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ABSTRACT

A NARRATIVE ANALYSIS USING MULTIPLE CASE
STUDIES OF NURSING GRADUATES WHO
OVERCAME ACADEMIC ADVERSITY

by

Judy C. Whedbee

Chair: Shirley A. Freed

ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: A NARRATIVE ANALYSIS USING MULTIPLE CASE STUDIES OF NURSING GRADUATES WHO OVERCAME ACADEMIC ADVERSITY

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Date of completion: June 2009

Problem

This research poses the problem that academic adversity may be encountered in nursing students across three levels of nursing education, affecting retention. Because this adversity takes many forms, it is often difficult for nurse-educators to identify students who are at risk for academic adversity and subsequent failure. Identification of students facing academic adversity is the first step toward retention. An additional problem is that effective behaviors used by recent graduates of nursing programs in overcoming academic adversity have not been identified. There is a need for faculty to be able to identify ways that graduates overcome these adversities. Nursing faculty may not always be mindful of behaviors that graduates perceive as being most effective in assisting

students in overcoming academic adversity. Nurse-educators must know what is most effective in assisting students in overcoming academic adversity.

Method

This study was a qualitative narrative inquiry using multiple case studies. Purposely selected graduates from three levels of nursing education from four schools were interviewed using semi-structured interviews. Verbatim transcriptions were used to write stories from each interview. Validation was requested through emails to each student, ensuring that the transcript and story were true to the meaning of the conversation. Themes were determined by placement of direct quotations into charts, with prevalent themes identified through coding of quotations. These coded quotations were used for answering the research questions.

Results

Students in all levels of nursing education encountered academic adversity that fell into the categories of families and relationships, physical and emotional illness, legal involvement, financial hardship, and academics. In many cases a cascade of challenges occurred as one event triggered another, forcing students to deal simultaneously with multiple and varied problems.

Methods used by nursing students in overcoming adversity followed two separate avenues, intertwined to facilitate each graduate's ability to overcome adversity. One avenue came from an internal, personal strength, beginning with the recognition of the problem, and ending with resolution and academic success gained from resilience,

persistence, a strong internal locus of control, and a strong sense of self-efficacy. The second avenue arose from external help.

Faculty recognition began the process of the resolution of academic adversity. Assistance that was grounded in altruistic behaviors of caring and compassion was most meaningful. Care, concern, knowing, presence, and empathy were the foundation for meaningful communication. Graduates wanted to be treated fairly but not differently from other students. When there were academic issues, they appreciated practical help with time management, test-taking, and study skills.

Conclusions

There is a nursing shortage in the United States that is predicted to worsen in the next 20 years. One way of overcoming this shortage is by responding to the nontraditional student in ways that will help each one overcome academic adversity and reach the goal of successfully completing the chosen program of study.

Andrews University

School of Education

A NARRATIVE ANALYSIS USING MULTIPLE CASE
STUDIES OF NURSING GRADUATES WHO
OVERCAME ACADEMIC ADVERSITY

A Dissertation

Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

by

Judy C. Whedbee

June 2009

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Member: Sarah Snider

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Date approved

To my loving and patient husband, Jim, who says he will be glad to have his wife back.
To my daughter, Mary Beth, who is looking for her own Ph.D. program.
To my daughter, Amy, who would someday like to become a nurse.
To my grandchildren, who will soon be able to spend more
time with their Bobwee.
To my sons-in-law, who love my daughters.
To God, who answers prayer.

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CHAPTER 1

INTRODUCTION

Background of the Problem

Currently a nursing shortage exists in the United States, and predictions are that this lack of registered nurses will only become more severe. The U.S. Department of Labor (2006) reports that there are currently 2,417,150 registered nurses practicing in the United States. Statistics released by the American Hospital Association (AHA) in April 2006 report a current shortage of 118,000 nurses nationwide. Aurebach, Buerhaus, and Staiger (2007) estimated that the number of nurses needed will increase to 340,000 by the year 2020, while the Health Resources and Services Administration (HRSA, 2006) predicted that the nation's nursing shortage will grow to 1,000,000 by the year 2020. HRSA also predicted that the shortage will be felt throughout all 50 states by the year 2015.

The problem of the nursing shortage is multi-faceted. The average age of the registered nurse population is increasing, reaching a high of 46.8 years of age (HRSA, 2006). This increased age is predicted to result in an increase in retirements in the next 10 to 15 years. In fact, the Bernard Hodes Group (2006) reported that 55% of nurses surveyed planned to retire between the years 2011 and 2020. Nursing schools are turning away qualified applicants because of inadequate numbers of faculty, clinical sites, clinical preceptors, and budget constraints (Southern Regional Board of Education,

2002). Other studies cite the shortage to be the result of burnout and dissatisfaction (Aiken et al., 2001; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Bernard Hodes Group, 2005; Buerhaus, 2005).

This shortage is exacerbated by the number of students who are admitted to nursing programs but who fail. The American Association of Colleges of Nursing (AACN, 2008) provides guidelines for prerequisites or co-requisites for nursing programs consisting of rigorous math, science, and liberal arts courses (2008). Admission to nursing programs is extremely competitive, and in most programs applicants who are selected are those who have the highest grade point averages. Even with these high standards, some highly qualified students who are admitted to nursing programs encounter personal difficulties they are not able to overcome. When situations occur that are related to personal or family illness, financial strains, breakdown in relationships, or other adverse events, even excellent students may fail. These challenges create academic adversity, a term developed as this research progressed to describe the phenomenon that impacts a student's ability to succeed in a chosen course of study. This concept is developed fully in chapter 2. Academic adversity is defined in this paper as any situation encountered by a student that precipitates the potential for academic failure.

Academic failure of qualified nursing students seriously impacts the supply of registered nurses both in the United States and worldwide (Jeffreys, 2002; Mulready-Schick, 2005). Studies from the United Kingdom have reported an attrition rate of up to 27% (Last & Fulbrook, 2003). The problem is so pervasive that the term "student wastage" is used in some literature, primarily in Great Britain, to describe this situation (Glossop, 2001; Hutt, 1998).

The definition of attrition is often difficult to determine, as studies generally begin the discussion of attrition without defining its use in the study. This problem of consistency in definition is addressed by Glossop (2001), who reviewed literature relevant to student nurse attrition and reported that limitations existed in the research because of the variations in methods used to calculate attrition rates. The Nursing Workforce Data Advisory Committee (NWDAC) (Texas Center for Nursing Workforce Studies [TCNWS], 2005), a group of nurse-educators from Texas, researched websites of boards of nursing of all 50 states and the District of Columbia. This group identified a need for a nationally standardized definition for, and measurement of, the rate of attrition. A survey of this report (TCNWS, 2005) states, “The NWDS staff were not able to find evidence that a national standard for defining or calculating nursing student attrition rates has been established in the U.S.” (p. 5).

In the United States, a study released by Cedars Sinai Medical Center (Van, 2004) reports a national 20-40% attrition rate in most nursing programs. More specifically, Johnson (2004) reports that attrition rates in programs of nursing have reached as high as 70% in some 2-year nursing programs at community colleges in California. Data for the state of Tennessee, released in April 2006, showed that associate degree programs had an attrition rate of 28.8% and bachelor’s programs had an attrition rate of 11.8% (Smith & Pfortmiller, 2006), and North Carolina reports a 13% attrition rate for bachelor’s level students (Lacey & Shaver, 2003).

The nature of academic failure by qualified students creates an organizational challenge in designing methodology for this study. Consideration of the fact that a dichotomy develops as students experience challenges and cope with the resulting

adversity provides structural clarification. Dichotomy is defined as “a division into two especially mutually exclusive or contradictory entities” (Merriam-Webster, 2007). The dichotomy occurs when any one or more highly qualified students meet unexpected personal or academic challenges and drop out of school without reaching the goal of becoming a registered nurse, while other students have the resilience to persist and overcome the academic challenges. Figure 1 demonstrates the dichotomous nature of progression, showing that a student may experience either persistence or withdrawal, leading to academic success or academic failure.

The ability of students to succeed is related to an inherent ability to overcome adversity and supports the positive side of the dichotomy. Support for this statement comes from research related to resilience (Glanz & Hertzman, 1999; Luthar, Cicchetti, &

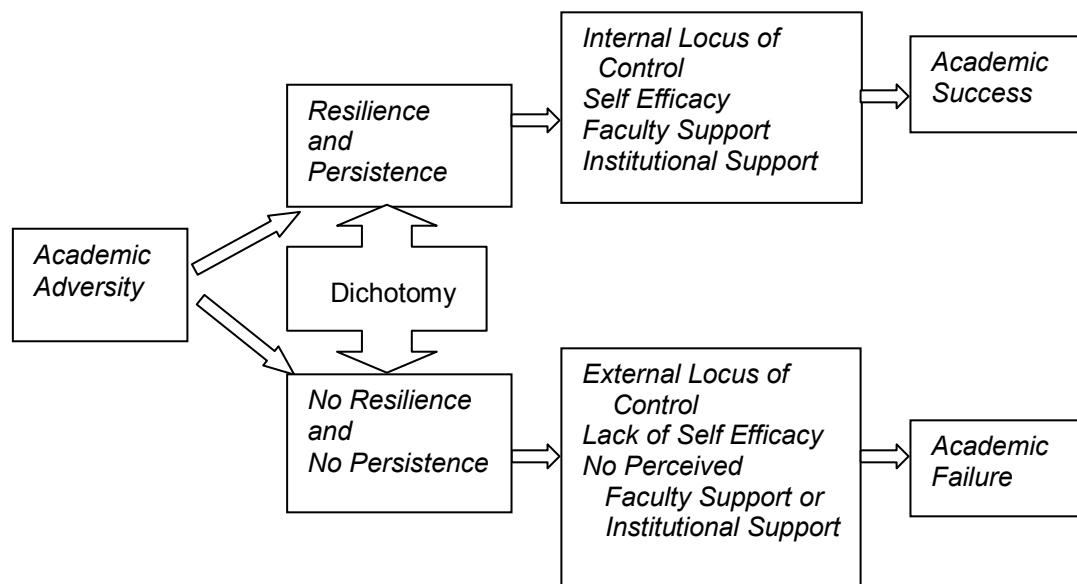


Figure 1. Dichotomous progression from academic adversity to academic success or failure.

Becker, 2000; Masten, 1994; Masten & Coatsworth, 1998). These studies agree that there are protective inborn systems for successfully overcoming adversity. Those listed include “a connection to competent and caring adults, intellectual skills, talents valued by society and self, a sense of meaning in life, faith and religious affiliations, socioeconomic advantages, good schools, and community resources” (Masten, 2000, p. 4).

The failure of some students to succeed supports the negative outcome of the dichotomy. Masten (2000) studied children facing adversity and then followed the participants over 20 years. Those children who were not successful as adults had not developed the inborn protective characteristics needed to overcome adversity. Masten (2000) found that these adults had not had essential resources during important developmental milestones. They lacked supportive relationships with competent adults, self-regulation skills, spiritual and religious systems, and community involvement.

Statement of the Problem

This research poses the problem that academic adversity may be encountered in a number of nursing students across three levels of nursing education, affecting retention. Because this adversity takes many forms, it is often difficult for nurse-educators to identify students who are at risk for academic adversity and subsequent failure. Identification of students facing academic adversity is the first step toward retention. An additional problem is that effective behaviors used by recent graduates of nursing programs in overcoming academic adversity have not been identified. There is a need for faculty to be able to identify ways that graduates overcome these adversities. Nursing faculty may not always be mindful of behaviors that graduates perceive as being most

effective in assisting students in overcoming academic adversity. Nurse-educators must know the most effective means of assisting students in overcoming academic adversity.

The Purpose of the Study

The purpose of this study was to describe academic adversity as experienced by nursing students across three levels of nursing education. This study also sought to discover personal strengths and effective practical behaviors used by recent graduates of nursing programs in overcoming academic adversity. Additionally, a goal of this study was to determine which nursing faculty behaviors graduates perceive as being most effective in assisting students in overcoming academic adversity and achieving academic success.

Research Questions

There are three research questions for this study:

1. In what ways is academic adversity experienced by nursing students?
2. How do nursing graduates overcome academic adversity?
3. What nursing faculty behaviors are most effective in assisting nursing students in overcoming academic adversity?

Research Design

This was a multiple case study using narrative inquiry to answer the research questions. Data were gathered through unstructured interviews of 12 graduates from four nursing programs representing three levels of nursing education—associate degree, bachelor's degree, and master's degree. During each interview, graduates were asked to describe four things: (a) challenges they encountered while they were enrolled in their

respective nursing programs that could have caused them to be unsuccessful, (b) personal behaviors or attributes that enabled them to overcome these challenges, (c) the role of community in overcoming these challenges, and (d) the role of nursing faculty in overcoming these challenges. Each interview was then transcribed verbatim, used in the writing of a cohesive story, and coded for themes. These stories gave rich voice to the participants, and the themes provided answers to the research questions.

Conceptual Framework

The framework for this study is at the intersection of three theories: Bandura's (1986) Theory of Self-efficacy, Rotter's (1966) Theory of Locus of Control, and Tinto's (1993) Theory of Student Retention. The choice of these theories rests on the premise that all successful graduates exhibited resilience as the starting point for overcoming adversity. From that starting point, students developed persistence and determination based on personal values and tangible resources, which allowed them to overcome academic adversity. A preliminary review of the literature related to student success before this research was proposed indicated that successful students who exhibited academic persistence would have a strong sense of self-efficacy, an internal locus of control, and an appreciation of community as a source of support. This premise proved to be true.

Bandura's (1986) Theory of Self-efficacy is based on the premise that students who face personal challenges with the potential of causing academic adversity and who ultimately attain academic success will have some measure of self-efficacy, the belief a person has in his ability to achieve a goal.

Rotter's (1954) social learning theory of Locus of Control maintains that people believe that control over events relating to all aspects of life comes either from internal or external factors. Internal control is described as the belief that control resides within the individual, while external control is described as control that is outside the individual, either from powerful other persons or as the result of chance.

Tinto's (1993) Theory of Student Retention proposes that students' academic persistence will be maintained in direct relationship to the perceived support received from the institution, both academically and informally.

These three theories were selected for this study because they provide a basis for interpreting the phenomenon of academic adversity.

Definitions

The following definitions apply to terms as they are used in this study.

Academic adversity: Any situation encountered by a student that precipitates the potential for academic failure. (Refer to Chapter 2 for development of this concept.)

Attrition: Failure to complete a program of study, which in this case is a failure to reach the goal of becoming a registered nurse in a state-approved, nationally accredited program of study (Tinto, 1993).

Community: Any person outside the immediate family of the graduate who may have been involved in the life of the student during that student's academic career.

Locus of control—external: The perception that life events are controlled by forces over which a person has no control, such as fate, luck, or powerful other people (Rotter, 1954).

Locus of control—internal: The perception that life events are controlled from within a person (Rotter, 1954).

Nursing program: A state-approved and nationally accredited course of study leading to licensure as a registered nurse or a board-certified nurse practitioner.

Persistence: The personal trait that is coupled with and follows resilience and compels a student to persevere resolutely toward an academic goal in spite of personal and/or academic challenges that may threaten to impede academic persistence.

Resilience: Positive factors arising from personal assets and strengths, developed over time, and adopted by students to promote success in spite of negative environmental circumstances (Holt, Mahowald, & DeVore, 2002; Keith, Byerly, Floerchinger, Pence, & Thornberg, 2006).

Retention: Successful completion of a program of study (Tinto, 1993; Yorke, 2004).

Self-efficacy: The belief a person has in his ability to achieve a goal, in this case academic success in a program of nursing (Bandura, 1982).

Rationale for the Study

Admission to nursing programs has become extremely competitive, ensuring that most programs may select only applicants who have proven they are already academically successful. They have demonstrated this academic success through completion of rigorous admission requirements. Prerequisites for nursing programs may include successful completion of courses in anatomy and physiology, chemistry, and math. In addition, in order to meet national accreditation standards for nursing education, nursing programs must include in the curriculum a foundation of liberal arts consisting of

courses in humanities, social sciences, and philosophy (AACN, 2008). Therefore, students are highly qualified and motivated to succeed after completing numerous hours of required prerequisites. They have already invested time, energy, and financial resources in the process of becoming a registered nurse even before they are admitted to the nursing program, at which time they will begin to learn the art and science of nursing. However, some students do not succeed because of personal difficulties creating academic adversity. Circumstances that cause this distress are generally related to spousal abuse, financial issues, homelessness, personal physical or emotional illness, or family problems and/or illnesses. Some students are unable to overcome the adversity, and they fail.

Conversely, there are some students who are threatened with seemingly overwhelming personal challenges, and they have been successful. The question arises, How are some students able to overcome extreme personal challenges and reach their goal of becoming registered nurses while others succumb to the pressures and are not successful? Because of the strict admissions criteria and proven academic abilities of students admitted to nursing programs, all of these selected students demonstrate the potential at the time of admission to achieve academic success.

Even though this study is focused directly on nursing education, the problem of attrition is universal as evidenced through research reported in multiple higher education settings (Philbert & Elleven, n.d.; Schuetz, 2005; Tinto, 1993; Wambach, Mayer, Hatfield, & Franko, 2004; Yorke, 2004; Yorke & Thomas, 2003). Research also details the problems of attrition in other more specific areas of education. For example, Andrews, Johansson, Chinworth, and Akroyd (2006) studied attrition in physical therapy

education. Glass and Oakley (2003) reported on attrition and retention among accounting majors. Blecher (2006) detailed results of research on attrition in social science programs.

The rationale for this study emanates primarily from my responsibilities as a program director for a department of nursing offering a bachelor of science in nursing degree. Because leadership is an integral part of student success as well as programmatic success, the rationale for this study as it relates to leadership is that an effective leader should be able to intervene with both students and faculty to provide guidance and assistance when students are experiencing academic challenges. The leader should interact with all involved parties to ensure academic success for those students who are struggling.

Significance of the Study

This study looked at nursing graduates who encountered personal challenges that threatened academic success. It is anticipated that results from this study may assist nursing faculty in determining ways to identify and assist students who are facing personal challenges. In addition, because this is a universal problem affecting students in all academic disciplines, results may also be used by other disciplines to assist students.

This study relates to nursing and society by seeking determinants responsible for the lack of success in seemingly well-qualified applicants to nursing programs. If commonalities that indicate ways students cope with personal adversity can be determined, the nursing shortage may be positively affected.

Delimitations of the Study

One delimitation of this study relates to sample selection. Subjects were selected from relatively small programs of nursing in Ohio and east Tennessee. Two of these schools offer the Baccalaureate degree, and one school offers the Associate of Science degree, with both programs leading to approval by the respective state Boards of Nursing for graduates to sit for the National Council Licensing Exam (NCLEX). The fourth school offers a Master's degree in nursing, leading to certification of graduates as nurse practitioners. Graduates from all three levels of degree programs were included because it was felt that students at all levels of education have the potential to be affected by academic adversity. All programs of study must provide a curriculum preparing graduates to provide safe and effective care. The major difference between the bachelor and associate degree levels is basic preparation, which encompasses differences in the approach to nursing, especially in areas of philosophical constructs of baccalaureate education and the roles of the professional registered nurse prepared at the baccalaureate level (AACN, 2008).

Limitations of the Study

Limitations included the possibility that selected participants may not have felt free with the interviewer to be perfectly honest. Another limitation may be that deans and nursing faculty of the programs participating in the study may not have selected the most appropriate subjects for the research project.

Organization of the Study

This study is organized into six chapters. Chapter 1 provides the background, rationale, and significance of the study, a statement of the problems, and the purpose. Three research questions are presented with an introduction to the theoretical framework used in analysis of the interviews.

Chapter 2 is a review of the literature. There is an introductory section providing an analysis of the concept of academic adversity, an overview of resilience, and a brief exploration of attrition. This introduction is followed by literature related to self-efficacy, locus of control, and student retention.

Chapter 3 describes the methodology used in this study and includes the rationale for the design. Also included are descriptions of the processes related to purposive sampling and interviewing. The last section explains how data were coded and analyzed and how a story-map was used in consolidating data into a cohesive format for each participant. The chapter concludes by addressing the important concepts of trustworthiness and dependability, generalizability, ethical considerations including confidentiality, and a brief summary.

Chapter 4 gives voice to the graduates who consented to be interviewed. Their stories are presented in vignette form, which proved to be the most effective way of capturing the essence of each individual graduate's experience while allowing the reader to make inferences related to the study of perceptions, beliefs, and attitudes proposed in the study (Hughes, 1998).

Chapter 5 answers the research questions through synthesis of information obtained through the 12 interviews of nursing graduates. The coded interviews were used

to compile information from each graduate into the categories needed to answer each of the three research questions.

Chapter 6 begins with a restatement of the problem and presents a cohesive overview of the information included in chapters 1 through 5. Brief summaries are provided for the purposive sample, the research design, and the theoretical framework. Results are related to the research and conceptual framework, and the answers to the research questions are summarized. Recommendations for application of this study to both students and faculty are included in the answers to the research questions. Recommendations are made for further studies.

CHAPTER 2

REVIEW OF THE LITERATURE

Student retention that is realized through overcoming academic adversity is the prevailing concept for this review of the literature, beginning with a description of the importance of retention as it relates to the nursing shortage. Overcoming academic adversity is then examined, describing its dependence on two inter-related pathways. The first pathway involves student support from sources outside of self such as faculty, community, and the institution. The second pathway involves the role of command of self, based on internal values. The theoretical framework for retention of students who must overcome academic adversity to experience success arises from the intersection of three theories: Tinto's (1975) Theory of Student Retention, Rotter's (1954) Theory of Locus of Control, and Bandura's (1986) Theory of Self-efficacy.

Relationship of Retention to the Nursing Shortage

A severe shortage of nurses continues in the United States. Statistics from the American Hospital Association (2006) show that one out of seven hospitals reported job opportunities for nurses, with some hospitals reporting a 20% or higher vacancy rate. Additionally, the United States Department of Health and Human Services predicts that by the year 2020 almost 29% of RN positions will be unfilled. Predictions for the future (U. S. Department of Labor, 2006) estimate that the need for RNs will reach more than 1

million by the year 2012. These statistics prove the urgency of the challenge faced by nursing education. Failure to educate the numbers of nurses needed to provide care in the future will negatively impact health care in the United States (National Center for Educational Statistics [NCES], 2007).

Figures from the National League for Nursing (NLN, 2006) reflecting current completion rates by students in nursing programs are encouraging. The most current data available indicate that 9 out of every 10 students who were enrolled in baccalaureate nursing programs in 2005 remained enrolled or graduated by 2006. The retention rate for nursing is higher than the 72% national average for all combined undergraduate programs. The retention rate for associate degree programs was 83%, with the national retention rate for all programs in community colleges at 64%. However, other data show that numbers vary widely. In the United States, a study released by Cedars Sinai Medical Center (Van, 2004) reports a national 60-80% retention rate in most nursing programs. Johnson (2004) reports that retention rates in some programs of nursing have dipped to as low as 30% in some 2-year nursing programs at community colleges in California. Data for the state of Tennessee, released in April 2006, showed that associate degree programs had a retention rate of 68.2% and bachelor's programs had a retention rate of 87.2% (Smith & Pfortmiller, 2006), and North Carolina reports an 87% retention rate for bachelor's-level students (Lacey & Shaver, 2003).

Academic Adversity

Directly related to the problem of retention is the inability of some students to succeed in a nursing program. This difficulty may be attributed in part to the concept of academic adversity, defined as any situation encountered by a student that precipitates the

potential for academic failure. A definition for this concept evolved from the review of the literature where the term is used descriptively. For example, a press release from *Black Hills Kids Pages News* (“South Dakota Youth Facing Adversity,” 2006) portrays academic adversity as “challenges ranging from poverty to illness to abuse” (p. 1). Barends (2004) uses the term *adversity* in the title of a research article describing challenges faced by South African children, and Fass (1998) determined effects of weak parental and peer attachment on academic success of college students, including the statement that weak attachment was found to have an adverse influence on the academic success of this population.

Literature has shown that there are five main categories of academic adversity. These are students who are nontraditional (Merrill, Reinckens, Yarborough, & Roginson, 2006; Niner, 2006; U.S. Department of Education, National Center for Educational Statistics, 2002), dealing with family issues (Andrews & Wilding, 2004; Merdinger, Hines, Osterling & Wyatt, 2005; Schoon, 2008; Werner & Smith, 2001), experiencing academic difficulties (Hurtado & Faye-Carter, 1996; Jeffreys, 2001; Keith et al., 2006; Merdinger et al., 2005), having problems related to emotional and/or physical health (Andrews & Wilding, 2004; Ofori, 2002; Wambach et al., 2004), and exhibiting self-defeating behaviors (Baumeister & Scher, 1988).

The other situation frequently seen in students facing academic adversity is that one challenge may generate another challenge, creating a cascade of adversities that may overwhelm the student and lead to attrition. For example, Fischer (2007) writes that a student may be simultaneously impacted by a family background insufficient for academic success, poor social adjustment, socioeconomic status with related financial

difficulties, inadequate academic preparation, lack of academic adjustment, and difficulty adjusting to the campus environment.

The Non-traditional Student

Many studies suggest that one of the largest causes of academic failure is the risk assumed by nontraditional students, a group considered to make up 73% of all undergraduates (United States Department of Education, National Center for Educational Statistics [USDE, NCES], 2002). According to a list compiled from criteria outlined by Niner (2006) and the USDE, NCES (2002), the nontraditional student is defined as a student who is working (sometimes up to 35 hours per week) and financially independent while attending classes, 24 years of age or older, a single parent, and/or attending school part time. These students may have no experience with post-secondary education, or they may have some limited experience with no degree. Merrill et al. (2006) refined these criteria and added women with children, students serving in the military, students from culturally diverse backgrounds, and those who are socio-economically disadvantaged. A study of nursing students by Merrill et al. (2006) also included as nontraditional those students who had a career in another field who have decided to pursue a degree in nursing. Smith (2006) discussed the challenges encountered by male nursing students. He states, "The social construction of what it means to be a nurse has typically meant a caring, hard-working woman" (p. 263). Streubert (1994) categorizes all men in nursing as nontraditional, emphasizing that men in the nursing profession often must account for their masculinity and sexual orientation.

Family Issues

Family conditions and circumstances may create academic adversity, negatively impacting student academic performance. Merdinger et al. (2005) verified this through a study of foster youth who experienced stressors related to poor conditions while growing up. Hassinger and Plourde (2005) studied Hispanic youth considered to be at-risk because of their background and/or their environment. These researchers (Hassinger & Plourde, 2005) showed the negative consequences of facing adversity while young. Andrews and Wilding (2004) demonstrated that poverty did, in fact, negatively impact student academic performance. Parental psychopathology and disrupted family environments also contribute to negative academic consequences (Werner & Smith, 2001). However, some students are successful despite these family problems and become psychosocially adjusted in spite of socioeconomic hardships experienced as children (Schoon, 2008).

Academic Difficulties

It is not always true that students who are challenged are students who stay in school, as proposed by Tinto (1993). Students are sometimes challenged beyond their ability to succeed because of academic issues. Two specific groups of students who struggle with success in the classroom have proven to be statistically at risk for academic adversity. These are students who are not academically prepared for transition to a professional course of study (Jeffreys, 2001), and students who overestimate their “academic supports and underestimate their need for preparation” (Jeffreys, 2002, p. 16). Merdinger et al. (2005) also cited lack of access to college preparatory classes as being a contributor to lack of academic success. One study of adult students attributed academic

difficulty to poor preparation before college and also to lack of continuous educational experiences (Keith et al., 2006). Keith et al. (2006) as well as Merdinger et al. (2005) discussed the implications of the relationship between past academic experiences and current academic failure or success. Hurtado and Faye-Carter (1996) report that only 36% of faculty surveyed across all types of colleges and universities feel that students are adequately prepared in high school for college-level work. Cole and Kinzie (2008) describe students with low academic confidence.

Health Deficit

Other reasons cited as causes of academic adversity are related to deficits in emotional and/or physical health (Wambach et al., 2004). Andrews and Wilding (2004) reported on decreased academic performance in students who experienced anxiety and depression. Ofori (2002) cited emotional immaturity as a major predictive factor for academic failure. Other deficits are related to emotional challenges of self-regulated learners who failed to engage in classroom activities, resulting in negative consequences.

A research report in the *Australian Journal of Psychology* (Shelley & Pakenham, 2004) examined the effects of poor physical health on academic performance in university students. Shelley and Pakenham acknowledged the difficulties with differences in definitions of illness, but they focused on the distress caused by differences in acute and chronic illness, not the nature of the illness itself. Results of Shelley and Pakenham's study (2004) indicate that students perceive a greater amount of control over chronic illness than acute illness. These authors determined that locus of control (Rotter, 1954) becomes more internal with chronic illness, allowing control of self for decision-making and behavioral control.

Lack of self-control in areas of emotional health may lead to a student's inability to succeed. Self-defeating behavior is one of these components related to failure by some students. Baumeister and Scher (1988) define self-defeating behavior as "deliberate or unintentional acts that have counterproductive effects on oneself or one's own projects" (p. 24). Renn, Allen, Fedor, and Davis (2005) label self-defeating behaviors as self-management failure. Self-management involves monitoring individual behavior in accord with set personal standards and working with self and the environment to achieve those set standards (Frayne & Geringer, 2000).

