’s. In the one way, looking at it, I kind of felt --I felt really good.” Although, Sophia did verbalize some feelings of resentment toward the students she was tutoring. She was conflicted about giving help to the students. She inferred that if she had received help, she might not have failed:

“When I looked back, it was like no one was there for me. No one told me these things, and it was like if I didn’t tell them (the new students), they would fail too.”

She admitted to being “confused” and trying to “study everything.” Stating “you try to understand everything, but there’s too [much] –like knowledge overload.” However, during the semester that she had failed, Sophia did not join a study group or seek out help. Managing emotions occurred in stages. Some of the participants managed their emotions before they began repeating the course. Others, like Sophia, managed their emotions as they were repeating the class. She managed her emotions by “reanalyzing” and “facing” the feelings that she experienced as a result of failing. The participants re-gained their confidence and restored their sense of self to facilitate the process of *Reconciling Life Balance*.

Seeking Help

Without exception, every participant spoke about support they received during their nursing program. The concept of support varied for the participants. Asking for help emerged as a key category. Prior to failing the nursing course the participants were very independent. They supported themselves financially; they studied by themselves and managed the day-to-day responsibilities of their lives. However, after failing the nurse course, they engaged in help seeking behaviors. This was difficult for the participants. The participants would have to interact with other individuals. They sought out emotional support, with individuals giving them “confidence” or “believing” in them when they had lost their confidence and/or the belief in themselves. For others the help was more tangible, individuals provided them with financial support and/or food. Help came in the form of assistance with childcare, household chores or academics for other participants. The origin of the help also varied among the participants. Most assistance came from family members, but other assistance came from friends and other students. The participants sought out the counsel of faculty for the first time since entering the program. And for several students, religion played an important role in the support they received

and in helping them to understand their situation. The participants' ability to ask for help was an essential stage in *Reconciling Life Balance*.

Seeking help from family.

"My mom did everything for me."

After failing the nursing course the participants recognized that they could not complete the nursing program without seeking help. All of the participants sought out help from family. The type of assistance varied. Some family members provided financial support, while others provided assistance in the form of household chores and childcare. Olivia was an older woman who lived alone. After she failed the nursing course, she quit her job as a nursing assistant in order to have more time for studying. As a result, she relied on financial assistance from her adult son.

"My son would say, 'Mommy, you have enough food? ...go take \$300 and go and buy some food and stock up'. Sometimes I would say that I need a metro card...because you have to have transportation to be able to go where you needed to go. So he would buy a monthly card for me."

Chloe was a young woman who lived at home with her parents and three siblings. She worked full-time and attended school in the evening. After she failed the nursing course, she changed her status at work to part time. Chloe still had difficulty managing work and school. She relayed that:

"...my mom would be like, oh you went to school and you're working, I'll do your laundry. ...my mom did everything for me."

Emma admitted that she got "kind of depressed" after failing. She relayed that her mom "sent me to my home country, Armenia, for a whole summer just to get away." Emma's mother provided emotional support, "she believed in me, she was like, 'Don't let it get to you.'" For

some of the participants the help was very pragmatic. As a result of failing the course, William quit his day job. His brother got him a job driving a limousine at night:

“One night a lady jumped in my limousine and said ‘LaGuardia’. I didn’t know where to turn to go to LaGuardia. So I said to her, ‘Excuse me Miss, can you please direct me how to get there?’ And she looked at me and said, ‘Are you serious?’ And she jumped out of the car; I just lost that fare. And I called my brother, and he said, ‘Alright, next time, don’t tell them that you don’t know. Just call me quickly, and I’ll direct you.’”

The most comforting help that came from family was their understanding that the participants were not at home or available as much as they used to be.

Jayden remarked that:

“My family was understanding from the point of view that I wasn’t there. I wasn’t there like I should. I was in the library most of the time. You know, my fiancée, she understood what was going on, and she wasn’t on my back stressing me.”

Jacob remarked that:

“Even though I had some pressure from my family I still had their support. My wife, even though we had fights, she still support[ed] me. She said, ‘OK, I know we can get through this ...don’t give up, you’re there, you’re almost there.’”

After experiencing the nursing course failure, they all reduced their work hours and increased their study time. They all experienced feeling of “not being [home] like they should.” They felt responsible to “support” the family. The female participants that decreased their work hours were only responsible for themselves. Although Olivia did not have enough money to buy food, the other female participants remarked that decreasing their work hours meant less money for “shopping” and “hanging out with friends.” The help of family, whether financial, emotional or assistance with daily responsibilities enabled the participants to focus on their nursing education. “It was one less thing I had to worry about.” Seeking help assisted the participants in continuing on in the nursing program.

Seeking help from students.

“Before [the failure], I was studying by myself, but next time, I teamed up with three other students.”

Seeking help from students was more complex than seeking help from family or faculty.

While seeking help from students, the participants became engaged in activities where they were expected to contribute to the group and provide help. The student entered into reciprocal relationships with the students with whom they had reached out to for help. This reciprocal relationship contributed to their re-gaining their confidence. Emma offered that during one study session that an “honor student” remarked that they had to study “this too!” Emma replied, “Listen, you can study that if you want to but it’s not going to [be] on the test. Trust me. [laughs] I know.” The “study group” became an important source of support for the participants. She continued on to say that:

“Being a mentor gave me more confidence, and I was amazed to know how much I did learn and how much I could give back to other student. It really boosted by confidence, because when I spoke to them, I actually knew the answers. I knew how to lead them. With that, and my professors, and the new lectures, I just leaned a new way of studying and became so much better.”

Study skills were a common concept that was discussed by the participants. The participants verbalized the need to change “the way” in which they approached studying for the course the second time. Several of the participants joined study groups when they repeated the course. Some of the study groups were comprised of just “repeaters” and other study groups where a combination of “repeaters” and first time students. For the combined study groups, the repeaters usually took the lead of the group. When discussing the study group, William commented that “at one point our group was getting so big, you know I realized there was a lot of talking taking place in the group, and that wasn’t being productive. So you know, we laid

down certain rules where we tell people that if you come to study in the group, this is how we do it ... We had to set ground rules.”

[The second time] I actually studied less. Surprisingly. Because I thought that I was—maybe I’m crowding my mind with too much stuff. So I start to study—I don’t want to use the word strategically, but wise, I guess. You know. Instead of sitting down and trying to read the whole book, you know, because that’s what I did previously. I said, Okay, I’ll just zero in and make sure that I understand the topic.”

The participants were aware that if they experienced another failure, in the repeated course, or in any of the other nursing courses, that they would be dismissed from the program. The participants all made changes in the way they approached the course.

Academic assistance came from studying with other students, often in study groups, which ranged from three or four students to large groups with fifteen or more students. Jacob worked full time as a barber while attending the nursing program. He was supporting his wife and two children. Decreasing work hours or quitting work was not an option for him. He verbalized that the first time he took the course he was studying by himself. When he repeated the class he “teamed up” with two other students:

“I was working all the time; so they used to call me on my phone and tell me the subject on the phone; so they [were] reading the book for me, which was good.”

It is difficult to evaluate the amount of information that was retained from one student reading the textbook to another student over the phone while he worked. However, Jacob believed that this was very helpful and contributed to his passing the course the second time.

One participant continued to study by himself when he repeated the course. Mason did not join any study group: “It bothered me that no matter how hard I studied, my grades wouldn’t fly through the roof. I never really figured out why is it that some students do little and get A’s and some students do a lot and don’t get A’s.” Mason compared himself to others throughout the

program. The failure of the course had affected his confidence. He admitted to attending student led tutoring sessions after failing the nursing course. For Mason, these tutoring sessions helped him regain some of his confidence, e.g., “Alright, she’s thinking exactly what I’m thinking, so it gave me that confidence.” Mason did not want to expose himself in a study group where he would be expected to contribute. However, he was motivated to pass the course, so he attended a group session where he could blend in. The participants began to seek help from other students as part of the process of *Reconciling Life Balance*.

