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Adding the role of student nurse: perspectives from women with multiple roles

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Adding the role of student nurse: Perspectives from women with multiple roles

by

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A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
DOCTOR OF PHILOSOPHY

Major: Education (Educational Leadership)

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For the Major Program

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ABSTRACT

Nursing students enter the community college setting with multiple and different roles, and continue to fulfill the responsibilities associated with those roles. This descriptive study attempted to assess the nursing students' understanding of their roles, and the barriers and resources they encountered as they fulfilled their roles or delegated the responsibilities associated with those roles to family and friends. Interviews were conducted with six community college nursing students filling the roles of parent, partner, worker, and student. Roles are discussed as well as role conflict and barriers to role fulfillment, and responsibility delegation is explored. In addition, the importance of spousal, familial, and social support is explored as these concepts relate to stress related to the community college student role.

The findings indicated that female nursing students were not entirely aware of their roles as they entered the nursing program, nor were they aware of the intensity of the program or the time commitment they needed to make to the college. The students relied on spousal support for assistance throughout the nursing program. Responsibility delegation was also imperative for student success and the decrease of level of stress throughout the program.

These findings concur with those of related studies of other populations of students with multiple roles in addition to the new role of student. Among the recommendations is the need to develop an intensive orientation program for nursing students who are adding the role of student to their current roles of parent, partner, and worker. The program would include current students as well as recent graduates. This would enable students to be aware

of their resources as well as barriers to successful completion of their professional program of study.

CHAPTER 1: INTRODUCTION

Background of the Study

Traditionally, professional nursing has had three avenues for entry into practice: (a) Diploma nursing; (b) Associate; and (c) Baccalaureate degree programs. Currently, there are 1,666 nursing programs in the United States, with 695 conferring Baccalaureate degrees, 885 conferring Associate degrees, and 86 Diploma programs (National League of Nursing Accrediting Commission [NLNAC], 2002).

While successful completion of all three avenues enables the graduate nurse to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN®), there are major differences in educational preparation. The trend across the nation has been to phase out Diploma nursing, which historically was based within a specific hospital, and focused on degree-granting entry into practice. Schools offering Diploma nursing, or hospital based nursing, are declining in numbers. Diploma schools traditionally have all coursework taught by nurses, instead of through a college affiliation. They currently graduate less than 7% of all NCLEX-RN® applicants (*Nurses for a healthier tomorrow*, 2002).

Cited as the "...first planned approach to nursing education based on organized research" (Deloughery, 1998, p. 251), the Associate Degree curriculum was designed to increase the science base and decrease the practice base from the traditional hospital-based program. The Associate Degree practitioner, usually educated in a community college, has a base of biological and social sciences (Deloughery, 1998). It includes nursing courses in adult and child health, maternity and mental health specialty nursing, and comprises legal,

ethical and professional practice issues. Theory is taught from simple to complex, and from foundations to advanced nursing concepts. Clinical experiences are hospital-based, with community experiences interspersed throughout. At graduation, the associate nurse is expected to demonstrate knowledge in the following areas: clinical competence, critical thinking, accountability, commitment to caring, collaboration and organizational skill, along with the professional attitudes and knowledge of legal and ethical standards, therapeutic and effective communication skills, client advocacy, and respect for other professionals, and continued professional growth (Cherry & Jacob, 2002; Deloughery, 1998). The emphasis in associate degree education is the adult client, and a lifespan focus. These nurses are educated for acute and chronic care facility employment.

The baccalaureate program is offered in upper-level universities or independent universities tied to a hospital health system, and prepares nurses to care for patients in all health care settings. With a strong foundation of liberal arts and sciences, the baccalaureate nurse is prepared at graduation to be a caregiver, client advocate, change agent, consultant, case manager, teacher, and leader. Baccalaureate nurses are prepared to take care of individuals, groups of people, families, and communities. Focus of study includes health promotion, an emphasis on theoretical knowledge, research, community health, group dynamics, and health assessment (Deloughery, 1998). Many health care institutions require a baccalaureate degree for management positions in their nursing staff (American Association of Colleges of Nursing [AACN], 2002).

Integral to all nursing education is the concept of clinical nursing. The “clinical,” as it is referred to by educators and practitioners of nursing, is the component of the program where students and faculty take care of clients in the community, either a hospital or nursing

home setting. This process is usually initiated in a controlled laboratory setting, where students practice hands-on nursing skills and generalize concepts taught in the classroom. Traditionally, the first skills taught were bathing, feeding clients, bathing and turning clients, which progressed to more complex skills including dressing changes and client assessment. Once these skills were mastered, students were taken to hospitals for actual client interaction, under the supervision and mentoring of the faculty.

Thus, as skill levels increase, increasingly ill clients are assigned to students, with the resulting graduating practitioner able to assume general nursing duties in a hospital setting. This process encourages organization of supplies, time, and client care delivery. It also reinforces the need to work with ancillary services within the hospital as well as other disciplines relating to client care. The amount of time spent in the clinical area depends on the type of nursing program, the philosophy of the faculty as reflected in the program, and state and national guidelines.

Data collected by the National Council State Boards of Nursing (NCSBN) for 1997 reveal that 5,221 (5.62%) of all nurses graduated from a diploma program, 51,243 (55.17%) from an associate program, and 31,285 (33.68%) from a baccalaureate program (NCSBN, 2001). In 1999, 3,164 (4%) of all nursing graduates in the United States had earned a Diploma in Nursing, 45,305 (52%) an Associate Degree, and 28,136 (44%) a Baccalaureate Degree as the initial degree (Bureau of Health Professions/Health Resources and Services Administration, 2002) (BHPR/HRSA) Projected Supply. This shows a decline of 2,057 (39%) Diploma graduates, 5,938 (11.5%) Associate Degree nurses, and 3,149 (10%) Baccalaureate graduates in two years. The number of nursing graduates eligible for NCLEX-RN® licensure decreased by 26% from 1995 to 2000 (BHPR/HRSA, 2002).

Student enrollments in both Associate and Baccalaureate graduate programs are slowly declining. There are many reasons given for the decrease in number of nursing applicants. According to a study by the National League of Nursing Accrediting Council (NLNAC), these reasons include insufficient qualified applicants, competition, and nursing shortage. Prospective students have perceived they could not take time from their job to attend school, as there were not enough nurses to cover their shifts if they were not there. While the majority of responding nursing programs reported yearly no significant change in enrollment, total numbers of nursing students across the nation declined from 1998 to 2000 by 20% for the Bachelor's of Science in Nursing (BSN) schools, and 25% for the Associate of Applied Science Degree (AD) schools (*NLNAC Annual Report Newsletter*, 2001).

The national trend shows a decline in nurses applying for licensure, and Iowa is no exception. In 1996, 1,106 students graduated from associate degree programs, and 443 from basic baccalaureate programs. In 2001, only 749 graduated from associate programs, and 308 from basic baccalaureate programs, representing a decline of 32% and 30%, respectively.

In 2001, the national mean age of associate graduates was 31.32 years, and for baccalaureate nurses, 25.98 years. While data on age have been collected on the national level, they have not been collected for individual states, including Iowa. For those applying for licensure in 1997, 87.9% were female and 11.74% were male (NCSBN, 2001). The state of Iowa, again, follows this pattern. In 2001, 8.5% of Associate nursing graduates were male, and 6% of Baccalaureate graduates were male.

With fewer students entering and graduating from nursing programs, it is imperative that educators address retention and success in the program. Demographic considerations

must be taken into account to increase retention and program success. These may include age of students, marital status, social support systems, and the number of hours worked each week.

Nursing students within the community college system usually enter the nursing program with the roles of parent, partner, worker, and student. The addition of the student role can create role strain, overload, or conflict (Van Meter & Agronow, 1982). In an attempt to meet the demands of their roles, adult female students may not feel the self-satisfaction necessary to continue in all four roles. The role most frequently given up is the latest acquired, that of the student, which results in higher attrition rates for non-traditional female students. For the purpose of the current study, the term non-traditional student referred to a person responsible for him or herself as well as others, and fulfilling several roles simultaneously. Attrition rates for Iowa Community College Associate Degree nursing programs range from 7% to 47% (Board of Nursing Facility Reports, 2000).

Nursing students exit their program for many reasons; the most common are represented by comments such as: "...too much to do, can't take care of my family. Have to work and no time to study" (personal communication with S. Hoyt, October, 2000). Such comments might be interpreted as role strain or role conflict, where the student is not able to prioritize, delegate responsibilities, or may not be able or willing to give up control in another role while fulfilling the role of student nurse.

The impetus for this study was derived from an exit interview with a nursing student who stated she had willingly accepted the additional role of student on entering college. She remarked that it had not occurred to her to delegate responsibilities in any of the other roles she was fulfilling. She had been a stay-at-home mom for four years prior to entering nursing

education, and had total responsibility for child care, housekeeping, routine shopping, and chores associated with marriage and raising children. She did not feel it was an option to ask her spouse or extended family for assistance in childcare, housekeeping, or even for study time (personal communication, S. Hoyt, October 12, 2000).

Purpose of the Study

The purpose of this study was to assess adult nursing students' understanding of selected life roles and the barriers and resources they encountered in role fulfillment. Additional data relating to a student's ability to delegate the responsibilities associated with these roles were collected to identify perceived ownership of these selected responsibilities. Along with life roles of student nurses, this study examined the availability and importance of spousal and social support systems. With the data collected as a part of this study, an orientation program was developed to assist prospective students in self-evaluation of roles and responsibilities that accompany those life roles.

Statement of the Problem

Student nurses who are simultaneously fulfilling roles such as parent and/or full or part-time employee have several challenges that might affect successful completion of their program of study. Increasing their awareness of role ownership and responsibility delegation might increase student nurses' successful completion of the program. Similar studies have been done in the field. Several researchers found that adult female students maintain previous roles and responsibilities while adding the role of student (Hughes, 1983; Redding & Dowling, 1992; Van Meter & Agronow, 1982). In a study involving women over age 35

returning to college, women with younger children reported more strain when the student role was added (Kirk & Dorfman, 1983).

Three roles seem to be the optimum number, while it appears that the addition of the fourth role adds strain (Campaniello, 1988). Whether returning to the college setting or entering as a first time student, women bring into the college a similar set of roles: partner, parent, and worker (Campaniello, 1988). The role of a student is usually consciously added as a result of a desire for personal enrichment (Kirk & Dorfman, 1983). While the role of women as worker, parent, and partner has been well researched (Coverman, 1989; Helson, Elliot & Leigh, 1990), the literature rarely addresses what occurs as a result of the added role of the student. The addition of the fourth role requires conscious shifting of priorities: household duties and, sometimes, child care activities. This process can be time consuming, as though processes of all involved need time for adaptation, and activities require re-settling into new routines.

After the study was concluded, and based on the recommendations from the interviews and common threads found, an orientation program was developed that included prospective students and their families. This orientation was formatted as an information session with current and past students and their families, nursing faculty, and student services' personnel from the college. The focus of the orientation program is intended to prepare prospective students for the rigor of the program and temporary lifestyle changes that would be needed to ensure success in both the college setting and their personal life.

The study focused on the roles of nursing students as they added the role of full-time student to their existing roles. In a typical scenario, the addition of the student role causes overload to manifest itself in common and predictable ways in nursing students. Students

come to the first nursing class with high expectations of success, and may keep up with daily reading assignments the first few weeks of school. As the semester progresses, the reading is more intense, vocabulary becomes more unfamiliar, and students begin to flail and realize the intensity of the nursing program. Predictably, it is at this point female nursing students carrying multiple roles begin to experience role strain and overload. These students might not see the need to delegate responsibilities to others to allow for study time. Often, this scenario manifests itself too late in the semester for optimal intervention. Students usually end up dropping a course or two rather than fail all of them (personal communication with T. Diamond, October 15, 2001). On the other hand, timely intervention could lead to full retention in the nursing program with passing grades.

Objectives of the Study

This study focused specifically on the examination of the selected nursing students':

1. understanding of their roles;
2. changes that occurred in role fulfillment after starting school; and
3. their perception of adaptation to the increase or change in roles.