Baumeister and Scher (1988) related personality types to self-management and self-defeating behavior, and they reported that locus of control and generalized self-efficacy are personality types instrumental in determining propensity for engaging in self-defeating behaviors (Costa & McCrae, 1992). If self-management fails, self-defeating behavior is often the result. Behaviors identified were procrastination, inaccurate self-assessment, self-handicapping, inability to delay gratification, and emotional self-absorption (Renn et al., 2005). Self-handicapping was also described by Martin, Marsh, and Debus (2003), who examined fear of failure in college students and proposed that some students who are faced with failure actively sabotage their performance by self-handicapping. This self-protective avoidance renders the student vulnerable to failure and learned helplessness.

The Cascade Effect

There may often be multiple circumstances that create adversity, and often challenges come in more than one form in a short span of time, creating a cascade of academic adversity. Because of the potential for a cumulative effect of one type of

adversity on another, it is difficult to neatly categorize one cause of adversity for each individual. Lacey (2006) used the example of Hurricane Katrina victims who were suddenly faced with financial, physical, and emotional adversity within the period of a few hours. Andrews and Wilding (2004) write that financial difficulties coupled with outside pressures may influence academic performance. Martin et al. (2003) attribute adversity to anxiety, lack of control, and coping with multiple roles, all of which may present significant challenges, each one affecting the other, leading to a cascade of academic adversity. Wambach et al. (2004) cite a long list of reasons for academic adversity occurring in one person, such as high costs of living, lack of purpose, deficits in physical and/or mental health, lack of programs, lack of support, and unhappiness with the university as factors contributing to vulnerability and adversity. These examples from literature demonstrate that adversity may be present in family dynamics, in financial matters, and in personal spheres, with each one affecting the other. These conditions may affect both traditional and non-traditional students.

Summary

Academic adversity is any situation encountered by a student that precipitates the potential for academic failure. The literature may be categorized into five areas that are significant for precipitating adversity. Non-traditional students, the first area addressed, make up 73% of all students in higher education, and is a group considered to have the highest risk for attrition. Other areas of concern that may precipitate academic adversity are students who are dealing with current or past family problems, students who are challenged by academic demands, and students who are faced with emotional or health deficits. Another major issue of academic adversity is the cascade effect that occurs

when one adversity creates an additional adversity, then creating an accumulation of adversities that become more and more difficult for the student to overcome.

Overcoming Academic Adversity

Two forms of assistance may be used by students who are struggling to overcome academic adversity. The first type of assistance comes from external help such as the help received from faculty, the institution, and community (Tinto, 1993). The second type of assistance comes from personal strengths arising from resilience, persistence, locus of control, and self-efficacy (Bandura, 1997; Rotter, 1954). Tinto's (1993) Theory of Student Retention forms the basis for external sources of assistance, while Rotter's (1954) Theory of Locus of Control and Bandura's (1997) Theory of Self-efficacy form the basis for internal sources of assistance. These theoretical bases are not distinctly separate, but intersect in varied and essential means of help to students who are facing academic adversity.

External Support

The pathway to students' academic success, and thus retention, depends on sources of help external to self. This external help is based on Tinto's Theory of Student Retention. Institutions of higher education are concerned about student retention; therefore, educators continue to look into the reasons students cite for either remaining in school or leaving school.

Tinto's (1982) Theory of Student Retention is one of the theories most often used by educators to study the phenomenon of student departure from school (Caison, 2007). This theory evolved from the work of Durkheim (1951), who studied suicidal behavior.

According to Durkheim, suicidal behavior originated as a “result of the inability to integrate socially and intellectually into society” (p. 437). Tinto applied this concept to students who withdrew from post-secondary education and deduced that student attrition was analogous to the same inability to achieve adequate social and intellectual integration within an academic institution. Instead of suicide, withdrawal from higher education was the result of inability to integrate into the culture of the institution.

Behaviors employed and attitudes held by college personnel to enhance retention at all academic levels were described by Tinto (2003). These behaviors and attitudes are to provide academic and institutional support and to ensure that students are involved as valued members of the institution through community and involvement. Although external help may enhance internal strengths, Tinto’s theory is applicable to success through external sources.

Academic Support

Academic support takes several forms. Astin (1999) writes, “Frequent interaction with faculty is more strongly related to satisfaction with college than any other type of involvement” (p. 525), and interaction can be made available to students on several levels. One level of help may come from interpersonal communication between faculty and student, leading to a caring and emotionally supportive relationship for the student. Another level of help may be offered in more practical ways, such as organizing study groups, test-taking workshops, or review sessions. Ofori (2002) provides research that shows that students who seek help from faculty are more likely to attain success than those students who believe they can be successful without the help of faculty. Ofori

(2002) also shows that help-seeking is more predictive of retention than even entry qualifications.

One benefit of frequent interaction with faculty is the rapport that develops between faculty and student, leading to a caring relationship. Shelton (2003) studied perceived faculty support and found that students who felt that they were supported and assisted in academic work were retained. Poorman, Webb, and Mastorovich (2002) found that students expected faculty to “recognize them as people, understand their life struggles, and give them attention because they were paying for their education” (p. 3). Swanson’s theory of caring (Swanson, 1999) describes the relationship between nurse and patient and is applicable to the relationship between faculty and student. The caring role of a faculty member should be to establish a reassuring presence, recognize each individual as unique, and conscientiously follow the academic progress of each student.

Caring is demonstrated through providing presence, listening, and knowing. Providing presence is defined by Fredriksson (1999) as more than merely being there. It involves communication, understanding, and a positive and encouraging attitude. Listening is an open reciprocal relationship between student and faculty, and it includes not only words but facial expressions, body language, and tone of voice that may signal problems indicative of adversity.

Knowing is another term used in nursing that is commonly applied to patient care but which is easily transferred to the interaction between faculty and student. Jenny and Logan (1992) described knowing as an individualistic approach based on a person’s situation. Knowing involves communication, showing care and concern, and being present. This kind of knowing develops over time as faculty and student interact in

ongoing open and honest communication, it focuses on the student as a person, and it values engagement in a caring relationship. The relationship formed through the concept of knowing has the potential to enhance a student's self-efficacy.

As mentioned by Jenny and Logan (1992), Bandura (1986) also suggested that faculty be aware of students' level of self-efficacy (perceptions of competence) and respond appropriately. Knowing each student at this level will enable a faculty member to advise and counsel the student in regard to behaviors linked to self-efficacy. Students' beliefs of personal competence mediate behaviors, and through assisting students in examining effective behaviors, self-efficacy judgments may be fostered that will positively influence behaviors necessary for academic success.

Spiritual caring is described by Watson and Foster (2003) as another method of assisting persons to attain a balance between their own personal values, goals, and belief systems. Watson and Foster (2003) stress the importance of the holistic benefit of successfully integrating body, mind, and spirit. When faculty know and care for students, balance and integration may be brought into being through meaningful communication between faculty and student. Spirituality offers connectedness with people, with self, and with God.

It must be noted at this point that, even though these caring behaviors by faculty are categorized as being external support, internalization of the altruistic behaviors modeled by faculty may lead to an increase in success based on personal values. Caring behaviors coupled with concrete actions from faculty assist students in internalizing personal values, a phenomenon believed by Bandura (1997) to increase self-efficacy.

Another effective means of academic support is for faculty to maintain the attitude that students are expected to succeed. Tinto (2003) writes that students are most likely to obtain academic success if faculty expectations are high and if students are expected to meet their educational goals. Tinto (2003) also stresses that “students who learn are students who stay” (p. 2). Other researchers (Fleming, 1984; Hurtado & Faye-Carter, 1996; Rendon, 1994) have also found this to be true. Margolis and McCabe (2006) support the concept of challenging students, writing that making tasks slightly above the student’s current performance level will cause the student to persist rather than give up. Ofori (2002) writes that keeping tasks and assignments at challenging and reasonable levels of difficulty may arouse just enough academic anxiety to encourage support-seeking behaviors.

Even though the faculty expectation for success has proven to be effective in increasing retention (Tinto, 2003), attrition from nursing programs often arises from the necessary rigor of the programs. Nursing programs gain and maintain ongoing approval through their respective state boards of nursing and national accrediting bodies. The mission statement of the Tennessee Board of Nursing (Department of Health, Board of Nursing, n.d.) states, “The board’s mission is to safeguard the health, safety and welfare of Tennesseans by requiring that all who practice nursing within this state are qualified” (Department of Health, Board of Nursing, n.d., ¶ 1). Each nursing program in the state of Tennessee must maintain an 85% NCLEX pass rate to receive and maintain full approval through the Tennessee Board of Nursing (Department of Health, Board of Nursing, n.d.). Likewise, accrediting bodies, the National League for Nursing Accrediting Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE), monitor

outcomes of nursing programs by examining each program's NCLEX results. The home page for CCNE states, "As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing education programs and the continuing growth and improvement of collegiate professional education" (AACN, 2008, ¶ 1). These high standards may lead to attrition by highly qualified nursing students who have encountered academic adversity.

Mentoring was also found to be a successful strategy for promoting retention by McGann and Thompson (2008), who studied academic success in at-risk senior nursing students. The support received through mentoring proved to be a valuable asset for retention, and was also effective in enhancing academic success (McGann & Thompson, 2008). Their description of the connection between a faculty member and a student in the mentoring relationship was that it was empowering and helpful, enhancing student success (McGann & Thompson, 2008). Vance and Olson (1998) describe the mentoring relationship as a method of advising, guiding, encouraging, and inspiring another person over time. Wilkes (2006) agrees that mentoring is a valuable asset for nursing programs, but cautions that this is sometimes difficult because faculty are often limited by inadequate resources as well as multiple demands of their assigned teaching loads.

Advisement is another avenue of assistance that research shows to be valuable to student success (Tinto, 1993, 2003). Shelton (2003) writes that a primary purpose of advising is to establish a relationship with students, fostering trust through continuous interaction throughout the program of study. Shelton (2003) writes that nursing programs must include contact with students beginning early in the program, and advisors should help with course selection as well as registration for classes.

Retention may also be influenced through ongoing practical help from faculty. Studies report that academic progress must be monitored, and faculty must provide assistance with course content when necessary for student retention. Additionally, faculty should refer students to appropriate supportive resources, including counseling, within the academic framework of each school (Campbell & Davis, 1990; Courage & Godby, 1992; Hughes, 1988; Parks & Kirkpatrick, 1996; Reed & Hudepohl, 1983; Saucier, 1995; Sherrod & Harrison, 1994; Thurber, Hollingsworth, Brown, & Whittaker, 1989).

Valencia-Go (2005) cautions that the registration process is sometimes labeled as advising, but the faculty role in this capacity is merely to sign the student's registration form. This process does not effectively use the faculty member's expertise as an advisor and may prohibit the formation of the advisor-student relationship. Valencia-Go (2005) also contends that academic advisors should actively participate in a plan for remediation when students exhibit academic difficulties.

Warnings were discovered in the literature related to the roles of faculty in promoting retention. Poorman, Webb, and Mastorovich (2002) indicated that students often held unrealistic expectations for faculty. Ofori (2002) writes of the demands often placed on nursing faculty in regard to workload and student-to-faculty ratio. He writes that it often happens that these demands and time constraints force a faculty member to respond to a student's needs reactively rather than proactively.

Integration

Tinto's (1993) Model of Institutional Departure states that students who remain in school must successfully integrate on several levels. They must find a place on the

formal academic level and the more informal area of interactions with faculty and staff. They must also become integrated into activities outside the classroom, such as organized extracurricular activities, and they must find a place in an informal peer group. A student's discernment of integration is dependent upon the student's perceptions that individual beliefs, goals, and values are shared with other students, and that these personal goals are compatible with the goals and philosophy of the institution (Tinto, 1993). This model advises that one of the most prevalent reasons for student departure is failure to become or remain incorporated in the intellectual and social life of the institution.

Tinto (1982) considered social interaction to be important to integration, and student involvement is one way to ensure this integration. Astin (1999) defined student involvement as the "amount of physical and psychological energy that the student devotes to the academic experience" (p. 518). Involvement may be generalized through activities such as going to class, or it may be more specific, such as studying with a small group for a specific examination. Involvement may be placed on a continuum and may be measured both qualitatively and quantitatively. Astin (1999) identified student activities that promoted retention. These included living in a campus residence, belonging to a social fraternity, participating in any type of extracurricular activity, enrolling in honors programs, and participating in on-campus jobs.

Development of social and intellectual community also serves as an avenue to retention (Tinto, 1993). Programs that effectively promote retention are "committed to the development of supportive social and educational communities in which all students are integrated as competent members" (Tinto, 1993, p. 2). Bandura (1997) also writes of

the importance of group formation, writing that “cohesion includes both an interpersonal element, such as mutual liking, and an aspirational element encompassing a collective sense of efficacy and shared purpose” (p. 404). Additional research supports this. Berger and Milan (2002) reported on the influence of a peer group, which combines with group characteristics to influence the personality of the institution. Thomas (2000) suggests that persistence may be influenced by student integration into a community. Other benefits of involvement include increased ability to think critically (Garside, 1996) and retention of information (Bransford et al., 1983).

Situations leading to lack of involvement include attending a community college where involvement is usually minimal, there are no residence halls, and most students are part-time students. There must also be a fit between the college selected and the personality of the student. For example, African-American students exhibit more persistence at an African-American college, and students in religious schools persist if their belief is consistent with the philosophy of the selected school (Astin, 1999).

Institutional Support

Tinto (1993) proposed that students’ academic persistence will be maintained in direct relationship to the perceived support received from the institution outside of the formal academic domain. Other studies support this claim. Valencia-Go (2005) described a retention project funded by the Department of Health and Human Services involving student nurses. Institutional support in this study involved peer tutoring through a department outside of nursing. Keith et al. (2006) used the term *campus comfort* in a study of adult students’ experiences and found that the greatest source of campus comfort proved to be support and assistance from professors. Other services are

also important in retention. Ryan (2004) used Tinto's (1975) and Astin's (1993) models as a framework for studying the relationship between institutional expenditures and degree attainment, finding that institutional expenditures devoted to student services have a positive effect on retention.

The term *campus ecology* was coined in the 1970s (Schuetz, 2005) to describe the atmosphere of the campus. It referred not only to the buildings, but also to the atmosphere and personality of the institution, encompassing nonverbal cues such as buildings, sidewalks, and landscaping. This same term also included the interdependence of the people, the social setting, and the activities of the institution. Schuetz (2005) posits that these environmental factors may contribute significantly to retention.

Not all students find dealing with administration to be supportive or pleasant, with some studies describing less than positive interactions with administrative offices on college campuses. Godwin and Markham (1996) found that when dealing with these offices, students learned "grudging compliance, fibbing, avoidance, creating psychological distance and other strategies to cope with long lines, paperwork, waiting, staff impersonality, rigid and contradictory rules, and the runaround" (p. 5).

Internal Personal Support

The second path to retention through overcoming academic adversity relates to personal strengths or traits of students that allow them to overcome adversity from an internal source of personal strengths. Acknowledgment of the existence of adversity begins the process. This acknowledgment then follows a path beginning with resilience

and resulting in persistence (Scott, 2009). Rotter's (1954) Theory of Locus of Control and Bandura's (1997) Theory of Self-efficacy guide the review of the literature.

Risk, Resilience, and Persistence

Progression to academic success begins when the adversity is first recognized and acknowledged by the student. Scott (2009) stresses the importance of understanding the reality of a situation that creates adversity before planning for effective remediation.

Risk, resilience, and persistence have been related in the literature (Fraser, Richman, & Galinsky, 1999). The definition of risk (Fraser et al., 1999) is that there is likelihood that one or more negative consequences will develop if a certain set of circumstances exists. A cause of risk may include individual characteristics, life events, or contextual factors. Given the traits and situations described in the definition of academic adversity, those students identified as facing academic adversity may be at risk for academic failure. In addition, Fraser et al. (1999) categorize risks as nonspecific if they are derived from many simultaneous conditions. This is analogous to the effect seen when one challenge creates another challenge, creating a cascade of academic adversity.

Students who are experiencing academic adversity are at risk for failure. However, despite adversity and accompanying vulnerability, some students attain academic success beginning with resilience that forms the foundation for academic persistence. *Resilience* is a term referring to positive attitudes adopted by students to promote success in spite of negative environmental circumstances (Holt et al., 2002). Hodges and Keeley (2005) cite Wolin and Wolin (1994), who contend that resilience requires experiencing distress and perseverance as an individual works through challenges. Barends (2004) describes resilience as a process that assists individuals who

are dealing with stressful life events as well as academic struggles. Martin and Marsh (2003) actually address academic resilience, using that term specifically. They write that all students at some point in their educational pursuits may experience “some level of poor performance, adversity, challenge or pressure” (p. 267).

Keith et al. (2006) write that resilience arises from personal assets and strengths developed over time, and “focuses on assets and strengths drawn from maturity” (p. 4). Also supporting the development of resilience over time is the research of Carlan (2001) who focused on adult students. Carlan found that resilience in adults leads to persistence because adults have clearly defined goals and maturity based on life experiences.

Resilience forms the foundation for academic persistence when risk is present and involved. Bandura (1997) explains the relationship of resilience to persistence by writing, “Development of resilient self-efficacy requires some experience in mastering difficulties through perseverant effort” (p. 183). Bean and Eaton (2000) propose that students enter the academic setting with a “collection of attributes and dispositions, and interact with the institution both academically and socially. The outcomes determine the student’s commitment to the institution and hence to the decision as to whether to persist” (p. 23). This is aligned with Tinto’s (1982) idea that students remain in school when they feel a connection with the institution.

Blecher (2006) actually listed factors related to academic persistence. These were socioeconomic factors, such as parents’ level of education and income; age, with the resulting outside influences; gender, with women having a slightly higher level of retention (66% for women vs. 59% for men); academic ability as determined by high-school grade point average and college aptitude test scores; enrollment intensity, defined

as part-time or full-time status; factors that impact ability to concentrate on studies, such as the need to work and family responsibilities; integration into the academic and social setting of the institution; scholastic performance; and positive identification with the institution.

Persistence (Yorke, 2004) is also based on an individual's personal meaning of a challenging situation and may be influenced by the student's own belief system, the comfort felt within the academic setting, and the personal commitment to those who are dependent on them. Students often have efficacy judgments that are slightly above their ability to perform, but this high expectation contributes to persistence (Bandura, 1986).

Yorke and Thomas (2003) conducted student interviews and found that some demographic circumstances enhanced academic persistence. He related these circumstances to an institutional climate with these characteristics: The institution was not only supportive but "was perceived as friendly" (p. 22); support was available, especially during the first year of study; emphasis was placed on student assessment during the formative stages of a program of study; attention was given to the social dimension of learning; and there was recognition of the pattern of engagement and level of preparedness of students.

Rotter's Theory of Locus of Control

The theory of locus of control was developed from social learning theory by John Rotter (1954), who originally named the theory Locus of Control of Reinforcement. The main idea in this theory is that individuals react with the environment in response to stimuli. Rotter's motivating factor for development of this theory was the empirical law

of effect, which states that people seek positive reinforcement and attempt to avoid unpleasant stimulations. Rotter combined the study of personality with the study of behaviorism. Siğri, Gemlik, and Sur (2007) offer a succinct overview of locus of control using some quotations from Rotter's own work as follows:

A basic assumption of Rotter's social learning theory is that an individual's behavior is determined not only by the nature or importance of goals or reinforcements but also by the person's anticipation or expectancy that these goals will occur. Expectancy is defined as 'a probability or contingency held by the subject that any specific reinforcement or group of reinforcements will occur in any given situation or situations.' According to Rotter's theory, expectancies are the result of reinforcements, which act to either increase or decrease the expectancy that a particular behavior will lead to further reinforcements. In addition, to the extent that one situation is perceived as similar to another situation, a generalization of expectancies will occur. Therefore, expectancies for a given situation are a function of the reinforcement history in that situation and a generalization of expectancies from other related behavior-reinforcement sequences (Rotter, 1954). According to Rotter's theory, an individual's expectancy of an outcome will predict behavior in a given circumstance. (p. 51)

Likewise, many other researchers have offered other definitions of locus of control. Haine, Ayers, Sandler, Wolchick, and Weyer (2003), as cited in Gifford, Briceno-Perriott, and Mianzo (2006), provide a plainly stated definition as beliefs held by individuals about the ways interactions with a personal social environment produce distress or serve as an interpersonal resource.

Ajzen (2002) clarifies that definition by writing that locus of control is based on perceptions people have that they can control their behaviors. Findley and Cooper (1983) add to the definition by writing,

Locus of control refers to a person's belief over life events. Individuals who perceive both positive and negative event outcomes as being contingent on their behavior are considered internals. Individuals who perceive their outcomes in life as determined by forces beyond their control, such as the result of luck, fate, or powerful others, are considered externals. Internals assume responsibility for their actions, and accept responsibility for outcomes. Externals project blame on others or outside events (p. 20).

Locus of control is predictive of retention in first-year college students. Gifford et al. (2006) included an extensive literature review in their report on academic achievement in this population. They write that multiple studies beginning as early as 1983 (Findley & Cooper) have shown a positive correlation between internal locus of control and academic achievement.

Studies focusing on a wide range of populations and age ranges show this same positive correlation. Sisney et al. (2000) studied high-school students and dropout statistics, finding that external locus of control was related to a high dropout rate. Similarly, Finn and Rock (1997) studied a group of low socio-economic status minority high-school students and reported that “an internal locus of control was shown to be a determinant of success when other predictors of attrition such as ethnicity, non-traditional family structure, lack of parent education, and low income were present” (p. 20).

Studies reported the relationship of locus of control to retention in college and university students. Gifford et al. (2006) determined that locus of control was a predictor of first-year academic success. Grimes (1997) studied academically under-prepared community college students, and Martin and Goldman (1985) examined college students with disabilities. Both studies provided evidence that an internal locus of control positively correlated to a higher grade point average.

Other research studies of college students proved to be tangential to retention. For example, Grimes (1997) determined that locus of control may be more accurate in predicting academic self-concept than in predicting attainment of grades. Onwuegbuzie and Daley (1988) also wrote that locus of control accurately predicted the use of

successful study skills in college students. Prociuk and Breen (1974) reported the same results after studying college students majoring in psychology.

Other studies conducted with college students reveal results that are not directly related to academic success but to other parameters. Nelson and Mathias (1995) wrote that an internal locus of control is related to “higher self-motivation, higher social maturity, and greater independence” (p. 21). Gifford et al. (2006) demonstrated the relationship between measures of locus of control and positive self-directing tendencies in college students. Li-Ya, Kick, Fraser, and Burns (1999) found that occupational attainment and earning status were related to a strong inner locus of control. Chen (2005) proved that a positive correlation exists between locus of control and leadership characteristics.

However, not all studies report this positive correlation between a strong internal locus of control and positive outcomes. Gifford et al. (2006) cited two studies that did not report a positive correlation between locus of control and academic success. One of these studies was by Kaiser (1975), who reported on causal attributions of performance, and the other was by Gadzella, Williamson, and Ginther (1985), who found no correlation between self-concept, locus of control, and academic performance. Other studies (Cicirelli, 1987; Helgeson, 1992) were also not consistent with literature presenting evidence of a positive correlation between an increased external locus of control and increased stress; however, these two researchers studied quite different populations, not college students.

Bandura's Theory of Self-efficacy

Bandura's Theory of Self-efficacy is related to retention. Self-efficacy, as perceived by each individual, is defined as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). This theory arises from the belief that learning is self-regulated in accordance with each individual's perception of his own abilities to succeed. Actions taken are based on convictions, values, and the perception of possible future experiences. Students who believe they can succeed are more likely to experience academic success. Bandura (1997) writes, "After people become convinced that they have what it takes to succeed, they persevere in the face of adversity and quickly rebound from setbacks" (p. 80).

Bandura's Theory of Self-efficacy is based on social learning theory (Ormrod, 2003). Bandura (1986) advanced a new concept of human functioning that "accords a central role to cognitive, vicarious, self-regulatory, proactive, self-reflecting, and self-regulating rather than as reactive organisms shaped and shepherded by environmental forces or driven by concealed inner impulses" (Pajares, 2002, p. 1). Social learning theory maintains that learning occurs within a social context and that people learn from each other through observations, imitation, and modeling. This theory also maintains that learning, such as synthesis of concepts, can occur without a behavioral change. Cognition, or thought process, is part of social learning theory, with the tenet that a person's awareness and expectations of future events may have a major effect on behavior (Ormrod, 2003).

Bandura's Theory of Self-efficacy has been studied and applied to diverse disciplines including social sciences, sports, math, science, and education (Pajares, 2006).

Andrew (1998) reports that Bandura's self-efficacy theory has proven to have many more applications than first anticipated, and it is widely used in predicting academic performance in many disciplines.

Likewise, a number of researchers have applied Bandura's theory to topics related to nursing and health care. Topics addressed have been health behavior changes of smokers, self-efficacy and perseverance in an exercise program, weight reduction, therapeutic cardiac programs, and interventions in respiratory care (Allen, 1988; Allison, Dwyer, & Markin, 1999; Chase, 2001; Chen, Horner, & Percy, 2002; Gortner & Jenkins, 1991; Krall-Scherer & Schimmel, 1996; Krall-Scherer & Schmeider, 1997; Martinelli, 1999; Strecher, McEvoy, DeVellis, Becker, & Rosenstock, 1986; Warnecke, Morera, Turner, & Mermelstein, 2001).

Compared to the multitude of studies related to direct patient care in nursing, applications of self-efficacy in nursing education have not been studied as extensively. Research has shown that nursing student and faculty interactions and behaviors have been related to self-efficacy (Ford-Gilboe, Laschinger, Laforet-Fliesser, Ward-Griffin, & Foran, 1997; Goldenberg, Iwasiw, & MacMaster, 1997; Laschinger, McWilliam, & Weston, 1999; Madorin & Iwasiw, 1999).

Other studies predict outcomes on various issues. One study investigated 4th-year nursing students and their preceptor experience, measuring self-efficacy before and after the preceptorship experience (Goldenberg et al., 1997). Goldenberg et al. (1997) found that both preceptors and students began with and maintained a high self-efficacy score and determined that the high self-efficacy scores were related to a positive experience for both preceptors and students. More recently, Babenko-Mould, Andrusyszyn, and

Goldenberg (2004) reported on 4th-year baccalaureate nursing students, assessing their self-efficacy for nursing competencies as they related to computer-assisted learning. In addition, self-efficacy scores have been used successfully to predict improved outcomes in nursing care after continuing education (Plaza, Draugalis, Retterer, & Herrier, 2002).

Pajares (1996) cautions that studies of self-efficacy are often related to task-specific behaviors such as mathematical calculations, nursing skills, or attainment of discipline-related facts. Because task-specific behaviors have been the focus of studies in self-efficacy, there is some controversy in the literature related to the application of self-efficacy to broad life events such as adversity. Bandura (1986) describes three dimensions of efficacy: magnitude, strength, and generality. Bandura also affirms that self-efficacy is task-specific, and, as such, should be task-specific when measured (Bandura, 1982, 1986, 1997).

Other researchers who have attempted to expand Bandura's theory to a larger set of circumstances assert that self-efficacy may also be useful in determining success in larger domains, not merely task-specific skills. Results of studies have determined that context-specific self-efficacy may be generalized (Sherer et al., 1982). Nursing students not only master many tasks in learning the skills of nursing, but they also generalize all domains of self into success, learning from experiencing hardships and failures. Choi (2005) also explains that this generalization naturally evolves from task-specific to generalized self-efficacy through "repeated successes and failures in various life situations" (p. 198). Other researchers (Chen, Gully, & Eden, 2001; Chen, Gully, Whiteman, & Kilcullen, 2000) also believe that a generalized self-efficacy is achieved when persons experience failures in life. These failures have been found to produce a

generalized self-efficacy, and this same self-efficacy remains relatively stable across situations (Smith, Kass, Rotunda, & Schneider, 2006). Choi (2005) writes, “This conceptualization of general self-efficacy, quite different from the original conception of task-specific efficacy, certainly leaves room for a reformulation of the nature and structure of the construct” (p. 198).

Summary

Retention may follow two inter-related pathways. The first pathway is the support that comes to students through sources outside of self, that is, through practical help from faculty, institutional resources, and community. The other pathway is through support that comes from within the student and relies on emotional strengths.

One theory most related to external support is Tinto’s Theory of Student Retention, which examines the phenomenon of why some students stay when others leave. Staff and faculty facilitate retention through academic support, institutional support, and community.

Students also rely on sources of internal strength to succeed, thus promoting retention. Through resilience and persistence, students draw from an internal locus of control or from a strong sense of self-efficacy as they overcome adversity. An internal locus of control allows the student to act positively on the belief that they are in control of their own destiny and that success is possible.