Seeking help from faculty.

“I went looking for advice [from a faculty member].”

The role of the faculty with regard to repeating the course was noted by all the participants. The participants universally “loved” their nursing programs and were proud to say how difficult the programs were and “how great” the professors were who taught in the programs. Several participants did articulate that a faculty member negatively impacted their ability to pass a course. However, in the cases where the faculty members were “difficult” or “discouraging”, another faculty member received credit for assisting the participants succeed when repeating the course. After finding out that she had failed the nursing course, Ava went to speak with the instructor of the course. Ava was looking for advice about her position in the nursing program:

“I went looking for advice [from a faculty member]. And [the faculty] answer was, ‘you know you’re not going to be able to make it. The best thing you can do is drop or look for another thing’. That discouraged me a lot.”

Ava left the office feeling very “discouraged.” Then she sought our guidance from another faculty member that she had in a previous semester:

“But then I spoke with another faculty member. And this person made me see everything in a completely opposite way. [She said] that I have to trust myself and my abilities and

that I'm able to do it. And I think [she gave me] emotional support. Like that make a big change in my life."

This second faculty did not teach Ava how to study or review exam questions. According to Ava, the faculty helped her "trust in herself." These feelings helped Ava continue on in the nursing program.

Isabella, who identified herself as married –single parent, sought out help from faculty members who had children:

"Like professors that have kids, they can relate to, you know, working and having to juggle the family life. So, you know, --they would ask like, "OK what's going on, how's your daughter doing, you know, who's watching her while you're here you know, how you managing, you know, with school and work?"

Although the faculty did not offer to childcare services or provide Isabella with extensions on assignments, their understanding of her "family life" gave her support. She felt they understood the complexities of going to school and "juggling family."

Emma experienced difficulty with a clinical faculty member:

"When I started, I was doing good ...but I had a professor who didn't like believe in me, and she really took my confidence very down ...that was my worst clinical experience, because I tried so much and she kept saying, 'It's not for you.'"

Emma ended up failing the lecture portion of the course in addition to the clinical portion of the course. She recalls spending so much time trying to prepare for clinical that it interfered with her ability to study for the lecture exams. However, when she repeated the course, she describes "those professors," the last professors she had in the program as "really good":

"They treated everyone equally; ...that's what I want to remember them as. They were my favorites. ...those professors supported me throughout. Like when I would see them in the hallway, they would be like, 'Confidence, Emma. Don't look down.' They would always, you know, support me."

The relationship between the participants and the faculty varied. In the case of Emma, she felt that the clinical faculty members were not supportive, while the lecture faculty “wanted me to pass.” The inference was that the clinical faculty did not want her to pass. In Olivia’s case, she was embarrassed to tell the lecture faculty that she had failed because of the support she received from the faculty. Isabella felt closer to her clinical professor than her lecture professor “cause that’s who [she] spent most of [her] time with.” Nursing programs cannot account for the personalities of or the relationships that develop between the students and the faculty. However, it is clear that the participant’s perception of support varied amongst the faculty of the program.

For some of the participants, the nursing programs had two sections of each course. Therefore, those participants had a different professor when they repeated the course. This may account for the participants creating a persona of a “supportive faculty” versus an “unsupportive faculty.” When the participant failed the course, some of them believed the faculty had not been supportive and had undermined their confidence and their ability to succeed. However, when the participant repeated the course and was successful the second time, they identified the faculty as being supportive. With the exception of Emma, none of the other participants placed blame directly on the faculty for their academic failure.

For other participants, the nursing program had one dedicated faculty for the course, and therefore, the participants had the same faculty over again when repeating the course. In each situation, the faculty played a greater role in the participants’ academic progress. Mason was one of the participants who had the same professor when he repeated the course:

“I had the same professors all over again. The first class, it was a little embarrassing. But they were supportive. They encouraged me, and they told me that it was something that I can do. Any they gave me their support. They never made me feel as though, you know, I was a failure.”

Mason initially struggled with the attention he received from the faculty while he was repeating the course. However, he realized that the methods the faculty used in the course to assess his progress was helpful and contributed to his success.

“I was drilled a lot by my professors—I wouldn’t say they singled me out, but they wanted me to do well. Initially I thought it was a bad thing, but I realized they were only trying to help me. I don’t think [their] intention was to embarrass me or anything like that, it was only to help me.”

In order to improve their critical thinking and test taking skills, some of the participants began to participate in the exam reviews provided by the faculty. In each of their respective programs, faculty would hold a review after each exam. Exam reviews are designed to go through the questions and explain the rationale for the correct answer for questions that posed a problem for the class. Often this review leads to discussion about the question and helps the student understand why they selected the correct/incorrect answer. Participants also engaged in their own review of NCLEX style questions during their course. Mason borrowed the *Saunders Comprehensive Review for the NCLEX-RN Examination*. This publication provides NCLEX style questions, detailed rationales to help with answer choices, as well as test-taking strategies that provide tips for how to best approach each question. For Mason, the addition of test taking strategies and test question analysis improved his test taking skills. Always comparing himself to others, Mason believed that students, who had not failed, “learned to analyze questions very early in the program,” which helped them succeed. In addition to the need for critical thinking, the participants acknowledged that the nursing program required more study time to be successful than their other collegiate course work.

While repeating the course, the participants sought out and heeded the recommendations of the faculty. They joined study groups, participated in peer tutoring and attended exam

reviews. It should be noted that all of these resources were available to the students during the semester when they failed their course. However, none of the participants took advantage of the available resources during the semester in which they failed. The understanding of, both the faculty and participant that continuing their progress in the nursing program was contingent on successfully repeating the course contributed to a more positive relationship between the faculty and the participant. The participants began to seek help from faculty as part of the process of *Reconciling Life Balance*.

Seeking help from religion.

“Did you ever hear this expression, ‘God will provide?’”

Strong religious beliefs provided support for several participants. This same belief in religion helped the participants accept the failure of the nursing course:

“So now I have to quit my job and do this semester all over again. So that was, you know, very difficult to deal with, but it’s OK; God had a plan for me. So I didn’t understand it until now, I’m like OK.”

For one participant, decreasing her work hours significantly impacted her financial situation to the point where she did not have enough money to buy food. Olivia relied on her religious congregation to support her basic need for food:

“I would go to church and we eat at church and then there is food enough so you get a little something. And that’s for Sunday. So I lived.”

However, Sunday was only one day of the week. There is no doubt that during her journey to complete nursing school, Olivia went hungry. Although, the distress of going hungry did not seem to overly concern Olivia, she seemed to take it in stride, as can be seen in the following:

“I go in the refrigerator and I see what—I see butter, I see to potatoes, I might have some cheese, alright. So I go boil potatoes, grate some cheese on it, [claps hands] meal! And that’s it, nobody has to know. You ever hear this expression, ‘God will provide?’ He does provide for those who believe, you know? I believe. And like I always say, you know, I’m still here, and I’m not thin.”

During times of stress or uncertainty, religious individuals rely on their faith in a Supreme Being to help through difficult times. It was clear from these participants that their belief in “God” and “God’s plan” for them assisted them to understand and accept their academic failure and their financial concerns:

“I’m going on with the questions, and I started to get frustrated. When I was finished-I didn’t feel comfortable with myself. I started to cry. Rain was falling, I went out in the park, I started to cry, I started to talk to God, I said, ‘Lord, I can’t go back and do this. I don’t have any more fight’. But God knew I could do it.”

For some of the participants, religion played an importance role in their life. Seeking help from their religious communities and a supreme being was a stage in the process *Reconciling Life Balance*.

Adjusting Work/Life Balance

When the participants repeated the failed course, it became clear to them that more time needed to be devoted to studying for exams and preparing for their clinical rotations. With the exception of one participant, all of the other 16 participants were employed when they first entered the nursing program. Of those 16, 9 worked full time, 1 worked ≥ 20 hours/week and 5 worked ≤ 20 hours/week. The one participant, who self-identified herself as “not working,” was the primary care giver of two children under 12 years of age while she was in the nursing program. All of the participants had been employed at these jobs while they were taking their pre-requisite courses. However, once the students entered into the nursing program, the balance between work, family and now the time required to successfully advance through the nursing program became problematic.