Engaging nursing students in the orientation process and creating social study groups might increase students' awareness of their current roles and the responsibilities associated with these roles.

Research Questions

This study employed a descriptive design to investigate current student practices and behaviors of female nursing students who added the role of student to prior roles of parent,

partner, and worker. Through interviews and surveys, the study sought answers to the following research questions:

1. To what extent are nursing students aware of the roles they have as they enter the nursing program?
2. To what extent does the addition of the student role cause role strain/ overload/ conflict?
3. To what extent are students able to delegate responsibilities associated with the roles they currently have?
4. What barriers do students identify relating to responsibility delegation?
5. What interventions do nursing students perceive will assist them to handle role strain and overload?
6. What is the extent of social support for these students?

Assumptions

For the purposes of the study, participants who fulfilled the following criteria were selected:

1. identified themselves as fulfilling three roles prior to entering the nursing program: parent, partner, and worker;
2. voluntarily assumed the additional role of full time student; and
3. understood the interview questions and answered them fully and honestly.

Limitations

One limitation of the study was the lack of diversity among participants. By design, the participants were female students who were in the process of fulfilling the three roles of

parent, partner, and worker prior to adding the role of student. This severely limited the diversity of the participants, specifically by age and gender. In addition, only the students' (i.e., participants') perceptions of experiences and role fulfillment were analyzed. Partners or children were not involved in the survey process or interviews. It is possible the interviews would have a different focus if the whole family were involved.

Delimitations

Some of the relevant delimitations of this study were the boundaries of the study, itself, and included the following:

1. By design, the study was limited to a cohort group of nursing students at a public two-year college who were seeking an Associate of Applied Science degree in Nursing. This study did not include students earning a baccalaureate in nursing, or a practical nursing diploma.
2. White female nursing students were participants for this study; therefore, findings may not be generalizable to students in other vocational programs, university transfer students, or minority populations.

Definition of Terms

To ensure consistency of thought throughout this research, the following terms were defined for use in the study:

Non-traditional student: responsible for him or herself as well as others, and fulfills several roles simultaneously (Hughes, 1983).

Parent: The student who has primary care and care-giving responsibilities for a child under the age of 18 years.

Partner: A spouse or significant other who lives with the student

Role: A set of standards, norms, or concepts held for the behaviors of a person (Thomas & Biddle, 1966). A set of shared expectations, including goals and values governing behavior (Scott, 1970).

Role conflict: Occurs when the legitimate demands of one role cannot be met if the legitimate demands of another role are to be met (Thompson, 1975).

Role expectation: Students' perception of their roles as communicated to them by others: faculty, peers, family and co-workers.

Role strain: Perceived difficulty in meeting role demand (Home, 1992)

Role overload: The inability to fulfill roles due to time constraints (Home, 1992).

Role-taking: The voluntary or involuntary addition of a role.

Student: A person who is enrolled in higher education, and taking 12 or more credit hours each semester. In the current study, 12 or more credits might be interpreted as having 20-25 contact hours in class or the clinical area per week.

Worker: A student who is employed outside home approximately 8-40+ hours per week and earning a wage.

Organizational Outline

This study focused on the ability of female nursing students to identify and delegate responsibilities associated with their concurrent roles of partner, parent, and worker. Chapter 1 contains the introduction, and is followed by a review of the literature on role fulfillment, institutional, and spousal support (Chapter 2). Chapter 3 presents the methodology employed

to carry out the research. Chapters 4 and 5 include the results, summary, conclusions, limitations and recommendations for practice as well as for further research.

CHAPTER 2: REVIEW OF RELATED LITERATURE

While numerous studies address the roles women fulfill as well as their roles as adult learners, few studies have addressed the traditional family and work roles of women as they add a new role as student. The general purpose of this study was to evaluate the roles of student nurses and their awareness of this new role and how it affects their prior, concurrent roles as partner, parent and worker. This chapter discusses the roles women fulfill concurrently while they are students. Beginning with the theoretical underpinnings of critical theory and feminist theory, the review is extended to include women and their roles as partner, parent and worker, and introduces the need for spousal and institutional support as these women return to higher education. The chapter is divided into the following subsections: (a) Theoretical Underpinnings: Critical and Feminist Theory; (b) Roles; (c) Spousal and Social Support; (d) Institutional Support; and (e) Summary.

Theoretical Underpinnings: Critical and Feminist Theory

Critical theory, or the "empowerment of individuals," can be defined as a means to correct societal injustice (Denzin & Lincoln, 1998, p. 264). Critical researchers also "...enter into an investigation with their assumptions on the table" (p. 265), and conduct value-laden research. Personal values and value orientation should drive the research, influence interpretation and use of the findings, but not interfere with the original impetus for the research, to "better the oppressed and downtrodden" (Carspeken, 1996, p. 6).

To attempt a "value-free" study would be counterproductive: as in critical theory, value is inherent in setting the stage for social change. While acknowledging critical research to be value-laden, it should not be biased (Carspeken, 1996). The facts uncovered

during the research process may or may not match what the researcher intended to find. As noted by Denzin and Lincoln (1998), "...critical researchers enter into an investigation with their assumptions on the table, so no one is confused concerning the epistemological and political baggage they bring with them to the research site (p. 265).

Knowledge gleaned through critical research grows and changes through revisiting the same situation, and as it is seen across similar settings under different circumstances. Ideally, the use of critical theory, or critical inquiry, reduces transformation of social, political, or gender structures and may be seen only over time (Denzin & Lincoln, 1998, p. 264).

While some may not consider nursing students to be oppressed on the surface, situational behaviors may be the result of societal norms and mores, and the results of interventions of this study may not be overtly seen for years. This is acceptable, as the behaviors described in the study are deeply embedded in our culture, and may not easily be displaced. The goal of this study was, optimally, to promote change in a small group of women (i.e., female nursing students who have added this role to concurrent roles as partner, parent and worker), and to empower them in their personal and professional lives. The results of this study might evoke a need to review current policy for students who enter the college setting, as well as alter current orientation practices for those who embark on higher education, particularly nursing programs.

Fraser (1989a) noted several points regarding critical theory and the construct of societal spheres. Focusing on establishment and satisfaction of social need, one might look specifically at nursing students. What do students perceive as their needs as they enter the

nursing program? Do they see their personal relationships changing as they enter the nursing program? Do they see a need for responsibility delegation?

Students, in general, need to have the power to say, "I need to study now." They also need to recognize their right to make education a priority in their life, especially as it is a time-limited priority, and not a total life change. Several studies confirm the necessity of prioritizing roles (Greenhaus & Beutell, 1985; Home, 1992; Van Meter & Agronow, 1982). Some students might need assistance when shifting focus, from talking about what they need to changing their behaviors to satisfy their needs. They might also need assistance in validating their need for more personal and social help within the college, the family, and the social support group.

Pivotal to successful completion of the nursing program will be the student's ability to balance the addition of the role as student with existing roles. By incorporating the constructs of critical theory into an orientation program and throughout the educational year, college administrators as well as the students, themselves, could ensure the likelihood of success of those with multiple roles of partner, parent, worker and student. By developing an awareness of the inequities of responsibility delegation and their power to change, students can make responsible decisions to alleviate factors that hinder success. The emphasis during this orientation program has to be the necessity of role shifts, from roles held prior to entering the nursing program, to adding the student role as the priority role. This may be difficult for prospective students to understand. The most appropriate group of people to address this issue would be current and past students.

Marcuse (1992) interpreted critical theory as the search for individual freedom and rights. The current study can create an opportunity for discussion and theory advancement.

As the emphasis of critical theory is the concern with human potential and individual freedom, happiness and rights, the results of this study might enable students to advance to more complex self-perceptions and increase their self-esteem as they progress through the nursing program.

The ability to delegate responsibilities relating to the roles of parent, partner, and worker should enable the student to assume increased responsibility in the student role with a greater likelihood to fulfill this role. This could result in greater economic freedom as the student enters the workforce, as well as increased autonomy in the social and political arena.

Critical theory "...makes explicit what was always the foundation of its categories: the demand that through the abolition of previously existing material conditions of existence the totality of human relations be liberated" (Marcuse, 1992, p 11). By admitting or insisting that gender is the basis for a study, it can be brought to the forefront and addressed. As society has delineated traditional roles for women, it is important to acknowledge the relationship of these roles and the impact the fulfillment of these roles has on the family. For years, the responsibilities associated with these roles have been labeled "women's work" or "traditional sex roles" (Biddle & Thomas, 1966, p. 265; Campaniello, 1988). Critical theory has as a basis the concepts of freedom and suppression, and while the delegation of dishwashing on a daily basis may not be earth shattering, it may be the first step for a female student on her road to autonomy. The goal of this study was to make women aware of the construct of their individual and collective situations, present them and their families with choices, and allow them to make informed decisions about their situation.

The group of participants in the current study was selected specifically based on their gender. Lather (1991) noted, "...feminist researchers see gender as a basic organizing

principle which profoundly shapes/mediates the concrete conditions of our lives” (p. 71). One can look at the phenomenon of role, role responsibility and role conflict through the “lens” of feminist theory and bring into focus the behaviors and attitudes brought into the nursing program by the female student and her family. This should enable the researcher to uncover threads that, when brought to light, could be used to empower of this population as their college experience relates to roles and responsibility delegation.

In a study of 96 adult students to investigate the effects of college participation as it related to human behavior and interpersonal relationships. De Groot (1980) reported that returning male students were more assertive, expected more from the college infrastructure on returning to school, and received more spousal support than their female counterparts. Female students also reported marital happiness to be dependent on perceived spousal support. In an analysis of role stress by Bolger et al. (1989), it was found that women whose husbands had a hectic day at work increased their home involvement in the evening in response to decreased involvement of the husband. This behavior was not reciprocated in males whose wives had a hectic day at the office. Extrapolating these findings to a college setting, it might be suggested that, if the female student had a major test or other crisis at school, she should not expect increased assistance at home from her spouse or significant other.

Lather (1991) stated that the: “...overt goal of feminist research is to correct both the *invisibility* and *distortion* of female experience in ways relevant to ending women’s unequal social position” (p. 71). If one can look at this concern of role, role conflict, and responsibility from a woman’s perspective, not a patriarchal one, one can raise the awareness of the participants about their situation and also give them the power to identify a need for

change or make actual changes. Looking for themes and threads in the interviews and giving meanings to findings with the students can increase their insight and perceived control of the situation.

Roles

Women bring to college their traditional values and role perception. In a study of 19 adult women students who had been out of high school for more than five years and were in intact marriages with children as well as pursuing a baccalaureate degree, Redding and Dowling (1992) concluded that women were concerned about avoiding neglect of family and spousal roles while adding the role of student. This group of women considered school secondary to being a parent and partner.

In "The Case of Habermas and Gender," the male-headed nuclear family was determined to be socially acceptable (cited in Fraser, 1989b). Along with this phenomenon was the female role of wife as mother and caregiver. Fraser continued to discuss the concept of "...family actions that are (sometimes) mediated by consensus and shared values...but achieved through dialogue vitiated by unfairness or coercion or inequity" (p. 120).

The aforementioned concept became the focal point for the present study. Currently, spousal support for the returning student is decisively contingent on the female student's maintained support of the household and spouse; emotionally, financially and physically. This was reinforced in a study by Scott and King (1985), where male respondents were surveyed regarding a situation in which the female returned to college, and the participants rated their perceptions of stress on the student and spouse. The participants indicated significantly greater support for the wife's education when then wife balanced her workload

by delegating some household tasks to the family or maintained her previous level of commitment to the family needs. Stress levels of both the wife/student and husband were found to be significantly higher when the student placed greater emphasis on school than household tasks. This study also found the wife more likely to earn the advanced degree if she could integrate college work into her current schedule, and maintain her previous level of commitment to family needs. Societal norms place the power of the household in the hands of the male, who may inadvertently or purposefully discourage the female from advancing her career and returning to school.