Individual theoretical approaches to retention cannot stand alone. Even though institutional support has been shown to be effective in improving retention rates, this support may provide a boost to self-efficacy and locus of control. Likewise, self-efficacy and locus of control may be enhanced by strong non-academic institutional support.

CHAPTER 3

METHODOLOGY

The purpose of this study was to evaluate academic adversity as experienced by nursing students across three levels of nursing education. This study also determined personal strengths and effective practical behaviors used by recent graduates of nursing programs in overcoming academic adversity. Additionally, this study determined what nursing faculty behaviors the graduates perceive as being most effective in assisting students in overcoming academic adversity and achieving academic success.

The study was designed to allow each graduate to tell his own personal story, illustrating ways each student overcame individual perceived adversities. Interviews were constructed to answer the research questions: (a) In what ways is academic adversity experienced by nursing students? (b) How do nursing students overcome academic adversity? and (c) What nursing faculty behaviors are most effective in assisting nursing students in overcoming academic adversity?

This chapter describes the research design, first explaining the use of self as the research instrument. Details of data collection and the method used for analysis are provided, followed by consideration of trustworthiness, dependability, and generalizability. The topics of human subjects and ethics, as they relate to this research, are discussed.

Research Design

This study was a qualitative research project using narrative inquiry in a multiple case study context. Clandinin and Connelly (2000) refer to Dewey's emphasis on experiential learning (1938) and describe narrative inquiry as a way to describe the intertwining of life and experience (p. xxiii). Through stories of the participants in this study, the use of narrative inquiry allows the reader to develop an understanding of the ways the graduates perceived their academic adversity and the personal pathways taken by each graduate in achieving success. The result of this narrative inquiry, then, is a collaborative narrative combining life events from both the researcher and the participant (Clandinin & Connelly, 2000). Bleakley (2005) adds that narrative inquiry benefits all involved if what is learned in the process is applied in intentional intervention, using research with people and not on people.

Multiple case studies were used in an effort to provide a holistic understanding of a social situation (Feagin, Orum, & Sjoberg, 1991), in this case, the ability to overcome adversity as experienced and told in stories by nursing students who have recently graduated from a program of nursing. Multiple cases set in multiple contexts of educational levels were used to strengthen the results. The motivation for using multiple case studies is that when replicating patterns are discovered, confidence in the results is achieved (Tellis, 1997).

Storytelling has been found to be therapeutic in many ways, with benefits noted in nursing literature as long as 60 years ago. Banks-Wallace (1998) writes that it has benefits in health promotion and "it is a vehicle for teaching values, strengthening community and family bonds, and sharing practical information necessary for daily

living” (p. 17). Writing about the use of storytelling in nursing research, Fairbairn and Carson (2002) explain that often stories are used only as another method of capturing data. They propose that, as an aspect of the art of caring which characterizes nursing, storytelling should also be a method of listening to each other and transforming that listening into learning.

Self as the Research Instrument

The rationale for this study is multi-faceted. The first rationale arises from my desire as a professional nursing educator to help students succeed in nursing. Since I began teaching nursing, I have witnessed the painful process that occurs when students begin to experience the threat of failure, and I have been dismayed as I have observed this process, often helpless to intervene because the situations became so desperate and involved.

The use of self in research is one method of clarifying the emotional as well as the intellectual landscape of the world the researcher lives in (Fairbairn & Carson, 2002), in this case, the world of nursing education. Combining the world of nursing with this personal background as a foundation for my research, I have an inherent basis for applying my own experience to that of other students who have struggled through such experiences. I would like to know where their own inner strength has come from and how they have dealt with their own personal challenges. I looked forward to hearing their stories and comparing avenues leading to academic success.

Another part of the rationale for this study comes from a personal perspective. During my late teen years and through my early 20s, I faced many situations causing both personal challenges and academic adversity. Even though I grew up in a loving and close

family, difficulties arose from a father who had chronic obstructive pulmonary disease (COPD) and a mother who was diagnosed with severe rheumatoid arthritis when I was 7 years old. I also had a seizure disorder that defied diagnosis. It began in my early teen years, beginning with only mild episodes thought to be fainting, but growing increasingly worse through the years. This condition often led to long periods of hospitalization.

One extremely hard time occurred when I was a junior at the University of Tennessee. I remember sitting in the surgical waiting room while Mother had both legs amputated. I was trying to study for a philosophy course while I waited, and I remember staring at my books, thinking that I had no idea of the content on those pages. I withdrew from school that semester to stay home to give Mother the extra care she needed.

The next time I had to withdraw from school occurred at the beginning of my senior year when I had my first severe and prolonged tonic-clonic seizure (formerly known as a grand mal seizure). Hospitalization at this time was lengthy because the seizures became extremely difficult to control. Unfortunately this was before the days of Magnetic Resonance Imaging (MRI). If that technology had been available at that time my diagnosis would have been quickly established, and the surgery to resolve it would have been readily available. I continued to try to go back to school, but the medications I needed affected intellectual capacity, and the continued frequent seizures made progress extremely difficult.

Another difficult time came about 3 years later when our house caught fire in the middle of the night, and much of the house, as well as everything we owned, was destroyed. During the several months it took to rebuild, we had to live with relatives and

deal with the details of rebuilding. During much of this crisis, however, I was in the hospital, and again, I had to put a hold on my education.

The third crisis occurred only a short time after the house was completed and we were able to move back in. My father died at the age of 58. This left my mother, who spent her days in a wheelchair, without a caregiver. Again, I withdrew from school.

My own physical problems continued until a kind and caring physician in our community suggested to my mother that I might get some help from a physician-friend of his at Johns Hopkins. The details of this were worked out, and I did finally get not only a diagnosis but also the surgery I needed. Brain surgery often does have a lengthy recovery time; however, my own recovery seemed to stretch on and on, and I was not able to resume my education. I continued to need frequent hospitalization, even though I felt that I should have been making better progress.

It was at this point that I distinctly remember a prayer I prayed after I was admitted to the hospital for another seemingly endless time. I asked God to help me. I said to God, "I am young, and while I am not a raving beauty, I am as attractive as I need to be to get by. You gave me intelligence and a brain to use, but I am not using it. I should be well by now. God, please let me be a productive person. Fix my body and my spirit so that I can be what You want me to be." Immediately, I felt an inner peace, and I think my prayer was answered at that very moment.

From that point on, I began making rapid progress. That peace prevailed and turned into resolve and personal commitment. Eventually I was able to go back to school, and my grades were better than they had ever been. I have the assurance that my prayer

was answered that night, and I continue to think of that prayer as a major turning point in my life.

Data Collection

As I began to plan for a purposive sample for this study, I envisioned using graduates of nursing programs from three small private schools in east Tennessee, each of which had nursing programs leading to a bachelor of science in nursing degree. However, as I attempted to work with deans and professors in these schools, two were not able to provide names of graduates. After multiple attempts to obtain this sample were not productive, another plan was devised.

Even though the first plan would have provided a sample of graduates from only baccalaureate nursing programs, the second plan proved to be even more encompassing of nursing graduates across a wide spectrum of educational levels. The first element of the alternate plan involved a nursing professor at a small school in Ohio who was contacted and who willingly agreed to help. Graduates from this program received an associate of science degree. The second element involved using graduates from my own bachelor's-level program and one student from another bachelor's program in our geographical area. The third element involved one of the deans originally contacted, but the graduates most readily available from that program had recently completed a master's degree in nursing.

Even though the newly chosen schools did have several similarities, one major difference is that graduates came from three levels of nursing education. One school offers a two-plus-two program, giving students the opportunity to test for licensure at the associate degree level and then proceed seamlessly in the same school to the

baccalaureate level. Students interviewed from this school were recent associate degree graduates. Two schools offer only a generic baccalaureate program. One school provides a master's degree program, conferring graduates eligibility to sit for the nurse practitioner certification exam upon completion of the master's degree. This did not provide a homogeneous sample in levels of education, as was intended in the original plan, but it did provide for graduates from three levels of nursing education to tell their stories, proving that students at any level may encounter academic adversity and adding to the strength of generalizability.

Even though the schools participating were not the schools originally selected, all still maintained demographic and programmatic similarities. All schools had a relatively small enrollment in nursing programs, admitting between 20 and 100 students in nursing courses each year. Each school is a private institution, with one being proprietary and the other three being faith-based. Each school's nursing program maintains ongoing approval by their respective state boards of nursing and accreditation by a national accrediting body. Because each nursing program must meet these nationally standardized accreditation criteria and state-specified board of nursing rules and regulations, each school was assured of holding to prescribed academic standards, curricular outcomes, and rigor.

Selection of Graduates

Sampling for this study was purposive, with graduates selected from their individual programs in their respective schools of nursing by a faculty member or the dean or department chair of the program. The faculty member was contacted and a definition of academic adversity was provided to help in selection of graduates who had

overcome academic adversity. Each dean or department chair was first contacted by telephone, and this call was followed by a letter explaining criteria for selection of graduates (see Appendix A). The faculty representatives from each school then made telephone calls to graduates who they felt matched the criteria, and interviews were arranged from each school. The telephone call was the action taken that proved to be the primary motivation for students to agree to participate in this study. The two schools that did not provide graduates did not make phone calls. Their attempts to provide participants through emails and the U.S. Postal Service were not effective.

The purposive sample of selected graduates met the following criteria: (a) graduation from a program of nursing in 2006 or 2007, (b) identification by the dean or director or a faculty member in each school as a student who overcame academic adversity, and (c) consent to be interviewed.

The Interview Process

When a graduate agreed to participate in the study, the participant was screened by email or telephone to ensure that he or she met the established criteria. If they agreed to participate, an interview was scheduled and a designated location was identified. The setting was determined by arrangement with each participant. Interviews were conducted at sandwich shops or in private offices at each school.

Data for this study were collected through semi-structured to unstructured interviews, each of which lasted approximately 1 hour per graduate. Before beginning the interview, contact information was obtained from each participant so that completed transcriptions and stories could be emailed for review. Each participant was again given a detailed verbal overview of the project and the expected role of each graduate in

completion of the project. Each participant was given an opportunity to ask questions, and a consent form was signed according to Andrews University Institutional Review Board (IRB) policy (see Appendix B). Only then did the interview begin.

Merriam (1998) writes that the interview should be thought of on a continuum from highly structured to unstructured. Regarding conducting interviews on the less structured continuum, Merriam writes that the interview should be guided by a “list of questions or issues to be explored and neither the exact wording nor the order of the questions is to be determined ahead of time” (p. 74). (See Appendix C.) According to Polit and Beck (2008), unstructured interviews are useful in allowing participants to relate aspects of phenomena of interest with emphasis on matters of greatest importance to each individual. The lack of specific questions allows for a free exchange of ideas in a conversational manner that promotes a rich description of the experience being studied (Polit & Beck, 2008).

Writing the Cases

Before themes could be determined and the data grouped and analyzed, an attempt was made to write each participant’s story. Writing the cases became an involved and unanticipated journey. The first, and easiest, part of the process was to transcribe each interview verbatim. The next step was to write each story from the interview to organize bits of unrelated information scattered throughout each interview. Each story followed a map to ensure that the stories were congruent (see Appendix E). Using this process, the stories proved to be long, ponderous, and repetitive.

Because of the length, the option of not including the complete stories was considered. This attempt placed only the relevant parts of the stories in the results but

created a problem with organization, leading to an inability to answer the questions succinctly. The other effect of this approach was that the stories of the graduates were not told, and their voices were not truly heard.

Amir (2005) suggests that stories are best told using first person in order to allow the reader to reconstruct the story through the lens of the participant, so first person was used on this attempt to tell the stories. That approach had a “stream of consciousness” feel and seemed somewhat contrived and repetitive. To remedy this feel, the stories were converted to third person, making sure that the content was orderly and assuring that the most important parts of the stories were presented at the beginning of each story. Each story was again carefully, and sometimes painfully, rewritten to reflect only the words of the graduates needed to answer the research questions. By the end of this revision, no story contained more than 1,100 words, and the research questions were answered.

The greatest benefit of writing each story six times was that with each rewrite the themes became more and more evident and organization became much clearer. Major changes were made in the results as this progress unfolded, strengthening the answers to the research questions.

The preceding pages recite the mechanics of the collection, coding, analysis, and reporting of the data. These mechanics do not in even a small way convey the depth of feeling expressed by the graduates as they told their stories. As interviews were conducted, there was some laughter and there were a few tears. Listening to the tapes as they were transcribed did not convey the messages sent through facial expressions and body language.

It was a personal challenge at times to abstain from judgmentally quantifying the seriousness of each graduate's academic adversity. I considered it imperative to remember that the perception of the gravity of each challenge was personal. This is the area where self as researcher created some tension as I struggled with comparing my own adversity with the perceived adversities of the graduates.

As the coding began, a false sense of knowing was my reality. I had transcribed each interview verbatim, and I had written a story from each transcription. I had made tables from all of the information following the guidelines of Yin (1994) and Creswell (2003), and I began to categorize and synthesize the data.

Data Analysis

Only when I rewrote the stories two more times and listened to the tapes another time did I begin to see the over-arching themes and sub-themes. That is also when I realized there was a progression in overcoming academic adversity. Only by reading, re-reading, writing, and re-writing did this all become apparent.

As data collection began, each interview was audio-taped. The audio-tapes were then transcribed verbatim, after which the transcript was used to write a story using a combination of direct quotations from the participant as well as paraphrased information. This allowed the fragments of the interview to be organized into a meaningful and cohesive continuum. The information was categorized and put into charts for further analysis (see Appendix D).

Each verbatim transcription was then used a second time, placing the information into a format that could be applied to answer the research questions, then placing the answers to the questions in the context of the theoretical framework chosen for this

project. This was done in the form of multiple tables, one table for each research question with its connections to the theoretical framework. Direct quotations from each interview were placed in the table and labeled according to the themes of academic adversity, self-efficacy, locus of control, sense of community, and faculty support. These quotations, both directly and indirectly, were then integrated into an analysis of the data, linking answers to the research questions to the theoretical framework.

The decision was made to present the analysis from the voice of the participants, using their experiences to answer the research questions. The rich text and intense experiences reported by these individuals proved to be a stronger statement than the link to the theoretical framework and the literature. The answers to the questions presented in this format naturally and easily connected to the research, making a transitional relationship to the theoretical framework a logical step (Merriam, 1998).

This method of data analysis conforms to recommendations of Creswell (2003) and Yin (1994). In analyzing the data, Creswell (2003) recommends using a three-step approach. These steps include (a) organization of the data to prepare for analysis, (b) reading for a sense of the general information included in each transcription, and (c) finding themes in the narratives. The information contained in the interviews was organized in tables according to step 1. Information in each table was then color-coded within each category to allow for compiling information in the cross analysis of stories. General information as described in step 2 was gained as it was organized into a story format, and themes were discovered in both processes of story formation and table conformation. The application of these steps is summarized in Table 1.

Table 1

Application of Creswell's Three-Step Approach to Data Analysis

Creswell's steps	Application of Creswell's steps
1. Organization of the data to prepare for analysis	Direct quotations were taken from each verbatim transcription and placed in charts according to the research questions.
2. Reading for a sense of the general information	Direct quotations were taken from each verbatim transcription and placed in charts according to research questions.
3. Finding themes in the narratives	Charts clearly demonstrated themes relating to both the research questions and the theoretical basis.

On another level, Yin (1994) presents four principles that should be used by researchers involved in case study analysis. This analysis also presents the perspective beginning with the answer to the research questions, and then progresses to the application of answers to theoretical framework. These are directives to demonstrate that the analysis is derived from relevant evidence; include varied but thorough interpretations, even if they rival one another; address all critical elements in the case study; and make use of the knowledge base and prior experience of the researcher. The application of these steps is summarized in Table 2.

The completed interview transcriptions and stories were sent to each graduate by email to ensure accuracy of information as well as accuracy of intent. Richmond (2002) writes that it is important to examine the veracity of the learner's story, stating that it is

Table 2

Application of Yin's Principles of Case Study Analysis

Yin's principles	Application of Yin's principles
1. Demonstrate that the analysis is derived from relevant evidence	Stories reflect the lived experiences of those telling them, making the evidence relevant.
2. Included varied but thorough interpretations, even if they rival one another	All interpretations were included; however, interpretations were amazingly congruent with the research.
3. Address all critical elements in the case study	There was a wealth of information in each case study and some information could not be used. However, all relevant information was extracted.
4. Make use of the knowledge base and prior experience of the researcher	Self as researcher and 17 years of experience in nursing education served as knowledge base and prior experience.

possible that learners may tell the researcher only what the individual thinks the researcher wants to hear. In order to ensure that this phenomenon does not occur, it is important to encourage the participants to review the interview after completion in order to verify the narrative; therefore, the participants in this study were asked to read the written transcription of the interview to verify information. Clandinin and Connelly (2000) write that narratives “allow transformations to occur,” and reviewing “allows the learner to make changes—rather than the researcher relying solely on her own interpretations” (Richmond, 2002, p. 11). These same authors also stress the importance of identification and articulation of the voice of the participant. This planned reading of the transcription may also ensure accuracy of interpretation by allowing each participant

to verify that the voice of their message is correctly interpreted and presented. All transcripts and stories were emailed to those interviewed, with 8 of the 12 participants verifying the information.

Ferdman (1990) writes that identification of repeated patterns of behavior identified in the stories is important in understanding concepts. After interviews were coded and themes were identified, they were classified, placed in categories according to themes, and conclusions were drawn. To assist in identification of themes, Richmond (2002) describes the use of a story map which assists in organizing the accounts of experiences within a rubric. A story map was used in compiling the story of each participant (see Appendix E). The story map not only served as a useful tool in identification of themes, but it also provided a framework for organizing the scattered components contained in each interview.

The story map (see Appendix E) for this research began with a statement by each participant relating each one's reason for choosing nursing as a profession. The next topic described each graduate's personal challenges that led to academic adversity followed by details of how each one was able to overcome that adversity. The final section of the map dealt with faculty and included graduates' perceptions of ways faculty had been helpful to them and also detailed the advice that graduates would like to give faculty to help them help other students who are facing their own personal challenges.

Trustworthiness and Dependability

Polit and Beck (2008) write that it is important that research findings are accurate, unbiased, and representative of the experiences of the group studied. Merriam (1998) writes that trustworthiness in qualitative research must take a different approach than

trustworthiness in quantitative research. Merriam further writes that qualitative trustworthiness encompasses validity and reliability and that these two concepts must involve conducting the research in an ethical manner while also ensuring an appropriate level of rigor.

Internal validity is related to the extent to which results of research reflect reality (Merriam, 1998). Creswell (2003) adds that validity must be determined from the viewpoints of the researcher, the participant, or the readers of the research. Qualitative data, in this context, must be understood as it relates to a specific point in time as a phenomenon that allows for discovery of a complexity that is not available to qualitative researchers (Merriam, 1998). Both Creswell (2003) and Merriam (1998) suggest guidelines for determining validity, with Merriam listing six components and Creswell listing eight. The strategies detailed by Creswell and Merriam that are applicable to this research are those of triangulation, member checks, and researcher biases.

In this study, the concept of triangulation was applied in varied ways. One use of triangulation consisted of experiences related to self as researcher, from faculty or dean or director referral of graduates meeting the research criteria, and from the graduates themselves. Through triangulation and the binary identification of students combined with the personal experiences related to academic success of the researcher, truthfulness could be determined by the reader. This is identified as data/person triangulation, described by Speziale and Carpenter (2003) as reliance on more than one level of person for information related to the study.

A second source of triangulation was identified as a tool for validity when considering the three levels of nursing graduates used in this study. Graduates from

associate degree, bachelor's degree, and master's degree programs were used. This supports the tenet that students at any level of educational endeavor experience challenges that lead to academic adversity.

A third source of triangulation was the triangulation between the schools used in the study and the 12 graduates who were interviewed. There were similarities, but the differences in levels of student preparation and differences in faculty approach to nursing relevant to the graduates demonstrate just one more example of the many levels at which students experience challenges.

A final application of theory triangulation (Denzin, 1978) was also used, and it relates to the use of more than one theory in interpretation of the findings. As applied to this research, theory triangulation involves Tinto's (1993) Theory of Student Retention, Bandura's (1997) Theory of Self-efficacy, and Rotter's (1966) Theory of Locus of Control.

Member checks were also used as a strategy to ensure validity. Member checks are described by both Creswell (2003) and Merriam (1998) as a process of asking participants to review transcription of data as well as interpretation of that data to ensure that what is reported is truly what the research participant intended to say. This was ensured in this study by emailing the compiled stories and verbatim transcriptions to participants to request veracity and accuracy of information.

Researcher bias is defined as ongoing self-reflection as the researcher attempts to accurately convey the meaning of the respondents' words. Merriam (1998) writes that these biases must be dealt with by careful self-reflection of the researcher in areas of world view as well as theoretical orientation. The possibility of researcher bias was

carefully considered in planning this research and is one reason the study was conducted using those graduates who had been successful rather than those who had failed.

Consideration was given to the thought that my own personal positive experience gained through overcoming adversity might possibly have influenced me to have a negative bias toward those students who were not able to demonstrate the necessary self-efficacy and internal locus of control, thus failing in academic endeavors.

Trustworthiness is defined as encompassing “credibility, transferability, confirmability, and dependability” (Polit & Beck, 2008). Encompassing these same four terms, Speziale and Carpenter (2003) also address these issues through statements of the importance of the rigor needed in presenting results of qualitative research. They state that there is a need for the researcher to examine and question constantly the structure and function of the paradigm in use, keeping in mind that the goal of rigor is to ensure that participants’ experiences are accurately presented. Polit and Beck (2008) write that credibility is the part of trustworthiness that leads to the belief that data are true and accurately portrayed. Both Polit and Beck (2008) and Speziale and Carpenter (2003) suggest that the most accurate means of ensuring credibility are by allowing participants to review and validate what has been written regarding the information shared. Merriam (1998) writes that triangulation is another method of ensuring credibility.

Dependability refers to evidence that is consistent and stable (Polit & Beck, 2008) and is defined as a criterion for evaluating integrity of a study, encompassing stability of the data over time and conditions (Polit & Beck, 2008). Dependability may be determined only after researchers have demonstrated the credibility of the results (Speziale & Carpenter, 2003). Analysis of the themes discovered in the interviews of the

12 graduates demonstrated that graduates of all levels of nursing education may, at some point in their nursing program, be personally involved in overcoming academic adversity, showing that the evidence is consistent and stable across educational levels.

This study reported data as they were received. Verbatim transcriptions derived from taped conversations ensured trustworthiness. In preparation for this study, research from areas of social sciences, nursing, higher education, and other areas were studied and applied to this area of inquiry. Realizing that students in all areas of education have similar challenges and adversity, results from this study are also applicable to other areas of study.

Generalizability

Generalizability may be approached on two levels. Eisner (1998) discusses the concept of generalizability as the ability to learn lessons from life as it is lived, transferring the information learned from one situation to another. It is also possible to view observations, conversations, and interviews as lessons to be learned, enabling generalizations from the vast amount of data gathered during these interactions. Eisner proposes that similarities must be drawn from situations, and then it will become possible to make appropriate inferences.

Eisner (1998) also writes that individual generalizability may be achieved through skills, images, and ideas. Generalizability of skills related to this research would be from insight into the behaviors used by nursing graduates to overcome academic adversity. Eisner explains that generalizability may also arise through images. According to Eisner, powerful images may be formulated through experience. The other characteristic of generalizability proposed by Eisner is that of ideas, and he writes that “even theoretical

ideas are image-based” (p. 199). This again may be directly related to the theoretical framework for this research. Both Bandura (1997) and Rotter (1954) may be generalized through images gained through life experiences based on an internal or external locus of control and self-efficacy.

In another approach to generalizability, Polit and Beck (2008) defined generalizability as “the degree to which the research methods justify the inference that the findings are true for a broader group than study participants; in particular, the inference that the findings can be generalized from the sample to the population” (p. 754). This study, even though it deals with nursing, is applicable to other disciplines. Student characteristics are universal, and nursing students at all levels are not unlike students from other areas of study. For example, the conceptual framework for this study, based primarily on Bandura (1986), Tinto (1993) and Rotter (1954), comes from theories in other disciplines; however, all are applicable to the nursing students used as subjects in this research. This can be viewed as a reciprocal interchange, indicating that the data from this study may be used across all other disciplines as they deal with the same problems of students who are challenged but overcome the ensuing academic adversity.

Human Subjects/Ethics

According to Merriam (1998), ethical issues in qualitative research involve not only the interview process itself, but also the reporting of the information gained in the interviews. Merriam also writes that the interviewer should remain aware that participants may be emotionally impacted by sharing memories of painful events and that the interviewer should be able to handle these problems should they occur. Merriam also

notes, however, that people do enjoy talking about themselves, especially when they believe the topic has a positive orientation as opposed to a negative slant. Since this research is dealing with success, students exhibited expression of personal triumph as they shared their stories. However, there were one or two stories told that brought a moment of sadness to the participant.

Another aspect that must be constantly in the mind of the researcher is that of confidentiality. Clandinin and Connelly (2000) state that the level of importance of this issue varies among participants, and this right must be protected throughout data collection as well as in the reporting of the findings and handling of raw data after completion of the study. Participants in this study were assured of confidentiality, and the consent form assured them that tapes would be erased at the conclusion of the study. All names were replaced with pseudonyms, and places and identifying information in the interviews were changed. This includes the names of participants as well as all family members, faculty, and schools.

Each graduate was provided with a consent form which included a brief overview of the purposes of the study; criteria for inclusion states that they are an adult between the age of 21 and 50, of sound mind, a graduate of a nursing program in 2006 or 2007, and identified as having overcome academic adversity; assurance that participation is voluntary, that withdrawal is possible at any time, and that all information is confidential; warning that there may be possible risks and discomforts related to revealing hardships experienced in the past; and contact information of both the researcher and the dissertation committee chair.

The ethical issue of reporting data directly relates to the issues of trustworthiness and dependability (Merriam, 1998; Polit & Beck, 2008). In order to ensure an ethical approach to gathering data, the Andrews University Institutional Review Board (IRB) was involved in all required aspects. The IRB policies of Andrews University were followed. Because interviews were conducted with graduates of nursing departments who are no longer associated with a specific school, institutional approval of each participating school was not required. Participants were also given information related to the topic to be studied as well as the methods to be used and were asked to sign an Informed Consent and Participant Authorization.

Summary

Following Andrews University IRB guidelines, graduates from four schools of nursing were identified by deans or directors or a faculty member from their respective nursing programs as students who had overcome academic adversity in order to graduate. After the graduates were referred, they were contacted to request their participation. Face-to-face meetings were arranged, and interviews were conducted, audio-taped, and transcribed. Stories were written from the transcriptions, and interviews were coded to determine themes of the ways in which academic adversity was overcome. From the themes, the research questions were answered.

CHAPTER 4

THE GRADUATES TELL THEIR STORIES

Introduction

In this chapter the voices of the graduates are used to tell their stories, presented in a format that intertwines the challenges they faced with the strengths they used in overcoming academic adversity. The stories are richly descriptive “in order to afford the reader the vicarious experience of having been there” (Merriam, 1998, p. 238). The graduates also tell about the support and help they received from their families, their communities, and the nursing faculty.

Each interview lasted approximately 1 hour. Some of the graduates told their stories quietly in a few words, while others were dramatic and effusive; however, even the shortest interviews provided profound insights.

In order to capture the essence of each graduate’s experience, a vignette of each interview, as presented in this chapter, proved to be the most effective way of capturing each individual’s experience. Hughes (1998) writes that vignettes are useful in allowing the reader to make inferences related to the study of perceptions, beliefs, and attitudes discovered in the study. Day (2008) writes that this method also provides the reader with the opportunity to relate to another person’s experience, making a personal choice about the value of the information.

Every graduate experienced adversity in more than one area. One challenge frequently created another challenge, resulting in a cascade of adversity. The stories are grouped in no particular order in this chapter, but themes will be presented and developed in detail in chapter 5. Adversities described by the graduates are challenges related to the breakdown of relationships, illnesses, involvement with the legal system, grief, and academic difficulties. Although not a primary cause of adversity for any one graduate, many of the adversities involved financial difficulties.

Rita's Story

Rita has been in health care all her life. She had loved hospice and pediatric work, so she decided to go to nursing school. Problems soon began. Rita and Chris had been together for 17 years but were never married. They had two children together. He controlled her through manipulation and demeaning. He told her she would never make anything of herself, and he constantly let her know that she was stupid and he was smart.

As Rita experienced success, she became emotionally stronger, and she gained self-confidence. She needed to get out of that abusive relationship, and she told Chris she was leaving. She had told him earlier that if he did not stop doing drugs and alcohol she would leave. She had given him a year, and he had not stopped, so she left.

She soon married an old friend, and Rita could not have been successful without her new husband, her best support. School was hard, and Chris caused problems. There were times when she was in such emotional turmoil, she'd come home crying, saying, "I just can't do this anymore," and her husband would say, "Rita, you're doing this. You can do this. You're bright." And there were other times that he'd say, "Just come here," and he would hold her, and she would cry. Maybe, somewhere in her she might have had

the backbone to succeed on her own, but just being able to cry with somebody who cared, that made a big difference.