Before the participants entered the nursing program, they were employed at jobs to support their families, finance their education, buy books, have access to transportation, and

cover everyday living expenses. They had managed to work, spend time with family and friends and successfully move through the pre-requisite courses required for entrance into the nursing program. The participants continued their employment when they entered the nursing program. The participants quickly realized, usually after the first exam, that the work/life balance that they had achieved prior to entering the nursing program was no longer effective.

Mason commented:

“My boss at the bank, he set me on the morning shift, so I could attend the evening classes, so technically I [was] supposed to work 8-5:30, but I actually ended up working 8-4:30, but then, you know, it started to be a problem because all the staff members wanted to know why I was leaving at 4:30 all the time.”

Although Mason was arranging more time to attend school, he began to have conflicts with the other employees in his office. They complained to the boss that he was leaving early. As a result of these conflicts at work, Mason “quit that job” and “ended up being a New York Life agent—because of its flexible hours.”

William experienced a similar situation at work:

“I was working full-time at Target. And I was having difficulty with the managers there getting time off to go to school. But you know, with my expenses, I was trying to balance both. So I resigned my position after talking with my manager.”

Sophia relayed an anecdote about the day she spoke to the admissions counselor about entering the nursing program. The admissions counselor asked her if she was working, and when she replied in the affirmative, the counselor said, “You know when you start [the nursing program] you shouldn’t really work because it’s really intense.” Sophia replied, “Really? Well I guess I’ll figure it out later.” During the interview Sophia stated that she probably should have listened to him, that “it was kind of like foreshadowing.” Sophia ended up changing her work status from full time to part-time:

“The second time around what I did was take a part-time job, ‘cause I knew that working full-time was really hindering my studies so—yeah, I took a part-time position and I was only working, I think, three days a week then. So I was able to study more...yeah I got through it. But working part-time was like living paycheck to paycheck, so that was not fun.”

Even after she changed her status to part time, Sophia commented that:

“I had to take a lot of days off; all of my vacation time went into taking days off and studying.”

The main change in the participant’s work/life balance involved their employment. The participants were actually surprised that they had difficulty maintaining a full or part-time job while enrolled in the nursing program. All of the participants, with the exception of the mother who did not work outside of the home, made a change in their employment status during the nursing program. Most of the changes happened as a result of experiencing academic failure. Other participants had decreased their hours of employment during the semester of the course that was causing them difficulty, but admitted that it was “too late” to achieve a passing grade in that course. The change in their employment status provided the participants with more time to achieve a work/life/school balance.

The changes made to their work/life balance, that now included school, affected the participants differently. The participants made sacrifices in order to complete the nursing program. The loss of work hours for Sophia, who lived at home with her parents, meant that she would have less money for “going out” and “shopping.”

William who quit his job at Target commented upon the sacrifices he made to continue his quest to be a registered nurse:

“Sacrifices. You know getting up and coming here daily. That wasn’t something I did the first time around. Sacrifices, you know, giving up a job which you know to go out to learn how to drive a .”

For other participants, sacrifices came in the form of not having enough time for family and friends. Jayden commented that:

“It was so hard to accept that ...school has to be right now a priority for people and not the family.”

For some of the other participants like Olivia and Jacob, the loss of employment hours meant they would have difficulty providing food for themselves and their families. Olivia admitted to going without food and Jacob remarked several times during the interview, that he gave up work hours, struggled to pay his mortgage, but he still had not found a job as an RN.

The participants developed creative ways to meet both their financial needs and their academic needs. William quit a full time job as a manager at Target and began to drive a limousine. He verbalized that he “invested” in himself. He purchased “nursing CD’s” and instead of listening to music in the limousine, he would be playing the CD’s and studying on the job “without anybody watching him.” Jacob, who worked as a barber, had students from his study group read the chapter to him over the phone, through his ear bud, while he worked. Ava took a job in the library at her school, so she would have access to computers and reference materials. Isabella and Olivia quit their jobs completely and relied on family and friends for financial support.

In addition to the financial implications of altering their work/life/school balance the participants made sacrifices regarding family and friends. Some participants stopped going out with friends and others let family know that they would not be attending birthday parties and gatherings because they had to focus on school. For Ava, the re-organizing of work/life/school balance was more emotional. Ava had a special needs child that started first grade when she entered the nursing program. As an ESL child as well, he needed assistance with writing

English, speaking clearly and learning how to behave in class. In an already failing marriage, Ava recalls her now ex-husband telling her that her place was at home with her son, because she was not giving him the time he required. This created a tremendous amount of guilt for Ava: “[He] made me feel like the worst person on Earth, because a mother who doesn’t take care of her son is bad.” However, with the guidance of a faculty member, she made adjustments to her work/life/school balance that allowed her to work part-time, take care of her son and study for her exams. It was evident to all the participants that in order to complete the nursing program, adjusting work-life balance was imperative.

Achieving Success

“When I passed the course I was so happy, I was jumping [up and down] when I graduated.”

Once the participants re-established balance in their life, they were able to successfully complete the nursing program. The participants experienced a sense of accomplishment and pride. In institutions that have nursing programs, students view the pinning and capping ceremony as their graduation from the program and the institution.

Isabella, who failed the last course before graduation commented as follows:

“Graduation, it was short sweet, and spicy, ...it was a great feeling standing up there, you know, lighting that candle, you know, standing next to your classmates saying, we did it, you know, it was a great feeling.”

Sophia commented:

“[After I passed the final] I walked out and called my mom and just started crying. And she was like ‘Oh my God, don’t tell me.’ ‘And I was like, No I passed.’ And she was like, ‘Oh thank God, you gave me a heart attack.’ We both just started crying.”

Olivia called her son:

“I called him, and I said, ‘Listen I am a registered nurse’, and I freaked! I mean they could have thrown me out of the building I was making so much noise and jumping everywhere. I was so happy, I knelt down and I thanked God.”

Jacob commented:

“When I passed the course I was so happy, I was jumping when I graduated. I was excited, my wife was excited, my kids were excited everybody—we [were] happy.”

The completion of the program was very meaningful for the participants. The idea that the journey was marked by “struggle,” seemed to make the experience more significant to them. Abigail regretted not telling her family that she had failed because then they could not appreciate how hard she worked to complete the program. Ava verbalized that she was “very, very proud at what [she] was able to accomplish, even though [she] was going through a hard time.” William was proud to tell his nephews and his sons, “Listen, if I can do it, you guys can do it.” Despite the excitement of completing the program, the participants were acutely aware of the importance of passing the NCLEX. Even though all but one participant had taken and passed the NCLEX at the time of the interview, they still verbalized that they “weren’t done” until they successfully passed the NCLEX. Note: This researcher interviewed Mason the day after he took his NCLEX. He notified the researcher, via text, two days later to say that he did not pass. Six weeks later he texted the researcher again to say that he had passed the NCLEX on his second try. These participants failed a nursing, course, repeated the course and went on to complete their associate degree through a process of *Reconciling Life Balance*.

Summary

Reconciling Life Balance emerged from the data as the basic social process of overcoming failure. The participants came to realize that they had underestimated the academic challenges of the nursing program, and as a result experienced academic failure. This failure resulted in repeating the course and continuing on in the program with the threat of program termination if they experienced another failure. *Reconciling Life Balance* served as the unifying

theme for the data. The theoretical categories that emerged from the data were: 1) *acknowledging*, with the substantive categories of *the unexpected and acknowledging failure*, and 2) *becoming a successful repeater*, with the substantive categories of *managing emotions, seeking help, adjusting work/life balance, and achieving success*.