Spousal and Social Support

Coverman (1989) noted several contradictory studies relating role overload, role conflict and stress, and conducted new research studying the employment and family conditions of 1515 adult men and women. It was concluded that role conflict and job satisfaction affect job and marital satisfaction. Conflict of roles decreased job satisfaction as well as marital satisfaction. In addition, role conflict increased women's, but not men's, symptoms of distress. These findings might also relate to student nurses who are fulfilling prior roles of partner and worker, and possibly parent, as they enter the nursing program and add the new role of student.

In all aspects of life, role conflict can result in increased stress levels and decreased performance as well as satisfaction. Home (1992, 1998b) found stress an important factor among students who were also parents, in which illness or family crisis was quite disruptive. These students perceived they were unable to fulfill the roles they were occupying, and reported constant stress trying to play "catch up" and manage all aspects of their life.

Van Meter and Agronow (1982) noted that women satisfied with their childcare arrangements had significantly lower levels of role strain. When faced with role overload, Home (1998b) found that single women with a preteen child or children were most at risk for role overload and conflict. Illness also can be a precursor to conflict and role for students in nursing programs, especially when a child is ill on a clinical or testing day. The majority of programs require absences to be made up. As there might not be alternative testing times or days, this may have a significant impact on the course grade of students who also have roles as parents.

Research by Weibe and Harvey (1997) focused on women who returned to college while they were still raising their families. In their evaluation on entry into the college, these women remarked that role strain was related to decreased time with the family, inability to organize home and family activities, house hold tasks, and childcare. These students also expressed their feelings of guilt about not being with their children as much, as well as problems due to the increased need for child care. Similar results have been described in Home, 1992; Home, 1998b; Hughes, 1983; & Van Meter & Agronow, 1982. These researchers noted that students perceived increased stress in coping with the demands of simply being a student.

Clearly, nuclear and extended family support are crucial to students with family responsibilities. When the family realizes the importance of the student role, and overtly approve of the role, the student perceives less role conflict. Nuclear family qualities of a strong family orientation and pro-feminist sex-role attitudes may enable the spouse to provide increased support for the wife/student. Husbands who were identified as “facilitators” were recognized as a critical element promoting marital well-being (Greenhaus

& Beutell, 1985). The researchers also noted that supportive spouses may buffer role-related stress. Assistance and support with child care has been shown to decrease role-related stress. In addition to spousal support, Kirk and Dorfman (1983) noted the benefits of psychological and behavioral support of the family, especially older children. When the family provided greater support in various forms, the students reported less stress.

Marital satisfaction has been used to evaluate the quality of role fulfillment (Helson, Elliot, & Leigh, 1990). Spousal support of the chosen primary role, regardless of the role, significantly impacts role strain and fulfillment of that role (Van Meter & Agronow, 1982). Marital satisfaction has a direct positive correlation to feelings of personal well-being. Psychological support of spouses and help with child care were the highest ranked types of support in a study conducted by Kirk and Dorfman (1983). Especially relevant to the current study, Hooper (1979) noted families tended to be more supportive if the marriage was already in some ways nontraditional in role assignments.

Spousal support was evaluated by Huston-Hoburg and Strange (1986) in a survey sent to 300 married students randomly selected among married students enrolled in health or business programs in a 2-year technical college. In addition to demographic information, three areas were explored: attitudinal, emotional and functional. The data revealed that returning to higher education experience was quite different for men than women. Wives seemed to be more supportive of their husbands' return than husbands were of their wives return to formal education. Therefore, they concluded that while it may ultimately be a more liberating act for women to return to school than men, yet this return may be more difficult for women than men. Peer support for the student was found to be greater for women than men, and more valued by the women. This study also showed that women perceived their

husbands to be more traditional in their views than the men perceived their wives to be, especially with respect to childcare and household responsibilities.

Prioritization of roles has been noted as a significant moderator, or coping mechanism (Van Meter & Agronow, 1982). Administering a role-strain scale to 133 married women who were students in a large, urban university, Van Meter and Agronow investigated potential stress areas and conscious coping strategies used for stress relief. Role strain was examined, as well as perception of emotional support from family members, role priorities, and personal health. The results indicated a significant correlation between increased stress and the female student putting another role ahead of the family role. This suggests that if the husband was not clearly supportive with the wife's choosing the student role above the family role it could result in increased role strain. If the husband perceived the wife's priority role was still the family role, there was no increase in role strain. At the same time, if the husband agreed the wife's priority role would be other than the family role, there was no increase in role strain. This agreement resulted in shifting or reassignment of household tasks. When another role than the family role was placed first, marital satisfaction was the best indicator of role strain. The study concluded that, regardless of the priority role chosen, the most important factor in alleviating role strain was the support of the spouse.

Van Meter and Agronow (1982) studied stress and role strain among married women returning to college. The most significant finding of the study, which employed a self-administered role strain scale, was that "...women who place the family role first were more likely to perceive their husband's agreement with that role choice and also his emotional support for her school endeavors" (p. 136). Data also suggested that women who put a role other than family first needed their partner's agreement with that choice to decrease role

strain. In addition, without spousal approval, the school or career experience could be very stressful. Van Meter and Agronow found a direct correlation between the husband's attitude and the female student's role strain, especially when there were young children in the family. Similar findings have been reported by Home (1998b), Huston-Hoburg and Strange (1986), Kirk and Drofman (1983), and Weibe and Harvey (1887).

When the student role was seen as important to the student, and, therefore, as deserving of support from the family, the family was expected to, and did, increase supportive behaviors (Hooper, 1979). When interviewing 24 adult female students with families returning to higher education, Hooper found one group of female college students whose families felt the student role important to her and, therefore, as deserving of family support. Children in this group increased their assistance in household chores and expressed little or no resentment of increased household responsibilities. The majority of the household chores were shared by the children and husbands. Family atmosphere was also noted to be relaxed.

The significance of social support systems cannot be underestimated or undervalued. This concept is addressed as social support, or peer support, and includes factors as diverse as childcare, study groups, parental and spousal support, and employer support. In a study of 111 female doctoral students, Kenty (1997) found reciprocity, or the returning of favors, to be a factor indicative of stress and role strain. Spousal support did not involve reciprocity; peer or social support resulted in the student's perception of needing reciprocity. Students felt that if the spouse watched the child for study group, there was no "pay back," but they felt an obligation to their peer or social support group to watch children or host a study group in return for prior favors.

In a Canadian study involving 20 adult women studying social work and adult education. Home (1992) found peer support crucial as it provided empathy and resource sharing. One of the most important aspects of social support was the support of "old friends." or those who had known the student for years and understood the students' lack of availability for roles previously filled in the community.

Scott and King (1985) researched 86 husbands of married returning women students. with a mean age of 41. Through a questionnaire, husbands and female students were asked to answer questions relating to types of family role behavior and measure spousal support. The data revealed greater spousal support for the woman's education when she continued to meet all or part of her family's needs. In addition, role conflict increased with lack of spousal support, negative feelings from husband about career commitment, and time away from home. This study also reinforced the perpetuation of the "Super Mom" myth, and found the over-compensating woman, or one who maintained her pre-student level of commitment to family needs, to be the woman likely to return to school for an advanced degree. These women felt that they must maintain the same level of duty to the family in order to receive emotional support from their husbands.

Institutional Support

Institutional support is also necessary for the returning student. Adult students reported they feel marginalized when they return to a university whose main student population is the traditional student. Obstacles within institutions have been identified as inflexible locations, schedules, and deadlines as well as programs (Home, 1992; Iovacchini, Hall, & Hengler, 1985; Wiebe & Harvey, 1997). Women with children felt that, as students,

they were viewed with suspicion by the institution. Financial aid and student assistance were reported as difficult to attain, although many students were adept at budgeting the aid they did receive. Institutional support ranked in a study by Kirk and Dorfman (1983) revealed that reentry women considered attitudes of the professors and flexible scheduling to be the most valuable.

On the other hand, counseling and financial aid received much lower ratings. Only one-third of these women received financial aid and one-fifth of them worked with counselors or tutoring services. In a study of 433 part-time female students at the master's level, Home (1998a) noted that one-third of the students negotiated for changes in assignment due dates resulting from family crisis situations. Mothers of children under the age of 13 perceived they had a greater overload, and reported higher role conflict, possibly due to children having less autonomy and flexibility of scheduling.

As early as 1983, Hughes noted that non-traditional students defy generalization. Specifically addressing female nontraditional students returning to college, Hughes reported a greater need for services, including convenient and accessible services, a thorough orientation to the college and program, regular communication with accurate information from the college, financial support, child care, and career counseling services as well as personal counseling. While all of these services are available from colleges and universities, these services may not all be focused on the nontraditional student. Childcare concerns increase stress levels, as do financial concerns (American Association of University Women Educational Foundation, 1999; Kirk & Dorfman 1983). In the study by Hughes (1983) returning women indicated they wanted programs that addressed academic survival skills, time management and assertion training, career exploration and improvement of social skills.

Since the majority of nursing students are non-traditional (Iowa Workforce Development report, 2001), they enter the program with different needs and values than traditional students. Often they have been working full-time, and find they need to alter their working hours or decrease the number of hours they work each week. They also need to find child care, or increase the number of hours their children are in day care. This, by itself, can raise the anxiety level, as well as feelings of guilt among many female college students (Van Meter & Agronow 1982). The traditional student who progresses directly from high school to college does not usually have these concerns. Parental support is also a factor differentiating the traditional versus non-traditional student. Parental encouragement as well as financial support are more apparent among traditional students. As noted in a study published by the American Association of University Women Educational Foundation (1999), the majority of women reentering college continue to work after they go back to school and also continue working the same number of hours, while 90% of traditional students continue to live at home. Roles and responsibilities differ significantly between these two student groups.

Summary

The literature review addressed theoretical underpinnings of critical and feminist theory, women's roles, spousal and social support and institutional support for students returning to college. While there are studies that address the multiple roles women fulfill, and the student role of the adult learner, few if any studies have directly addressed the adult female learner in relation to the other roles she fulfills in her life. The studies found and reviewed address women with two or three roles, and address the parent and partner role in

relation to the student role, or the worker and partner role in relation to student, but none were found to evaluate the women with four simultaneous roles. Therefore, the current study addressed the female nursing student returning to higher education, and her perception of the four roles she fulfills. It also attempted to determine if there is an increase in task delegation to family members or an inequality of household duty distribution.

CHAPTER 3: METHODOLOGY

Introduction

As nursing faculty and students struggle to better understand the life changes that accompany nursing education, the subject of role fulfillment emerges. Specifically coming into play are: (a) the roles the students occupy as they enter the nursing program, (b) the addition of the student role, and (c) how this added role affects their life. This descriptive study was designed to examine select nursing students' understanding of their roles, changes that occurred in role fulfillment after starting school, and their perception of adaptation to the increase or change in roles.

Qualitative descriptive research was selected as the design for this research as this process allows for reflexivity (Maxwell, 1996, p. 2). Reflexivity is acknowledgement that the researcher is a part of the phenomena studied (Maxwell, 1996, p.67). While it could be construed as researcher bias, the involvement of the researcher is unavoidable, as the researcher is faculty at the institution, and lived the experience. According to Maxwell (1996), a primary concern of qualitative research is "...understanding how a particular researcher's values influenced the conduct and conclusions of the study" (p. 91). Researcher biases and how they were dealt with are elaborated later in this section. Peer review of data collected (LeCompte & Preissle, 1993, p. 340) was used to collaborate threads and themes identified as a validation strategy.

Qualitative design allows a fluid and developmental process of investigation (LeCompte & Preissle, 1993). Further definition of the design as interpretive research allows "...studies framed by descriptions of, explanations for, or meanings given to phenomena by

both the researcher and the study participants rather than by the definitions and interpretations of the researcher alone” (LeCompte & Preissle, 1993, p. 30). This process involves collecting and analyzing data at the same time theory is developed and modified, which in turn can change or refocus the research questions. As discussed by Denzin and Lincoln (1998), interpretative research design draws from both cultural ethnography and feminist studies, in that the “...language and activity of both inquirer and respondent must be read in gendered, existential, biographical, and classed ways”(p. 235). Focusing on the human position in society and examining the concepts of self, power, and sexuality, this design was a good basis from which to begin the project process.