The other challenge involved Rita's parents, who both had serious medical issues. Her mom had a serious heart attack during her second semester, and soon after that she was back in the hospital with a brand-new diagnosis of diabetes. Her recovery was slow. Her dad was no help. He had always been taken care of by her mom, and he didn't even know how to take care of himself. So now, Rita was going back and forth between two houses, she was teaching her mom how to handle diabetes, she was taking care of her dad, she was taking care of her daughter, she was worrying about her son, she was putting up with Chris, and she was trying to go to school. Then her dad had a heart attack and bypass surgery.

The problems with Chris got so bad at one point that Rita had to drop out of school. The court gave Chris custody of Jason, their son. She was terribly scared for her child. Chris made threats, using the children as pawns. When Rita did get to see her son, he had been coached about how he should act and what he could say, and he'd been changed into a gothic, chain-wearing, weird child with a pierced tongue.

Then one morning Rita got a call from Children's Services. Jason was being physically abused, and he had not eaten in days. She picked him up, devastated because his dad had let him use drugs and drink alcohol. He had scars on his back where Chris had hit him with a belt. He was only 15, and it still makes her cry when she remembers that day.

The emotional abuse from his dad had taken its toll. Jason kept saying over and over that he wanted to kill himself, and finally Rita had enough. She knew this behavior

was for attention, and she knew that he was trying to manipulate her. She was at her cracking point, and she had lost all remnants of the little bit of self-control she had left. She walked her son up to the bathroom, and she stood him in the shower. She handed him a knife, and said,

If you're going to do it, just do it. I'm sick of it. Do you realize that I am going to school, taking care of you, trying to raise your sister with some morals to keep your dad out of her head, trying to get the devil out of your head, trying to take care of my parents, and all you do is walk around saying, 'I want to die, I want to die. So die.'

He started to cry and said, "Momma, I don't want to die. I don't want to die. I'm so sorry." Rita was crying, too, but she had taken an absolutely necessary stand, and it paid off. That is tough love, but he turned around. Now he is president of his senior class, and he is taking engineering courses. Not long ago, he actually came up to Rita, hugged her, and said, "You know what mom, I know this is weird, but I just have to thank you for everything I hated you for, because you've made me who I am," and Rita cried.

Things gradually got better, but she still spent hours every week driving to her parents' house to take care of them. This was robbing her of valuable study time. Her husband noticed this and invited her parents to live with them. Now her husband and her dad are best friends.

Rita developed a strong faith in God after she married, thanks to her husband. During some of the terrible times, every morning she would get up and say to herself, "Rita, today is going to be a better day." After she developed this faith, she replaced that with, "God I know you're going to be with me. Today is going to be a better day." Her new faith means a lot to her.

Her friends helped, too. It took her so long to complete the nursing program, she never really did feel like she was part of a large support network, but there was a small group that worked together, and they were good friends.

The support of the nursing department probably helped her the most. They were always there to listen and guide. When Rita went to them with problems, she told them she needed the truth, and she didn't want it sugar-coated. She just wanted them to flat-out tell her how she could get back in gear. She appreciated the different views she got from someone outside her own life, and it helped her think in different ways, and it helped her grow. She talked to her religion teacher, too, and he was good at giving guidance in spirituality and faith. Everyone told her they were there for her. They truly cared about students as people.

Part of Rita's success was only that she was determined to be successful, no matter what. She kept telling herself that she could do this. She could have just quit and given up, but she knew that life was what you made it. Her main goal was that she had to prove to herself that she could do this. She is stronger for going through all of this. She cannot believe how nice it is now that her life is going in the right direction. Her children are with her. Her husband loves her, he loves the children, and he loves her parents. She cannot believe that she is really and truly a registered nurse, and that she was able to reach her goal.

Tate's Story

Tate loves being a nurse, but she had some problems on her way to reaching that goal. Her husband of 6 years suddenly and unexpectedly left her just before finals one

semester. She knew he had been acting strangely, but she thought he must have been mad about something. She wished he had just waited until after final exams.

She was angry. Her marriage and her family were falling apart. After 6 years of emotional abuse, he was still trying to ruin her entire life, and she was determined that he wasn't going to ruin her career, too. This was her dream, and he knew that, and she wasn't going to let him take that away from her. She was afraid she was going to have to quit school. She had to keep working, and she knew how hard it would be to work full time and go to school full time.

Even though Tate's husband was verbally and emotionally abusive, the divorce was difficult. Their marriage didn't begin that way, but as the years went by it just evolved. Tate gradually forgot how things used to be, and she had lost parts of herself in that evolution. She quit doing things, and she quit going places because of him. She even quit speaking Spanish because he didn't want her to.

This has been hard for their pre-school son. He just didn't understand, and he fell apart when his daddy left. Coincidentally, he started having some health problems about this same time. He was diagnosed with a heart condition. He's basically OK now, but it's been scary for them. "You take your kid to pre-school, and just pray that he's fine while you're gone. He doesn't have the words yet to tell them what's going on or how he feels if he's having a problem." He could pass out or he could have other arrhythmias. Tate is afraid maybe his teachers won't take him seriously, or they might think he's tired when he's really in trouble. She worries about him.

Tate was determined to survive and succeed. In her dad's family it's a big deal to take responsibility for your own success, and she remembered that he used to say,

“You’re an Alvarez [their last name], and you can do this.” That’s what she heard whenever she was scared. As she was struggling with this divorce, she said to herself, “Somewhere in all of this being married . . . I forgot that. I just need to buck up here, and I can do this.” She had forgotten about her dad’s words when she was married to someone who had manipulated her for so long.

Sheer determination is the only thing that kept her going the last month or two before she graduated because she was so physically tired. There were times when she had to stay up most of the day and then work all night. She said,

I’d get about three hours of sleep, and then I’d do my clinical rotation. I’d come back home, pick my son up, and crash. Then I’d do it all over again. Those are the times I felt like I wouldn’t make it.

More than once Tate called her mother, sobbing, and she would tell her, “I can’t do this anymore. I’m so tired.” She still gets teary-eyed when she thinks about it. The exhaustion started taking its toll. She developed high blood pressure and an ulcer.

Tate started talking to herself. She told herself that this was a ridiculous situation. She was the one who had to make the changes to make a bad situation better. She had a child to support, and if she didn’t want to lose her house and her car and everything she had worked so hard for, she’d better get it together. She didn’t want him to beat her down so far that she couldn’t reach her goal. The practical side of it, too, said to her that she could survive this horrific year, this last year, because life could only get better.

Tate has wonderful parents who were extremely supportive through all of this. Her program required a lot of clinical hours, and she had to juggle both school and a full-time job in order to support herself and her little boy. There were times when her ex-husband would promise to watch his son, and then he would call and say something came

up or that he needed to work. Then Tate was suddenly left in a lurch because she needed to be at work or school or in clinical. Her parents would drive 3 hours to help her out when she needed them. If she hadn't had that, she's not sure she could have made it.

She also had a lot of friends who would help out when her ex-husband cancelled on her. They would watch her little boy so she could sleep, and that was extremely helpful. Her boss worked with her to arrange work hours so she could have insurance, and she let her self-schedule. That was a true gift of compassion.

Tate was not always able to study like she needed to, and she went from solid As and sometimes Bs to sometimes Bs and maybe a C. That was hard because she had always been a conscientious student. She was thankful for the support of the faculty. There were times when she would come to school with puffy eyes, and she looked terrible, and the teachers would ask what was wrong. Some of the teachers would hug her, and they'd say, "If you need extra time, let me know," and if she had needed to postpone her final exams that was an option. They told her they were praying for her in faculty meetings. There were even a few times when she had to take her little boy to school with her, and her teachers never got upset or told her that wasn't OK. She would tell them she was sorry, and he'd play with his toys on a blanket on the floor. That would be impossible in some places, and it meant a lot. Tate says God blessed her, and she made it.

Lucy's Story

Lucy never really wanted to be a nurse, and she wasn't even interested in anything medical. But when she was 15 years old, she developed Wilson disease, an inherited disease causing copper to build up on the liver, which progressively affects

other organs. As her condition deteriorated, the only treatment available to her was a liver transplant. She was put on the list for a transplant in March of 2001, and got the liver in September. She was really impacted by the care and expertise of the nurses. She said, “They’re the ones who are with you all the time, and they’re the ones that made the biggest difference.” Remembering the special caring of the nurses, she began to think that maybe she could make a difference if she were a nurse.

Part of this decision came from Lucy’s faith, and she felt that she had received a message from God that being a nurse was what she was meant to do. She sought out a school with a small program and a Christian emphasis and was selected for admission into the upper division nursing classes. As she progressed in the nursing program, she knew God was part of her plan. She knew that God called her to a purpose, and she “kept on going because I couldn’t have done it without Him.”

She had a feeling there might be some challenges related to her medical history, but she was determined to be successful. The transplant fixed her liver, but she will always be on drugs to suppress her immune system. This suppression of her immune system makes her more susceptible to infections, so she gets sick easily. The combination of these drugs and the frequent infections also cause chronic fatigue. She was sick several times while she was in nursing school, and all through the program she faced challenges, but they were not so big that she couldn’t overcome them.

When Lucy did get sick, her professors were there for her. She told them about her medical problems before she enrolled, feeling that she needed to be straightforward. She was careful not to approach it from a position that said, “Hey I’ve had a liver transplant, so go easy on me.” She didn’t want sympathy, but she hoped for

understanding. The result of this forthrightness was that the faculty worked with her, especially if there was an increased danger of getting some kind of infection from a clinical assignment. She was still held to the same rigor and standards as the other students, and the faculty did understand that if she was not in class, she was sick.

Friends outside of the nursing program were her social support system. They were an active community, but understood when Lucy needed to study. Friends in her nursing class were always supportive when she needed help, and they were there for each other. Any time she had a problem, they took notes and made copies and offered to help out in any way, but they would have done this for anyone in the class. If anyone missed class, someone would say, “Hey, let’s sit down and go over notes and test questions, things like that.”

Things were made more emotionally difficult at times because part of Lucy’s family didn’t think she should be a nurse. Her parents were divorced when she was 12 years old, and that was always hard for her. Her mom was supportive, but her dad always worried that she was going to be exposed to germs that were going to make her sick. Her mom always said, “You can do whatever you want to do. Whatever you set your mind to,” but her dad discouraged her, and that was when she had to be strong and be true to herself because she felt so strongly about how important it was to become a nurse. After her transplant, becoming a nurse was her dream, and she was determined to be successful. Her doctors and nurses gave her nothing but encouragement, and they said if that’s what she wanted to do, then go for it.

Lucy is strong willed, and even when things were really hard she knew she could make it and never even considered quitting. She was going to do it, or die, and nobody

was going to stop her. Even when she was sick, her attitude was always that God was in control and that he had a plan for her. She thought that even if her time was going to be over soon, she was doing what she was meant to do. Her faith was strong, and she said, “I know God’s called me to a purpose. . . . It’s one thing that kept me going, because I couldn’t have done it without Him.” There were a lot of days when she was frustrated and discouraged, and sometimes it was difficult. But she did make it, and she loves her work. Her dream is that some day she will make a difference for someone else who has a transplant.

Brenda’s Story

Brenda was very young when she fell in love with her best friend, a physician with a successful practice. They married and had a family, and she was happy. “I was safe and secure in my own little world. I was a physician’s wife and the mother of three beautiful children, and that was my life and my happiness for many years.” When their two older children were grown, she decided to become a nurse. She loved nursing school but ran into some challenges, and they varied from simple and amusing to difficult and demanding.

Brenda’s major challenge was difficult, and sometimes overwhelming. Her husband had struggled with diabetes since early childhood, and control was a constant challenge. He would be fine for a while, and then a crisis would develop. Complications created serious heart problems, and he couldn’t drive because of his vision. He required her constant help and care. She needed to work with him in his practice, and their income plummeted with his worsening illness. When he couldn’t practice anymore it

was financially devastating. She paused and said quietly, “My husband died last February, just one year ago this month.”

The challenges all piled on top of each other. She had to work full time to support the family, and she was going to school full time. There was still a child at home, so she was a caretaker to both a husband and a son. There were other more trivial complications, too. One time she had a car accident. Her adult children had some serious marital and legal issues that needed a mother’s help. This was extremely draining, and her husband was too ill to help.

Brenda had developed an intense interest in diabetic education. She found work in this area, but lost her job more than once because these programs are often cut when the diabetes education money is needed for direct patient care. The first job loss was especially devastating financially because her employer was paying for her schooling. She found another job, but it meant driving 6 hours every day. One day a week she had to leave work early to go to classes, but then she had to work Saturdays to make up that time. She was on the road 36 hours a week, working 6 days a week, helping her husband in his practice, and going to school full time. She was stressed and exhausted. Even though her husband was still working, he couldn’t drive. She dropped him off in the morning, and he had to wait to be picked up 15 hours later. This was extremely hard on his health, but they made it through, and that was only because her husband was her biggest fan and most staunch supporter. When they faced difficulties, he would tell her that “bad things just make us better, and we learn from these things.”

Sometimes she became overwhelmed with the amount of work she had to do. There were even times when she thought she must be having a breakdown. She was

taking care of everyone but herself, and was so tired she thought she was going to collapse. She never quit, but there were times when she just really didn't feel she was going to make it. When she did feel like she could make it one more day, she remembers thinking to herself, "How could I ever give up?"

This is when the help of her friends and fellow-students was so helpful. People even outside the nursing department were helpful because they had a different perspective on education, and they helped her see that education and nursing can come together. They encouraged her. All of her adult identity up to this time had been completely related to her husband's profession or her children's accomplishments, so it was a new experience to have a community of people who cared for her only because of who she was, and that meant a lot to her.

Brenda recalls one day in particular when she felt like she couldn't make it to even one more class. She was wandering down the hall at school in a daze of fatigue and helplessness, and one of the nursing faculty stopped her, gave her a hug, and said, "You look like you need a friend." When things were at their worst, someone was always there to talk. It just seemed like the one who was available was the exact right one. "They'd just put their arm around me and pull me in, and we'd pray together." Brenda had never been much of a religious person, but those prayers really made a difference. She was blessed.

Brenda was able to see some humor in some of her challenges. The amusing challenge was her knowledge deficit of technology. She thought she was pretty good with a "handy-dandy word processor," but she never imagined that faculty would expect her to appear in class that first day ready to actually use all this unfamiliar technology. She

smiles when she remembers that. She was thankful to have a son still living at home, so he was able to help her. They actually took an English class together, and he was so good at this computer stuff, he could get his assignments done in an hour, while the same assignment took Brenda an entire weekend. They still laugh about that, and Brenda wishes all her challenges had been that easily overcome.

One other thing that helped Brenda was her own determination to succeed. She wanted to be known for who she was and for what she was capable of doing on her own. This was something new for her. She knew she could do this, and she wanted it for herself. She learned a lot from all of these experiences, and what she learned was that “it doesn’t matter what path you take. The only point is to eventually get there. Complete what you started.” Brenda had personal, financial, spiritual, and family barriers, but she had that overriding goal to gain respect and she eventually reached her goal.

Mary’s Story

Mary and her husband made a covenant with the Lord to work in missions in third-world countries. After a lot of prayer, God spoke to Mary, telling her that nursing was the skill he wanted her to use in this calling, so she started nursing school to make this happen. She also wanted to be a nurse because she hoped she could help other people when they were facing the death of a loved one. She cared for her mother for 2 years before her death, and that was a meaningful experience for her.

She experienced challenges in two different ways, and on two different levels. The major challenge came during her first semester only 2 weeks before finals. She was already stressed about exams, but she had said to herself, “This is what I know I need to do, and I will figure out a way to do it.” Then, a terrible thing happened. Her 6-year-old

daughter developed a sudden fever of 104°. She was diagnosed with pneumonia and put straight into the hospital. Some of the antibiotics didn't work, and she developed allergic reactions to others. She developed pleurisy, and she developed a need for blood transfusions. She was such a teeny-tiny little thing, only about 40-something pounds, and she was very, very sick. When her temperature got up to 105° one night, this sick little girl curled up in a fetal position and didn't move. This was extremely frightening, overwhelming and heartbreaking, and Mary remembers praying at 3 o'clock that morning in the hospital room. She prayed for the Lord to help them, and she had a peace that moment that God was hearing her. She knew that He was going to allow her to go on. She just didn't know exactly how He was going to work it out. Mary prayed that God understood that she was becoming a nurse for Him.

The class time she missed could have been devastating to her grades, but she never thought seriously about quitting. Her strong will to be successful came from an internal voice that told her she could do what she needed to do to reach her goal. Mary says there are voices within each person that say, "Yes, you can," and there are voices that say, "No, you can't." She heard both of these voices but decided to listen to the voices that said she could do it, because those voices were loud enough to tune out the voices that said it was impossible.

Medically, Mary learned a lot through her daughter's illness. Personally, she learned that trials can come at any time, and it doesn't matter where we are in life, or how hard we work. This experience has enabled her to identify with her own pediatric population. She knows what they're going through because she's been there, she's had a

sick child, and she's had stress. Mary said, "I think maybe what I've learned more than anything is empathy."

The only way Mary survived this ordeal was through prayer, classmates, and her instructors. Her instructors said, "Absolutely do not worry about this. Get her well, and then come to me, and we'll work this out," and that is just a small example of how her professors always were. They always had an open door policy. Classes were small, and everyone in the class was comfortable with the instructors. They were not only instructors, but they were advisors, friends, and colleagues. "They were nurses teaching us to become nurses. We were not numbers, we were individuals. The instructors knew that everyone learns in a different way, at a different pace, and they met us where we were, and they got us through."

Everyone else in the school helped, too. No matter where in the hierarchy a person was, Mary felt comfortable going to anyone for help. She felt comfortable even if she needed to talk to the dean.

Mary's classmates helped just as much as the instructors and college administrators. When she told them about her daughter's illness, they called her. They actually took up money. Mary says,

We're talking about students who are eating peanut butter and jelly for four years, and their children are going without, and they took their last dollars, and put money into a jar so that they could bring gifts to my daughter, and to help pay for food while we were in the hospital.

The other challenge Mary faced followed her from high school. She was put in special education (special ed) classes. She was bored and knew she shouldn't be there. She told the principal if he would give her a chance in regular classes, she would be successful, or he could move her back to special ed. The first 6 weeks she had all Bs, and

she never looked back. That challenge taught her persistence and showed her she could successfully take responsibility for her own successes or failures.

That high-school experience caused Mary to put a lot of pressure on herself as she progressed through the nursing program. She never thought she could be successful in college, but since her goal of being a nurse was a decision based on faith and prayer, and because the Lord had opened this door, she knew she had to make it. She was scared, because in the back of her mind she kept thinking, “I used to be a special ed student.” When she faced any academic challenge she would say over and over to herself, “I’m not a special ed student. I’m not a special ed student.” She would strive for an A in every course, because to her an A said, “See, you can do this.” Any grade less than an A said to her, “Hmmm, maybe you can’t do this. Maybe you are still a special ed student.” That was stress she created inside herself. She said, “Everyone just has to remember that you can’t be a victim, you can’t give up. Other students might have given up only because they haven’t heard the voice inside themselves that says, ‘You can do this . . .’” That’s how Mary did it—that and prayer.

Barbara’s Story

Barbara always loved medical things, so she decided to go back to school for a degree in nursing, but she encountered one crisis after another. Her family was her strongest support, and she couldn’t have been successful if they hadn’t been supportive. Her family was also her biggest source of academic adversity.

Her oldest daughter has VonWillebrand’s, a disease affecting the clotting of blood, and she had three difficult pregnancies and three babies while Barbara was in the nursing program. Every time she had a baby, Barbara had to help her. She needed both

physical care and baby sitting. Barbara loves her grandchildren, but it was hard to study with all those little people around. One solution to this problem was to make a special studying place in her home, and if she was in that place, the children knew not to “mess with” her. She would study late at night or early in the morning, or she would go to school 1 or 2 hours early.

Another problem that continually distracted Barbara from her studies was that the Grandma who raised her was terminally ill in a nursing home in Florida, so every time Grandma had a crisis, Barbara had to go to Florida to be with her. She spent a lot of time on the road. During all those trips to Florida she played tapes from class all the way there and back. She read nursing textbooks to her grandmother as she sat beside her in her room. If she had a big test coming up, she would read to her, and explain it to her. Her grandmother really couldn't respond, but Barbara kept telling her all about nursing even up until she died, just about a year ago.

The next challenge was her husband's emergency triple bypass. This happened close to the end of her program, and making up missed tests and final exams was hard. Not only was she dealing with academic demands, but while her husband was still recuperating in the hospital she “retired him on the spot,” meaning she had to deal with the time-eating task of the associated paperwork. She hadn't really realized, either, that this meant cleaning out his office in a short span of time.

Because of an abusive relationship in a bad first marriage, Barbara was lacking in self-esteem. When she remarried, this new husband helped her see that she did have some worth. He taught her that she had things she could offer people. Every time she said she couldn't do something, he said, “Now why'd you say that? What makes you

think you can't?" Sometimes she would get real upset or nervous about something, then she would bring home a good grade, and he'd say, "See, you can do it."

Barbara's not sure how she got through all these problems and finished the program. Maybe she learned from past mistakes. She had her own babies when she was a baby, and she experienced a lot of adversity before she ever started to school. She explains, "I'm older, too. I wasn't a teenybopper when I went back to school, and I think maturity helps. I think the past helps you in the present and the future, and it just depends on what you learn from it."

Another thing that helped Barbara is that she took control of every situation. She wasn't a procrastinator and didn't wait until the night before to do whatever needed to be done. She always "just went on and did it and got it out of her way and over with." If she hadn't been like that she would never have gotten everything finished. She remembered which order everything went in, made a list, and prioritized.

Even though she had some really hard times, she never once thought about quitting. "I just made up my mind, and I just did what you gotta do. It sounds simple, doesn't it? But that's how I did it."

It also helped Barbara that her class members were close. Everybody talked to everybody, and everybody got along. There were even times when the faculty would join the students for lunch, and everyone would eat together. There was a sense of community outside of the nursing class, too. Everyone was friendly and helpful all over the school.

Barbara is not sure she could have made it without that good faculty support. She was always able to talk to them at any time. The nursing faculty somehow knew when students had problems, and they were always good about asking everyone how they were

doing. If someone said, “I need a little extra help,” or, “Can I postpone my test today because all this has gone on this week?” they would be receptive and helpful.

Barbara’s school was small enough that “a student could come to any instructor, especially when there are students with more than a plate-full” of adversities. Being able to talk one-on-one with an instructor is one reason Barbara would never have gone to another school, especially one of the big ones. “If someone is having some major issues, they just can’t wait two weeks to get some help like they have to do in some places.” Even though there were some really hard times, she never once thought about quitting. She said, “I just made up my mind, and I just did what you gotta do. It sounds simple, doesn’t it? That’s just how I did it.”

Micki’s Story

Micki wanted to be a nurse all of her life, but reaching that goal wasn’t easy. She has three active boys who needed an adult to get them to their sports, band, and church activities. Her 80-year-old mother needed help with her physical problems. Her husband has heart problems, and she worries about him. She hides worrisome things, so her stress level stays high. She had to work full time while she was in school, and when her mother hurt her hip, she did her mother’s part-time job plus her own full-time job.

There was also the ongoing emotional strain related to a horrible mistake she made before she started the nursing program. When her youngest son was 18 months old he was critically ill with bacterial meningitis, and Micki’s husband had a heart attack. Her husband was hospitalized with no insurance and no job. They both survived, but the medical bills were horrendous. Micki was a trusted employee with the same company for many, many years, and she embezzled money to take care of medical bills. She couldn’t

see any other way out of this terrible financial crisis, and she was about to lose her house. She was alone. She couldn't tell her mother because she was elderly and struggling. She couldn't tell her husband because he was still physically fragile. Micki said, "Everything was in my hands, and I handled it awfully."

She was caught, "and I deserved that." She told them she was guilty, she told them why, and she went to court. The outcome was 4 years of probation. She had to meet regularly with a probation officer, and she had to undergo random drug screens. This was extremely time consuming, emotionally draining, and humiliating. After meeting terms of the probation, paying the company back, paying court costs, and paying attorney fees, the crime was wiped off her record.

She couldn't hide what she'd done, and explaining this to her children was hard. Micki and her family did a lot of crying and soul-searching, and she apologized and told them if they would just bear with her, and help her get through this, it would be worth it for all of them in the long run. She wanted them to learn that there was a right way and a wrong way to deal with problems. She wanted to teach them that you can learn from your mistakes, and you can take a bad decision, make some changes in your life, and make yourself stronger. She decided that she could deal with this court situation, and she could go back to school and have a new profession that she could be proud of. She could make a difference.

Starting back to school was hard, but Micki knew this would impact her family, so they worked together to make a plan. Her mom helped, and they put schedules on the refrigerator. They wrote where everybody needed to be and how they were going to get

there. They took one day at a time. If it hadn't been for that family support system, they couldn't have succeeded. Micki said, "You know, you manage to find a way."

Micki did homework with the kids. They piled their books and papers on the dining room table, and they did it. When she really needed to focus, and she couldn't concentrate with all the commotion, she got up about 2 o'clock in the morning and studied until 6, when the kids had to get up for school.

The nursing faculty knew about her family situations, and they let her know they understood that it was difficult. They followed up on conversations, especially if someone at home was sick. Everybody's door was open. It was a close-knit community, and that helped Micki get through it. Her school absolutely wanted to make sure that everybody achieved. It meant a lot when they told the students they were proud of what they were accomplishing, and the knowing and caring were what Micki liked about being in a small college. She didn't ever let them know about her legal problems. She wanted them to know her as she was without a shadow in the background. She probably over-compensated because she did everything she could to make herself the best student she could be.

Even as hard as it was, there was never a time Micki thought she might not make it or that she considered giving up. Classmates were always helpful. When it came down to it, if somebody was really struggling, there was always somebody else there who was willing to help, and that made a huge difference. Study groups helped, especially when someone would say, "Listen, I did this last week. I ironed it out. This is what you and I are going to do together."

Micki did get pretty frustrated, especially with time constraints. She would think, “How in the world am I going to get this done in time?” She managed to find a way.

She said,

You sit down and see what you have to do, and how you can divide it up, and where you can fit in time to do this and do that . . . it’s being systematic. You don’t fuss around, you don’t watch TV, and you don’t take a long bath. You just had better do it, and you’d better do it now.

The most stressful time was just before graduation. Because of Micki’s conviction she didn’t know if the Board of Nursing was going to allow her to sit for the NCLEX exam. She loved nursing, and she had done everything she could to improve herself. Her family still stood behind her. They said, “You’re going to go to that Board of Nursing and you’re going to tell them what happened, and they’re going to understand, and you’re going to get past this.” Micki cried, and her family cried. She went to her Mom’s church and prayed with the preacher. Anything she could do for support during that hard time, she did. Thankfully, the board understood. They allowed her to test, and she was successful.

Looking back, Micki believes her family is better for the experiences they’ve been through together—that they’ve all grown and changed. Studying together taught her sons that you can reach any goal you set for yourself. In a lot of ways, everything did change. It’s better now, and Micki has reached her dream.

Patrick’s Story

Patrick had wanted to be a nurse since he was in the eighth grade. He remembers watching the doctors and nurses work with his aunt when she had her baby, and he

thought that was the coolest thing ever. He was admitted into a nursing program, and it proved to be a challenge for him.

A legal challenge followed him into the program. When Patrick was young, he got into some trouble. He had been working in health care for 8 years, so he figured he had a clear record. He'd been a nursing assistant, he'd worked in surgery, and he was an anesthesia tech for a year. He had keys to narcotics in every job, and he knew how to get them if he'd wanted to. They trusted him. What a surprise it was when he found out this was still on his record! He was afraid that his dreams of becoming a nurse would evaporate. What made this even harder is that it was such a personal thing he still doesn't share with anyone, even some of his family. It's just something he doesn't talk about. He was afraid, so he prayed. He prayed a lot. He goes to church, and he knew prayer would help.

The legal authorities admitted the crime should have been removed from his record years ago, but it still caused him a lot of trouble, and it took a lot of time and emotional energy to clear it up. The judge required him to go to counseling. He had to show up for court dates, and he even had to have letters of support showing that he was a responsible and ethical person. That was detrimental to studying.

The Board of Nursing was an obstacle, too. Patrick had to travel there and meet with board members. They required him to go to a counselor, and they made sure he was of sound mind. That was so very, very hard, because the whole past came open, and it made him relive everything.

One of Patrick's instructors helped him through this. She told him to keep on going no matter what happened. She encouraged him to finish the program even if the

board didn't let him sit for NCLEX. She understood that things happen, especially when you're young, and you make a mistake. Patrick could go to her and either grieve or mourn, or he could just talk and vent. That helped a lot, just to have someone he could go to.

Patrick's other challenge was related to academics. The sciences and all the other courses were great, but the critical thinking in nursing was impossible. Patrick's just not good at that. He can get the facts, and the clinical reasoning, and he can tell how to take care of his patients, but he just can't put it on paper.