Acknowledging the unexpected and acknowledging failure was surprising and devastating for the participants. Each participant articulated their surprise at how challenging the nursing program was and their shock at not passing the course. These participants had never experienced academic failure in the past. The participants were embarrassed to have failed and many revealed that the failure decreased their confidence level in themselves. After a period of disbelief, the participants began to acknowledge the failure.

Acknowledging nursing course failure and admitting the failure proved to be two different things. While all of the participants accepted the failure, some never admitted the failure to others. Some of the participants openly admitted the failure, while other participants admitted the failure only to those who needed to know, faculty, students and family. One participant never admitted the failure to her family and another participant misled family and friends to thinking the program was just taking longer than expected.

Whether they admitted the failure or not the participants repeated the failed course. First the participants had to manage the emotions that they experienced as a result of failure. The participants experienced a loss of self-confidence, embarrassment, humiliation and the potential loss of their dream to become a nurse. After the participants managed these feelings, they re-enrolled in the course. The participants engaged in help seeking behaviors to assist them pass the course and complete the nursing program. They engaged in study groups and even accepted roles as mentors. The participants sought out and accepted assistance from family members and

faculty. Although the participants admitted that the faculty members were available during the semester that they failed, none of the participants sought out the faculty for guidance. Religion and faith-based community organizations were a source of support and comfort as well.

Seeking and accepting help was a key factor for all of the participants. It was evident to all the participants that the assistance they received from others helped them get through the program. Help came from many different individuals and in many different forms. Although the type of assistance varied from participant to participant, all the participants felt they were being helped and that this help contributed their success.

Adjusting work/life balance to include study time was a major alteration in the participants' lives. Decreasing the number of hours the participants worked each week and increasing the number of hours they devoted to studying greatly affected their outcome in the nursing program. The participants believed they could work full-time and go to school full-time. In addition, many had family responsibilities as well. The participants made changes in their work/life balance to include more time for studying for exams and preparing for clinical sections.

Achieving success was the result of *Reconciling Life Balance*. Through this basic social process the participants were able to overcome the failure they had experienced and complete an associate degree in nursing.

Chapter 5 Discussion

Introduction

This emergent Grounded Theory study sought to verify and refine the preliminary concept of overcoming failure through prospective inquiry into successful student repeaters in an associate nursing education program. Prior to this study, failure in nursing education was constructed from literature on at-risk students, predictors of nursing program success and predictors of the NCLEX-RN success for nursing students. Overcoming failure served as a framework to explore nursing students who fail a nursing course, repeat the course and successfully complete a nursing education program using the grounded theory method of inquiry. Informed by symbolic interactions, the study looked for the influence of social interaction between individuals. The theoretical categories of *acknowledging* and *becoming a successful repeater* surfaced, and as a result, the Grounded Theory *Reconciling Life Balance* emerged.

To reconcile something is to bring into agreement or harmony, to make compatible or consistent (dictionary.reference.com/browse/reconcile). Life balance is defined as “objective equitable time use across multiple life domains” (Sheldon, Cummins & Kamble, 2010, p. 1093). This definition implies that life balance is objective. This study revealed that life-balance differed for each participant. And although each participant had a disturbance in their life-balance, each participant engaged in the basic social process of bringing their life balance back into agreement or *Reconciling their Life Balance* in order to overcome failure and successfully complete their nursing program.

The theory of *Reconciling Life Balance* relies on several dimensions of overcoming failure, yet spans a much larger and more dynamic social-psychological process. *Reconciling Life Balance* focuses on the unique ways nursing students acknowledged the unexpected and failure, managed emotions, and engaged in help-seeking behaviors, adjusted work-life balance

and became successful student repeaters. This chapter begins highlighting the foundation of symbolic interactionism throughout this research. Next, the chapter reconnects with the literature on failure, confidence and self-esteem and exploring the literature on grief, help-seeking behaviors, social support, religiousness, and sacrifice as it relates to *Reconciling Life Balance*. Next, the significance of *Reconciling Life Balance* in light of current nursing education is explored. Finally, future directions for research and practice posed by this emergent mode grounded theory are detailed.

Symbolic Interactionism

Symbolic Interactionism, the guiding principle of grounded theory, provides a unique lens from which to investigate and understand the processes and outcomes of human behavior. The foundational element of symbolic interactionism is that meaning is central in its own right. Second, the meaning of things is derived from the social interaction that one has with others. Meaning does not merely emanate from a “thing”; rather, it is the product of a process of social interaction. Viewing meanings as social products dependent on interaction contributes to the unique perspective of symbolic interactionism. Third, these meanings are modified through an interpretative process used by the person in dealing with the things he or she encounters (Blumer, 1969). Through this interpretative process, meanings are not merely applied, but act as vehicles that are constantly revised to guide subsequent human action. Symbolic interactionism provides an ideal foundation for an investigation into the symbolic nature of the human experience of overcoming failure.

The tenets of symbolic interactionism are evident throughout this study. The participants had ascribed meaning to their role as a nursing student and their position in the nursing program. Failing the nursing course disrupted the meaning being a nursing student had for the participant.

Through the basic social process of *Reconciling Life Balance* the participants modified their social interactions with family, other students and faculty to achieve success in their nursing program.

In addition to the academic interactions and modifications made by the participants to overcome failure, there were many things and many individuals in the participants' lives to which they had ascribed meaning to and interacted with. Analysis of the data revealed that the things and the individuals that the participants had ascribed meaning to varied from watching television to having less money, to going without food, to joining study groups. It is important to realize that what sounds simple to the researcher or reader, such as watching television, had meaning for the participant. The participants had ascribed meaning to the activities/things that they enjoyed. The participants reported that they stopped hanging out with friends and family, going shopping and eating three meals a day. They joined study groups and sought help from faculty. The participants modified their behaviors to accommodate the time needed to study for their nursing course.

In addition to altering entertainment activities, the participants made adjustments to their work/life balance. The participants recognized that they would not be able to continue to work full time and complete the nursing program. A consequence of decreasing their work hours, and/or changing their work schedule (days to nights), and increasing their study time, resulted in less time spent at home with family. These changes in their social interactions were the foundation of the basic social process of *Reconciling Life Balance*.

Reconnecting with the Literature

Fear of Failure or Hope of Success

As described in Chapter Two, individuals are motivated in one of two ways: by the hope of success or by the fear of failure. According to the theory, when an individual's motive to achieve success is stronger than his motive to avoid failure, they have a positive approach to a task. However, if the motive to avoid failure is stronger, then the individual avoids the task (Atkinson & Litwin, 1960). In this study it was revealed that the participants were motivated by a hope of success. Generally, individuals who are motivated by hope of success have high self-esteem and engage in high risk behaviors (Newton, Khanna & Thompson, 2008). The participants believed that they could complete the nursing course despite working full time and having multiple family responsibilities. Before the failure, the participants had only minimal engagement in activities necessary to pass the course because they underestimated the difficulty of the nursing program. As a result, the participants experienced academic failure.

Attribution theory identifies four prominent causes for performance: ability, effort, luck and the difficulty of the task (Frosyth, et al., 2009). The attributes of ability and effort are attributed to internal control, and the attributes of task difficulty and luck are attributed to external control (Weiner, 1985). In this study the participants failed the nursing course and attributed this failure to external control (task difficulty). Many of the participants engage in self-evaluation, either knowingly or unknowingly, and came to accept the failure and make changes in order to repeat the course successfully and complete the program. Acknowledging the unexpected and the failure happened at different times for the participants. While enrolled in the course, some of the participants realized that they had not prepared for the course the "way they should have." However, others experienced the failure, and then realized they needed to

make changes in order to succeed. However, as part of acknowledging, the participants assumed internal controlled, engaged in active learning, and attributed their success to ability and effort after repeating the course. The theories of achievement motivation and attribution offer an understanding of how individuals who fails at an achievement motivated task, such as a nursing course, are able to transcend the failure and achieve success.