Interview was the primary data collection method employed, and participants were selected who: “...possess special knowledge, status or communicative skills and who are willing to share the knowledge and skill with the researcher” (LeCompte & Preissle, 1993, p. 166). The interview questions were developed from the research questions, as openings for students, but the actual interviews followed each individual’s train of thought.

Method

This section describes the source of qualitative data collected, including procedures used to gather data. General procedures to gather data and analyze data are explained in detail as needed. Statistical procedures, as it affects the results of the study and implications for further research are discussed. Implications for practice and policy implementation are discussed.

As the focus of the study related to traditional female roles, female student nurses finishing their first year of nursing education were the participants. Female nursing students

finishing the first year of the Associate Degree program in Nursing were asked to participate in the research, provided they met study criteria. Prior to gathering data for the study, permission was asked for and received from college administration, and students involved reviewed and signed informed consent forms. The demographic form indicating student responses to study criteria is presented in Appendix A.

General Characteristics of the Subjects

Gathered from the information forms, the data were used to establish a pool of participants who met specified criteria. Participants selected for the study had the following characteristics in common:

- Non-traditional student – responsible for himself or herself as well as others, and fulfills several roles simultaneously (Hughes, 1983);
- Parent – has primary care and care-giving responsibilities for a child under the age of 18 years;
- Partner – a spouse or significant other lives with the student; and
- Worker – one who is employed outside the home and earning a wage. This student/worker may be employed from 8-40 hours each week.

The student demographic profile is fully described later in this subsection.

As indicated earlier, this study focused on examination of selected nursing students': (1) understanding of their roles, (2) changes that occurred in role fulfillment after starting school, and (3) their perception of adaptation to the increase or change in roles.

Description of the Location and Participants of the Study

The site of this study was a semi-rural community college with a full-time student population of slightly more than 4,500 students. The college is located in the rolling hills on the edge of a metropolitan area of two large towns separated by a river that forms the boundaries between two states. There is no major university in the state within 150 miles. On the other hand, there are several major universities and one community college within 20 miles in the adjoining state, but there is a “state line stigma” manifesting itself as a river. Rural Iowa students are reluctant to travel to the neighboring state for college purposes. On the other hand, almost 30% of the community college students are from the adjoining state. The campus students are typical community-college students, who are older, travel daily to class, do not live on campus, and, in many cases, are also head of their household.

Students have commented on the friendly, homey atmosphere of this community college, a perception the college strives to uphold. From its inception as a technical college in 1966, the college has evolved to a comprehensive community college with several articulation programs into four-year colleges and universities. The nursing program, one of the first programs in the technical college, has historically admitted 50 students the first year, maintaining them in one section.

The nursing program and participants reflected in this study comprise a two-year “ladder” program. This requires first-year students to graduate with a diploma in practical nursing, which is the beginning nursing degree. If the student meets specific outlined academic and clinical criteria, they may enroll in the second year of the program, graduating with an Associate of Applied Science degree. There were 134 students admitted to the first nursing courses in August of 2001. These students were in five cohort groups and in four

separate campuses as they progressed through the first year. The graduating class of May 2002 consisted of 97 students from four separate campuses, with 48 students eligible for progression and 40 choosing to continue into the second year of the program. These 40 students were the participant pool for the study.

Nursing students progressing from the first to second year were asked to complete a demographic assessment (Appendix A). Informed consent for the study was then obtained (Appendix B). Those with the characteristics noted above were individually asked to be participants in the study. All those who showed interest were initially interviewed for general information regarding the nursing program and their perspectives of roles.

Interviews were then scheduled for the six students who had shown an interest and also met the criteria. Students were provided a set of initial interview questions for their review prior to the actual interview. The students who agreed to participate in the study had excellent classroom and clinical skills, they had good communication skills as reported by first year faculty, and had agreed to participate in upcoming information programs for prospective students.

The Researcher

When doing qualitative study, the researcher has a unique position, that of participant, observer and evaluator. As noted by LeCompte and Preissle (1993) "...those who study humans are themselves human and bring to their investigations all the complexity of meaning and symbolism that complicates too precise and application of natural science procedures to examine human life" (p. 86).

Critical qualitative research gives the researcher the ability to approach people in their natural setting and use their personal experiences as stories as a foundation for change. The qualitative researcher is the instrument, sensitive observer, data collector, story-teller, listener, and writer (LeCompe & Preissle, 1993). All of these qualities allow the personification of the research to be evident through the research's eyes as the data are collected and the story unfolds. Inherent in the process is the personality and bias of the researcher. As there is usually a passion to learn or change the environment as a result of the research process, it may be of interest and assistance to be aware of the background of the researcher.

As a registered nurse for over 30 years, I have mentored student nurses while in a staff position. I have taught in the health care field and nursing education for 12 years, and, most importantly, I have spent the last 16 years continuing my own education. I realize the stress encountered by women with families, as they continue to work while attending college. To me, it does not matter if school is full time and work is part-time, or school is part time and work is full time; it takes prioritization of tasks and responsibilities, delegation of activities, and support from others to successfully complete this endeavor. This research came together with a singular incident, and was reinforced through the pilot study. I call it "The story..."

The student is found sitting in the stairwell of the hospital, crying. I hear the same words: "I can't do it, it's too much." Taking the eight and nine year old to soccer games, parent teacher conferences the night before a major test, the husband who does not realize the importance of support, both verbal and physical, were all occurring at the same time, and the student felt trapped, with no end in sight. Although there may be many variations of the

story. the question is, nevertheless, the same: “How can I do it all?” The same story has been told by many women who are trying to go to school, raise the family, work, and be a wife. They do not necessarily rank the roles in that order, but, rather, feel the necessity to do everything at the same time. The story is repeated every semester, with different students. I also had lived the same experience, and survived. How could I help these women survive, and maybe more?

Nursing programs are historically rigorous, with higher standards than other programs. The grading scale is steeper, the lowest “C” is 78%, and the clinical component can be overwhelming, with new experiences and higher expectations by faculty weekly. These factors increase the stress associated with education. If the student is a first time college student, or a first-generation college student, the family and support system may not realize the need to dedicate the amount of time and energy necessary to be successful.

With this thought in mind, the prospective student interview addressed these questions.

Current student interviews include the question, “What do you know of our nursing program?” The answer is usually “It’s hard!” I always agree. I try to give the student information about study time needed for the program, the dedication it will take to be successful in the program and as a practitioner. However, I realize interviewees are not always able to listen, they may be too nervous, they may have been in college before with no difficulty making an “A” in any course, or think nursing is just another task they can assimilate into their own lifestyle.

A general orientation session seemed to have possibilities, but the concern was the content and quality. The best scenario, it appeared, was to have student input, the “war

story” theme, and let the students tell about their experiences. This, along with the time element, where students, families and support systems could be addressed at one time, instead of talking only to each prospective student on an individual basis, would build on the results of the pilot study. Current students were also open to this concept. As in conversations in the hallway, the classroom and individual interviews for this study, had many good ideas, thoughts, and suggestions.

Individual Participants

Participant 1 was a 35-year-old woman with four children, ages 16, 15, 14, and 13. She had two boys and two girls, her husband, and two dogs in their nuclear household. Of particular interest to me as the interviewer was the fact she drove 68 miles each way each day to the college for nursing classes, and sometimes further if the clinical site was a longer distance. Driving to the clinical site added 10-15 miles each way to her daily travel. This greatly decreased the amount of time she had for study and family. She also worked a full time job, at least 40 hours weekly.

Her relationship with her partner of 17 years was very traditional in that she was responsible for all household tasks, cooking and cleaning and child care. She readily acknowledged the increased use of convenience foods, and “take out” foods during the school year. She delegated chores readily, and had the support of her husband in this delegation. From interview transcripts, he reinforced her requests to the children for help. Her extended family had not shown much support in her education, and she did not rely on them for assistance with child care or finances.

She had a previous degree in Criminal Justice from the University of Omaha, earned in 1991. She graduated from Ron Calli High School in Omaha, Nebraska, in 1985, in a graduating class of 68 students.

Participant 2 was a 43-year-old female in her second marriage. The blended family had seven children, with only two remaining at home. In addition, there was also a grandchild living at home. This participant was quite interesting, in that her daughter started this nursing program at the same time. The daughter was unsuccessful during the first term, and it was very difficult for this student to accept. Working four days a week, trying to tutor her daughter, and assist in the care of the four-year-old grandchild was overwhelming for this student at times. This participant had not graduated from high school. Although she had earned her GED, she had not taken any college courses before starting the nursing program. Nevertheless, she was a persistent student, and successful in nursing with much faculty intervention and reinforcement.

This relationship was also very traditional. The husband made it clear from the onset of the nursing program that this endeavor could not interfere with the household duties, the expected income, or roles fulfilled prior to going back to school.

Participant 3 became a single parent at the end of the study, as her husband was deployed overseas. The nuclear family consisted of the parents, two daughters, and various animals. Married seven years, this participant felt her spousal relationship was very traditional at the beginning of the marriage, but had changed as she returned to college and began working.

This participant had not graduated from high school, but earned her GED from the University of Louisiana at age 17. She was one of six children, of which only two went to

college. She attended the University of Louisiana for a year and half prior to switching her major to health care. She had a certificate in respiratory therapy earned from the University of Louisiana, and had worked part time before entering the nursing program.

Participant 4 was the youngest in the group. At age 20, she had the most complex relationship of the participants. She and her boyfriend and daughter lived with her parents, and both she and her boyfriend were in school fulltime. She was able to delegate or shift responsibility of household chores to her parents, or act as a daughter instead of head of household. The nuclear household also included her two sisters and brother, all younger than her and still at home. She had a very traditional educational background, graduating in a class of 52 students, in May of 2000, and enrolling in a private nursing college that fall. After finding that college was not meeting her needs, she started at the community college the next fall.

She had been with her partner for four years, and expected to marry and establish a household after they both graduate. She felt that, at this time, she did more of the household tasks and chores than her boyfriend, as he was in school. She expected this to change when they get their own house. She noted she already talked to incoming students about the program and the expectations of the faculty and the program for success.

Participant 5 was the daughter of a nurse. This was of interest to nursing faculty, as many students enter the program based on the recommendation of other nurses. They may not have a clear idea of what they want in life. However, this was not the case with this participant. She had made informed decisions about the program, her choice of life role, and deliberate preparations before entering the program.

With her husband for seven years, the nuclear family consisted of the parents and three children. Another student with a GED (she said high school was boring), this student received her GED from Iowa State at age 16. Attending college was an expectation of her parents throughout her childhood. She then attended Iowa State for two years, but did not earn a degree. She began in health care because of a suggestion from her mother, but consciously watched other nurses and health care professionals before beginning coursework in nursing.

Her relationship with her husband was very untraditional. He was responsible for child care and all household responsibilities. This was a result of focused discussions before starting the nursing program. His job allowed him the freedom to take time off for child care, alter his schedule if necessary, and organize his activities around her schoolwork.

Participant 6 had a personal profile most typical of the community college student. At 31 years old, she had two sons, and had been with her husband for 14 years. She had no previous college experience, and had attempted to work fulltime when she started the nursing program. Her only coursework before starting the nursing program was attainment of her CNA certificate through the Continuing Education Department.

Her extended family was of great help, since her mother, although she lived out of town, was willing to watch her children when they were sick, and would drive to town to meet her half way when need arose. While she started in a traditional relationship with her husband at the beginning of their marriage, she stated it had changed drastically, where he had taken over nearly 90% of the household duties.

Pilot Study

A pilot study was completed in the fall of 2000, with a focus similar to the current project. A second year nursing student, who was excellent in the classroom and clinical area, had exited the program in mid-semester, and cited "stress" as the reason (personal communication with S. Hoyt, June 15, 2000). With Iowa State University faculty approval, and after receiving approval from the Iowa State University Human Subjects Research Office to conduct the study, the student was interviewed. As this student had made the comment "Nursing school is total stress," it was felt that this was a natural starting point. With the interview as the technique for data collection, focused questions evolved through the interview. Five definite themes emerged from the interview transcripts:

1. Stress is a major component of the nursing program;
2. The student was unsure of how to deal with stress – felt she had no avenues for problem solving;
3. Fear (related incidents of critically ill patients, perception of inability to follow through from classroom learning to application in the clinical area);
4. Social support is important for success; and
5. Inability to prioritize roles, resulting in role conflict.