Patrick wasn't the hardest studier in the world, either. He could have done better if he'd worked harder. In fact, one of his instructors said, "Patrick, if you're making a C in every class without studying, imagine how well you'd do if you did study." She was right, and he would have studied more if he hadn't been working 30 hours a week. That many hours really put a time crunch on studying.

Patrick is thankful that his instructors showed lenience for him, even without all the details of his situation. If he needed a day off, they allowed him to test later. They knew he was being as honest with them as he was comfortable with, and he appreciated that.

This legal process became so overwhelming that he was afraid he might have to drop out, but he decided to persevere, to push on. He told himself that he'd come this far, and he was determined to finish. There was just something inside of him that made him go on. It was just the mind-set of what he wanted to do about it. Patrick said, "You just have to somehow find it in you to keep going." Patrick's faith helped, too, and he couldn't have done it without a lot of prayer. He attends church, and he prayed a lot.

Patrick knew that he would have people who were disappointed in him, and he would disappoint himself if he quit. His family was extremely supportive. Of course, his parents knew all the details, and they just kept telling him to push on and push on, and that they were going to win this, and eventually they did.

Patrick's classmates were helpful, too, and he felt good knowing that he belonged to a supportive group. He didn't really tell anybody what he was going through, but they knew that something was up. He dropped one nursing course during one semester, and that put him with another cohort. That turned out to be a good thing because the second group was much more supportive. They helped each other with studying, and they all felt like they were a team. They told each other that they were all in this together, and they were all going to make it together. That felt good.

Patrick grew from this whole difficult situation. It taught him perseverance, just to keep on going. There was even a time when he got sick and had to miss almost a week of classes, but he was determined to keep on.

Patrick is the first person on one side of his family to graduate college, and he's trying to encourage others to go back, but they say, "Well, you're smart, and I'm not." He tells them, "With that attitude, you'll never do nothing." He says he's not that smart, just look at his nursing grades. He said,

I'm not that intelligent. I just use my brain. Most of it is that when you want to quit, you just have to somehow find it in you to keep going. You have to find it in you deep down, deep, deep down. There are times when you hate it, and you don't want to go through it, but it makes you a better person. You're better able to help others.

Tess's Story

Tess loves being a nurse, but sometimes when she thinks back on the emotional roller-coaster she was on as she completed her education, she doesn't know how she managed to finish. She was in the second year of her program when her sister was driving to Florida from Tennessee for the Thanksgiving holiday and was killed. Her car was sandwiched between two semis, and she never had a chance. She was only 18 years old. In this same year, Tess also lost a grandmother, a grandfather, and an aunt. She could have easily coped with the death of the grandmother, grandfather, and aunt, but her sister's death was exceptionally hard. They were really close. For a long time in the back of her mind she thought, "Well, I can just pick up the phone and call and talk to her." Because they didn't live together for the last year of her life, they kept in touch through the telephone, and they would see each other "every now and then." She was her best friend, and she hasn't been able to find that in anyone else, "not that I would ever find anybody that would replace her, but there's no one who could even come close to replacing the relationship we had."

Looking back on it now, Tess thinks she probably didn't handle things very well. Instead of grieving, Tess hid all of her feelings from herself and everyone else. Part of it was that she just couldn't accept the fact that her sister was gone. After her death she immersed herself in her school work, and then she studied for her licensure exam. As soon as she had her exam results she started working full time in the intensive care unit on the night shift and returned to school to complete her bachelor's degree. By doing all of this so quickly, she really didn't give herself time to grieve. She just focused on school and work. It didn't really hit Tess until the first anniversary of her sister's death, and

then it really hit her hard. She had completed her associate degree, she had worked full time, and she had gone back to school to complete her bachelor's degree. She didn't have to deal with her sister's death because she was so busy.

Tess's family was also hurting, but they were not physically close enough to give each other the support that would probably have helped all of them. Her mom lives in Florida, and her dad lives in Colorado. They were divorced when Tess was about 13. It probably would have helped if they had been closer, and it probably would have helped Tess just to drop out of school for a while and take some time off. Then she could have spent more time with her mom and her brother.

Throughout all of this, her teachers were helpful and understanding, but she doesn't think they really knew that she was handling her grief by immersing herself in work. Since the accident happened in late November, which is right before exams, they let her delay her finals and projects, and that helped. They also gave her a lot of emotional support. They would listen to her and pray with her, and ask her how she was doing, and that helped, too. Her main focus through all of this was relying on God, and being in a Christian school helped her a lot.

Tess doesn't know if she hid her grief in her work just because it's her basic personality, or if it's her parents' example, because they're basically workaholics, and they always have been. They've always been really driven, and when they decide to get things done they're focused on that. Tess doesn't know if she gets it from them, or if it's just basic personality, but when she starts something, she has to finish it or it drives her crazy. She never even thought about dropping out of school and taking some time off. She just knew that if she kept going, she would be successful.

Tess can't understand why people quit. She watched some of her friends and other people who have had bad things happen to them, and the things that happen to them didn't seem as bad as the things she was going through. They just sort of gave up, and Tess wondered why. She wished she could say to them "Why are you giving up? You know, you could do this. I've been through worse, you know, and I'm making it." She saw some of her classmates give up over just breaking up with a boyfriend. This seems trivial to Tess.

The other thing that continued to help Tess every day was that her main focus through all this was relying on God, and being in a Christian school helped. She also tried to take each day as it came, and she dealt with whatever thoughts, feelings, or events came her way. It continues to be a daily battle for Tess even though it's been 5 years since her sister's death, and she still misses her. The pain's not as deep as it was 5 years ago, but it's still there, and it still hits her at random times. The passing of time will continue to help, and she will continue to work hard and succeed in whatever she decides to do.

Tara's Story

Tara was close to her Grandma, and that's what made her want to be a nurse. She enjoyed playing cards with her grandmother and her grandmother's friends. As she watched her grandmother get older and frailer, she developed an interest in caring for the elderly. Her love of these older people led her to get a job in a nursing home after she graduated from high school. After that first job, she did home health for a while, and she loved that, too. She decided to do more, so she became a nursing assistant, and a degree in nursing seemed to be a good choice for her next educational goal.

Tara never had a whole lot of personal problems while she was growing up, but it seemed like her whole life came apart about the same time that she enrolled in her nursing program. The first thing that happened was that the Grandma she loved so much died during her first semester. Not only was that devastating to her, but her Dad got really sick during her second semester, and she started having her own health problems.

She had to drop out during this semester, and that was a horrible blow. She was still not well, and her Dad wasn't getting any better. It was really a hard decision, but she had missed "way too many" clinical days to be successful, and she knew she would fail the whole semester if she tried to go on. That would have been devastating. She decided to take a break because it would let her and her family work on getting some things sorted out and some problems solved. Nursing classes were really hard and the work load was tremendous, and no one outside of nursing knows how much time is involved in being successful in a nursing program. All of the nursing professors were extremely supportive during this time. They were there to talk to when she needed them, and they worked with her.

When Tara was able to start classes again she thought everything would settle down, but her dad died during her third semester. Her Dad's death also caused more difficulties, because there were still a lot of family issues to resolve. Tara was still having health problems, too. All of this was very difficult.

A lot of Tara's problems were related to her grief. Not only had she lost her Grandma, who was her inspiration for becoming a nurse, but she had also lost her father. She knew she needed help, so she dropped out of school for another semester, and she got

some grief counseling. Her dad would never have wanted her to drop out, so she was carrying around some guilt related to that, too.

She did go back the next semester. It was a lot easier to go back than it was to drop out, because she knew that she was getting closer to her goal. She was going to her own doctor every 2 weeks, and her own physical health was finally improving.

She knew that she needed some help with the academic demands of the nursing program. Nursing is hard, and she was not a good test-taker. She was able to get some tutors, and they gave her some good ideas about how to study for tests and how to answer nursing questions. One of her instructors got several of her classmates together in a study group, and she suggested videos, books on testing, and lots of other kinds of things. Everything helped.

Tara really didn't like to have to do all this, and she surely didn't like the struggle, but she finally came to the realization that "sometimes you just have to accept that you have a problem, and that's hard." She had too many things going on, and they just wouldn't slow down. It just made her stressed, and that's hard, too. "And then once you do admit to yourself that you have a problem, you have to get help for it." Tara "learned all that for sure."

There were even a couple of times when Tara almost gave up completely. Her family just wouldn't let her do that, especially her husband. If she had quit, she says, laughing, "My Mom would have strung me up!" And even though her family was so supportive, she really was doing all of this for herself, even though she didn't really see how all of these problems could just go on and on and on. One of the things that kept her going was knowing that God has a plan. She believed that part of God's plan was to

make her want to be successful in this, even if she didn't succeed the first time. She knew that nursing was God's plan for her, and that's another thing that kept her going.

Tara's friends helped, too. There wasn't a big group of friends, but they all had the same learning style and the same learning abilities, so they "fed off each other." One of them had trouble with testing just like Tara did, and they got through the whole thing by helping each other out.

Other people in the school outside of nursing helped, too. The teachers were always willing to help. Even if one of them wasn't your teacher, their door was always open. If anyone had a question about a nursing paper, one of the English teachers would help out. Other professors helped, too, and if they couldn't help, they would find someone who could help.

Anna's Story

Ever since Anna was little, she always wanted to be a nurse, and then when she got in high school, she couldn't decide between being a veterinarian or a nurse. Her dad developed lung cancer and had surgery, and she watched the nurses and decided that's what she really wanted to do. Her father is fine now, but that helped her make her decision.

When she started the program, she didn't have any problems at first. It seemed pretty easy, but then she started having trouble with the tests. It seems like she always got grades in the low 70s, and 75 was required to pass, so she "really struggled."

She tried a lot of things to fix this. She was able to get into some study groups along the way, but they really didn't work very well. It seemed like people in these groups like to talk too much, and they don't stay focused. When Anna looked at all the

other problems she was having with testing, she decided first that she was focusing too much on small details. Later on she worked on study habits. Then she decided she should focus more on the basics of what she was studying, like the pathophysiology of each disease, and then she applied this to the nursing process, and that seemed to help. There was another thing that helped, too. Before each test, they had pop tests, and the instructors always gave objectives for these. That helped, too.

Unfortunately, Anna had some family problems while she was in the program, too. It was hard to focus on school work when she had this family problem going on. There were some issues with her brother, and that interfered with studying. She shared her problems with the nursing faculty, and they were really supportive. They gave her more time to take tests when she needed it, and they were supportive when all of her problems were going on. When all of these problems were finally fixed she was able to settle down and study again.

Anna's classmates were helpful, too. They told her they were praying for her, and they would help her study. They even took notes for her, which was a huge help. They didn't do it just for Anna. If any one of the class was sick, the others would help out. That made a difference. Students would pray for each other, too. That's one reason Anna liked being in a Christian college, "because everyone will support you and pray for you."

Even with all this help, there were still times Anna thought about giving up, but she didn't. She kept on because being a nurse was always her dream. She had always believed that there are things that happen to people, and it just makes them stronger.

Lots of times she told herself she could keep going, and lots of times she thought about quitting, but she just never did it.

Pam's Story

Pam wanted to be a nurse because she was always the care-giver in the family, and she loved anything medical. It started with her brother. He suffered a traumatic brain injury when he was hit by a train as a teenager, and Pam and her family took care of him for almost 10 years until he died.

She started out as a licensed practical nurse (LPN) because she was told all her life that she wasn't very smart. She wanted a bachelor's degree, so she decided to go back to school. Because of her children, she needed a good income, and she figured a good education was a way to ensure that. Her daughter is mentally retarded, and her son has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Obsessive Compulsive Disorder (OCD), and they'll always need Pam to take care of them.

Being a good mother and taking care of her special-needs children was a challenge that took a lot of time and energy as she progressed through her nursing program. They didn't understand why "Momma's gotta do this, or Momma's gotta do that." Another challenge was that her mother was diagnosed with stomach cancer during this time. Since she "knew medical stuff," she was the one the family always called when there was a problem. Sometimes she would have to stop whatever she was doing to take care of her mother.

Pam also had to work full time to be able to pay for her education. She struggled with finding time to study and completing written assignments because she worked most

weekends as an LPN in a nursing home. She managed to maintain this schedule until the last 10 weeks of her program when she had to complete a 90-hour preceptorship and a 4-week NCLEX review. During that time, she was able to work only 1 or 2 days, creating a financial crisis in her family.

All of these things made studying hard, and it was pure chaos at times. A lot of nights it was 9 o'clock before Pam could even start studying. Her brothers and sisters would help out with her children if she had a big project or a test. They tried not to bother her when her mom was sick, because they knew she didn't have a lot of time to help, even though she often longed for more time to spend with her mother.

Pam's dad didn't offer support, either, and it was a problem that followed her continually. He always said, "You're a girl, you can't do that." In his mind, and in his house, the girls always did the dishes. He didn't believe women could or should be successful. They just needed to stay home and take care of the house and the children.

There were academic challenges, too, and they've been with Pam all her life. Pam's teachers always told her, "You can't do anything, you're not smart enough, and you're always going to . . . work in fast food." If there had been a vote in high school, she would have been voted least likely to succeed, but she was determined. Pam says,

I just remembered the 15 years I had worked fast food, and I remembered the pay, and I remembered that it didn't get me anywhere, and I felt like a big old grease factory, and I said to myself that I could do whatever I needed to do to be successful.

She got tired of hearing, "You can't do that, you know," and she decided to prove everyone wrong. Now she says to herself, "I can do this, whatever this is. It might be a little hard . . . but I can do this." She's sure some people hear that all of their lives, and

they think “if someone tells them they can’t do it, then they guess they really can’t do it,” but that wasn’t Pam.

The biggest challenge came when she decided to go back to school for a bachelor’s degree. She was scared, and it was hard. She was just thankful her class members were close. They would help her when she had trouble with her writing, and she was able to share some of her LPN knowledge and experience when they needed that kind of help. It was neat that everyone helped everyone else, but she had one friend she talked to the most. She always told her when things weren’t good at home, or when her mother was having problems that she had to deal with. Her best friend was a huge support.

The whole school was a pretty “tight community,” too. People everywhere asked Pam how she was doing, and she always knew where to go if she needed anything. The library was especially good to help, and somebody was always there.

Pam talked to faculty when she had a problem with class work, and they were always willing to help. She would explain what her problem was, and then she would take the feedback, and she would do better. She never did bother faculty with personal problems, but if she had talked to them, they would have been supportive, and they would have given everyone some ideas about how to study or about time management. Pam wanted to figure that out for herself. She knew the support was there because everyone said, “My door’s open . . .” Everyone always had faculties’ phone numbers and emails, and there was always a way to contact faculty if there was a need. Pam felt like the faculty made every student feel like they were a part of that professional community already without the official title and license, like they were already a professional, an RN.

They made everyone in the class think on that level. They must have known that if students thought on that level, then they would act on that level, which really helped in the role transition from LPN to RN after graduation.

The faculty at Pam's school really cared whether students were successful. "If they did good they were praised, if they did bad, they critiqued us." Faculty would say, "Hey, you really need to do your reports this way, or you need to focus a little more on here." They gave everyone feedback, but not to demean us. No one ever said, "Hey, get in here, you're stupid."

So whenever there was a need for buckling down, or whenever there was a family crisis, Pam found a way to deal with it and fix the problem. And she made it!!

CHAPTER 5

CROSS-CASE ANALYSIS

Introduction

Chapter 5 answers the research questions through synthesis of information obtained through the 12 interviews of nursing graduates. Graduates told their stories of hardship, challenges, and academic adversity. They told how they had worked to overcome these adversities. They gave suggestions to faculty.

Research Question 1: In What Ways Is Academic Adversity Experienced by Nursing Students?

As exemplified in the stories told in chapter 4, students dealt with multiple and varied problems. In each interview, the graduates were asked why they had been selected to participate in this study. As the graduates began to answer this question, they had one challenge in mind. However, as each interview progressed, more and more issues were remembered, relived, and described. Analysis of the transcripts revealed six major sources of academic adversity: breakdown in relationships, physical and emotional illness, involvement with the legal system, financial difficulties, academic difficulties, and the cascading effect that occurred when one adversity created another. The stories they told answered the question: In what ways is academic adversity experienced by nursing students?

Relationships

Two graduates had marital or relationship problems that created academic adversity. Tate went through a divorce as she tried to complete her degree. She had experienced emotional abuse for 6 years, and one day her husband abruptly announced that he was leaving. This was just before final exam week. Rita's relationship also deteriorated. She described the break-up of her 17-year relationship with the father of her children, and she told of her own emotional abuse as well as the physical abuse experienced by her son.

Lucy and Tess were also affected by divorce, but it was the divorces of their parents that influenced their approaches to overcoming adversity. Lucy's parents gave conflicting advice on her choice of a career in nursing. Even though she was medically stable after her liver transplant, her immune system continued to be challenged because of the immunosuppressant drugs she had to take. Her mother encouraged her to pursue the career of her dreams, while her father voiced strong concerns about the dangers of working in the health-care environment. It was difficult for her to go against her father's word. Tess also dealt with her parents' divorce. As she struggled with the grief of her 18-year-old sister's death in an automobile accident, she received only fragmented support from her parents. She said, "My Mom lives in Florida and my Dad lives in Colorado. It probably would have helped if they had been closer." She refers to her own emotional support after her sister's death as "long-distance support." Even though her family did spend some time together, she said, "I guess when I was with my family, it was more me supporting them instead of dealing with my own feelings."

Two graduates, Barbara and Brenda, expended large volumes of personal energy as they dealt with the divorces of their children. Even though neither went into detail about the problems faced by their sons, both of them helped their children through the personal and legal issues related to the demise of their marriages. Both of them were distracted from studies because of these challenges.

Illness

Illnesses were one of the major causes of academic adversity. Four graduates dealt with illnesses of family members. Brenda dealt with at least four problems centered on the chronic illness of her husband, a life-long diabetic with severe complications, requiring both physical and emotional support. This was complicated by a son's divorce and the need to work full time. Because Pam was the only member of her family who knew anything about medicine, she was often called on to help her siblings as her mother died of cancer during the time she was enrolled in the nursing program.

Barbara also dealt with family illnesses as part of her struggles with academic adversity. She experienced "one crisis after another" while she was in the nursing program. Her daughter "had problems with her bleeding" as a result of vonWillebrand's disease, resulting in serious complications during pregnancy and delivery of her three children. Because of her daughter's illness, care of her grandchildren often became Barbara's responsibility, making finding time for studying difficult. Barbara's grandmother was also dying, and she routinely made 20-hour drives (10 hours each way) on weekends to Florida to take care of this loved one who had raised her. The hours on the road and the attention she gave to her grandmother devoured hours of valuable study

time. “And I guess the next thing I went through was my husband having an emergency triple bypass.” This occurred during her final weeks of the nursing program.

Mary was also challenged by family illness, the critical illness of her young daughter. Just before final exams during her first semester, her 6-year-old daughter developed a high fever and was diagnosed with aspiration pneumonia. Mary’s daughter was in the hospital for a total of 14 days because she was allergic to many of the antibiotics, and she developed pleurisy on top of the infection. Additionally, 400 ml of fluid had to be drained from her right lung, and she required two blood transfusions. Mary said, “She was such a little teeny-tiny little thing, only about 40-something pounds, and she was very sick—very, very sick.” The little girl’s temperature rose to 105° one night, and she just curled up in a fetal position and lay there because the fever wouldn’t break. Mary felt fear and helplessness as she sat with her daughter on this night. After her daughter eventually recovered, Mary wasn’t sure if she’d be able to salvage her grades in nursing school because she’d missed so much class time.

Personal illness was also a cause of academic adversity in four graduates. Lucy battled after-effects of a liver transplant at the age of 16. The immunosuppressant drugs she continued to need to keep her body from rejecting the transplanted liver caused health problems, mainly affecting the ability of her immune system to fight infection. She said, “When I get really tired I get sick,” and this effect of the medications caused her many days of missed classes.

Tara, Patrick, and Tate also mentioned that they had experienced personal illness at some time in their nursing program. Tara missed classes in the second semester because she contracted pneumonia, and she had surgery during her last semester. She

was also dealing with other family illnesses, resulting in the deaths of both her father and grandmother. Patrick also mentioned dealing with his own illness, but only in the context of perseverance. He said,

There was even a time during the last semester when I got sick and had to miss almost a week of classes. This was on top of all the legal issues I was still dealing with, and I still kept on. Even my family had to do big encouraging during this time, and I still kept on going.

Two graduates dealt with the emotional impact of grief over the death of a family member as a cause of academic adversity. Tara recited her own list of problems in a very understated tone of voice,

I lost my Grandma my first semester, my Dad got really sick my second semester, and I had to drop that semester, and then my Dad died my third semester. I got sick in my second semester, when I re-took my second semester, so it was technically my third semester. The second semester, again of nursing, I got pneumonia, and so I had to struggle with that. So after my Dad had passed away, we had some family issues to settle with his estate, and that kind of thing, and it was very difficult. . . . I had surgery the summer before. . . . Between family health and my health and the deaths, that was a little trying.

Tara struggled for a long time with grief from the deaths of these two people she loved.

This struggle lasted all the way through her nursing education, even with the help of grief counselors. At one point, she developed physical problems that seemed compounded by her emotional difficulties.

Tess also dealt with grief. Her sister was killed instantly when her car was caught between two tractor-trailers on the way home from a Thanksgiving vacation. Tess was close to her sister, and the death was devastating to her. She struggled to maintain grades and emotional health, and worked hard to take each day as it came, dealing every day with her sister's death. She called it a daily battle, and she still misses her. She said,

It's been 5 years since my sister's gone, and I still miss her. The pain's not as deep as it was 5 years ago, but it's still there, and it still hits me at random times, you know. You feel it.

Tess buried herself in her schoolwork and never did grieve her loss as she should have.

“I didn't really give myself time to grieve, I just focused on school and work, and it finally hit me about a couple of weeks before her year anniversary. I finally realized I hadn't dealt with it.”

Closely related to illness, graduates often told of the fatigue and exhaustion they experienced as they struggled with the sometimes overwhelming demands on their time and energy. Tess said, “It was bad. I'd get off work at seven and go to class . . . and then I'd go home and sleep after class. I tried to stay awake, but sometime I think I'd go to sleep.” Because of financial problems, Brenda took a job 3 hours from home. She was working full time, driving 6 hours a day, taking care of a sick husband, and going to school full time. She was very tired. Micki experienced fatigue, but mainly because she didn't realize the amount of time that would be needed to meet the requirements of the program. Tate also experienced exhaustion as she struggled with child care, work, and school.

Legal Issues

Micki and Patrick told of the overwhelming amount of time and emotional involvement spent in overcoming legal issues. Patrick would never tell what his charges were, but he went into great detail describing the time-consuming requirements needed to expunge his record. He had worked in numerous jobs in health care for 8 years before he began the nursing program, so he was surprised when a background check showed a prior conviction from his childhood. He spent numerous hours trying to clear his record,

believing at times that he might not even be legally eligible for licensure when he completed his degree. One trying incident was the requirement that he go to the state capital to a court-appointed counselor for a psychiatric evaluation. He said it was “like the whole past came open, and you relive everything. And that was very hard. Very hard.”

Micki’s involvement with the legal system was agonizing and time-consuming. Her entire ordeal began with the life-threatening illnesses of her 18-month-old son and her husband (then her fiancé) and the resulting horrendous medical bills related to these serious medical crises. As she struggled with trying to pay these bills, the only solution she could see at the time was to embezzle money from the company where she worked. This led to a conviction, but she was placed on probation and required to pay back all she had taken from the company. This often required 20-30 hours a week as she worked to meet the conditions of her parole. Telling her children about her mistake was painful, causing great emotional turmoil as she worked through this challenge.

Financial Difficulties

Financial difficulties resonated throughout several interviews. Brenda was forced to deal with a financial crisis when her husband, a successful physician, had to give up his practice because of complications of diabetes. She felt a calling to her job as a diabetes educator, but these jobs were often the first to be cut when budget issues developed, and when funding for these programs was cut, she was terminated. She was receiving tuition reimbursement from one employer, and when this job was terminated, she was obligated to pay her own tuition if she wanted to continue her education. The next job in this area was in a hospital that was a 3-hour drive one way. The schedule she

had to keep to maintain family, school, and work took a toll on her health, her husband's health, and her time for studying.

Pam also needed to work while she was a student in a rigorous nursing program. Many long hours were required as she completed the clinical requirements of the last rotation, and she said, "I had to pay most of my way through school . . . and it was hard. I had to get loans toward the end, for the simple fact that the last quarter, I think I only worked one day."

Because of Tate's need to work to keep from losing her home and her car, she was exhausted from working all night, going straight to class from work, and then taking on the responsibilities of a single mother to a 4-year-old. She said,

I was so physically tired. Because often what I'd have to do, since there were only so many hours in the day, I often would have to work all night, then I'd come home and sleep for about 3 hours or so, maybe 4 hours, and then I'd get up, and I'd do the rest of the day clinical, and then I'd come back home, and I'd come pick my son up, and then crash . . . then I'd do it all over again.

Academics

Four graduates told stories of the problems they had with the challenge of the academic rigor common to all nursing programs. Two of these graduates relived negative experiences from high school, which affected the way they perceived themselves as students in higher education. The other two were challenged as they encountered the massive amount of knowledge, skills, and critical thinking needed for successful program completion and passing NCLEX.

Mary and Pam were both considered academically challenged in high school, and this past negative experience continued to plague them emotionally even though they made good grades in their nursing programs. Pam said, "All the way through school I

was always told, ‘You can’t, you’re not smart enough, you’re always going to be somebody that works in fast food . . .’ I would have probably been voted least likely to succeed.” Throughout the nursing program, Pam had to remind herself every day that she was not a fast-food worker any more. She was also challenged by the cultural stereotyping of her father, who ineffectively tried to teach her that the place for women was at home with the children, cooking and cleaning.

Mary shared a similar story. Although she had been placed in special education classes in high school, she knew she could do better. She remembers making a deal with the principal, telling him, “Put me in regular classes for 6 weeks, and if I don’t have passing marks, you can put me back.” After the 6 weeks, Mary had all Bs, and she “never looked back.” In spite of this success, Mary found that the high-school experience of being labeled as a special ed student lingered as a continuous haunting memory. She often had to give herself pep talks, sometimes not so successfully. She said,

I was scared, because in the back of my mind I kept thinking, ‘I used to be a special ed student.’ You keep telling yourself that, and you have to re-arrange your thoughts, and you have to say, ‘I’m not a special ed student.’ And so, to me, sometimes that could be added stress because I would push for the As, because to me an A said, ‘See, you can do this.’ A, B, or C said, ‘Hmmm, maybe you can’t. Maybe you are a special ed student.’

Other graduates told stories of their difficulty in assimilating the vast amount of knowledge required in the nursing program. Patrick struggled to overcome the low grades he received from the very beginning of the nursing program. The tests, in particular, he described as “a challenge.” While Patrick enjoyed the sciences and pre-requisite general education classes, he struggled with the emphasis in nursing on critical thinking.

I'm just not very good at that. It's like I don't get it sometimes. I can walk through all the facts and all the clinical reasoning in my mind, and I can tell my instructor all about the things that are so important in taking care of my patients, but I just can't answer the questions on the paper.

He did confess that he wasn't "the hardest studier in the world," and that he probably would have done better if he had worked harder. In fact, one of his instructors pointed this out to him. He said, "I guess she was right, and I guess maybe I would have studied more if I hadn't been working 30 hours a week, but that many hours really puts a time-crunch on studying."

When Anna started the program, she didn't have any immediate problems, and she thought the work seemed pretty easy. Then she started having trouble with the tests. "It seems like I always got grades in the low 70s and you had to have a 75 to pass, so I really struggled," she said. Nothing she tried seemed to make enough of a difference at first. "I worked on study habits. . . . I studied the patho so I could understand the basics, and then I kind of went through the nursing process, and interventions, treatments, and stuff like that." Anna also tried to get into some study groups along the way, but they didn't work very well for her. It seemed to her that the people in these groups spent too much time socializing and failed to stay focused. She continued to struggle academically all through her program and did not pass NCLEX on her first attempt. She was finally successful and says that she loves being a nurse.

A Cascade of Adversity

Even though each graduate began by describing one challenge as a major source of academic adversity, a cascade of challenges evolved as one event triggered another. Every graduate described more than one challenge.

Even though no single graduate said, “My family is my biggest challenge,” family problems proved to be a compounding dynamic of adversity. Some graduates began their studies with unresolved family issues, while others coped with unexpected family difficulties that occurred as they progressed through the nursing program. Family was integrally involved with the breakdown of relationships, the effects of personal or family illness, grief, legal involvement, and academic difficulties. Ongoing or developing problems created or exacerbated financial challenges.

Four examples from the results serve as a case-in-point of the multiple challenges faced. Barbara dealt with her daughter’s illness, her responsibilities as a grandmother, her own grandmother’s illness, and her husband’s heart attack within the span of 18 months. Brenda was faced with the illness of her husband, her own son’s divorce, the financial challenges related to her job loss, and her knowledge deficit in the use of technology. Micki was responsible for three sons and an aging mother. She was also required to spend many hours with the legal system to meet the conditions of parole for a serious crime she had committed. Rita’s abusive 17-year relationship ended, and the resulting custody battle over her children took a toll on her time and her emotional health. Both of her parents experienced serious illnesses, necessitating her ongoing care.