Successfully negotiating a failed experience involves recognizing the failure in a timely manner, managing the emotional consequences of the failure and approaching the experience as an opportunity for self-evaluation and learning (Newton, Khanna & Thompson, 2008).

Acknowledging failure is not easy. Struggling through a semester and anticipating an impending failure can decrease one's self confidence. However, the failure serves as an ending point.

Acknowledging the failure was different for each participant. Some participants acknowledged the failure and moved on right away. For other participants, acknowledging the failure took more time. Some participants waited to tell family and friends, and others remained in a state of disbelief for days and weeks. All the participants eventually came to terms with the failure and made plans to move forward. Acknowledging the failure actually brought a sense of relief (Newton, Khanna & Thompson, 2008). Once the participants acknowledged their failure, it was necessary for them to manage the negative effects of the failure on their confidence and self-esteem.

Confidence and Self-esteem

Confidence and self-esteem assist an individual through every aspect of their life, from their ability to think positive to their ability to complete difficult tasks. Individuals with high levels of confidence and self-esteem engage in risk taking behaviors. For this population of students, entering the nursing program, while still working full time was a risk. The findings of

this study support the findings of previous studies that academic failure is associated with low-self-esteem (Peyrovi, Parvizy & Haghani, 2009). The participants in this study related how failing a nursing course was a “blow to their ego” and “decreased their confidence.” Failure invariably decreases one’s self-esteem and one’s confidence (Newton, Khanna & Thompson, 2008). Confidence provides motivation, which is a key factor in persisting through difficult situations and achieving success (Lundberg, 2008). Self-esteem can simply be defined as “I can” (Cigman, 2001). When the students failed the nursing course they encountered feelings of humiliation, depression, embarrassment and shame, which all contributed to the experience of grief. The experience of failure elicited emotions that led to a loss of self- confidence and self-esteem. These emotional responses to failure can be difficult to deal with. However, the participants needed to manage their emotions and feelings of grief in order to move forward.

In order to conquer their negative emotions and grief, the participants needed to overcome engrained beliefs about failure and success. In nursing programs, failure is viewed as a negative outcome. The students’ do not receive credit for the failed course and the resultant “F” grade severely diminished their overall GPA. The students have to retake the course before they can continue in the program. In addition, they are financially responsible for the cost of the course. Conversely, success usually generates expression of positive emotions and is accepted and encouraged in American culture as ways of maintaining self-esteem (Zhang & Cross, 2011). Despite these commonly held beliefs about failure and success, nursing students should be encouraged to see the valuable lessons that are learned through failure. A learning orientation can diminish the threat to self-esteem after failure. Learning from failure can facilitate optimism that counters the negative self-evaluation and the negative emotions associated with failure (Newton, Khanna & Thompson, 200). In this study, as a result of failing the nursing course, the

participants learned to deal with the negative emotions that came with failing a course. Knowing that one can handle failure can lead to a strong sense of self and increase one's confidence (Newton, Khanna & Thompson, 2008). The participants engaged in self-evaluation by "reassessing" and "re-analyzing" their behaviors related to the nursing course. In addition to acknowledging failure the participants needed to manage the negative emotions and grief over failing the nursing course.

Grief

The participants in this study experienced many negative emotions when they failed the nursing course: despair, depression, shame and humiliation to name a few. This was consistent with previous studies that identified these emotions as a result of academic failure (McGregor, 2007). However, through careful and responsive data analysis and coding, it became apparent that the participants were experiencing grief. The identification of grief in response to academic failure was a unique finding compared to the literature reviewed in Chapter 2 on failure and success.

Grief is an emotional response to loss. Kubler-Ross (1969) developed a model that outlined five stages of grief. The model purports that when faced with a loss of someone or something to which a bond was formed, individuals experience emotional stages of grief. Kubler-Ross (1969) identified these stages as follows: denial, anger, bargaining, depression and acceptance. It is important to note that these stages are not linear; they do not occur in sequence. In addition, not everyone who experiences grief will experience all of the stages outlined above. In the present study, the participants suffered a loss of status as a nursing student, a loss of self-esteem, and the potential loss of their dreams of becoming nurses. Symbolic interactionism highlights the idea of the meaning these losses had for the participants. A symbolic interactionist

view on emotions strengthens the concept of grief as an emotional role (Jakoby, 2010). The participants had an emotional investment in the nursing program. They ascribed emotional meaning to the program, the people in the program, as well as their role as a nursing student.

All of the participants experienced some of the emotional stages of grief. Several were in denial about failing the course, verbalizing that they couldn't believe they failed. Several remarked on how depressed they were, and several inferred that they were angry that had let themselves or others down. As discussed previously, the participants moved through these stages differently. Although all of the participants repeated the course and went on to complete the program, it is not clear if every participant experienced five stages of grief, including acceptance.

The literature on grief includes the concept of positive grief. Positive grief can assist individuals re-adjust and "take-stock" of a new situation. It is during his period that individuals re-evaluate relationships, beliefs, goals and lifestyles (Sludds, 2008). In this study the participants did not identify their grief as having positive effect on them. Although many of the participants did re-adjust their goals and lifestyles to successfully repeat the failed clinical nursing course and complete the associate degree nursing program. The idea of positive grief was not acknowledged by the participants, but may have impacted their ultimate success. The implications of assisting a nursing student manage their grief after a nursing course failure will be discussed later in this chapter. In addition to managing their emotions, the participants learned to ask for help and support. The participants sought out help from family, friends, faculty and other students.

Social support

In order to overcome failure, the participants realized that they needed to obtain support. Social support is the belief that one is cared for and has assistance available from other people. This support can be emotional, tangible, informational and/or the companionship (Roehrl & Strouse, 2008). Support came from many sources, such as family, friends, students, faculty and organizations. This finding was consistent with previous research on the impact of social support on academic success (Bowden, 2008; Dobinson-Harrington, 2006; McGregor, 2007).

Support for the participants came in various forms. Financial support was provided by several family members to assist the students with living expenses during the rest of the nursing program. In addition, the families were asked to make financial sacrifices while the participants were completing the program. Decreasing their work hours resulted in a decreased household income which virtually eliminated any disposable income. Both the families and participants had to “make due” with the limited resources available while the participants were in school. For the participants who were not responsible for dependent family members, the loss of income translated to limiting entertainment activities with friends and a decrease in money used for personal expenses, including shopping. All of the respondents, even those without dependent family members, were responsible for their own tuition.

The participants sought out help with daily responsibilities and childcare. The participants relied on the assistance of family members with laundry, cooking and picking children up from school. Indirectly, the participants sought out emotional support from their families. By telling their stories about failing, and expressing the emotional effects that failing had taken on them, families provide encouragement to the participants. Family members built up

their confidence and self-esteem by reassuring them that they could and would complete the nursing program and become a registered nurse.

While seeking support from other students, the participants entered into an interdependent relationship. In addition to getting academic help from students in study group, the participants were giving academic help to students in the study group. This reciprocal relationship increased the participants' confidence. Although they failed the course, they were surprised by how much they learned and how much they could contribute to the study group. One participant even became a student mentor and study group leader. Many of the participants received high grades when repeating the course.

Consistent with the literature, joining study groups and receiving assistance from other students, had an impact on nursing program success. However, a unique finding from this study was the affective benefit that the participant received from the study group. In addition to the academic assistance the participants received from the other members of the study group, the participants reported gaining confidence from participating in the group. Their ability to contribute information and assist other students was repaired the damage to their self-confidence that occurred from failing the nursing course.

All of the participants were aware that there were resources available to them while they were enrolled in a nursing course. However, none of the participants sought out assistance from the faculty until they failed the course. When repeating the course, it became practical for the students to seek out the support of faculty in order to succeed. These resources included faculty led exam reviews and peer tutoring monitored by faculty members. In addition, all nursing program faculty were available for advisement and guidance on a weekly basis. Some participants attended exam reviews and others sought out the emotional support of the faculty

when they were repeating. Faculty “checked in” with them to see how they were doing. Sometimes just a comment in passing in the hall, other times meeting with faculty to discuss how to manage work and home. In addition to asking for seeking help from family, students and faculty, some of the participants asked for help through their religious belief.