The first four themes could be addressed through faculty advising, orientation programs, and incorporation of activities and skill sets throughout the nursing program. The fifth theme, role conflict, was the basis for the current study. The student in the pilot study had been at home with children for four years and had a very traditional relationship with her spouse, and she felt unable to ask him for help with any household chores. She felt his working was his contribution to the marriage, and she had to assume the role of full-time

student in addition to maintaining the household and childcare. The question then became. “How do women with four roles: that of parent, partner, worker and student, adjust and cope?”

Data Analysis

Quantitative methods were used to identify students who met criteria for the study. The results from the administration of the demographic assessment are shown in Table 3.1. The average age of the six interviewees was 32 years, with a range of 20-43; the average number of children was 3, and ranged from 1 to 7; and the average number of hours worked was 20, with a high of 40 and a low of 8.

Table 3.1. Demographic characteristics of the participants (N=6)

Student	Age	Number of children	Hours worked weekly
1	35	4	40
2	43	7	32 or less
3	35	2	8
4	20	1	16-24
5	26	3	8
6	30	2	16

Qualitative methods were used to examine select nursing students’ understanding of their roles, the changes that occurred in role fulfillment after starting school, and the students’ perception of their adaptation to the increase or change in roles. These concepts are reflected in the research questions:

1. To what extent are nursing students aware of the roles they have as they enter the nursing program?

2. To what extent does the addition of the student role cause role strain/ overload/ conflict?
3. To what extent are students able to delegate responsibilities associated with the roles the currently have?
4. What barriers do students identify relating to responsibility delegation?
5. What interventions do nursing students perceive will assist them to handle role strain and overload?
6. What is the extent of social support for these students?

Interviews began with general questions, and further questions were guided by the responses. With analysis of interview questions and responses, three areas emerged, and responses were grouped under the following themes.

Understanding of current roles

- Tell me about the roles of spouse, student, mother, and worker that you have. What is it like to be a student while at the same time experiencing issues relating to parenting, working and being a spouse/partner?
- Changes that occurred in role fulfillment after starting school

(Questions about stress and stressors revealed role conflict and delegation of role responsibilities)

- What incidents or situations in nursing school caused you stress?
- What support did you receive in your stressful situation?
- What other stressors have you had recently in your life and what helped you cope with them? How did the college setting provide/ not provide leadership, direction, and support to you in dealing with problems of the additional role of student?

Student perception of adaptation to the increase or change in roles.

- Tell me about your social and family support systems.

In order to develop an accurate database, interviews were audio taped and transcribed. These results were then used to formulate questions for the second set of interviews. Approval of the research design was granted by the Iowa State University committee on Use of Human Subjects prior to gathering and analyzing data. The interview questions were submitted to the Iowa State University committee on Use of Human Subjects for approval before the actual interviews were conducted. The initial interview questions are contained in Appendix C. The questions centered on knowledge of nursing before entering the program, stressors through the year, and support systems. Finally, the students were asked if they had any additional comments or suggestions. Interviews were set up around the student's class schedule- and each initial interview lasted from 30-50 minutes. Students were also asked to respond in writing to reflective questions (see Appendix D). These questions had essentially the same content as the questions asked verbally, worded differently.

Knowledge of Nursing

- What did you know about nursing before you started the program?
- Why did you go into nursing?

Roles and stressors

- Tell me about the roles of spouse, student, mother and worker that you have.
- What incidents or situations in nursing school caused you stress?
- What support did you receive in your stressful situation?
- What other stressors have you had recently in your life and what helped you cope with them?

Support systems

- Tell me about your social and family support systems.
- What additional concerns do you have that you would like to talk about that we have not covered?

Reflective questions for the student to respond to:

- What is it like to be a student while at the same time experiencing issues relating to parenting, working and being a spouse/partner?
- How did the college setting provide/ not provide leadership, direction, and support to you in dealing with problems of the additional role of student?
- Given your status as a parent, co-worker, and partner, if you became a faculty member at a college, or a college administrator, what is one thing you would not change? What would you change?

Instructions were given to each student at the beginning of each interview, and the audiotape was played back for the student to hear after instructions were given. This was done to remind the student of the voice volume needed to record, as soft voices did not record well. It was also hoped to relieve some anxiety surrounding hearing ones' own taped voice. While the questions were read to the student for purposes of recording, the student also had the questions in front of her during the interview. Data were transcribed verbatim onto computers from the audiotapes. The interview concluded with participants given the opportunity for additional comments regarding their nursing education experience.

Analysis of the data was completed by reviewing each question from each respondent to determine similarities and themes. Data were compiled by participant as well as categorized according to question. Themes were identified through this process.

Themes were summarized with student quotations followed by researcher interpretation. As stated previously, questions and responses were grouped into three main themes: (a) nursing students' understanding of their roles, (b) changes that occurred in role fulfillment after starting school, and (c) students' perception of their adaptation to the increase or change in roles.

Specific questions relating to student comprehension of their role and fulfillment of those roles began the interviews. Changes in role fulfillment were identified through questions relating to stress and stressors throughout the academic year. Spousal and social support revealed individual student changes and adaptation to role changes during the school year.

Based on data analysis from the first interview, a second set of questions (Appendix E) was developed to clarify and amplify data from the first interview, as well as expand on individual questions and participant responses.

Understanding of current roles

- Were you aware of the roles you had as you started the nursing program?

Changes that occurred in role fulfillment after starting school

- Did the addition of the student role cause role strain/ overload/ conflict?
- Were you able to delegate responsibilities associated with the roles you had?
- What barriers did you identify relating to responsibility delegation?
- What interventions from family, peers, or faculty could have helped you handle role strain and overload?
- Was any change in roles or responsibilities intentional or as a result of crisis- specific incident- or realization of role overload/ conflict?

Support systems

- What is the extent of your social support system?
- What impact could increased social support have on responsibility delegation and personal enrichment as you progressed through the nursing program?

Trustworthiness

Trustworthiness and integrity of the study was achieved through triangulation and member checking. Objectivity of the analysis of the data was enhanced by triangulation (LeCompte & Preissle, 1993). This prevents the researcher from accepting too readily the initial impressions as valid. The purpose of triangulation is to gain breadth, depth, and clarity of subject matter and to determine the reality of student perception of roles and difficulties experienced fulfilling those roles. Previous studies have used narratives, surveys, and interviews to collect data regarding roles and role fulfillment, and these methods were also used in the current study. Member checking (i.e., having participants review the transcripts and data analysis and confirm the analysis) decreased researcher bias. Participant review of transcripts provided an opening for further discussion and clarification of concepts.

To further increase trustworthiness, peer review was used for data review and thread identification. The person chosen to review the data was Anita Stineman, who is an educator at the University of Iowa. Her current position includes teaching responsibilities associated with education for nursing educators, as well upper-level nursing courses. She has held administrative and teaching positions in the past in the community college system. The raw data from interviews, data summarized by question from original interviews, as well as data organized into themes was reviewed. Her comments are included in Appendix H, and verify

the threads that were identified. If needed, a paper trail of data collection, data analysis and notes can serve to provide data for study replication.

CHAPTER 4: RESULTS AND FINDINGS

The purpose of this study was to assess adult nursing students' understanding of selected life roles and the barriers and resources they encountered in role fulfillment. Additional data relating to student ability to delegate the responsibilities associated with these roles were collected to identify perceived ownership of select responsibilities. Along with life roles of student nurses, this study examined the availability and importance of spousal and social support systems. Qualitative methods were employed to understand the nursing students' experiences as they pursued their educational goals while they continued to fulfill the roles of parent, partner, and worker. General and specific situations were discussed, as were the students' methods of prioritizing roles and resolving issues.

Individual interviews were conducted with six participants who met the criteria of fulfilling the roles of parent, partner, worker, and student. Seven initial research questions were used in the data gathering process to ascertain individual awareness of roles and student perceptions of support systems to fulfill these roles. Research questions were divided by the researcher into three categories to separate content areas as well as aid in ease of conversation flow. These three main categories were identified as *Role Prioritization*, *Spousal Support* and *Social Support*. Questions relating to role prioritization addressed role identification, role strain, and role overload, as well as delegation of responsibilities associated with those roles. The categories of Spousal and Social support focused on the interactions with families and peers as they related to support systems, both personal and professional.

A set of interview questions was given to the participants prior to the interview, as well as a set of three quantitative surveys. The purpose for distribution and discussion of the surveys was to solicit student feedback on their usefulness in an intense pre-registration orientation day for prospective nursing students and their families.

Analysis

Once the qualitative data were collected, a transcript-based analysis was selected to identify common themes. Audio taped interviews were transcribed and printed for researcher and participant review. Transcript data were organized by participant and by question. Analysis was carried out by reviewing each question and response from individual participants, then responses grouped by question. An analysis of the initial responses led to grouping of data into three main areas: (1) The level of student awareness of the roles they are fulfilling as they enter nursing education. (2) The level of awareness of change in role fulfillment as students progress through the first year. and (3) Student perception of support systems, both familial and social.

From the themes identified in the analysis of these data, a second set of interviews was conducted to clarify and expand on initial responses. This set of interviews verified the initial responses and added information in all three categories.

Prior knowledge

Research Question 1: To what extent are nursing students aware of the roles they have as they enter the nursing program?

This section of the analysis consists of a summary of the interview questions, illustrative quotations, and an interpretation of compiled data. While not initially a part of

the actual research, the interviews began with questions regarding prior knowledge of the nursing profession before entering the nursing program. This was intended to lay a foundation of individual student knowledge base of nursing as a career choice, and an attempt to decrease anxiety participants may have had about the interview process. Answers were as varied as the participants: from familiarity with the role and job duties to admitting knowing very little, and coming into nursing from a pure emotional standpoint of "always wanting to be a nurse".

One student noted:

My Mom is a nurse, so I have been exposed to it a lot. I used to go to work with her during high school, she works in OB (obstetrics), and I want to work in OB. So I went and shadowed her, she had it approved by her supervisor. So I have seen deliveries, I've seen kind of what they do.

Another student continued:

Well I feel actually quite a little bit. I had worked two years as a CNA (certified nurse aide) on a med surg floor in a hospital and most of the nurses would say to me, "Why would you ever want to be a nurse?" Which is kind of exasperating that I would even want to do that. So I knew exactly, pretty much what they did. I paid quite a bit of attention to their charting and their responsibilities. I feel I pretty much knew a lot about what I was going to get in to. I saw OB nursing, ICU (intensive care unit) nursing and home health nursing all in the same place."

A third student, currently working as a respiratory therapist in a hospital,

continued with this comment:

I knew pretty much about nursing from working in the hospital. When I first starting working as a therapist, I started the same time as a lot of new RN grads, so I knew some of the struggles they went through. They told me all about nursing school, and I knew it wasn't going to be a breeze. I knew it would be difficult and a lot of work.

Still another student had this comment:

I have been a CNA for a thousand years. I think that they (the nurses) take good care of people, giving meds and making peoples lives better. Sometimes I think their job is so much easier than mine.

The other end of the spectrum was also expressed ...

I didn't know a lot about nursing before I entered the program; I just knew that I had always wanted to go back to school to be a nurse.

When asked what she knew about nursing, a mother of four simply said:

Basic CNA stuff and that I wanted to be one.

Becoming a nurse is sometimes a lifelong ambition, even though some new students know very little about the profession, in general, and less about the educational process needed to attain the degree. As one participant noted:

I didn't know a lot about nursing before I entered the program; I just knew that I had always wanted to go back to school to be a nurse. Once both of my kids were in school, I knew that that was when I wanted to go back to school. I think it is a very challenging field.