Research Question 2: How Do Nursing Graduates Overcome Academic Adversity?

Graduates received help from both internal and external sources as they struggled to overcome academic adversity. Internal sources of help began with recognition that a problem existed followed by resilience and persistence. Resilience and persistence led to resolution that came from personal values based on family and faith. External sources of

help were evidenced by support from others and came from belonging to community, practical help from faculty, and aid from inside the institution. The stories provided answers to the second research question: How do nursing graduates overcome academic adversity?

Internal Resources

Methods described by graduates as ways to overcome academic adversity were as diverse as their descriptions of the causes of adversity, and there is no way to describe one single method of achieving success. However, it is possible to demonstrate a progression from abstract to concrete as students worked to overcome their individual causes of academic adversity. The progression begins with a precursor to action derived from self-talk or a voice within. As this voice was acted upon, the respondents described their own resilience and persistence, based on and applied to personal values such as family and faith. They told how they relied on inner strengths and personal values and how they were simultaneously able to utilize tangible resources such as community and faculty support. These internal and external sources of strength, the personal values and the tangible resources, were juxtaposed, serving as ongoing help. This process is shown in Figure 2.

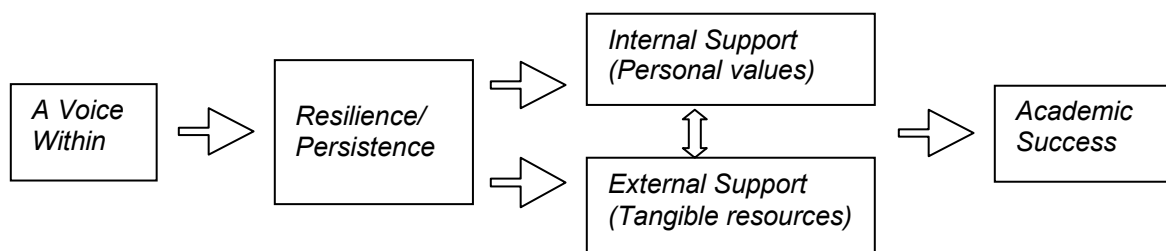


Figure 2. Progression toward overcoming academic adversity.

A Voice Within

Graduates not only told of their challenges and told how these challenges were overcome, but they also told of the thought processes relative to these dilemmas. Tara is the only graduate who expressed the importance of acknowledging the problem. She said, “[You] just have to accept that you have a problem, and that’s hard sometimes.”

Tate, Brenda, and Rita relied on a thought process, or self-talk. Patrick called it a mind-set, saying, “It’s just the mind-set of what you want to do about it. You just have to somehow find it in you to keep going.” Brenda thought to herself, “How could I ever give up?”

Some graduates went beyond just thinking, and described talking to themselves. Tate said, “So I started talking to myself. I told myself that this was a ridiculous situation. . . . I was the one who had to make changes to make a bad situation better. . . . I have a child to support now. If I don’t want to lose my house and my car and everything, I’ve got to get it together, here.” Micki told herself, “You’d just better do it, and you’d better do it now.” Rita said, “I kept telling myself that I could do this.” Pam was also empowered by her own voice, saying, “I can do this. It might be a little hard in areas, but I can do this.”

Mary told of the voices that talked to her. She said,

A voice inside of me said, ‘You can do better’. . . . I had other voices that would say, ‘You can’t do this.’ I guess the voice that said you could do it was louder, and you start to tune the bad voices out. I think everyone has that voice, I think they just have to be intoned. I think that they have to have someone either introduce that voice to them, or they have to find it on their own. They have to come to themselves, and be that voice, and tell themselves, ‘I can do this.’ So some people introduce it, and some people find it on their own. And how many people would have had your problems, and said, ‘I give up.’ I think a lot of people would have given up. And I think it’s only because they haven’t heard the voice inside themselves that says, ‘You can do

this, even if you have to wait another year.’ And you’re still going to come back, and you’re still going to do it.

Four graduates actually said their resolve came from following a dream. Anna said, “Being a nurse was always my dream, so I just kept on going on.” Lucy mentioned her dream with more resolve, saying, “This is my dream. . . . This is what I’m doing,” and Tate very emphatically told about reacting to her husband’s request for a divorce. She said, “This was my dream, and he knows that, and I . . . wasn’t going to let him take that away from me as well.”

Resilience and Persistence

Resilience, persistence, and determination emerged from the voices within the graduates. As defined in chapter 1, resilience is the ability of a student to recover from or adjust to academic adversity, while persistence is the personal trait that is coupled with and follows resilience, enabling a student to persevere resolutely toward an academic goal in spite of personal and/or academic challenges that may threaten to impede academic persistence.

No student actually used the word *resilience*, but students did use the word persistence, as well as other words, to describe these traits. Patrick used the word *perseverance* several times in one ongoing thought, saying, “I think a lot of it is just perseverance. When you want to quit, you just have to somehow find it in you to keep going. Perseverance, I guess. Just to keep on going.” Tate and Lucy called it determination, but Tate added the word *sheer*, signifying that it was a daunting challenge for her. Graduates used phrases that seemed to indicate a level of urgency. Lucy was

going to “do it, or die . . . and nobody’s going to stop me.” Micki told herself, “You just had better do it and you’d better do it now.”

Other students referred to these concepts in different words, making statements such as, “I know what I want to do, and I’m going to do it,” and this one from Lucy, who said, “I’m very strong-willed.” Micki commented, “You know, you manage to find a way,” and Mary said,

Everyone just has to remember that you can’t be a victim, you can’t give up, even though a lot of people probably would have. . . . And you’re still going to come back, and you’re still going to do it. And that’s how I did it.

Perseverance was one of Barbara’s strengths. Over and over she said, “I gotta do what I gotta do,” and she elaborated on this when she said,

Even though I had some really hard times, I never even once thought about dropping out or quitting. I just made up my mind and I just did what you gotta do. It sounds simple, doesn’t it? But I mean, that’s just the way it sounds. I do what I gotta do, and I’ve got a clean conscience about it.

One other theme emerged that was also related to the concepts of determination and perseverance: the need for graduates to prove to themselves—or even to others—that they could achieve. One said, “I’d disappoint myself if I weren’t successful.” Another said, “I just had that over-riding goal that I wanted to complete this on my own for me.” One stated, “I did it for myself,” while another said with a little more conviction, “I had to prove to myself that I could do this.” The lone comment about achieving success for someone else came from a student who said she couldn’t fail because “I knew that I’d have people that were disappointed in me.”

Internal Support

As students' self-talk turned into resilience and perseverance, they relied on values based on family and faith as they struggled to come to terms with the adversities they were facing. Families gave encouragement and emotional support when circumstances were difficult. Faith was important, and graduates described times when they prayed for help and when others prayed for them. Three of the graduates talked of God's plan for them.

Just as family could be a source of adversity, family was also identified as inherently important to success. Some statements about family support were general. For example, Barbara said, "I couldn't have done it if my family hadn't been supportive." Patrick's family "told me to push on and on," encouraging him to overcome his battle with the legal system and listening when he needed to express his frustrations and concerns. Lucy received encouragement from her family, especially from her mother who was a life-long influence. She said, "My mom has always said, 'You can do whatever you want to do. Whatever you set your mind to.'" Tara's mother also played a role in her program completion. She confessed that one time she had almost given up, but said, with a laugh, that if she had done that, "Oh, my mom would have strung me up."

Tate became a single mother of a preschooler when her husband left her just before final exams one semester. She struggled with childcare as she tried to complete the numerous clinical hours needed for program completion. At times she had to rely on her parents and said, "I have very wonderful parents. . . . They would come and help me out. My parents, bless their hearts, would . . . come and get my little boy for me, and if I

hadn't had that . . ." Micki had long conversations with her entire family, her husband, her mother, and even her three young sons about the crime she committed. She said,

I sat down with my family, and I told them that I knew it was hard, and I knew that I had put them in a hard position because of everything that had happened with my crime report. And we did a lot of crying and a lot of soul-searching and I apologized to them, and I told them if they would just bear with me and help me get through this that it would be worth it in the long-run. And they did.

Husbands were specifically mentioned as a strong source of support by several graduates. Tara received support from her husband during her illnesses and surgery. Brenda received support from her husband who was seriously ill with complications of diabetes. She said,

My husband was very supportive and really wanted me to reach [my goal]. He felt that I was capable. . . . He kept telling me, 'See there are no coincidences. Bad things happen to make us better, and we learn from these things.'

Rita escaped an abusive relationship and remarried. Having the support of someone who cares, especially during the hardest times, was an unexpected and welcomed change for her. She said,

I'd come home crying, and I'd say, 'You know what, I just can't do this anymore,' and he'd say, 'Rita, you're doing this. You can do this. You're bright.' And there were other times that he'd say, 'Just come here.' And I would just cry. Just being able to cry with somebody that you knew cared, that's a big difference.

Barbara had also had a difficult first marriage to a husband who was physically and emotionally abusive, and, like Rita, she got much-needed support from a second husband. She said,

He just talked to me, and every time I said I couldn't do something, he said, 'Now why'd you say that? That makes you think you can't?' And see, I would do that sometimes when I was in school, I'd get real upset or nervous about something, or I'd bring my grade home from a test or something, he'd say, 'See?' But he helped me a lot.

Several graduates were motivated to complete their degrees after being drawn to nursing through the death of a family member. Pam's fascination with health care came from taking care of her brain-injured brother for almost 10 years after his motorcycle accident. Mary felt a sense of pride and accomplishment when she cared for her mother for 2 years as she was dying of cancer.

Several of the graduates said faith was one of the personal values that proved to be most helpful in overcoming adversity. Prayer and faith were personal values that Mary and Patrick said "got them through." Patrick attended church regularly, and when asked about the importance of his faith and how it helped him succeed, he said, "A lot of prayer. I attend church. A lot of prayer." When Micki was faced with having to go before the state board of nursing, she got help through prayer with the pastor at her mother's church. Tess dealt with her sister's death through prayer and faith, and said, "My main focus through all of this was relying on God, and being in a Christian school helped a lot." Mary's faith was evident as she struggled through her daughter's critical illness. She prayed in the hospital room, and she said,

I prayed, . . . 'Lord, you've brought me through 3 years of trials and tribulations.' And I just had a peace that God was doing this for a reason. Maybe to teach me, to challenge me, I don't know. But I did know that He was going to allow me to go on. I just didn't know how exactly He was going to work it out. Maybe He needed me just to say, 'If you are going to shut the door, I'm OK with that, too.' You know, because I wanted it so bad.

Brenda actually felt she had been blessed by praying with her instructors.

Lucy did not specifically mention prayer, but said, "I know that nursing is what I'm supposed to do. . . . I know God's called me to a purpose. . . . It's one thing that kept me going, because I couldn't have done it without Him." Tara mirrored this belief, saying, "I realized over the whole course, too, that God has a plan. And if I want to do

this so much, then that's God's plan." Tate also relied on faith. She said, "God blessed me."

Rita had a different experience with faith, and this faith became important to her only as she overcame the adversities she faced. She had never gone to church, and she had never relied on faith, but her new husband introduced her to God, and this became a source of strength for her.

Others said they benefited from being prayed for by other people. Brenda and Tate were prayed for by their instructors in faculty meetings, and that was a meaningful insight when they were told about those prayers. Anna also appreciated knowing that people were praying for her. "They would pray for you, and when you're coming to a college where it's Christian based, you know they will support you and pray for you."

External Support

A sense of belonging to a community supported the graduates through some difficult times. Community was defined as a circle of friends, classmates in their nursing program, or the school as a whole. This sense of belonging provided emotional support, encouragement, and academic help.

Graduates were also helped by classmates in various ways, and they agreed that these classmates formed a strong community. Pam, Rita, and Anna talked about "helping each other out." Lucy belonged to a "close group" made up of some of the students in her class. She said, "Someone would say 'hey, let's sit down and go over notes, test questions,' things like that." Brenda received help and support from her classmates when her husband was seriously ill, and she was blessed and encouraged by this support

and expression of caring. Mary shared a meaningful gesture made by her classmates while her 6-year-old daughter was critically ill in the hospital.

They actually even took up money out of their own pockets. Now we're talking about students who are eating peanut butter and jelly for 4 years, and their children are going without, and they took the last dollars they had, put it into a jar so that they could bring gifts to my daughter, and to help pay for food while we were in the hospital for 14 days.

Micki expressed the same feeling that many had about the support they felt from classmates. She said, "When it came down to it, if somebody was really struggling, there was always somebody else there that was willing to help, and I think that made a huge difference." Barbara stressed the importance of eating together and doing things outside the classroom.

Several students participated in study groups that served each one as a small community of support. Micki described hers as, "Study group, you know, the times you might think that one of us was down, the other person in that community would say, 'Listen, I did this last week, I ironed it out. This is what you and I are going to do together.'" The students in Patrick's study group told each other, "We're all making it together." Tara was most expressive when talking about her study group, saying,

We didn't have a big group. There was just two or three of us at a time, but we had the same learning style, and learning abilities, too. So we really fed off each other, she wasn't a very good test-taker, either, and another girl that we worked with, too. Mostly there were just two of us at a time, and we got through the whole thing together that way.

Several of the students thought of community as larger than just the nursing program. Lucy and Tate had friends outside of their nursing class and outside the school. Lucy's friends were a support system. They backed her up, and understood when she needed to study instead of "hang out." Tate also relied on her friends outside of school

for help. After her husband left her, he would often cancel out on babysitting at the last minute, and she was faced with a crisis. Her friends would say to her, “Oh, I’ll watch him, don’t worry about it. Or they’d watch him so I could sleep, and that was just wonderful.”

The school outside of nursing was also considered to be a source of support. Micki’s school seemed like a big family where everyone got along, not just the teachers and the staff, “but everybody. It was one big family. It wasn’t just the students and the faculty, it was the school. It was the school atmosphere.” Pam got help from many departments in her school. She said,

I had friends that worked in the offices, and they always asked me how I was doing. . . . I felt like it was a well-knit community. I knew where I could go if I needed this, or I knew where I could go if I needed that, and the library was awesome, somebody was always there.

Tara received support from professors outside the nursing department. She said, “Even if it’s a nursing paper, you could go to an English professor, and they would help you.”

Brenda also worked with faculty outside the nursing department. She said,

Working with people in a department outside of nursing, finding that they had respect for nurses, that they were intrigued by the fact that, as a nurse, I was doing something that was very different and that actually brought nursing and education together, and so I got encouragement from them.

Research Question 3: What Nursing Faculty Behaviors Are Most Effective for Assisting Nursing Students in Overcoming Academic Adversity?

Graduates said that faculty was most helpful when assistance was grounded in altruistic behaviors such as caring and compassion. Brenda very simply said, “Give a hand.” Tess said, “Understand their situation.” And Patrick said, “I guess students just want faculty to be open to problems. Give them . . . some compassion.” Graduates also

appreciated faculty who gave help with test-taking, time management, and study skills. Those who valued care and concern gave intense, passionate, lengthy, and involved answers to this question.

Altruism

Students overwhelmingly felt that faculty should approach students facing academic adversity altruistically, with the welfare of each student as an utmost importance. Terms used to express the behaviors they perceived as important were care, compassion, knowing, presence, empathy, and fairness (Figure 3).

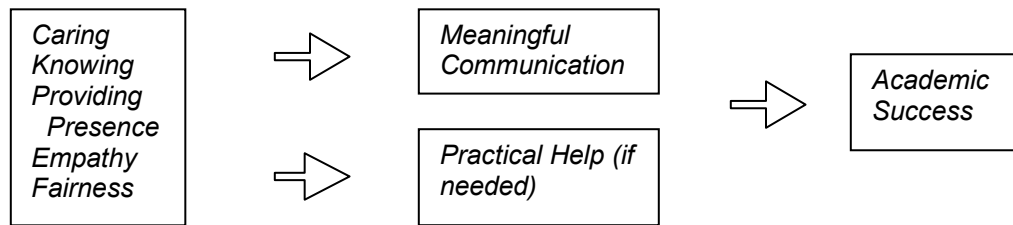


Figure 3. Faculty role in overcoming academic adversity.

Care can be expressed in many ways, and graduates equated caring with concern and compassion. Brenda described traits of caring faculty. She said,

You know doctors of nursing, and highly educated people who've spent their whole lives in the realms of education, [are] much better nurses than I could ever hope to be. . . . [They have] energy, they're raising children, they're fighting battles out there on the front line, and yet they take time to care for us as individuals, not just as a classroom.

Rita urged instructors to model the care they teach. She said,

The only way as an instructor that you could help . . . is you have to genuinely care. If you don't really care about their problems, then you have no right to be an instructor. I mean, in order to teach somebody you have to care about them.

Graduates also mentioned behaviors that demonstrated caring. Mickie said, "What example are you setting if you're not treating them with some compassion and respect?" Barbara said she felt compassion when "everyone was always asking how I was doing." Patrick actually used the word when he said, "Give them a little compassion. It's easy for other people to judge who've never been in this situation, real easy." Lucy told how her faculty exhibited compassion. She said,

My professors called to check on me on a couple of occasions. . . . They were concerned about me. They weren't real sure what was going on, and having a liver transplant student was new to them, too.

Brenda defined knowing as "being in tune" and being "sensitive to our needs." Micki gave these instructions about knowing: "Take the time to learn them as individuals and know what they're going through." Barbara said, "You need to learn to know your students so that . . . if they come to you and say, 'I just need a little extra help, can I postpone my test? . . . you know what's going on.'"

Both Anna and Tess said it was important for faculty "to be there," indicating the importance of presence. Pam said, "Just be there. That's pretty much all you really have to do." Micki gave this advice, "If you're not there for your own students, who are you there for?"

Graduates asked that faculty remember when they were students and respond as they would like to have been responded to. Anna believed that faculty members could exhibit understanding if they could talk with the student about their own experiences in

handling challenges. Lucy also linked caring for students in the present with the instructors' experiences from their own past,

Just make sure that you're not caught up in the moment, and just make sure to put yourself in their shoes, you know, and think back to when you were in nursing school, and if you were in this situation, what would you want done?

Mary said, "Think about their trials and tribulations that they [the faculty] went through when they were students, and pull out the empathy." She applied this concept to her own experiences, even adding that at some time in the future she would like to repay the kindnesses she experienced from her own instructors. She said,

I think that sometime we forget. I think time gets by, and we forget what we've been through, and we have to be reminded. I think a lot of them [faculty] have faced trials and tribulations, and someone was there to help them. So, like, now it's my turn to help them. And I think my day will come when I'll be able to repay that gift to someone else. That's what I'd tell them.

Students also stressed the importance of fairness, stating that asking for or expecting special accommodations for themselves would be unfair to the other students. Only Patrick requested lenience, but other graduates stressed that they wanted to be treated just like other students, even when they were facing adversity. Lucy said, "Not that you'd want to give them special treatment, not something that would make the other classmates, you know, nothing unfair." Mary told about her need to make up missed work resulting from the illness of her young daughter by saying,

You know, they didn't cut corners for me. I had to go through the same physical assessment examination, just like everybody else. . . . And I had to write all my papers, I ended up having to go to school and give an oral presentation to just the instructor. Nothing was cut for me. I earned everything just like everyone else. I was very thankful that they were willing to do that, because there was nothing written that they had to do that. I could have been withdrawn, and I could have had to start over the next year.

Meaningful Communication

The graduates needed effective, sensitive, meaningful communication including not only listening to students but also talking and following up with appropriate suggestions for interventions. Barbara said that one-on-one communication was important and that she was always able to “go and talk” to a faculty member. Patrick, Anna, and Tess all needed a supportive person who would “just listen,” and Tara elaborated on the importance of faculty assistance in helping students find the help they needed.

Communication also involved an open-door policy, and students verbalized the importance of having contact information for easy faculty access. Graduates mentioned the importance of being able to contact faculty at any time, especially to facilitate making faculty aware of emerging problems in the lives of students. Pam said, “Everyone always made a point, ‘My door’s open. . . .’ We always had phone numbers [and] emails, and there was always a way to contact faculty if we needed it.” Students feel more secure when they know these lines of communication are open. Micki said, “You need to be able to come to the faculty and say, ‘I need a little help,’ if you need it or if you just need to talk to someone.” Graduates said when faculty really listen, they can then respond with the needed level of concern.

Practical Help

Graduates also suggested practical things that faculty could do to help students who were struggling, particularly with study skills or testing. Lucy got help when she could go to a faculty member and say, “You know, I don’t get this. How can I approach it differently?” Tara worked with faculty one-on-one outside of class, and they gave her

ideas about approaching the material in different ways. She said faculty should offer suggestions, such as, “Can you do this instead of this? This might help, and that kind of thing.” Anna said instructors could help students by drawing from their own past academic experiences. She would advise faculty to say, “Here are some tips about what I went through, and what I did to help me succeed, to go through nursing school.”

Giving extra time for completion of assignments was mentioned frequently. Anna appreciated receiving extra time for testing, and Patrick, Tate, and Lucy were helped by being allowed to take tests at a later date. Barbara described being allowed to delay testing after her husband had a serious heart attack during final exams just before graduation. She said postponing tests was crucial for helping students who are experiencing a crisis.

Graduates wanted feedback from faculty. They didn’t mention a need for rapid feedback on tests and papers, but they wanted faculty to use plain, straightforward language in giving help. Pam remembered helpful dialogue from faculty during her experience with adversity,

They gave us feedback, not to demean us. No one ever said, ‘Hey, get in here, you’re stupid’ . . . If we did good they praised us, if we did bad, they critiqued us, not demeaning, but critiqued us to where, ‘Hey, you really need to do your reports this way, or you need to focus a little more on here.’

Rita also asked for straightforward communication. She said,

I just felt that she was so straightforward for me that I knew that if something was going on and I needed the truth, I didn’t want somebody to sugar-coat it. . . . I just wanted them to flat-out tell me how I could get back in gear, and if I needed that, I would come to her. I mean that’s how she helped me.

Graduates suggested methods for helping that were sometimes outside the normal boundaries of classroom activities. Tate said it was important that students know that “in

extreme circumstances, there are options.” She took advantage of one of these options, saying,

I had to bring my kid to school some times, and they never got upset at me . . . and I’d tell them I was so sorry. . . . I’d bring toys and sit him on the floor, and he’d play with his little toys on the floor.

Brenda found it helpful that students were allowed to bring meals to class when they had no other time to eat. Because she had missed the last week of classes when presentations were made, Mary told of doing her presentation one-on-one and going to a professor’s home to take a test.

Mary summarized the effectiveness of the relationship she enjoyed with faculty as she made her journey through her nursing program in this way:

The classes were the size that we could be comfortable with. . . . The instructors had an open-door policy at all times, so that made it very comfortable. They not only were instructors, but they definitely took on more of a role as, you know, friends, advisors . . . and colleagues, because they were nurses, which they could answer a lot of the questions about the future to come and stuff like that. . . . We were not numbers, we were individuals. . . . And I think the instructors had the view that everyone learns in a different way, at a different pace, and they met us where we were. They didn’t try to say, “OK, this one knows this, and that one knows that.” You all have to move up to each other. They met us where we were, and they got us through. They knew how, and that was the thing that I took away.

CHAPTER 6

SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

Introduction

There is a severe nursing shortage in the United States. One part of the solution to this shortage is to ensure that qualified nursing students complete their programs of study and enter the workforce. Unfortunately, students are often faced with academic adversity. They are not able to overcome the challenges causing this adversity, and they are not successful.

The purpose of this study was to evaluate academic adversity as experienced by nursing students across three levels of nursing education. This study also looked at personal strengths and effective practical behaviors used by recent graduates of nursing programs in overcoming academic adversity. Additionally, this study determined the nursing faculty behaviors that graduates perceive as being most effective in assisting students in overcoming academic adversity and achieving academic success.

Research Design

This study used a qualitative research design with a narrative approach. Participants were identified by deans, department chairs, or faculty as students who faced personal challenges leading to academic adversity during their enrollment in a nursing program, and yet, in spite of the academic adversity, they were able to complete their

program and graduate. The graduates came from four small private institutions reflecting three levels of nursing education. Data for this study were collected through semi-structured interviews. Each interview was audio-taped and transcribed verbatim followed by writing them into story form.

Copies of the interviews and stories were emailed to each participant with a request for feedback to ensure that the transcription and the story were true to the meaning of the conversation. Eight of the 12 graduates responded, and none of the 8 who responded suggested changes in the stories. After verification of accuracy by the graduates, the information was then categorized and put into tables allowing for a determination of themes.

Academic Adversity

Academic adversity is any situation encountered by a student that precipitates the potential for academic failure. The concept of adversity is used and described in research articles (Barends, 2004; Fass, 1998; "South Dakota Youth," 2006). Other studies list and describe reasons for and examples of adversity (Cole & Kinzie, 2008; Hassinger & Plourde, 2005). The concept of academic adversity was formulated, conceptualized, and named as this study evolved.

Studies have determined that certain groups of students encounter challenges that lead to academic adversity (Merrill et al., 2006; Niner, 2006; Smith, 2006). One of the primary causes of academic adversity is being a non-traditional student. Criteria for inclusion in this category include students who work 35 or more hours a week, are financially independent, are attending school part time, and who are single parents (Niner, 2006). Merrill et al. (2006) add students in the military and socio-economically

deprived students from culturally diverse backgrounds. Male nursing students are included in this list by Smith (2006), who explains this inclusion by saying that males in the nursing profession must continually substantiate their masculinity and sexual orientation. Tinto (1993) also formulated criteria for at-risk students in his Model of Student Departure, but these criteria were not related to the non-traditional model. Instead, Tinto found that students who experienced academic difficulties were also at risk.

Conceptual Framework

The framework for this study is at the intersection of three theories. Tinto's (1993) theory of Student Retention proposes that students who feel that they are a part of a community and also feel that they are supported by faculty and/or the institution stay in school and reach their educational goals. Bandura's (1986) Theory of Self-efficacy relates to the self-perception held by students that they can achieve success through perseverance. In addition, Rotter's (1966) Theory of Locus of Control is another avenue through which self-control is exercised by students who achieve success even when faced with adversity.

Tinto (1993), in his theory of student retention, proposed that students' academic persistence is maintained in direct relationship to the perceived support received from the institution. This support is related to the feeling that the student has in relation to how well he is integrated into the fabric of the institution. This fabric consists not only of the academic domain, but also to the more informal, nonacademic domain. Integration depends on the students' ability to interact with students, faculty, and administration both in and out of class. This perception of integration also is dependent upon the students'

perceptions that his individual beliefs, goals, and values are shared with other students and that his goals are compatible with the goals and philosophy of the institution of which he is a part.

Rotter's (1954) Theory of Locus of Control is based on the premise that people respond to their environment in various ways. Responses to situations are said to be either from an internal locus of control or an external locus of control. People with a strong internal locus of control believe that the responsibility for success comes from within. They believe that success or failure is due to their own efforts. People with a strong external locus of control, on the other hand, believe that control of events comes through luck, chance, or powerful others.

Self-efficacy beliefs arise from the theory of Albert Bandura (1986), who wrote that learning is influenced through both personal and socio-cultural feedback systems. Through these systems, a high sense of self-efficacy develops as success breeds success. As more success is achieved, people develop the belief that they have the ability to succeed. People with high self-efficacy feel that they are able to successfully complete difficult tasks.

Findings and Discussion

Research Question 1: In What Ways Is Academic Adversity Experienced by Nursing Students?

Graduates from all levels of nursing education encountered academic adversity, and all were able to overcome the adversity and graduate. Adversity appeared in families and relationships, physical and emotional illness, legal involvement, financial hardship, and academics. Each graduate had multiple risk factors, and often one event triggered

another, forcing students to deal with multiple and varied problems simultaneously. Graduates began telling of one event they considered to be the primary cause of academic adversity. However, as each graduate talked, more and more examples of adversity appeared. As they described how one adversity created another, a description of a cascade of adversity developed.

The majority of students in this study were nontraditional. Studies have determined that certain groups of students may encounter challenges that lead to academic adversity (Merrill et al., 2006; Niner, 2006; Smith, 2006). Even though studies on nontraditional students and determinations of risk factors focus primarily on student attrition, for this paper these studies were not applied to students who were unsuccessful. Rather, they were applied to students who faced challenges leading to academic adversity. Risk factors for failure became risk factors for academic adversity. Many writers have formulated criteria for nontraditional students. Some of these include students who work more than 35 hours a week, are financially independent, are attending school part time, are single parents, are women with children, are students in the military, are socio-economically deprived students, and are male nursing students (Merrill et al., 2006; Niner, 2006; Smith, 2006). Tinto (1993) also writes that students who struggle academically are at risk.