Help seeking behaviors.

Without exception, every participant recognized the need to engage in help seeking behaviors. Help seeking was an important strategy that contributed to student success. Nursing students must master theoretical content and be able to apply the information with effective decision making skills in the clinical area. Often students have difficulty with their course work and require assistance. The participants of this study who attended community college were non-traditional students who were older, working and single parents. The participants had multiple life responsibilities and work schedules that interfered with the amount of time needed to devote to academics. As a result, they did not take advantage of available campus resources (Lee, 2007). Prior to failing the nursing course, the participants left campus as soon as classes were over to pick up children from grammar school and/or to get to work on time. As a result, they experienced nursing course failure. Help seeking is a social process that combines cognitive and social engagement toward a positive outcome and often relies on an individual’s self efficacy (Lee, 2007; Ryan, Gheen & Midgley, 1998).

Self-efficacy is the belief in one's own ability to complete tasks and reach goals (Lee, 2007; Bandura, 1986). An individual’s ability to succeed at achievement motivated task and the attributes they attribute to the success or failure of those tasks, suggest that an individual’s self-esteem and self-efficacy play a role in the outcome (Atkinson & Litwin, 1960; Weiner, 1985; Bandura, 1986; Ryan, Gheen & Midgley, 1998; Lee, 2007). Therefore, students with high self-

efficacy and high self-esteem are likely to engage in help seeking behavior while experiencing academic difficulty or experiencing academic failure. However, in this study, the students did not engage in these behaviors while they were at-risk for failure. This may be related to the participants feeling “over-confident” and “taking for granted” the academic success they experienced while taking the pre-requisite nursing courses. The participants in this study engaged in help-seeking behaviors only after they failed the course. These help-seeking behaviors were adaptive for the participants and were seen as a resource to secure the necessary help to succeed in the nursing program (Ryan, Gheen & Midgley, 1998). Roy’s Adaptation Model supports the basic social process of *Reconciling Life Balance* and helps to explain this adaptive process.

The Roy Adaptation Model is a conceptual model that describes an individual as an adaptive system functioning toward a purpose (Perrett, 2007):

Adaptation is the process and outcome whereby thinking and feeling persons use conscious awareness and choice to create human and environmental integration. Coping strategies are behaviors whereby adaptation processing is carried out in daily situations and in critical periods; the categories are synthesized from behaviors in four adaptive modes, physiologic, self-concept, role, and interdependence. (Roy, 2011, p. 316).

The participants who failed a nursing course engaged in adaptation processing, which is a coping pattern that takes in, handles and responds to stressors directed toward survival (Roy, 2011).

Help seeking behaviors can be explained as adaptive processes that the participants engaged in to assist them reach their goal of completing the nursing program. The concept of role and interdependence directly relates to the student who has experienced nursing course failure and engages in help seeking behaviors. This study identified that during the process of *Reconciling Life Balance*; the student entered into interdependent relationships with family, students and faculty through help seeking behaviors in order to achieve success.

All of the participants mentioned their family during the interview. In addition to the participants' expectations of becoming a nurse, the family members had expectations of the participants' becoming a nurse. Some of the family members were relying on the financial security of the participants nursing salary. Others had "bragged" to extended family members about their sons or daughters becoming nurses, and were expecting to bask in the reflected glory of their success. After experiencing failure, the participants had to engage in help seeking behaviors and ask family, other students and faculty for support.

Religiousness.

After failing the nursing course, the participants were depressed and humiliated and as a result sought out support from their religious affiliations. The community members provided them with prayer and emotional support. They received groceries from the communities food pantry intended for "those in need." As practicing members of the community they believed that "God" helps the faithful. They believed that the burden of failure and financial hardship was out of their hands. Their religiousness provided them with the feeling that they did not have to bear their burden alone, that "God" and the community shared their burden and would "provide" for them. In addition, the participants' religiousness assisted them to accept the failure and manage negative emotions. They explained the failure as "God's plan" and in doing so alleviated the feelings of shame and embarrassment they had experienced.

For some of the participants, religion acted as a protective factor against the adverse effects that they experienced when faced with a difficult situation. There is a link between religiousness, defined as religious practice (attendance), specific beliefs (belief in the afterlife) and religious behaviors (prayer) and psychosocial adaptation (Lehner, Tomasik, Wasilewski & Silbereisen, 2012). The findings of this study support the idea that religion has a "buffering

effect” on negative life events. The “buffering effect” can be explained as having a particular resource that can serve to protect a person against the adverse impact of a stressful event such as physical illness, negative life events and financial hardship.

There are several mechanisms that explained the stress buffering effect of religion. For example, the religious belief that “God” helps the faithful allowed the participants to evaluate the situation in a less stressful and more benevolent manner. Religiousness encouraged the promotion of positive emotions, such as forgiveness and gratitude and reduced worry. Religiousness decreased the impact of stress because of the additional resources that were available to the participants who belonged to a religious organization, such as support groups and food pantries (Lehner, Tomasik, Wasilewski & Silbereisen, 2012).

Although, this study presents findings that support the buffering effect of religion on negative life events, religiousness does not appear in the literature on success in nursing school. While this researcher believes that the concept has limited application to the body of literature on success and nursing education, it was a concept that emerged for several of the participants in this study. As a result, this researcher included “religiousness” as a contributing factor to the theory of *Reconciling Life Balance*.

Seeking help from family, students, faculty and religious communities did not occur in a linear way. The participants sought out help from others as it became apparent to them, what they needed, in order to succeed. The amount of help and the types of help varied throughout the program. However, the participants recognized that they needed to obtain support via help seeking behaviors as part of the process of *Reconciling Life Balance*.

In summary, overcoming failure, served as a framework for the current study. Through verification and refinement, it was initially conceived of as having the potential ability to

prospectively explain the basic social process of *Reconciling Life Balance*. The concepts of achievement motivation, confidence and self-esteem, grief, social support, help-seeking behaviors, and religiousness are interwoven within this current Grounded Theory. Ultimately, while aspects of other dimensions are present, *acknowledging* and *becoming a successful repeater* emerged as critically important to the larger social-psychological process, *Reconciling Life Balance*.

Implications of *Reconciling Life Balance* in Nursing Education

Failure will continue to occur in nursing education. However, it is important for nurse educators to be informed about the process of *Reconciling Life Balance* in order to assist students become successful student repeaters. It has been discussed that 59% of students do not graduate “on time” and experience some kind of disruption in their nursing education program.

Frequently, this disruption is caused by academic failure. The three year graduation rate for associate degree nursing programs is 71% and the four year graduation rate is 73% (CUNY, 2012). This means that 27% of students who enter an associate degree nursing program do not complete the program. As discussed, strict progression policies prohibit students from continuing in a nursing program after two nursing course failures. In addition, nursing programs have policies on the length of time a student can be enrolled in a program before completion. When academic failure occurs, students go through a process of overcoming failure. A nurse educator’s knowledge of the Grounded Theory, *Reconciling Life Balance*, may assist students become successful student repeaters.

Learning Orientation

The definition of insanity is doing the same thing over and over again and expecting different results (attributed to Albert Einstein, 1879-1955). This quote can relate to the student

who fails a nursing course and does not learn from the experience and/or does not *reconcile their life balance* when repeating the course. A learning orientation is associated with adaptive responses in achievement situations and is characterized by students who seek challenge and are persistent in their acquisition of knowledge. Conversely, a performance orientation is a maladaptive response and is characterized by students who avoid challenge and have a tendency to seek to prove oneself in achievement situations, often by completing a task as quickly as possible (Porter, Webb & Gogus, 2010). Learning from failure is associated with the belief that abilities can be enhanced through effort (Newton, Khanna & Thompson, 2008). Students need to reflect on the missteps that were made when taking the course the first time, and seek help and *reconcile their life balance* in order to achieve success when they repeat the course.