Interpretations and implications

Participant responses ranged from knowledgeable understanding of nursing and the roles of the nurse, to inability to differentiate nursing roles from the roles of the unlicensed assistive personnel (UAP), to not answering the question as it was asked. All participants portrayed and/or discussed a need to help, to support, to nurture, both family and the public. Some brought accurate historical knowledge into the program, having shadowed or followed a nurse while in high school or before starting the nursing program. Other participants had family, mainly mothers, who were practicing nurses. These participants had a good working knowledge of the profession.

While some participants were working as unlicensed assistive personnel (UAP), or certified nurse aides (CNA), and had watched nurses, they did not have the same knowledgeable background as those who had actively sought a shadowing experience. This was evidenced by the comment:

Sometimes I think their (the nurse 's) job is so much easier than mine.

The job duties/ responsibilities of the Registered Nurse (RN) and the certified nurse aide/unlicensed assistive personnel (CNA/UAP) are different in scope, breadth and depth. The CNA or UAP has a set of skills obtained in a classroom as well as practice setting. While not a college credit course, this skill set is often taught at a college, or in the hospital setting. This skill set includes care giving skills as bed making, bathing, oral cares, and feeding patients. As nursing students progress through the program, they are taught the definitive parameters of each role, and are able to delineate role differences.

Students who enter the nursing profession mainly on the basis of altruism many times become the most compassionate and caring nurses. Their stumbling block is the intensity of the program. One student expressed her desire to become a member of the nursing profession from watching and working with other professionals, but later acknowledged she had no idea of the commitment needed to be successful in the educational part of the program.

I just knew that I had always wanted to go back to school to be a nurse...

I guess it's just something I have wanted so bad and I look up to people that already in that position. I see how hard they strive. The schooling is not easy, it is a very difficult program. You have to want to learn. It's going to make you a nurse and I have a high respect for those that are a nurse or doctor. It took a lot to get there.

This attitude, while commendable, is not sufficient to ensure success in the program. Students need to be aware of the role of a practicing nurse. Exposure to practicing nurses prior to entering the program can enable the prospective student in formulating questions relating to the profession, clearing up misconceptions relating to practicing nurses, as well as final validation of the choice of nursing as a life profession.

Role definition

Initially, roles were named and defined for the participants in an attempt to increase or substantiate awareness of their roles. During the second interview, participants were asked if they were "aware of their roles as they began their education in nursing." Answers were as varied as the participants. Some students were quite aware of their roles before starting the nursing program, while others had given the concept no conscious thought.

As one participant, who had been out of the educational arena for almost 20 years, noted:

It's a long story. The spouse and the mother kind of get the same thing. The spouse, the mother and the worker, I kind of have that down pat. I was used to them, they were comfortable. They were roles I had been in for awhile, so everything was going okay. All life has ups and downs, but it was manageable. Then I became a student, and I had something called "homework" which I hadn't had in twenty some odd years.

While two of the participants were aware of their multiple roles and responsibilities, these two students had prior college experience in another setting before entering the nursing program.

Yes, I was well aware of the roles I already had and I had been a college student before and in a professional program before so I had a good idea but I don't think at the time I realized how demanding it really is, and, Yes, I certainly was.

The two who had not realized their roles had no previous college experience.

My roles? I didn't realize all of that until I actually started into the nursing program. That's when I started the nursing program. Shortly after-- I was well aware of the roles, whether it mom, teacher with your own children, health care provider or whatever.

Another student candidly replied:

No. I guess I just jumped in without thinking about all of the difficult roles.

Once roles were defined in the initial interview, and the participants aware of the multiple roles they were fulfilling, the questions focused on role strain and conflict.

Discussing the addition of the student role, students were asked in two separate interviews about role strain and conflict. In the first interview, the topic was addressed as a stressful incident: in the second, as role strain and conflict. Several themes emerged in this area: time management, fulfilling the role of being a child and caretaker and parent at the same time, or having an ill child and a test on the same day.

Role strain or conflict

Research Question 2: To what extent does the addition of the student role cause role strain/ overload/ conflict?

When discussing roles, students related stressful situations that led to role conflict or role strain. Many of the students, by their age and proximity to their extended family, are the caregivers or nursing resource for their parents. This was noted by one student:

Dad is ill... he has some tumors growing in his brain that are inoperable and Mom won't take her Estrogen and she is like mad about it, so all that. I am scared for my dad to be there with my mom because she is kind of out of whack so I worry about them.

As all participants were parents, situations with ill children occurred. One student was particularly resourceful. When her child was ill, she made arrangements with her clinical instructors to change clinical sites so she could be in the same hospital as her child. and she also had other students care for her ill child while she was in the hospital:

In the past year, my youngest child was in the hospital with pneumonia for 5 days, during school of course. And that was pretty stressful, but I worked it around and I made it to every class except for one that week, and I did both my days at clinical.

Another student with a hospitalized child was directly across the street from the hospital where she was assigned for clinical. She expressed frustration at being in one place with her child, knowing her classmates were across the street doing their clinical work. She also noted her husband was 22 hours away, and her mother-in-law disapproved of her attending college.

I need to be two people that can split and divide and go two separate ways and the whole time I was at Mercy Hospital I was looking over at Jennie Edmundson where I am supposed to be in clinical and thinking gosh I should have been there. But I couldn't be, so it was bad.

The students expressed role overload and conflict, with as many factors as individual students. One student discussed trying to complete assignments and deadlines while trying to continue with the roles of parenting and being a partner. Other participants had ill children that needed their attention, while the students were expected to be in another place for school. Still another was involved in legal action that interfered with her concentration. Effective time management was stressed to the students by the faculty with examples, and augmented by emotional support from the other students. One tactic faculty suggest for improved and more effective studying is to set limits on study time, take breaks for activities,

and then spend more time studying. This breaks up the monotony of studying, and may decrease feelings of separation among family members.

Well a lot of times I get very stressed out and then I am past the point (of) studying..... I have to study and I just can't because I have Isabelle calling and pulling at my legs. She does not like me to study at all. I get very frustrated and I don't know what to do. I usually ask my dad or my mom if they can just take her for awhile. I even pay my little sister sometimes to watch her. You know... like \$5.00 to watch her for the afternoon so I can study.

Faculty discussed assignments with students, but many times the depth of the assignment was not realized, or the family did not realize the time needed to complete a paper as well as look up references for a presentation. One student tried to explain to her family the demands of the program:

... you don't always know what is going to come up and you get assigned a project and initially you look at it and you go ok this is not a big deal. Then as you get into it, it's a bigger deal than it looked like on paper and it's more time consuming. Then trying to explain that to your spouse and kids, this is why I am gone more and I have to do this. I think that adds a little more stress and I know we had a couple of projects were more time consuming than I originally thought they would be and that added a little more stress. You just get through them.

While all instances of role strain and conflict are not as intense, many students don't realize the impact of the addition of the student role until well into the semester. One student acknowledged it was a growth process as the year progressed, as she said.

I don't think I really thought about it that way. I mean that I had all of these different roles that were going to conflict. I kind of found out along the way that I was a lot of different things.

Another student, who was struggling through a difficult semester, was severely affected by outside forces that, in turn, affected her education and ability to concentrate.

Experienced faculty were knowledgeable of the need for concentration, and were able to note behavioral pattern changes in this individual student.

I was involved in a motor vehicle accident in 2000 and it was going to court and it was in May around the time of our last test and graduation and everything, so that was the most stressful time for me. It ran into a 4 day court trial. I thought I was handling everything really well and that I wasn't really stressed out, but I think it showed a lot in my grades that I was more stressed and more distracted. I still didn't realize it until my instructor, she actually had to say "Georgia, I know that you have the knowledge there, but I think that really during this time, you were really distracted more than what you thought." It took me awhile to really realize that, and she was right. Teachers know more than what we think they know. They can see right through people and they can just pick up on things and tell when maybe you are just not right or you're not the same you usually are. I do believe she could see that, she could tell, even though I couldn't tell myself.

Interpretations and implications

All participants perceived themselves as the primary caregiver for their parents. In more than one instance they had sick children during the school year, or dealt with environmental problems. One had such financial difficulties her heat was shut off for a period of time. When faculty realized this occurred, the college was able to intervene in a positive manner. Students do not always share personal concerns with faculty, and faculty are not aware of the stress and role strain a student may be experiencing. In the interview sessions, while the participants were quite willing to discuss role strain and conflict, the difficulties they were experiencing were not previously known to the researcher or other involved faculty.

Participants fulfilling the roles of parent, partner, worker, and student often felt pulled in many directions. This was evident by the statement, "*I worry about them*" (*her parents*) and "*I am Mom.*" Simply stated, the students expressed that they were unable to take time to

play with the children, be with their spouse, or work to assist in the paying of monthly bills. As noted in Home (1998a), students reported: "...in contrast to jobs with fixed hours and tasks...family and student work 'just never ends' " (p. 93). The participants also reported feeling guilty when they did not study daily. Time management techniques could address the necessity for allowing the time to do the majority of things the students perceive necessary, set limits on those activities, and then settle down to study.

There are numerous assignments throughout the nursing program that can increase student stress level. According to the participants, explicit instructions, and encouraging group efforts and assignments seem to decrease stress levels. While faculty, family, and supportive persons cannot complete schoolwork for the student, with prior knowledge of the intensity of the program, they could assist with time management and organization of the household and family activities throughout the school year.

Participants in a study by Van Stone, Nelson, and Niemann (1994) perceived that faculty understood the conflicts between school and home if they were aware of the students' problems. This was reinforced in the interviews, as students noted they kept faculty aware of their children's illnesses, parental illnesses, and environmental stressors in their lives. Nursing faculty are simultaneously advisors for nursing students, and the classroom faculty-student ratio is usually kept at 16-1. This enables the faculty to interact with the students more frequently and observe the students in classroom and clinical situations in the event more intense counseling would be needed, and to insure the student is a safe practitioner. Ensuring safe practice is an integral part of a nursing program, and this concept is defined and regulated by individual State Boards of Nursing, delineated in state codes as rules and regulations.

Safe practice is reflected in nursing standards, both institution-specific and state law. State nurse practice acts define safe practice through set licensure requirements for the profession, definition of the scope of practice, and authorization of boards to enforce the laws as written. Nursing regulation protects the public by establishing minimum criteria for state practice. These minimum criteria are in the form of the NCLEX-RN® test after graduation from an approved nursing program (Crawford, 2001). It is the responsibility of faculty to monitor the students as they progress through the nursing program to ensure they practice within the defined scope of practice, as well remove a student from the classroom or clinical area if there is a concern.

Role prioritization

Research Question 3: To what extent are students able to delegate responsibilities associated with the roles they currently have?

Role prioritization dealt with choosing which role to fill at a given point in time.

Most of the participants felt the student role was supposed to be their primary role during the school year and acutely felt the loss of family time. The following student discussed her methods of prioritization:

The first thing I had to do was prioritize things that were, there is a difference between need and want, and what I mean by that is laundry needs to be done, I may want to dust the house and vacuum, but is that a need or a want. It doesn't need to be done right now. Even if I wait 6 weeks down the road or whatever but so I had to prioritize what needed to be done. The big thing for me is that I have big support with my husband. He helps out. When I am in school full time I don't know when I cooked the last meal for my family because he takes over that".

The students were well aware of the roles they fulfilled, and the importance of prioritizing these roles. One student began:

I am Mom. I have two daughters. I am a student, a wife; I am also a pulmonary rehab therapist at Midlands. Since I have been in school I've cut down my work schedule. I just work p.r.n. [as needed] Well, I know that one of the most important things right now for me is school and making good grades and getting my work done and studying. Fortunately my family is also aware of that so they pretty much back me on that. We have several calendars in the house where everything is written out and I just try to keep the after school activities so that it is doable. Like spread out--- instead of the girls both having things to go to on one day, we try to spread it out so that I am able to study after class then take them for an hour for their activity and then come back home and get something on the table to eat. Then get to my studying.

Being a mother continued to be seen as the priority role for women returning to higher education. This was revealed in the interview process as several of the participants noted:

...So it's been my kids, then my house, then my husband.

...Well, I guess the first and foremost one is probably the Mother

...My daughter. When she is awake, I play with her. When she goes to bed that's when I study. If something were to be wrong with her, if she was sick, I would be there. I would just have to.