As coding for themes began, the most obvious finding was that family and relationships were intimately involved in the life of every student, and families were the primary source of adversity in many cases. Children of all ages needed care. The needs of pre-school children were demanding. Pre-teens and teens needed vigilant supervision and interested parents. Adult children encountered their own challenges, and these

challenges involved time-consuming interventions of the same parents who were also full-time students in demanding programs of study. Spouses proved to be problematic, especially those reported to be abusive. Parents of most of these graduates were elderly, and they required time-consuming care. Adversities attributable to family problems and relationships are described in the literature. These include difficulties related to finances, disrupted family environment, and single parenthood that necessitated childcare (Merdinger et al., 2005; Merrill et al., 2006; Niner, 2006; Schoon, 2008; Werner & Smith, 2001).

Even though family issues created and perpetuated the need to work, it was a surprise that financial difficulties were never mentioned as a primary source of adversity. For the graduates in this study it was almost as if financial struggle was a given, and going to work was as necessary as going to class. Many worked full time at night and came to class exhausted. Andrews and Wilding (2004) found that financial difficulties negatively impact academic performance.

Sleep deprivation led to stress, fatigue, and physical illness. Fatigue was a large problem for students in this study. This occurred in the students who were single mothers, whose time was spent coping with family illness, or by those whose only option for survival was to work full time. Some students also dealt with personal illnesses. Stress has been linked to physical illness in the literature by McClelland and Jemmott (1980), who studied college students who experienced life-changing events. Both personal and family illnesses have the potential to create academic adversity (Wambach et al., 2004; Werner & Smith, 2001).

Two students dealt with overcoming legal convictions because of poor choices made in the past. These choices can be linked to self-defeating behaviors. Students whose adversities are related to self-defeating behaviors are defined by Baumeister and Scher (1988) as “deliberate acts that have counterproductive effects on oneself or one’s own projects” (p. 24). In this type of behavior, self-management of behavior in accord with personal standards is ineffective, leading to academic adversity (Frayne & Geringer, 2000).

Academic difficulties with the nursing curriculum became a major source of academic adversity for some of these graduates, as did the struggle to overcome past experiences with academic achievement. There was a consensus that the work was hard and distractions prevented adequate preparation time. Others blamed only the difficulty of the material. Academic rigor is essential in the preparation of nurses (American Association of Colleges of Nursing, 2008; Department of Health, Board of Nursing, n.d.). Research has shown that students who are challenged are retained (Margolis & McCabe, 2006; Ofori, 2002; Tinto, 2003), but this theory may not hold for all students.

Not only did students in this study have multiple risk factors, but they also had multiple challenges. No student had only one challenge. The number of challenges faced by each student was astounding. It is no wonder they struggled—all were full-time students and many worked full time, were faced with childcare issues, and/or were forced to deal with their own personal illnesses as well as family illnesses. Research demonstrates that multiple causes of adversity often evolve in a cumulative effect and often come in more than one form of adversity in a short span of time (Andrews & Wilding, 2004; Lacey, 2006; Martin & Marsh, 2003; Wambach et al., 2004). Fischer

(2007) writes that deficiencies in family background, social adjustment, finances, academic preparation, and the ability to adjust to the campus environment may all occur simultaneously in the same person.

Research Question 2: How Do Nursing Graduates Overcome Academic Adversity?

Two separate avenues intertwined to facilitate each graduate's ability to overcome adversity. One avenue came from an internal, personal strength, beginning with the recognition of the problem and ending with resolution and academic success gained from resilience, persistence, a strong internal locus of control, and a strong sense of self-efficacy. Personal values of faith and family were sources of support. The second avenue arose from external help.

Internal sources of strength can be related to Rotter's Theory of Locus of Control and Bandura's Theory of Self-efficacy. Students who exhibit a strong internal locus of control believe that control over all aspects of life comes from within the individual. Likewise, Bandura's (1997) Theory of Self-efficacy is based on the premise that students who are facing academic adversity believe they have the ability to reach their goal of attaining success in a nursing program.

The traits of resilience and persistence are fundamental to the theoretical framework for this paper. Bandura (1997) claims that the determination to succeed arises from achieving progressive successes followed by internalization of responses to successful behaviors. Rotter's (1954) Theory of Locus of Control as well as Bandura's (1997) Theory of Self-efficacy speak to the inner voices that say, "I can do this." Kraft, Rise, Sutton, and Roysamb (2005) studied the relationship between these two theoretical

perspectives, and reported that students who had high scores in both locus of control and self-efficacy proved to be more academically successful than those with low scores in either area.

The concept of persistence is related to both Rotter (1954) and Bandura (1997), who described this phenomenon. All of the graduates in this study demonstrated this persistence, and the process of overcoming adversity began in a similar manner for each one. Even though they used different words, they all described initial motivation as arising from a thought process they called a voice within, self-talk, or a mind-set. As they acknowledged the need for action, they used words such as perseverance and determination to express their drive to succeed. This mind-set was followed by action, and this action began only after an introspective dialogue. These thoughts and their related courses of action reflected each graduate's sense of self-efficacy and locus of control. They knew that success was possible, they knew that they were in control, and they knew what they had to do in order to be successful.

Even though the external and internal sources of help appear to be cleanly divided, there are areas of intertwining. Students who receive encouragement from faculty may internalize the praise, boosting self-efficacy. Pep talks from family, community, or faculty may lead to an increase in internal locus of control. There are also areas where it is difficult to differentiate external from internal. For example, belonging to a faith community can be considered a source of external help. However, this translates into the internal values of faith and spirituality.

External support is experienced through Tinto's (1993) Model of Institutional Departure, which stresses the importance of student involvement at both the formal

academic level and the more informal level of interaction within the institution. One source of external support comes from belonging to a community. Tinto (1982) and Astin (1991) stressed the importance of involvement through ongoing associations with peers. Astin (1999) wrote that study groups often become an important source of community. Nursing classes are usually admitted as cohorts, and all of the students progress through the program together, creating a strong support system. In this study, graduates reported that groups evolved within each class, and these small groups were effective for both academic and social support. According to Bandura (1997), success breeds success. The students interviewed for this study reported that success arose from practical help and encouragement from these small groups. This support from outside the formal academic setting is also related to Tinto's (1993) assertion that belonging to a community assists students in overcoming adversity. If the premise is accepted that success of students experiencing academic adversity will follow both an internal and an external pathway, Tinto's Theory of Student Retention would support the assistance that comes from the external pathway.

Research Question 3: What Nursing Faculty Behaviors Are Most Effective in Assisting Nursing Students in Overcoming Academic Adversity?

Graduates were direct in recommending faculty behaviors that were most effective in helping overcome academic adversity. They appreciated practical and concrete methods of help, and they valued help based on altruistic behaviors. Practical and concrete assistance was seen as help with test-taking and study skills. Altruistic behaviors that encouraged success were caring, compassion, knowing, providing presence, empathy, and fairness.

The graduates in this study agreed that practical help was associated with ongoing and consistent advisement, an open-door policy, communication that was straightforward and direct, and access to faculty contact information. Shelton (2003) found that ongoing personal faculty support and assistance led to success and retention. Tinto (2003) recommended advisement as an effective means of enhancing retention. Astin (1999) recommended frequent faculty interaction as a means of achieving success, and many others reported that faculty assistance with course content is crucial to success (Campbell & Davis, 1990; Courage & Godby, 1992; Hughes, 1988; Parks & Kirkpatrick, 1996; Reed & Hudepohl, 1983; Sherrod & Harrison, 1994).

The most surprising finding related to the answer to this research question came from most of the graduates who wondered how nursing faculty could teach the concept of caring for patients if they did not model that same caring in their relationships with students. All of the graduates interviewed for this study reported that they had felt this caring. They all reported that they had formed strong relationships with their faculty through open, honest communication. Altruistic behaviors that encouraged success were care, compassion, knowing, providing presence, empathy, and fairness. This is supported in the literature by Astin (1999), Frank (1998), Fredriksson (1999), Swanson (1999), and Watson and Foster (2003). The literature also shows that relationships formed through altruistic behaviors create a therapeutic and ongoing relationship between student and faculty (Astin, 1999; McGann & Thompson, 2008; Shelton, 2003). Bandura (1986) links knowing to self-efficacy and stresses the importance of faculty awareness of the students' own perceptions of their ability to succeed.

Recommendations

Students and faculty in all areas of education must be aware that students are often faced with challenges that create academic adversity. When this occurs, everyone involved must take positive and constructive measures to ensure that each student has every opportunity to achieve success. Based on results of this study, the following recommendations for nursing students and nursing faculty are proposed.

Recommendations for Students

The following advice, when given to a student, may help that student overcome academic adversity:

1. If you are feeling overwhelmed with responsibilities and/or unresolved personal problems, realize that you may be at risk for failure. The first step to remedy this problem is to admit to yourself, your family, and your faculty that you have a problem and to let them know you need help.
2. Acknowledge to yourself that you can choose to succeed or you can choose to fail.
3. Reflect on your own inner strengths and analyze your possibilities for action. Realize that you are the one person responsible for your success or failure. Believe that you have the ability to succeed. Rely on personal inner values such as faith and family.
4. Actively seek help from resources outside yourself by becoming actively involved in a community.

Recommendations for Faculty

The following suggestions from graduates who overcame academic adversity may help faculty increase the possibility of success for their students.

1. Communicate with your students by posting office hours, maintaining an open-door policy, and letting students know how they can contact you.
2. Offer practical help by offering extra time for assignments, allowing students to delay testing, helping with the formation of study groups, and giving honest feedback in plain straightforward language.
3. Care for each student with concern and compassion by modeling the same caring that you are teaching. Know your students, provide presence, treat each one with kindness, and be fair.

Further Study

As work progressed on this dissertation, numerous ideas for further research arose. There are so many problems faced by students, and there are so many opportunities for help from faculty, that the number of studies that could be performed are endless. The following list gives only a few suggestions for further research in the areas of overcoming academic adversity, for student retention, and for faculty support:

1. Enlarge the study to include a greater number of participants.
2. Perform the same study using graduates from large public universities and compare results.
3. Perform the same study using students who were not successful and compare results.

4. Use a mixed-methods approach, comparing a quantitative measurement of locus of control with success, and/or a quantitative measurement of self-efficacy with success.
5. Study the role of institutional administration in enabling students to overcome academic adversity.
6. Compare self-efficacy with NCLEX success.

Summary

There is a nursing shortage in the United States that is predicted to worsen in the next 20 years. One way of overcoming this shortage is by responding to the nontraditional student in ways that will help each one overcome academic adversity and reach the goal of successfully completing the chosen program of study.

APPENDIX

APPENDIX A

SAMPLE LETTER AND STUDENT INFORMATION FORM TO
DEANS/DEPARTMENT CHAIRS/FACULTY

September 12, 2007

Dr. _____

Dear _____

I am writing to request your help in recruiting graduates from the class of 2006 or 2007 from _____ College/University to participate in a research project. This project is part of the requirements for completion of a PhD in Educational Leadership from Andrews University.

The primary purpose of this qualitative study is to discover personal coping mechanisms used by recent graduates of baccalaureate nursing programs who faced personal challenges during their course of study. It is anticipated that themes will be discovered which enabled these students to persist in achieving academic success.

This information may then be used to assist other students who are experiencing similar personal challenges leading to academic adversity. The second purpose is its usefulness to nursing faculty, enabling to assist students who are facing personal challenges with the potential for causing academic adversity leading to failure.

I am requesting the names of four to six students who might consent to being interviewed at some time in the next one to two months. Interviews will be audio-taped. Graduates can be assured that all information obtained in interviews will be held in strictest confidence and tapes will be erased after completion of the project.

I have enclosed a self-addressed stamped envelope and additional contact information for your response. Thank you for your help in this project.

Sincerely,

Judy Whedbee MSN, RN, APN

Potential Participants in Research on Academic Adversity

School _____

1. Name _____

Address _____

Telephone _____ Email _____

2. Name _____

Address _____

Telephone _____ Email _____

(Spaces provided for four more names and information.)

Contact Information Judy Whedbee
2923 Walkup Dr.
Knoxville, TN 37918

Telephone
Home (865)688-1632
Cell (865)661-5565
Office (865)251-1891

Email
jwhedbee@southcollegetn.edu
jwhedbee@hotmail.com

APPENDIX B
CONSENT FORM

Andrews University

Department of Leadership and Educational Administration Informed Consent Form

Title: A Narrative Inquiry Using Multiple Case Studies of Nursing Graduates who Overcame Academic Adversity

Purpose of the study: I understand that the primary purpose of this study is to discover personal coping mechanisms used by recent graduates of baccalaureate nursing programs who faced personal challenges during their course of study. I also understand that the second purpose is the usefulness of the results of this study to nursing faculty so that they may be able to assist students who are facing personal challenges with the potential for causing academic adversity leading to failure.

Inclusion criteria: In order to participate, I acknowledge that I must be an adult between the ages of 21 and 50; I must be of sound mind; I must be a graduate of a nursing program in 2006 or 2007; I must have been identified by the dean of my program as overcoming academic adversity in order to succeed.

Risks and discomforts: I accept that I will receive no remuneration for my participation, but that by participating, I will help the researcher and the nursing profession by sharing methods I used in overcoming adversity. In this way I know that I will be helping other nursing students overcome their own challenges and assisting nursing faculty in identifying ways they may help other students.

Voluntary participation: I understand that my involvement in this survey is voluntary and that I may withdraw my participation at any time without any pressure, embarrassment, or negative impact on me. I also understand that participation is confidential and that neither the researcher nor any assistants will be able to identify my responses.

Contact Information: Should I have questions or concerns related to my participation in this research, I understand that I may contact the researcher by telephone at (865)688-1632 (Home); (865)661-5565 (Cell); or (865)251-1891 (Office), or by email at jwhedbee@southcollegetn.edu. In addition, I may contact the advisor, Dr. Shirley Freed by telephone at 1-269-471-3487 or by email at freed@andrews.edu. I have received a copy of my consent for my own records

Participant Signature _____ Date _____
Researcher Signature _____ Date _____

APPENDIX C
INTERVIEW QUESTIONS

The following questions and explanations were included in each interview, although not precisely as stated:

I am interviewing students who have recently graduated from nursing programs. Can you tell me why you wanted to be a nurse?

Would you please share something about your experiences in your nursing program?

Your dean/program director or a faculty member has identified you as a student who had to overcome personal challenges and adversity to achieve academic success. Please tell me about a time when you were facing personal challenges while you were in the nursing program.

How did these challenges affect your academic performance?

How do you think you were able to overcome these challenges to achieve academic success?

Did you feel like you were part of a community?

If so, how did this community affect your progress through the nursing program? How did faculty react to these challenges?

How did your nursing faculty help you through this hard time you were having?

If you could talk to nursing faculty all over the country, what would you tell them they should do to help students who experienced difficulties such as the ones you experienced?

APPENDIX D
TABLES FOR ANALYSIS

Personal Challenges by Category

Problem	Graduate	Details
Death	Tara	Grandmother died Father died--Grief
	Tess	Sister killed in a MVA Did not handle grief appropriately
Personal Illness	Lucy	Liver transplant— immune system effects
	Patrick	Dehydrated in last semester Missed one week of classes
	Tara	GI problems then surgery Missed classes
Family Illness	Barbara	Husband had a heart attack Grandmother dying Daughter had a bleeding disease and had problems with pregnancies
	Mary	Daughter with serious illness
	Rita	Mother Dad
	Tate	3-year old son with heart condition
	Brenda	Husband with severe long-standing diabetes
	Pam	Mother
Marriage/ Relationship	Rita	17-year relationship ended
	Tate	Husband left abruptly
Family Demands	Micki	Mother elderly, Two teens & a tween
	Rita	Multiple—children, parents, new marriage
	Anna	Brother with problems
	Brenda	Son with marriage/divorce
	Barbara	Grandchildren
	Tate	Single Parent
Job	Brenda	Job loss when programs discontinued
	Micki	Worked too many hours
Legal issues	Micki	Legal issues
	Patrick	Legal issues
Academic Issues— Past	Pam	Special ed in high school
	Mary	Special ed in high school
Academic Issues— Recent	Patrick Anna	Academic difficulties—struggled Test-taking skills, grades
Financial	Brenda Micki Pam Tate	

Personal Challenges by Graduate

Name	Details
Barbara	Husband had a heart attack Grandmother dying Daughter had a bleeding disease and had problems with pregnancies
Brenda	Husband with severe long-standing diabetes Job loss when programs discontinued Son with marriage/divorce Financial
Lucy	Liver transplant—immune system effects
Mary	Daughter with serious illness Special ed in high school
Micki	Mother elderly Single parent Worked too many hours Legal issues Financial
Pam	Special ed in high school Mother sick Financial
Patrick	Dehydrated in last semester Missed classes Legal issues Academic difficulties—struggled
Rita	Mother--sick Dad—Sick 17-year relationship ended Single Parent Son suicidal New marriage
Anna	Brother with problems Test-taking skills, grades
Tara	Grandmother died Father died--Grief GI problems then surgery Missed classes
Tate	3-year old son with heart condition Husband left abruptly after 6 years of abuse
Tess	Sister killed in a MVA Did not handle grief appropriately Family struggled

Academic Adversity (Direct Quotations)

Code: Family *Illness/Grief* Self-defeating Behavior/Legal *Financial Academic*

Name	
Barbara	<ul style="list-style-type: none"> • <i>Tia had problems with her bleeding. And she's been through births</i> • <i>my Grandma was real sick--I spent a lot of time on the road to Florida.</i> • <i>And my Mom was sick, so she couldn't take care of my Grandma</i> • I was gone every free day I had. • <i>Dennis having ahead emergency triple bypass.</i> • when my son went through a bad period there when he had gotten married, and then they were divorcing,
Brenda	<ul style="list-style-type: none"> • <i>my husband had a heart attack,</i> • <i>he had had diabetes all of his life</i> • <i>my husband was just so very ill</i> • <i>I didn't really have to worry about the finances until the very end</i> • <i>I was driving from Cleveland to Atlanta every day, and then on Tuesdays I could get off early to go to classes at Southern, but then I had to work Saturdays to make up that time.</i> • <i>I was working almost, you know, 6 days a week, and going to school, and so that was a lot of work. Plus my husband, because of his diabetes did not drive,</i> and so I would have to either get him to a hospital in the morning before I'd drive down to Atlanta, and then he would have to wait until I got home to pick him up. • it just seemed that every time I got up and running, there was just something that brought me down • my own children—serious problems • had my car accident • <i>and then my husband died</i> • I had personal barriers, financial barriers, spiritual barriers, family barriers,
Lucy	<ul style="list-style-type: none"> • <i>I had a liver transplant</i> • <i>I still have problems. I don't have problems necessarily with the liver complications for that, but it's just I'm on immunosuppressants, so my immune system's already down, and then on top of that, it just makes me tired. I just get sick easier,</i> • I had my challenges, • <i>when I get really tired I get sick.</i> • My Dad his family were always worried that I was going to get more sick being a nurse, and you can't make a difference because you're sick. They really discouraged me from that • had the lab work when I was in school. • <i>I had to go to Pittsburgh every year.</i> • <i>I saw my doctor every few months</i>

Mary	<ul style="list-style-type: none"> • <i>So prior to the last 2 weeks my daughter, who was 6, developed a fever one night, and it went to 104 right away. she had right lower lobe pneumonia</i> • <i>And she was very sick She was in there for a total of 14 days</i> • I faced a lot f of academic struggles in high school. • I got married at 19, had a child at 22, and you know, that adds on, you know. It makes it hard when you go back to school
Micki	<ul style="list-style-type: none"> • I think I just didn't realize how much time was going to be involved in it. Between having to take care of my court obligations, court • keep everybody happy and • be the mother and the daughter, the girl friend at the time. • <i>my mother was with me, and she's almost 80 now, so at that point—she was 75-76—she needed to have care</i> • <i>my husband, and I had to deal with his heart attack,</i> • <i>and then my son was ill,</i> • 20 30 hours is what it averaged out to be, but • I was having to see a probation officer, originally weekly, and then monthly, then I had to do drug screens also, drug screens and all that stuff, and I had to go to court, and they had to monitor how I was doing, and so, those obligations took time
Pam	<ul style="list-style-type: none"> • I've got two special-needs children that I'm going to have to take care of for the rest of my life. • <i>my daughter is mentally retarded, my son is ADHD, OCD, you name it, he has almost any psych disorder you can imagine.</i> • They expect a lot, and they don't understand why Momma's gotta do this, or Momma's gotta do that. • <i>She was diagnosed with stomach cancer about a year and a half ago while I was still in the program.</i> • I was the one they called for all the advice because I was the nurse. And I kept telling them, "Yeah, I the nurse, but I'm also the daughter." It's really hard to be objective. • <i>I would just have to stop what I was doing and go check on her.</i> • I would have probably been voted less likely to succeed. • "You can't, you're not smart enough, you're always going to be somebody that works in fast food. . ." • <i>I had to pay most of my way through school, you know, and it was hard. I had to get loans toward the end, for the simple fact that that last quarter, I think I worked one day.</i>

Patrick	<ul style="list-style-type: none"> • when I got into the nursing program, it was the critical thinking that kind of got me. I'm still working on it. • I don't know. It's like I don't get it sometimes • It's like I can walk through it in my mind. I can tell my instructor what I want to say, but I just can't put it on paper. • Whew, it really brought me downhill • My challenge came back to when I was younger I got into some trouble with some things. And so, things were found on my background check that I was not aware of. I had never had trouble getting a job, I had been working in health care for 8 years prior, and it came down to something with my fingerprint record. And come to find out, of course I'll tell more, by the end the law enforcement agency discovered it was their fault for not following through. And judges orders, magistrates orders, when I was a juvenile. And I had to go through a bunch of stuff to get that cleared up. • I guess it was just one of those things kids sometimes do. But, yeah, that's when I discovered that all my dreams of being a nurse could. . . • legal stuff • It took a lot of time. I had to get a lot of letters, 20 or 30 letters • <i>And the last semester I was even really sick another time, and I had an emergency and I got dehydrated. I was out for a week, all the legal stuff, just stuff after stuff, and my family said, "It doesn't matter."</i> Especially everything in the last semester. • I could have studied more, but I was working 30 hours a week.
Rita	<ul style="list-style-type: none"> • I had children young • on my 16th birthday • he had control over me. • <i>Sick parents</i> • I was stupid, he was smart. It was that kind of situation • Like now there's three of you, one more and <i>you may collapse.</i> • <i>I still get depressed. Depression is one of the things that has stuck with me through all off it</i> • You know, I went through 4 years of hell,
Anna	<ul style="list-style-type: none"> • the hardest part is when I had to take the tests. • just had a hard time adapting to the tests • I always got like 72, 74, and you had to have like a 75 to pass. So I had a hard struggle. • you kind of focus more on family issues that would take away from studying and trying to focus.

	<ul style="list-style-type: none"> • I had some issues with my brother.
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Tara	<ul style="list-style-type: none"> • <i>Between family health and my health and the deaths, that was a little trying.</i> • <i>I had surgery the summer before,</i> • <i>I lost my Grandma my first semester, my Dad got really sick my second semester, and I had to drop that semester, and then my Dad died my third semester.</i> • <i>I got sick in my second semester when I re-took my second semester, so it was technically my third semester. The second semester, again of nursing, I got pneumonia, and so I had to struggle with that.</i> • <i>And so after my Dad had passed away, we had some family issues to settle with his estate, and that kind of thing. And it was very difficult.</i> • it is very difficult • It's very hard • the program here
Tate	<ul style="list-style-type: none"> • at the beginning of my second year, my husband decided that he was done, and he left. • he left me in the week of finals, • I have a pre-schooler. . . He fell apart • even if I want to quit, I can't afford to, I can't afford my payments. • "He is trying to ruin my entire life. I'm not going to let him ruin my career." • my son started having some health problems. We found out he has WPW (???Parkinson White). And so that was like going on the whole time. • I'm getting a divorce, my son's getting sick, and we're going to a cardiologist and he's 4,
Tess	<ul style="list-style-type: none"> • my sister died when I was in nursing school • she was 18 years old, • she was killed in a car accident • She was my best friend, and I haven't been able to find, not that I would ever find anybody that would replace that, but even to come close to the relationship we had. And I haven't even found that in another girl friend. • Mentioned death of aunt? Grandmother? Grandfather in the space on 1 ½ yrs

Table for Analysis: Self-efficacy

Code: Family *Faculty* *Faith* Self Other

Name	
Barbara (Margaret)	<ul style="list-style-type: none"> • I always just went on and done it, • when there was something to do, I just did it. • I just did it. • I would just try to deal with it. • No, you tell me what I gotta do, and that's what I'll do," and that's exactly what I did. • I do what I gotta do
Brenda (Linda)	<ul style="list-style-type: none"> • I think I didn't give up because my husband kept telling me, "See, there are no coincidences." Bad things happen to make us better, and we learn from these things • <i>I thought, how could I ever give up because they looked at me as a pillar of strength during hard times, and if I gave up, that would also overflow to them and they might also give up</i> • I had personal barriers, financial barriers, spiritual barriers, family barriers, but I think I just had that over-riding goal that I wanted to complete that on my own for me, uh, to gain, not the respect because of the degree, but the respect because I did it. • So I learned a lot from that experience, and what I learned from that experience was that, uh, it doesn't matter which path you take. <u>The only point is to eventually get there. Complete what you started.</u>
Lucy (Susie)	<ul style="list-style-type: none"> • I don't think I ever would have given up because I knew that. . .I know that nursing is what I'm supposed to do. • Like I know stuff that I was taught to do, and where I need to be, but you know, you get frustrated, and it's real difficult and you get discouraged, but just like your discouraging days and your bad days at work, you still have your good ones that are well worth it, and you know. . . • <i>Because I know God's called me to a purpose.</i> I know that that's the main reason. One thing that kept me going, because I couldn't have done it without Him, • but you know, I had my friends and my family encouraging me and they knew how strongly I felt about what I was doing. • Determination • I didn't have another option. Not that I couldn't have quit and went and done something else, but I was going to do it, do or die. You know, so I had put my mind to it, and I'm going to do it, and nobody's going to stop me.

Mary	<ul style="list-style-type: none"> • I was willing to do whatever. • personally, I learned that our trials can come at any time, and it doesn't matter where we are in life, it don't matter how hard we work. • Everyone has problems, everyone has issues they have to work through. And I really think that it taught me and prepared me as a nurse now to look at my patients and my clients in a way that, you know, they're going through issues, • I'm the type of person, I have to have a challenge. • And how many people would have had your problems, and said, "I give up." I think a lot of people would have. And I think it's only because they haven't heard the voice inside themselves that says, "You can do this, even if you have to wait another year." And you're still going to come back, and you're still going to do it.
Micki	<ul style="list-style-type: none"> • And, you know, you manage to find a way • you can look at it and say, "This is what I'm going to do now. You know, don't fuss around, don't watch TV (laughs), don't take a long bath." You just had better do it and you'd better do it now. • If it meant taking it to work with me and doing it on my lunch break, you know, I did it on my lunch break. • You sit down and see what you have to do and how you can divide it up, and where you can fit in time to do this and do that. • . So I think just keeping a systematic approach, taking one day at a time
Pam	<ul style="list-style-type: none"> • I was in the mindset that I was going to go as far as I could in nursing, • And I'm one of those that, you're never too old to learn. You're never too old to learn. Yeah, when I decided to become a nurse, I thought, "I can do this." • once I got married, the shyness went out the door, and I found my voice, and now that I found that voice, I've kind of just said, "I can do this. It might be a little hard in areas, but I can do this." • just kind of evolved, and I've gone with it. I got tired of hearing, "you can't do that, you know." And some people do that, they think if someone tells them they can't do it, then I guess I really can't do it.
Patrick	<ul style="list-style-type: none"> • . But I decided I was still going to persevere, push on. I've come this far

	<ul style="list-style-type: none"> • I could definitely tell them that they could persevere, and that I met the challenges. • but finding it in you deep down, deep down, it all balances out. • I think a lot of it is just perseverance. I think that most of it is that when you want to quit, you just have to somehow find it in you to keep going • Perseverance, I guess. Just to keep on going. There are times, you know, when you hate it, and you don't want to go through it.
Rita	<ul style="list-style-type: none"> • when I got into school, I was maturing. I seen that other people cared about my opinion, so I started to grow. • I had to prove to myself that I could do this. • And just because life is dishing out rocks, doesn't mean I can't make beauty. • life is what you make it • come here, did my best, did what I had to do.
Anna	<ul style="list-style-type: none"> • I always believe that there's things that would happen, and it always makes you stronger. • I just, you know, being a nurse was always my dream, so I just kept on going on.
Tara	<ul style="list-style-type: none"> • No I did it for myself. You just get to the point where it's going on over and over and over again, and you just want to give up • I realized <i>over the whole course, too, that God has a plan. And if I want to do this so much, then that's God's plan.</i>
Tate	<ul style="list-style-type: none"> • this was my dream, and he knows that, and, I just felt like I wasn't going to let him take that away from me as well. • You know, my marriage, and my family falling apart, so I wasn't going to lose my career. • I'll be darned if I'm going to let that (Laughs)-- • When I was a little girl, my dad used to say to us, "You're an Estella, you can do this." When we'd get scared about something. • And you know, I said, "Somewhere in all of this being married, and all the issues, and somehow I forgot that. • I was like, you know, I just need to buck up here, and we can do this. • I felt like I didn't want him to beat me. I didn't want him to beat me down that far that I just couldn't finish my goal, and I think the practical side of it, too, was like, • "I can survive this horrific year, this last year, because life will get better." • If it just hadn't bee sheer determination I would have quit because I was so physically tired. • determination, I think • Anger—I was filled with fire, there. I was really angry, you know.