Faculty can instill a learning orientation in students by focusing on learning goals as opposed to focusing on performance goals. Performance goals are task oriented. Learning goals focus on knowledge acquisition. Performance exams are common practice in nursing education. They are used to assess competence with a certain skills. However, nursing faculty need to re-evaluate how students are assessed for competence. Assessing competency with a skill should include assessing the students' knowledge and rationale for the procedure in addition to mastering the specific task. Performance exams and skills check lists focus on linear thinking and task oriented goals. Nurse educators need to re-think nursing curriculum and student assessment and evaluation to include learning goals. One way to accomplish this is through concept mapping and/or a concept based curriculum.

Concept mapping diagrams the critical thinking strategy involved in using the nursing process. Concept maps show the flow of thought processes and require analyzing, synthesizing, and evaluating information to determine an action or nursing intervention (Abel & Freeze, 2006).

In a concept based curriculum, the concepts form the organizational framework and structure of the curriculum. For example, the curriculum would consist of a selection of the most common health problems and provide exemplars that can be used to represent concepts during the learning process (Tanner, 2006). Sources of evidence for the most common healthcare problems, both locally and nationally, are the Center for Disease Control, the Institute of Medicine, the National Institute of Health, Healthy People, the National Institute of Mental Health and the National Center for Health Statistics. Students learn about nursing and health care from a conceptual perspective.

Faculty teach through student-centered, integrated learning activities within a clinical or patient context (Giddens, Wright & Gray, 2012; Tanner, Grubrud-Howe & Shores, 2008; Benner, Sutphen, Leonard & Day, 2009). A concept based curriculum avoids the traditional content saturated nursing curriculum in favor of a curriculum designed where the desired outcome is that students become conceptual learners and develop higher level thinking skills (Giddens, Wright & Gray, 2012). Although faculty support the idea of the concept based curriculum, changing the nursing curriculum requires a behavioral and cultural change for the nursing faculty and nursing programs (IOM, 2010). Concept based curriculums develop life-long learners by teaching students “how to learn” and facilitate the students’ ability to use clinical reasoning by teaching them “how to think” (Giddens & Brady, 2007). Concept based curriculums and the practice of concept mapping cultivates a learning orientation. In turn, a learning orientation buffers students who are having academic difficulty or failure and promotes self-reflection to improve personal performance.

In addition to the role of academic advisor, the role of the faculty needs to include identification of psycho-social support needs of the students. Faculty need to be aware of the

psycho-social impact of a nursing education program and/or academic failure on a nursing student. When necessary and as appropriate, faculty should be prepared to make referrals to other health care professionals. Not every student is capable of completing a nursing education program. However, this Grounded Theory of *Reconciling Life Balance* highlights the importance of both the academic support and the psycho-social support required to facilitate successful student graduates.

In summary, it is the hope that through the implementation of the strategies discussed above; nursing faculty may support student's who are in the process of *Reconciling Life Balance*, and become successful student repeaters. Nursing education programs must constantly review nursing curriculum to provide the most effective course of study for student nurses. Health care reforms demand that nurse educators and nursing education programs engage in curriculum development that prepares qualified competent graduate nurses who can successfully pass the NCLEX-RN, and who are ready to practice in the ever-changing health care environment of the 21st century.

Recommendations for Future Research

Reconciling Life Balance offers a perspective on the nursing student who fails a nursing course, repeats the course and continues on to complete the nursing program. It reveals a practical theory of a process that is not well known to nurse educators who claim to support student success. This theory sheds light on facilitating student-repeater success, which up until this point has been overshadowed by work on identifying at-risk students, predictors of academic success and predictors of NCLEX success. It is about understanding and supporting students, who have failed a nursing course, *Reconciled their Life Balance* in order to succeed in an associate degree nursing program. While a strong academic curriculum and clear expectations

are important, this study provides an opportunity to understand the process student-repeaters engage in to *Reconciling Life Balance* and overcome failure.

Research that continues to focus on quantitative measures of student success in nursing education will continue to fall short of understanding how a student overcomes failure. Current markers of predictors of success such as high school science grades, pre-requisite course work GPA's and scores on standardized entrance exams are important indicators to ensure qualified students enter associate degree nursing education programs. These markers, however, fail to address the psycho-social qualities of confidence, self-esteem and motivation that are also required to successfully complete a nursing program in the event of nursing course failure. This theory illuminates the need to address the nursing curriculum to facilitate a learning orientation with a concept focused curriculum. In addition, this theory illuminates the need to address both the academic and the psycho-social needs of students in an associate degree nursing program.

The basic social process of *Reconciling Life Balance* that emerged in this study offers a more holistic, and less compartmentalized notion of educating nursing students. This study revealed that for students who experience nursing course failure, there is a need for them to *reconcile their life balance* in order to succeed. However, this qualitative study did not include students who did not fail a nursing course. This work has the potential to serve as a foundation for future nursing inquiry. The intention of this Grounded Theory study was to develop a theory of overcoming failure in associate degree nursing students. First, additional qualitative studies that focus on the psycho-social attributes and strategies used by students who do not fail a nursing course (and successfully progress through the nursing program without interruption), may help prevent academic failure and contribute to student success. Second, this research did not interview students who failed a nursing course, repeated the nursing course and failed again.

Qualitative studies are needed to explore why students are not able to reconcile their life balance, and as a result are terminated from the nursing program. Meeting the entrance requirements does not guarantee that a student will complete the nursing program. However, inquiry into the factors, other than cognitive ability, that prevents a student from succeeding in a nursing program, may inform strategies to improve student success. Thirdly, additional research needs to be conducted to inform curricular changes in nursing. Research is needed to provide evidence that can confirm or deny the efficacy of a learning orientation and concept focused curriculum in associate degree nursing education. Lastly, further theoretical refinement of *Reconciling Life Balance* will strengthen a trajectory of research aimed at improving student success and facilitating successful student repeaters.

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Appendix A

CITY UNIVERSITY OF NEW YORK

Graduate Center
Department of Nursing

CONSENT TO PARTICIPATE IN A RESEARCH PROJECT

Project Title: Overcoming Failure: Successful Student Repeaters

Principal Investigator: Kathleen Karsten
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New York, NY 10016 USA
(212) 817-7987

Faculty Advisor: Barbara DiCiccio-Bloom, RN, PhD
Distinguished Lecturer
Lehman College
250 Bedford Park Boulevard West - Bronx, NY 10468
718-960-8760

Sites where study is to be conducted:**Queensborough Community College**

222-05 56th Ave Bayside, New York 11364 (718) 631-6262

Kingsborough Community College

2001 Oriental Boulevard, Brooklyn, NY 11235-2398 (718)-368-5000

Borough of Manhattan Community College

199 Chambers Street New York, NY 10007 (212) 220-8000

Medgar Evers College

71 Lincoln Place Brooklyn, NY 11217 (718) 783-8667

Introduction/Purpose: You are invited to participate in a research study. The study is conducted under the direction of Kathleen Karsten. The purpose of this research study is to understand how students who have failed a nursing course, overcome failure, repeat the failed course and continue on to complete an associate degree nursing program. The results of this study may provide a theory of overcoming failure. All interviews will be digitally recorded and transcribed into electronic files. The confidentiality of the interview, the de-identification of the participant and the protection of the data will be ensured by storing all data on the researchers encrypted

“U” drive at the CUNY Graduate Center. All digital voice recordings will be maintained in a locked cabinet in the researcher’s home office. The audiotapes will be transcribed and the results of the transcriptions will be verified for accuracy and the data will be analyzed for an emerging theory of overcoming failure.

Procedures: Approximately 15-30 individuals are expected to participate in this study. Each subject will participate in an in-depth interview. The time commitment of each participant is expected to be 60-90 minutes. Each session will take place at a location that is agreed upon by the researcher and participant that will provide sufficient privacy to ensure participant comfort and allow for thoughtful discussion. Interviews will be scheduled at the participant’s convenience.