...I am Mom, I have two daughters.

As parenting was being revealed through literature and current interviews as the priority role, participants were asked about their ability to manage time and priorities their activities. The responses were varied; nevertheless, the most commonly recurring theme was the need to balance between parenting and school.

... Well, I guess the first and foremost one is probably the Mother. I have three small children and of course with them being out of school right now, that's even more of an issue. I rarely see them now. Sometimes, a couple of hours in the evenings before I study, is about really all the contact I have with

them while I am in school. As far as being a wife, he is also kind of put to the wayside most of the time, too.

Last week my son went to school and got hurt in the gym. I left school, I never found out about it while I was at school, and then I went from here to work. When I got to work they called me and they needed to transfer him to Mercy Hospital that he needed surgery. He was at the Missouri Valley Hospital. My mother-in-law had to take him in because I wasn't home. Then they transferred him and I met them there and then the doctor was in surgery so I had to call in, I had to choose between going to clinical or being with my son. And I had left work also. Work is my last priority and my child is first priority.

One time my child was sick and I had a clinical so I had to make a decision. I ended up taking him to the child daycare in the hospital. I felt really guilty the whole time I was at the hospital. I didn't feel guilty because I was with my son, but I felt guilty that I was missing clinical. I just don't do that, so I felt really guilty.

One student took a different perspective. She consciously made the decision to put her children in the care of the father, and rearranged her life for a year to accomplish a life goal. She was very directed and focused as she completed her education.

The most important right now is school, because I am paying for it. If the kids are sick, that's important, but if it is something that my husband can take care of and go with them without me, then that is how we do it. Then work probably comes next, money to feed us. So it's been my kids, then my house, then my husband.

The following two students were typical of the multi-role student. Both had to schedule work, their children's activities, school, and time for their husband, which at times left little time for themselves. The first student noted the difficulty in managing school and family schedules:

No, I didn't think it would be that hard, I didn't think it would be that stressful. I guess that when you're not in school and working and have a family all at the same time, you don't pay attention to the little things. Like the ball games you have to drop kids off at or practices they have to be at. You just do them, and then it was hard to schedule everything around my schedule.

The second student acutely felt the separation from her children as she attended classes:

There were times when my son had a soccer game and I was not able to go because I had to study for a test the next day and it wasn't even if I had a test the next day, you literally have reading that you need to do every day, so even if I didn't have a test or something major the next day, I still couldn't just go to the soccer game or practice. School functions for the kids like if it was their fall party coming up, I wasn't able to help out quite as much like I normally would of. But there are several examples I have of things that I wasn't able to attend because of school. But I knew that when I went into the nursing program and that's ok with me. There were times where like when it was Mother's Day, I didn't really feel like I was that deserving of Mother's Day last year. I felt like I had shorted my family and I was kind of a little teary eyed when I got a card and the card was like the biggest card I have ever seen, it was like a poster. I think the reason that I got this big card was that my family wanted me to see that I was doing a good job and they were proud of me and Happy Mother's Day. I still felt bad. Guilt thing.

Interpretations and implications

The roles of parenting and student were seen as significant, and as needing more attention than the roles of spouse and worker. Parenting and student roles at times conflicted, and participants were forced to choose between attending activities for their children and studying for school. More than one participant expressed guilt at not being able to continue to attend to her children's perceived needs as she had before beginning the nursing program, while at the same time expressing guilt about missing a learning experience in the clinical area. Whether it was a sports practice, or sitting in the hospital with an ill child, the parent/student expressed difficulty about making the "right" decision. As noted by Campaniello (1988), the role of parent was the role that significantly increased role conflict. The number of roles was not as important as the occupation of the role of parent.

To varying degrees, all the participants realized prior to starting college that their priorities would need to change during their schooling. The knowledge that this intense level of prioritization was self-limiting time-wise was also helpful. Some participants expressed guilt at having to address college needs before parenting as well as the necessity of staying home to take care of children when the student was supposed to be in class. In addition to changes in prioritization of roles, the participants found they had to change the way they fulfilled their roles. This was another recurring theme throughout the interviews.

Change in role fulfillment

Research Question 5: What interventions do nursing students perceive will assist them to handle role strain and overload?

Change in role fulfillment was a theme that was discovered during analysis of data relating to questions about delegation of responsibilities mainly relating to the roles of parent and partner. This theme manifested itself as frustration on the part of the participant, where activities and tasks they had been doing had to be given up, delegated to someone else, or simply not carried out. Barriers to successful role completion also fell into this category. As one participant noted in the first interview, when discussing her choice not to cook to the extent (quantity and type of meals) that she had prior to entering the nursing program.

Well I know that they are not going to starve, they know how to make peanut butter and jelly and grilled cheese. At least I don't worry about that part. They help a little bit but not without being told to.

Household tasks were the most common of responsibilities the participants were able to delegate, or in some cases, to leave undone. Other participants made conscious choices, as this participant noted about her cooking:

I used to cook supper a lot, but I don't anymore --hardly ever. Maybe sometimes on the weekends, but I don't hardly ever cook and I do laundry every once in a while but I have the kids fold the laundry.

The age of the children was also a factor, as this affected the quality of work accomplished. Simple things like folding clothes, doing dishes, and pet care were tasks the participants realized their young children could assist in completing.

The participants used different coping strategies and activities to assist in stress reduction throughout their education. One student was able to maintain her focus on the end result of the nursing program to help her cope.

There were things that I did delegate out, simple things, laundry, towels needed folded. I usually always did that, but I would have my boys fold the towels or even just the kitchen towels and they would put them away. They were not done like I would have folded them, but you bite your tongue and just let them do it. It really does help out, even just the little things. My husband would cook supper and vacuum the floor or there are friends that we have like one time when Seth was sick...

And I was like ok, but there were things that were definitely delegated out that I wish that I could have done. The rewards at the end and that's all I can see now and that's ok.

Another participant found that rotating the activities of animal care among her young children with chore completion:

As far as around the house, my girls are, even my six year old knows, she will empty the cat box or feed the cat. They kind of take turns: "Who is feeding the cat and who is feeding the fish and who is taking care of the dog". We just kind of rotate or we just yell, "Has anybody taken care of the dog today?" And then I have to remind them, because they are kids. Mom would like a break from walking the dog! Course, I have to bathe her because we have a rather large dog.

All the participants took into account the ages of their children, traits of childhood, sibling rivalry, and family dynamics as they attempted to study:

I guess because of the way I was raised none of us had to fill the dishwasher. I mean, my kids have to do chores and stuff, but not have to do it like that is your job. It just depends on what is going on. If it's a day like Tuesday, I am off, I don't have any classes so I may relax and do more things. Other days when I am studying or pre-lab or working on a concept map, I have to go tell them and say you have to do this".

Yeah, because my boys they realize, they really do, when I am studying and when I need quiet time. My daughters don't as much, they are like gosh, could you just put it away and talk to me for a minute? Just drop it. And they get to gabbing or turn up the radio loud and they don't quite understand and I think if they understood what it really takes. ...Then they wonder why are you in a bad mood? Well, first of all, it's nothing anybody in here did, it's because I have all of this stress. You know I find myself apologizing probably every night that I am home for studying and for I can't do this and I feel guilty. My husband is like "Girls fold the clothes, you need to fold the clothes". And then they start arguing saying "We are always folding the clothes you know that is all we do is fold clothes where are the boys?" I am like just quit arguing about it and I will get up and help you fold the clothes. Then I have to stop what I am doing, and I think you know what is the big deal of folding clothes, just two nights ago when I was home I cleaned the whole entire house. I didn't open any books, I had to spend my whole night because their idea of cleaning the kitchen is do the dishes. They don't wipe off counters, they don't scrub the stove, they don't vacuum the floor, you know I have a big area rug in the kitchen underneath the table and I have bar stools, they don't move them. The next night I called them from work and asked what they were doing for supper and they said they were having Subway. I got home and they didn't even pick up the papers from the sandwiches. The papers were laying across plates still on the table. I think I don't feel sorry for them and then I think I am not going to apologize. [This statement is in reference to the father reminding the girls to fold the clothes, and the student feeling guilty about not doing the clothes herself] But then I apologize.

The participants also expressed guilt at asking for help, and frustration that family members did not recognize the importance of their education. The majority of the participants discussed extended family, in addition to nuclear family interaction and support.

My dad cooks a lot, but I catch a lot of flack for it. You know, he will say something about how I sit on my butt all the time and study, I don't think he is meaning it to be mean, but it gets old and frustrating. He goes to work all day and he still has to come home and cook, but when I come home my work is still not done.

And even when my husband was home last year, I would still find myself doing things that I was sure he was going to do and that's when I would have to say: "I thought you said that you were going to do this!" Because you do just get used to doing the certain things that you are just programmed to do and just do them. But I don't have a problem with letting go of cooking or that kind of stuff.

Interpretations and implications

As noted in studies conducted by the American Association of University Women Educational Foundation (1999), and Weibe and Harvey (1997), women attempted to align their school around their existing family and work routines instead of looking at how their educational and family activities could revolve around their personal needs. While these participants tried not to disrupt their family routines, the added responsibilities of being a student increased their stress. This was noted in the interviews, when the participants would take an evening and clean the house alone, instead of asking for help or delegating the chores. Another example of this behavior was noted by the participant who apologized to her family for not doing the housework or cooking their supper. Weibe and Harvey (1997) also found participants in their study focused less on housework, while appreciating any help by family members and making time for interactions with their children and spouse. This concept of delegation was replicated in the current study.

While some participants were able to see the necessity of changing the way and the extent of role fulfillment, it was not always easy, nor as fulfilling as if they had done things themselves. In order to find study time, one student coped with household tasks in the following manner:

Sometimes I do just let things go, like two or three days I will just walk into my house and keep my eyes closed and walk directly to a clean room. I will just ignore everything. So I can study. I won't even look.

When children were ill, it seemed to be difficult for these women to leave them with someone else. and concentrate on schoolwork.

Seth was sick and I had to be at clinical and I had my mom meet me at the college and pick him up and I felt so bad. I think I felt worse than my son felt. It was not a big deal to him, he was missing school, yea, and then Grandma spoiled him, you know chicken noodle soup, macaroni and cheese and my son swears to this day that all of these things that she made him healed him.

The guilt associated with another being primary caretaker for children was a recurring theme. especially when illness of the child prevented or threatened to prevent the student from attending class or clinical. Extended families also entered into this activity. Some participants felt they could rely on their parents, while others were definite about their extended family's stated lack of interest and assistance in their college work.

This is a potential area of intervention by faculty before an incident occurs, as students are preparing to enter the nursing program. During the interview process, prospective students are asked about alternate child care plans for when the child is ill or the routine child care provider is unable to take the child for the day. Potential students need to take into account the ages of their children before entering the program, as well as the extent of family and social support, as these are necessary for decreased stress and success in the program. The ability to articulate to family the need for quiet time, study time, and to delegate tasks and responsibilities is one that can be addressed prior to entering the nursing program.

Spousal support

The second category identified through analysis of interview data was spousal support, the support of the husband or partner. In a study of 86 husbands of married

returning women students. Scott and King (1985) noted, "...a returning woman must 'earn' support for her education by continuing to meet her family's and husband's needs" (p. 13).

In some respects this has changed, while in others, this concept continues to be seen in relationships, as noted in the following participant's response:

...the days that I worked a long day and he worked as well. I would come home and I was still expected to have dinner ready and the usual wife stuff and he has gotten a little more lax on that where if I say, "I just can't do it." He will pitch in or we will just go get something out.

When asked: "Tell me about your family and social support systems?" and "What interventions from family helped handle role strain and overload?" the responses were varied and indicated overall spousal support. As one older student noted:

I talked to my husband some. A lot of it I just kept to myself, because I was used to doing that. You just absorb it and keep going.

Another participant discussed her husband and their communication techniques:

I am very, you know how I am, I am very direct and I say what I think needs to be said. When it comes to I feel like I am just bogged down, I have too much to do I let him know. He is also pretty good about taking the kids if he knows I need to study or I have a project to work on, he will take the kids for their activity. He is good about hanging out with the other "Moms".