Tess	<ul style="list-style-type: none">• I've always been very driven and taken on too much• I have a lot of friends• and I've encountered a lot of people that have not really had as bad as life happenings and they just sort of give up. And I just wonder, "Why are you giving up?" You know, you could do this. I've been through worse, you know, and. . .• take each day as it comes and deal with it daily.• I don't know if it's just my personality or if it's my parents' example• they've always been really driven, and getting things done, and focused on that. I don't know if I get it from them, or if it's just my personality, where if I start something, I have to finish it or it drives me crazy.
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Table for Analysis: Locus of Control and Self-efficacy (Direct Quotes)

Name	
Barbara	<ul style="list-style-type: none"> • I always just went on and done it, • when there was something to do, I just did it. • I just did it. • I would just try to deal with it. • No, you tell me what I gotta do, and that's what I'll do," and that's exactly what I did. • I do what I gotta do
Brenda	<ul style="list-style-type: none"> • I think I didn't give up because my husband kept telling me, "See, there are no coincidences." Bad things happen to make us better, and we learn from these things • I thought, how could I ever give up because they looked at me as a pillar of strength during hard times, and if I gave up, that would also overflow to them and they might also give up • I had personal barriers, financial barriers, spiritual barriers, family barriers, but I think I just had that over-riding goal that I wanted to complete that on my own for me, uh, to gain, not the respect because of the degree, but the respect because I did it. • So I learned a lot from that experience, and what I learned from that experience was that, uh, it doesn't matter which path you take. The only point is to eventually get there. Complete what you started.
Lucy	<ul style="list-style-type: none"> • I don't think I ever would have given up because I knew that. . .I know that nursing is what I'm supposed to do. • Like I know stuff that I was taught to do, and where I need to be, but you know, you get frustrated, and it's real difficult and you get discouraged, but just like your discouraging days and your bad days at work, you still have your good ones that are well worth it, and you know. . . • Because I know God's called me to a purpose. I know that that's the main reason. One thing that kept me going, because I couldn't have done it a. without Him, • but you know, I had may friends and my family encouraging me and they knew how strongly I felt about what I was doing. • Determination • I didn't have another option. Not that I couldn't have quit and went and done something else, but I was going to do it, do or die. You know, so I had put my mind to it, and I'm going to do it, and nobody's going to stop me.

<p>Mary</p>	<ul style="list-style-type: none"> • I was willing to do whatever. • personally, I learned that our trials can come at any time, and it doesn't matter where we are in life, it don't matter how hard we work. • Everyone has problems, everyone has issues they have to work through. And I really think that it taught me and prepared me as a nurse now to look at my patients and my clients in a way that, you know, they're going through issues, • I'm the type of person, I have to have a challenge. • And how many people would have had your problems, and said, "I give up." I think a lot of people would have. And I think it's only because they haven't heard the voice inside themselves that says, "You can do this, even if you have to wait another year." And you're still going to come back, and you're still going to do it.
<p>Micki</p>	<ul style="list-style-type: none"> • And, you know, you manage to find a way • you can look at it and say, "This is what I'm going to do now. You know, don't fuss around, don't watch TV (laughs), don't take a long bath." You just had better do it and you'd better do it now. • If it meant taking it to work with me and doing it on my lunch break, you know, I did it on my lunch break. • You sit down and see what you have to do and how you can divide it up, and where you can fit in time to do this and do that. • . So I think just keeping a systematic approach, taking one day at a time
<p>Pam</p>	<ul style="list-style-type: none"> • I was in the mindset that I was going to go as far as I could in nursing, • And I'm one of those that, you're never too old to learn. You're never too old to learn. Yeah, when I decided to become a nurse, I thought, "I can do this." • once I got married, the shyness went out the door, and I found my voice, and now that I found that voice, I've kind of just said, "I can do this. It might be a little hard in areas, but I can do this." • just kind of evolved, and I've gone with it. I got tired of hearing, "you can't do that, you know." And some people do that, they think if someone tells them they can't do it, then I guess I really can't do it.

Patrick	<ul style="list-style-type: none"> • But I decided I was still going to persevere, push on. I've come this far • I could definitely tell them that they could persevere, and that I met the challenges. • but finding it in you deep down, deep down, it all balances out. • I think a lot of it is just perseverance. I think that most of it is that when you want to quit, you just have to somehow find it in you to keep going • Perseverance, I guess. Just to keep on going. There are times, you know, when you hate it, and you don't want to go through it.
Rita	<ul style="list-style-type: none"> • when I got into school, I was maturing. I seen that other people cared about my opinion, so I started to grow. • I had to prove to myself that I could do this. • And just because life is dishing out rocks, doesn't mean I can't make beauty. • life is what you make it • come here, did my best, did what I had to do.
Anna	<ul style="list-style-type: none"> • I always believe that there's things that would happen, and it always makes you stronger. • I just, you know, being a nurse was always my dream, so I just kept on going on.
Tara	<ul style="list-style-type: none"> • No I did it for myself. You just get to the point where it's going on over and over and over again, and you just want to give up • I realized over the whole course, too, that God has a plan. And if I want to do this so much, then that's God's plan.
Tate	<ul style="list-style-type: none"> • this was my dream, and he knows that, and, I just felt like I wasn't going to let him take that away from me as well. • You know, my marriage, and my family falling apart, so I wasn't going to lose my career. • I'll be darned if I'm going to let that (Laughs)-- • When I was a little girl, my dad used to say to us, "You're an Estella, you can do this." When we'd get scared about something. • And you know, I said, "Somewhere in all of this being married, and all the issues, and somehow I forgot that. • I was like, you know, I just need to buck up here, and we can do this. • I felt like I didn't want him to beat me. I didn't want him to beat me down that far that I just couldn't finish my goal, and I think the practical side of it, too, was like, • "I can survive this horrific year, this last year, because life will get better." • If it just hadn't been sheer determination I would have quit because I was so physically tired.

	<ul style="list-style-type: none"> • determination, I think
<p>Tess</p>	<ul style="list-style-type: none"> • I've always been very driven and taken on too much • I have a lot of friends • and I've encountered a lot of people that have not really had as bad as life happenings and they just sort of give up. And I just wonder, "Why are you giving up?" You know, you could do this. I've been through worse, you know, and. . . • take each day as it comes and deal with it daily. • I don't know if it's just my personality or if it's my parents' example • they've always been really driven, and getting things done, and focused on that. I don't know if I get it from them, or if it's just my personality, where if I start something, I have to finish it or it drives me crazy.

Table for Analysis—Community and Faculty Support

Code: Family *Faculty Faith*

Name	
Barbara	<ul style="list-style-type: none"> • family • they all helped me • get to the school like and hour or 2 hours early, • we set aside a place for me to study • when I wrote my paper • I had my babies when I was a baby, so, and I went through a lot before I ever started to school. And I think part of that probably helped me, too, because. • he helped me learn that I had things that I could offer people, too. He just talked to me, and every time I said I couldn't do something, he said, "Now why'd you say that?"
Brenda	<ul style="list-style-type: none"> • the instructors, the dean, Polly, • the encouragement, the other classes • working with people in a department outside of nursing, • encouragement from them • the fact that I was able to get good grades • my husband was very supportive • I'm passionate about working with people with diabetes, and I felt I would not be able to continue doing that as time went on because of the fact that I did not have the degree I needed. • <i>I guess I kind of bargained with God.</i> • I think I didn't give up mainly because I could feel that the school faculty and other students had a vested interest in my personal accomplishments. • I found that I could always go and talk to one of the faculty. It just seemed like the one that was available that day was the exact right one. I'd show up at the school, just kind of wandering down the hall, and someone would show up and say, "You look like you need a friend." And they'd just pull me in, and we'd pray together,
Lucy	<ul style="list-style-type: none"> • And I had to talk to my doctors and nurses, and said, "Can I do this, or can I not?" And they gave me nothing but encouragement, and they said if that's what I wanted to do, then go. • Our class was really close, you know if you miss, "hey, let's sit down and go over notes, test questions, things like that." There were 50 who started out in our class, and we graduated mid-40's • My Mom has always said, "You can do whatever you want to do. Whatever you set your mind to." And so that's when I was just like, "you know, Fine. I'm going to make sure, Of course, I wanted to make sure I was medically OK, to do it, because they raised a valid point, but at the same time, "Why would you discourage the dreams of your little girl?"

Mary	<ul style="list-style-type: none"> • So how did you handle it? my advisors, my instructors Honestly, through prayer • <i>that's what got me through it, were the instructors and my faith</i> • classmates. They actually even took up money out of their own pockets. Now we're talking about students who are eating peanut and butter and jelly for four years, and their children are going without, and they took the last dollars they had, put it into a jar so that they could bring gifts to my daughter, and to help pay for food while we were in the hospital for 14 days.
Micki	<ul style="list-style-type: none"> • if it hadn't been for that family support system I think it would have been a whole different story. • My mom helped me, and we started doing schedules on the refrigerator, and just one day at a time • I would get up at 2:30-3 o'clock in the morning and studying from then until 5:30 or 6 when the kids had to get up for school, • we did a lot of crying and a lot of soul-searching and I apologized to them, and I told them if they would just bear with me, and help me get through this that it would be worth it in the long-run. And they did.
Pam	<ul style="list-style-type: none"> • my classmates that were having a hard time, we kind of helped each other • But I wanted to figure out a way that I could accomplish it, but I knew if I needed it, it was there. • I did have support, but mostly through my siblings, not so much my children, because my children, they don't understand
Patrick	<ul style="list-style-type: none"> • <i>A lot of prayer. I attend church. A lot of prayer</i> • my immediate family does. They told me to push on and push on, and we're going to win this, and eventually we did. • just a lot of talking, and they let me talk when I needed to talk. • My Mom went to the counselor with me, and overnight trip.
Rita	<ul style="list-style-type: none"> • it makes you a completely different person. It really does. • nursing school brings out a lot in you. It does mature you. • The critical thinking skills, and just the way it forms your mind, it's not just through nursing, it's through all people, • it's through yourself, your family, your peers, and it really does. . . it's a changing experience. • And it did, it just changed everything,
Anna	<ul style="list-style-type: none"> • I found different ways like study groups, and stuff like that
Tara	<ul style="list-style-type: none"> • I went to one here at school, and then I went to one on my own that helped • I had a counselor. I went to a grief counselor, and I had check-ups every 2 weeks after I got sick, so I didn't get sick again, and that kind of thing. • The grief counselor helped,

	<ul style="list-style-type: none"> • I talked to tutors then • to see what I could do to improve my test scores, and how to improve my study habits, and that kind of thing. • I talked to tutors then, because it was hard, and I'm not a very good test-taker at all, • so I talked to different people outside of the counseling, • and then they referred me here to school to talk to some people and that kind of thing. • I didn't meet with her one-on-one, I met with other people as well, but it was just lots of things. • I watched videos on how to take a test, I read the books on how to take a test, and that kind of thing. And that really helped. Once I did those different things that they said would help, and they did, my test scores did go up. • My family didn't let me do it, though. My husband was really supportive, and my Mom. • Oh, my Mom would have strung me up. (Laughs)
Tate	<ul style="list-style-type: none"> • I have very wonderful parents • they would come and help me out. • I had a boss that was willing to put me back to part time so I could have insurance, and she let me self-schedule, so I was pretty decent in there, and then the clinical sites, • <i>I was really blessed</i> • County Health Department, and they were wonderful • <i>So I was really blessed</i> • <i>God blessed me</i>, because I've had people tell me that, you know, that they were divorced when they were in school, and basically they were made to quit, and I was real blessed that that did not happen to me , • Did you tell? Yes, and they were very supportive • some of them would hug me, and some of them would say, "If you need extra time, let me know." • They would say, "We are praying for you," and <i>they would pray for me in staff meeting, and they told me about it. That was very sweet of them.</i>

Help from Community

Code: Family *Faculty* *Faith* Institution *Classmates/Others*

Name	
Barbara	<ul style="list-style-type: none"> • Because everybody talked to everybody. • we all talked • I think so because everybody intermingled
Brenda	<ul style="list-style-type: none"> • And I think the cards, the letters, the phone calls I got from my faculty, students, the emails, the invites to join in on things are just so uplifting and encouraging. • I can't even give up in that area even though I'm through technically with them, but I don't think you ever leave that community in the school.
Lucy	<ul style="list-style-type: none"> • There are just a few of us . . .so we were really close • we had a really close class, and we stuck together. • How you overcame whatever you needed to overcome—my family and my friends • I guess it's mostly the support system was one thing I had, you know, my friends backing me up and understanding when I couldn't always do things or hang out with them because I was studying or doing care plans. You know, they were always supportive,
Mary	<ul style="list-style-type: none"> • They helped me just as much as the instructors. They actually even took up money out of their own pockets. Now we're talking about students who are eating peanut and butter and jelly for four years, and their children are going without, and they took the last dollars they had, put it into a jar so that they could bring gifts to my daughter, and to help pay for food while we were in the hospital for 14 days • felt community • We had a great group. You know, people have bad days, but I think all in all it was a tight group, and I think that helped get us through, also. • school feel like a community at all • It did, because no matter how high the hierarchy a person was, you could feel comfortable going to anyone • I felt comfortable if I needed to talk to the dean of the school, if I needed, you know, advice on something.

Micki	<ul style="list-style-type: none"> • Study group, you know, the times you might think that one of us was down, the other person in that community would say, “Listen, I did this last week, I ironed it out, this is what you and I are going to do together.” • There may have been some little groups, if somebody was really struggling, there was always somebody else there that was willing to help, and I think that made a huge difference. • There were none of these cliques that you see in high school. • And so many people stepped up to the plate to help other individuals. • sometimes I think my life was bad, but other times I think I have the most wonderful life in the world, no matter what I was going through at the time. So I would not have had that experience if I had gone anywhere else. • he was willing to take the time to talk to us, too. • it made me want to come to school • sometimes it was my relaxation, when I came here. . I mean sometimes my home life is always harder than anything else that we deal with. • You know how when people get together, they’re always talking about some policy and their employment? I didn’t hear that. Everybody was just so close-knit, it was hard to describe. • It was very much a family, and everybody seemed to get along so well. • It wasn’t just us, it was teachers, the staff, I think everybody. • It was one big family. It wasn’t just the students and the faculty, it was the school. • It was the school atmosphere
Pam	<ul style="list-style-type: none"> • I felt like, even though I wasn’t an RN yet, they made us feel like we were a part of that unit already without the official title and license. • I had friends that worked in the offices, and they always asked me how I was doing, or, you know, so I felt like it was a well-knit community as far as I knew where I could go if I needed this, or I knew where I could go if I needed that, • and the library was awesome, somebody was always there.
Patrick	<ul style="list-style-type: none"> • Oh, yeah. I always felt like I belonged. • They had the. . .if one of us fails, we’re all making it together. • They helped with studying and stuff • you could just talk to anyone.
Rita	<ul style="list-style-type: none"> • the staff here are for you. They would do anything for you, anything for you • eventually I found God.

	<ul style="list-style-type: none"> • he'd say, "Scarlett, you're doing this. You can do this. You're bright." • being able to cry with somebody that you knew cared, that's a big difference • it's always nice to have that one person to stand behind you and nudge. And he was that one person, and everybody should have that. • There was a small group. There was It was us. That's who it was. • I'm not a real cliquy person. I'm not a person that goes in a group. • I kind of get along with everybody. • Not everybody knew what was going on with me.
Anna	<ul style="list-style-type: none"> • I thought it helped, because if a person was sick, and all, then others would always help out. • It made a difference, • I mean, sometimes other schools don't help. And they would pray for you, and when you're coming to a college where it's Christian based, you know they will support you and pray for you, and actually, the teachers here always. . .
Tara	<ul style="list-style-type: none"> • We didn't have a big group. There was just 2 or 3 of us at a time, but we had the same learning style, and learning abilities, too. So we really fed off each other, she wasn't a very good test-taker, either, and another girl that we worked with, too. Mostly there were just 2 of us at a time, and we got through the whole thing together that way. • All the teachers are willing to help you, no matter what. And even if they're not your teacher and they don't know you, their doors are still open if you need help with something. • Even if it's a nursing paper, you could go to an English professor, and they would help you. • You get close to some of the professors, too, and then they help you along the way, too. • Or if they can't help you, they'll find you help. I found that, too.
Tate	<ul style="list-style-type: none"> • I had a lot of girl friends, who would many times when my husband cancelled out on me, you know, I mean, they would say, "Oh, I'll watch him, don't worry about it." Or they'd watch so I could sleep, and that was just wonderful.
Tess	<ul style="list-style-type: none"> • <i>my main focus through all of this was relying on God, and being in a Christian school helped a lot.</i>

Table for Analysis—Help from Faculty

Name	
Barbara	<ul style="list-style-type: none"> • everybody was real good about working with me. • I was always able to go and talk.
Brenda	<ul style="list-style-type: none"> • They were just very, very supportive. They made things available for us, they started doing a lot more on-line. • They went out of their comfort zone to set up web-sites and help us succeed even if we weren't able to get to the campus. • They made it easy for us, we could bring dinner to the classroom, uh, we had a lot of. . .we got very socially involved. • I think I didn't give up mainly because I could feel that the school faculty and other students had a vested interest in my personal accomplishments. • I found that I could always go and talk to one of the faculty. It just seemed like the one that was available that day was the exact right one. • You know, I'd show up at the school, just kind of wandering down the hall, and someone would show up and say, "You look like you need a friend." And they'd just pull me in, and we'd pray together,
Lucy	<ul style="list-style-type: none"> • They knew about my medical problems, and I had to be very straightforward with that. I didn't want to say, "Hey I've had a liver transplant, so go easy on me." I didn't do that. • But for clinical purposes, when they were assigning patients, they had to be careful. And they were good about that. And if I got assigned a patient that they didn't realize something was going on, they were good to re-assign, or we could pick another patient, but I guess, you know, they didn't give me any sympathy or anything, but they, they understood, too, why, you know, medically why, I couldn't be doing something, or be there, you know, in the middle of something. • I mean, it wasn't like they were any easier on me, but I guess they gave me the same grace period they would give other students, but, I guess the difference was that they knew I wasn't just not coming to class—that I was sick. • But they weren't easier on me school-work-wise or anything like that, but they were, they would give me enough time to make it up. • My professors called to check on me to check on me on a couple of occasions, you know. They were concerned about me. They weren't real sure what was going on, and you know, having a liver transplant student was new to them, too.

	<ul style="list-style-type: none"> • they were really good to work with me. • one of the nursing faculty I know before—we went to church together—and I knew her before I was there And she was very understanding of what went on. • I told her, this is what I really want to do— • and she said, “Well, just call ‘em • she was very encouraging, you know with my classes, and if I had a problem, if I needed, “you know, I don’t get this. How can I approach it differently?” And even, you know, she was one of my references when I applied for jobs,
Mary	<ul style="list-style-type: none"> • the instructors were, had an open-door policy at all times, so that made it very comfortable. • They not only were instructors, but they definitely took on more of a role as, you know, friends, advisors, you know, and colleagues, because they were nurses, which they could answer a lot of the questions about the future to come and stuff like that. • the instructors had the view that everyone learns in a different way, at a different pace, and they met us where we were. They didn’t try to say, “OK, this one knows this, and that one knows that.” You all have to move up to each other. • They met us where we were, and they got us through. They knew how, and that was the thing that I took away. • that’s what got me through it, were the instructors and my faith. • they responded back with calls and said, “Absolutely do not worry about this. We’re going to walk you through this.” • They didn’t cut corners. I had to do everything everyone else had to do. • All of my instructors taught us empathy, and I think that’s what I’ve learned more than anything
Pam	<ul style="list-style-type: none"> • Because everyone always made a point, “My door’s open. . .” • We always had phone numbers, emails, and there was always a way to contact faculty if we needed it.
Patrick	<ul style="list-style-type: none"> • xxxx helped me out tremendously with that process. (legal) • Mentored me, talked to me, told me to keep on going regardless of what happened. • Finish regardless whether the board of nursing lets you sit or not. • Finish • She understood that things happen, • She just allowed me a little room. A little room to go through that process myself. Either grieve or mourn, or just talk to her and vent, or . . • A lot a lot of lenience for me. • If I needed a day off, they allowed me to test later or test another day. They gave me that opportunity. Or if I needed to miss a clinical or to leave a half a day to go to the court house to do stuff

	<p>that I really needed to do, or just a little bit of room.</p> <ul style="list-style-type: none"> • I did think about not telling faculty, but I kind of always knew I should tell some people • I knew that J. was one of those who was very professional, and she'd probably heard it from other students over the years.
Rita	<ul style="list-style-type: none"> • was always there to listen, to guide, she always gave advice, and she gave opinion in an advice manner. • She would say, "I could tell you this, this, and this, but what good is that going to do?" • C. was here for me, too, but I have to say J. was here for me more because I just felt that she was so straightforward for me that I knew that if something was going on and I needed the truth, I didn't want somebody to sugar-coat it. • I just wanted them to flat-out tell me how I could get back in gear, and if I needed that, I would come to her. I mean that's how she helped me, • they helped with guidance, they've helped keep me on track • Having somebody here that's outside of the circle of my life helped put things in perspective, because it's a third party. They're outside of the box. So you get different views on things, and that helps you solve your problem, and • it also helps you think in different ways which helps you grow. • I think they're here for you. • They really want to help you. • It's not that superficial, "I'm here for you if you need me, OK." And then when you come and talk to them they don't listen to a word you say and can't tell you anything. • my religion teacher, and I would go and speak with him, and he was very good at giving guidance in spirituality and things like that • I don't think that they would have understood. They wouldn't have been able to help me. They wouldn't have been able to understand what was going on. • I mean they can't help you through the program if they don't know what's going on in your life. • I couldn't have. . .but see, I didn't wait until I was about to fail. I had this stuff going on right at the beginning and all the way through.
Anna	<ul style="list-style-type: none"> • They have me more time, to you know, take a test. • They were very supportive with my problems that were going on • they took the time to let me take care of problems first • they said, "Just do it this way." • They tried to fix the problems • just try to be there • they'd give you a hand.

<p>Tara</p>	<ul style="list-style-type: none"> • They were very supportive. • their door was always open for me to talk to them, like our own little counseling session, and that helped. • It did help me a lot to get everything off my chest. Because when you have family issues, too, it always helped them to seem to go away. • So, they would schedule things for me to do at other times • they understood if I couldn't be there, a day if I was sick, or anything that happened. • And they were very helpful on the scheduling. • she was very supportive • All the teachers are willing to help you, no matter what. • And even if they're not your teacher and they don't know you, their doors are still open if you need help with something. • Even if it's a nursing paper, you could go to an English professor, and they would help you. • You get close to some of the professors, too, and then they help you along the way, too. • Or if they can't help you, they'll find you help. I found that, too.
<p>Tate</p>	<ul style="list-style-type: none"> • the program coordinator was very supportive • I had to bring my kid to school some times, and they never got upset at me, • Most of them were really supportive. • Most of them were like, "What's wrong?" • Did you tell? Yes, and they were very supportive. • some of them would hug me • some of them would say, "If you need extra time, let me know." • They would say, "We are praying for you," and they would pray for me in staff meeting, and they told me about it. That was very sweet of them. • the program coordinator was very supportive. • I had to bring my kid to school some times, and they never got upset at me.
<p>Tess</p>	<ul style="list-style-type: none"> • prayed with me • They were very understanding • They listened to me • ask me how I was doing • The teachers were very helpful. Very understanding. • they gave me about a 2-month extension to finish my final exam and final projects.

Table for Synthesis: Advice to Faculty

Name	
Barbara	<ul style="list-style-type: none"> • Listen and try to be receptive if somebody is having problems. • need to learn to know your students, • need to be receptive of their students' problems • everybody was always good about asking me how I was doing? • need to learn to know your students • Listen and try to be receptive if somebody is having problems. • need to be receptive of their students' problems • very important that you can go to any one of your instructors and be able to talk to them, • It's just real important. • you have to be able to talk to your instructors on a one-to-one basis
Brenda	<ul style="list-style-type: none"> • they miraculously worked with me • "Don't give up on us. Don't ever give up on us!" • Look for something positive, • and be in tune, • and give a hand. • that's what made it for me, that's what made the difference. • You know doctors of nursing, and highly educated people who've spent their whole lives in the realms of education, you know, were much better nurses than I could ever hope to be for what they had done—their energy, they're raising children, they're fighting battles out there on the front line, and yet they take time to care for us as individuals, not just as a classroom. • Be sensitive to our needs, to • be able to create a curriculum that is growing and changing, but is still flexible.
Lucy	<ul style="list-style-type: none"> • just make sure that you're not caught up in the moment, and just make sure to put yourself in their shoes, you know, • and think back to when you were in nursing school, and if you were in this situation, what would you want done? • Not that you want to give them special treatment, not something that would make the other classmates, you know, nothing unfair. • Just make sure that you put yourself in their shoes, and that you would do the right thing.
Mary	<ul style="list-style-type: none"> • try to think about when they were a student • think about their trials and tribulations that they went through, and pull out the empathy. • I think that some time we forget. I think time gets by, and we forget what we've been through, and we have to be reminded. I

	<p>think a lot them have faced trials and tribulations, and someone was there to help them. So, like, now it's my turn to help them. And I think my day will come when I'll be able to repay that gift to someone else. That's what I'd tell them.</p> <ul style="list-style-type: none"> • Think back, don't forget, remember how you were, and how you got here, • and don't forget those that helped you on the way.
Micki	<ul style="list-style-type: none"> • You know how when people get together, they're always talking about some policy and their employment? I didn't hear that. Everybody was just so close-knit, it was hard to describe. • It was very much a family, and everybody seemed to get along so well. • It wasn't just us, it was teachers, the staff, I think everybody. • It was one big family. It wasn't just the students and the faculty, it was the school. • They were willing to talk to us, they took the time • sometimes it was my relaxation, when I came here
Pam	<ul style="list-style-type: none"> • Well, helping students. . • .just be there. That's pretty much all you really have to do. • Give them the knowledge that you're there if you need them. • They gave us feed-back, not to demean us. No one ever said, "Hey, get in here, you're stupid." • If we did good they praised us, if we did bad, they critiqued us • not demeaning, but critiqued us to where, "Hey, you really need to do your reports this way, or you need to focus a little more on here."
Patrick	<ul style="list-style-type: none"> • Give them a little lenience • and some compassion • it's easy for other people to judge who've never been in this situation—real easy. • I guess students just want faculty to be open to problems.
Rita	<ul style="list-style-type: none"> • The only way as an instructor that you could help someone else, is you have to genuinely care. If you don't really care about their problems, then you have no right to be an instructor. I mean, in order to teach somebody you have to care about them. • How can you tell they care? If you can go up to an instructor and talk to them about something, and a month later you go back and talk to them again, and they know exactly what you're talking about, then you know they care. • their not scatter-brained • They would do it for anybody. • if you're going to teach someone, you have to care about each individual person and their education, and not just their education, about that person as a whole. • I mean, you have to understand that every person out there in

	<p>your audience has a life, and every person out there is thinking about 100 different things while you're talking to them, and you have to reach each and every one of them. Not just me.</p> <ul style="list-style-type: none"> • Everybody went through things. All my class mates, whether it was bills, child care, deaths in the • And they have done more for me and more for my family than they'll ever know. • They just mean more to me that they think they do. And they don't even realize it, and I don't think they ever will. I don't think that J. and C. will ever realize what they've done for me. And to watch lives change, and people from the beginning to the end.
Anna	<ul style="list-style-type: none"> • Uh, to be there. • To be supportive. • By actually listening, and by helping them out as much as possible. • give them some kinds of tips about what I went through, and what I had done to help me succeed, to go through nursing school.
Tara	<ul style="list-style-type: none"> • Just listen to them. And sometimes I think it happens so much to one person, and stuff, the don't believe you. • I was afraid that they were going to stop believing me, like I was crying wolf. • If you can help, just help them. Be open to helping them, or helping them find the help that they need. • I think working with me outside of class, too. It did help a lot. Meeting with them and things. • Can you do this instead of this? This might help, and that kind of thing. • Because I had take exams at a different time, and things, and that helped.
Tate	<ul style="list-style-type: none"> • Knowing that they cared about it really meant a lot to me. • let students know that in extreme circumstances there are options, • try to arrange for you to take a test another time • Especially the department secretary. She was very supportive, • They were supportive
Tess	<ul style="list-style-type: none"> • being there to help and talk and listen. That really helped. • understanding their situation • As far as grades, and like deadlines and stuff? Postponing those really helped. As well as extending a deadline,

APPENDIX E
STORY MAP

Introduction

Academic adversity

Overcoming adversity

Community

Faculty help

Suggestions to faculty

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REFERENCE LIST

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