Possible Discomforts and Risks: Your participation in this study may involve you to experience distress or anxiety while discussing the incident of having to repeat a nursing course after experiencing nursing course failure. If you experience distress or anxiety as a result of this study the names and contact information of two counselors will be provided to you if their services are needed.

Benefits: There are no direct benefits. However, participating in the study may increase general knowledge of overcoming failure.

Alternatives: N/A

Voluntary Participation: Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. If you decide to leave the study, please contact the principal investigator, Kathleen Karsten, 917-548-3767, kkarstenrn@yahoo.com to inform her of your decision.

Financial Considerations: Participation in this study will involve no cost to the participant. For your participation in this study you will receive a \$20 amazon.com gift card after completion of the interview.

Confidentiality: The data obtained from you will be collected via digital audio recording. The collected data will be accessible to the Principal Investigator, Kathleen Karsten, the faculty advisor, Barbara DiCiccio-Bloom, the transcription service, the members of the IRB committee and their staff. The researcher will protect your confidentiality by de-identifying the data and by ensuring all data is stored on the researchers encrypted “U” drive at the CUNY Graduate Center. All digital audio recordings will be maintained in a locked cabinet in the researcher’s home office.

Contact Questions/Persons: If you have any questions about the research now or in the future, you should contact the Principal Investigator, Kathleen Karsten, 917-548-3767, kkarstenrn@yahoo.com. If you have any questions concerning your rights as a participant in this study, you may contact Tara Prairie at tara.prairie@lehman.cuny.edu.

Statement of Consent:

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntarily agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled. I will be given a copy of this statement.”

Printed Name of
Subject

Signature of Subject

Date Signed

Printed Name of
Person Explaining
Consent Form

Signature of Person Explaining Consent Form

Date Signed

Printed Name of
Investigator

Signature of Investigator

Date Signed

Work part-time (≤ 10 hours /week)

Work part-time (≤ 20 hours/week)

Did not work at all

Appendix C
Email/Information Letter to be sent to potential participants.

Date

Dear Student Nurse Graduate,

I am currently undertaking a research project for my doctoral dissertation. I was wondering if you would be willing to be interviewed, at a time and place convenient to you as part of that research. The interview should take approximately 60-90 minutes and will be held at a location that is convenient for you. You will receive a \$20 amazon.com gift card after the interview for your participation.

The title of my research project is Overcoming failure: Successful student repeaters. I hope to explore how students who have failed a nursing course were able to successfully repeat the failed course and continue on to complete the associate degree nursing program.

I would like to interview students who have failed a nursing course, successfully repeated the failed course and continued on to complete an associate degree in nursing. I would like to develop a theory of overcoming failure that can be used to assist academically “at-risk” nursing students.

Before you agree to the interview I can confirm that:

- I have received Institutional Review Board (IRB) approval from The City University of New York (CUNY) to conduct this research.
- The Chairperson from the Queensborough Community College nursing program, Ann Marie Menendez, has given permission for this research to be carried out.
- With your permission, the interview will be recorded using a digital voice recorder and then transcribed into an electronic file, which will be stored on an encrypted “U” drive at the CUNY Graduate Center.
- A transcript of the interview will be sent to you after the interview.
- Your anonymity will be maintained at all times and no comments will be ascribed to you by name in any written document or verbal presentation. Nor will any data be used from the interview that might identify you to a third party.

- You will be free to withdraw from the research at anytime and/or request that your transcript not be used.
- I will write to you on completion of the research and a copy of my final research report will be made available to you upon request.

I sincerely hope that you will participate in this research study. If you are interested in participating in the study or have any questions concerning the nature of the research or are unclear about the extent of your involvement in it please contact me via email at kkarstenr@yahoo.com or via cell phone at 917-548-3767.

Thank you for taking the time to consider my request and I look forward to your reply.

Yours sincerely,

Kathleen Karsten
Doctoral Candidate
The City University of New York
Graduate Center

Appendix E

Letter requesting permission to conduct research at community college

Chairperson, Nursing Department
Queensborough Community College
The City University of New York
222-05 56th Avenue
Bayside, New York 11364
March 16, 2012

RE: Permission to Conduct Research Study

Dear Chairperson (*name*):

I am writing to request permission to conduct a research study at (*Insert name of Community College*). I am currently enrolled in the Doctor of Nursing Science program at the City University of New York Graduate Center and am in the process of writing my doctoral dissertation. The study is entitled Overcoming failure: Successful student repeaters.

I hope that the school administration will allow me to recruit approximately 15-25 graduate nursing students to participate in in-depth interviews. The criteria for participation would include graduate nursing students who have experienced a nursing course failure, repeated the failed course and have continued on to successfully complete the program. Interested students, who volunteer to participate, will be given a consent form to be signed (copy enclosed) and returned to the primary researcher (Kathleen Karsten) at the beginning of the interview process.

If approval is granted, recruitment will begin following Institutional Review Board (IRB) approval from the City University of New York. Graduate students, who meet the sample criteria, will be provided with information regarding the study via email or informational letters. I am interested in contacting students who graduated in June 2011 or December 2011. Students who have successfully completed the nursing program after failing a nursing course will be asked to voluntarily contact me via email or cell phone if they are interested in participating in this study. An interview time and location, that is mutually convenient for the participant and the researcher, will be arranged.

The survey results will be pooled for the doctoral dissertation and individual results of this study will remain absolutely confidential and anonymous. Should this study be published, only pooled results will be documented. No costs will be incurred by either (*Insert name of Community College*) or the individual participants.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any questions or concerns that you may

have at that time. You may contact me at my email address: kkarstenrn@yahoo.com or cell phone 917-548-3767.

If you agree, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, kindly submit a signed letter of permission on your institution's letterhead acknowledging your consent and permission for me to conduct this study at your institution.

Thank you for your consideration.

Sincerely,

Kathleen Karsten
Doctoral Candidate
The City University of New York
Graduate Center
365 Fifth Avenue
New York, NY 10016 USA

Approved by:

_____	_____	_____
Print your name and title here	Signature	Date

Appendix D

Information Letter to be sent to potential participants along with the Consent form

Date

Dear (*insert name*)

Thank you for agreeing to be interviewed as part of my research. As previously agreed the interview will take place on (*date*) at (*location*) starting at (*time*). The interview should take no longer than 60-90 minutes.

The title of my research project is Overcoming failure: Successful student repeaters. I am interested in exploring how students who have failed a nursing course were able to successfully repeat the failed course and continue on to complete the associate degree nursing program.

Before the interview goes ahead I would like to confirm that:

- I have received Institutional Review Board (IRB) approval from The City University of New York (CUNY) to conduct this research.
- The Chairperson from the Queensborough Community College nursing program, Ann Marie Menendez, has given permission for this research to be carried out.
- With your permission, the interview will be recorded using a digital voice recorder and then transcribed into an electronic file, which will be stored on an encrypted “U” drive at the CUNY Graduate Center.
- A transcript of the interview will be sent to you after the interview.
- Your anonymity will be maintained at all times and no comments will be ascribed to you by name in any written document or verbal presentation. Nor will any data be used from the interview that might identify you to a third party.
- You will be free to withdraw from the research at anytime and/or request that your transcript not be used.
- I will write to you on completion of the research and a copy of my final research report will be made available to you upon request.

Please read the enclosed consent. If you have any questions concerning the nature of the research or are unclear about the extent of your involvement in it please contact me via email at kkarsternn@yahoo.com or via cell phone at 917-548-3767. There will also be an opportunity to ask questions when we meet for the interview. Please do not sign the consent until we are together on the day of the interview when all questions have been answered. At that time I will ask you to sign the consent in my presence.

Thank you for taking the time to help me with my research. It is greatly appreciated.

Yours sincerely,

Kathleen Karsten
Doctoral Candidate
The City University of New York
Graduate Center