She continued:

It is usually, probably initially, it is a reaction to "...ok I can't do any more, I need help and you are going to have to do it or it's just not going to get done." Then later there is usually a conversation about it. He knows I want to have my house taken care of, I want to have everything taken care of. I want to have food in the cupboards and in the refrigerator and when there is not I get really tense. Because I know that that is how my husband grew up, you know, his Mom was home. She always had all the wife things done and I know he kind of expects that, but he has gotten better about seeing that there is no physical way and that it is not the same world and it is just not possible for me to do everything."

Another student expressed her frustration with this statement:

My husband doesn't even understand that it's really that hard. He is like, oh you are smart, don't worry about it. He doesn't understand.

The age of the student may impact the communication network. The younger students (under 25 years of age and with their partner less than 5 years) seemed to be able to articulate needs and ask for help more easily than the older students. The younger couples also consciously established new lines of communication in their relationships.

I've got Nate, my boyfriend, and Isabelle. I talk to my sister a lot. ... for him to take care of Isabelle isn't first instinct. It's not just routine for him. I have to remind him sometimes, like to get up in the mornings and to be with her. He has to be awake when she is awake and that he has to take her. He is getting used to it more, but it's still not instinctive to him like it is for me, so I do have to remind him. As far as cleaning the house and stuff, he is great about that. He will be working, and I get up and I leave for school at 7:00 and then by the time I get home he has gone to work all ready. Then he doesn't get home till 7:30 or 8:00 at night and then I am getting ready to go to bed, so I really don't talk to him that much. You really need to make time. Maybe go out on a date every once in awhile, you know, just do stuff. Don't forget about the way things were before. You have to remember that. I think if you are not really aware of it or not thinking about it you just let things slip by. It's hard."

We have really good communication, for the most part. Sometimes it's hard, everybody says what is on their mind whether anyone else likes it or not. Sometimes that's a hard thing to do. But it was always out there.

With two students in the family as well as a child, establishing priorities was sometimes a concern. The female student maintained the primary role of parent, and was responsible for childcare:

But when it comes down to both of us studying at the same time, and Isabelle is crying, that is my responsibility.

One participant consciously put the quality of the program above her personal needs, knowing it would be a one-year commitment to travel, and spend less time at home.

I was very prepared before and my husband and I talked about this for quite awhile before I decided to come up here. You know I had another choice of a school closer to home, but I knew what Iowa Western was all about and what

they required of their nurses, and it was much greater than the other school. So, he just kind of said go for it and he would do whatever he needed to do. It's only a year and we can survive.

Even when there was no prior discussion, one participant realized how much her spouse had started to help while she studied.

We didn't have a discussion about it before school, because I didn't realize it would be this much. Even when I was in high school, it is nothing like going to college for a career that you actually have a goal for. It is just totally different. I think my husband just saw how busy I was and he knew the things that I had to get done and he saw the stresses that I went through. He just picked it up. I am very lucky.

Husbands and children saw the stress the spouse/ parent/ student was having, and the participants were able to see that their families were helping in the ways they knew how, to decrease the workload and stress during the school year.

Me, my husband, and my kids. They keep me going, too. No, it's more emotional because they want me to do good, they know that I want to do good and they know it's important to me." Well when I think and I say, gosh, this is it I can't take this any more. I either have to move away from all of you or I have got to quit school, one of the two things have to happen. They are like, oh it will be ok, just hang in there, you will be all right. Wait till tomorrow. Emotionally they help me that way. Physically they don't do as much as they do emotionally. I get strength from them, but I wish they would do other things.

Tasks, as seemingly simple as the husband cooking, provided time for the student to finish studying, or take time with the children.

Most of the time (does cooking). My husband helps out." "Well he has started to do simple meals, he has broadened his cooking range. We are a little past hamburger helper.

At times, a reminder was needed to maintain spousal support.

There were times when he would be lax on holding up his end of the bargain and I would have to remind him. "You said you were going to help me out, and I am doing everything."

Other students noted the relationship had changed, and realized the husband was not receiving the attention he had before she returned to college.

Interpretations and implications

The participants were able to review their relationships and make judgments of how they perceived spousal support as well as the method they used to encourage or adapt to the support given. The participants also recognized the support given to them by their children and spouses, even if the support was given only after reminders. Hooper's (1979) findings reported similar results regarding returning women students with families. Hooper noted that when household tasks were divided among family members, and accommodations made for the age of the family member, there was supportive family assistance. The schedule for task performance was flexible, and assignments were related to the skill level of family members. Hooper also found the adoption of the role of student by the mother was accepted by the rest of the family, although the mother/student did express guilt about being in school, which was decreased with family support.

The current study reinforced the findings of research conducted by Scott and King (1985), who revealed that returning women students found their husbands reluctant at times to help with household chores. This research was based on prior research done by Van Meter and Agronow (1982), which was also cited in this study. This study also found that women returning to school perceived they had to earn their family's support for their education by continuing to fulfill all their previous roles and tasks. Time commitment to the spouse was also considered an important factor for the women in the Scott and King (1985) study, but was not readily identified as a theme in the current study.

Some participants relied on spousal support, without asking or even bringing up the topic. Support was conveyed as an “understood” portion of the relationship. This finding is substantiated by the research of Campaniello (1988) in a study involving 155 female students enrolled fulltime in a baccalaureate completion program for registered nurses. Women who were supported emotionally in their decision to return to school perceived less role conflict than women who reported less support. This spousal support included help with household tasks, child care, and extended to the workplace with flexible work hours.

The ability to communicate as well as communication techniques were essential in attaining and maintaining spousal support. Whether the participant had had conversations with the spouse before entering the nursing program, or the conversations began when the student felt role strain and role overload, the communication needed to be open, honest, and in a timely fashion. This communication needed to be perceived as therapeutic from both the position of the participant and the spouse.

This area of the study has implications in the future planning for prospective student nurses. Part of the orientation process could consist of a communication exercise in preparation for the rigor of the nursing program, discussing time commitment, necessity of spousal and familial support, as well as coping strategies for all persons involved.

Social support

Research Question 6: What is the extent of social support for these students?

The last category identified from analyses of initial interviews was the importance of social support systems. When asked simply to, “Tell about your support system,” the following responses were given:

My family is wonderful. My Mom watches her (the daughter). She works three 12 hours shifts a week, so when she is off she watches Isabelle. If I would need money or something, they would help me out. I know they would. They are really good about helping, doing as much as they can. They love to take her. Nate's family, too. They take her if I really have to study and I just can't get anything done. When she is there, I have a hard time studying, because she is doing such cute little things, but they offer to take her.

One participant, who encountered legal action during the academic year, relied heavily on her social support system. As this could be a sensitive issue, she felt unable to discuss the court case with many people. She had a classmate with whom she was able to confide:

During the hearing that I was going to I was told I could not talk about it to anybody. But I did have a friend, [named], and she was really supportive. She was actually, well there were a few other people that knew, but as support from my classmate, she really gave me that support. She would call and I think she even stopped by one night and I really made some very good friends through my experience in the college classes.

As community college students traditionally travel to school daily instead of living on-campus in dormitories, there is the opportunity for car-pooling and discussion of various topics. This evolved into a social support group for this selected group of students. The following student remarked:

I had a group of 4 very close (or four of us all together) that stuck together the whole year. Two of them of course called and said is there anything I can do, I will come and stay because we have a Pharmacology test the next day, is there anything I can do? Two of them were very good about that. And yes we spent a lot time on weekends together and evenings and supported each other throughout the whole year." Communication, encouragement. There is a lot of encouragement, still is. At least Tonya and I have stayed pretty close, I haven't really seen most of the others, but encouraging each other. I think there was a point, it was all in the first semester, where I was involved, but if I had been an outside observer, you watched one student after another just do this emotional crash thing. I think all the students pretty much circled around each other. I think it helped to know, for everyone, that I am not the only person going through this. It isn't because I am weak. It isn't because I can't

do it. Everyone is going through this. If we can buck each other up, we can get over this hump.

Another student added:

When we drive all the way here, it's just a total....Oh, I don't know, but we get everything out. I want to say a bitch session because one person can start it and everyone else has something that is way worse, and then it seems like you feel better and you can get someone else's input. Why are you feeling this way and it helps you out a lot. I think probably the rides to here and home are the biggest help.

Social and peer support extends beyond family matters. Class work, clinical situations are all discussed in social groups consisting of classmates and peers. Errors inevitably occur. One participant made an error when giving medication to a client in the nursing home. While this could be a serious concern, nevertheless, educators viewed it as a learning experience, and discussion was encouraged. The students were generally supportive, and discussion of a recent error many times prevented repetition.

I had a med error at Harlan. That was awful. I thought my life was coming to an end. I screwed up in the nursing home and did the wrong colors. It wasn't that big of a deal, but ...(told mom about med error) Yeah. She said that I am going to make many more in my life and everybody makes them. If anybody tells you they don't, then they are lying." She made me feel a lot better." (talk to others?) Yes I did. I talked to the girl that I used to ride with all the time. She helped me. Sue also helped a lot

Sometimes social support came from unexpected avenues. While faculty strived to maintain a professional distancing, usually there were some students who required extra advising, both academic and personal.

Faculty went and got me a cup of coffee and took me in her office and sat me down. I said this is it, I am just going to drop. I can't do it. I need to get a job. Faculty said, "Oh Cindy, Cindy don't do that." She was really supportive. Throughout the year, there were different staff members, even you, that I would just bounce a statement off of you. You guys, I would love all your little survive, survive statements. Sometimes I prayed. Sometimes He listened. He probably listened all the time.

The participant who had to hospitalize a child found value in her social support group:

Oh, yes, it took most of the stress out of the situation. If I hadn't had that, I could not imagine that week. Everybody worked around for me to be able to make it to class and my instructors let me switch my clinical so I was at Shenandoah those two days. So, I was close and that was very good.

Emphasis was placed on study groups, and faculty encouraged students to find a social support group with other students who might also be experiencing the same frustrations and concerns.

I studied with Sandy and found that beneficial because she was in a different group and we could actually give each other feedback. I mean she could call, she lived a distance away from me, but we would call each other on the phone and quiz each other or ask each other questions whether it was over Diabetes or whatever. We would open our books and start going through them and asking questions and that was very helpful to me. I did study with a few other people. Everybody has different ways they can study though, which is difficult and some people were single or didn't have kids so that was hard trying to find somebody compatible.

Just being able to talk and you know having other women in the group that had similar things going on at home. Sometimes that is a good thing, sometimes that makes it worse, it just depends. But I have all of the way through, just on occasion get with another student or a couple other students and go over things, especially the hands on things like Assessment. We would practice that at home.

While maintaining a job can add to the stress of the situation, the benefit was the social support, and knowledge that the nurses with whom the student was working had encountered many of the same circumstances and had been successful at completing the nursing program.

Definitely, and they are a great part of my support. I guess that probably the best part of them is that they are generally nurses and they are nurses that have been nurses for a long time and some that are new nurses and I think that helps because they know what this entails and what it takes and they

know what my family is going through too, during this. So they are great support

One participant's spouse was activated into the military for a period of time during the academic year. This impacted the student, her family, and her studies. She described her social support system while her husband was gone:

Some of the more guy things, like auto maintenance and of course I have a wonderful next door neighbor who rings the bell and tells me my tire looks low or something. I have some good neighbors that if I need help they are always available.

I have some really good friends that we used to all go to the same church and unfortunately our church does not exist anymore, but we have all kept in contact and we have a social time at least once a month and of those friends I know, even though I don't very often I can count on them, as well as close neighbors. And family, Airheart (an organization with the military) is there to support families.

One participant was able to differentiate between supporting in numbers versus quality of support. The student noted:

Yeah, I don't think it's necessarily like the amount of support like in numbers, it is just the quality of it. Because I have great support. Yes, they would always ask me how my grades were and how I was doing. I don't really miss that social support because I have a lot of family support.

Interpretations and implications

While some social support systems were in place when the students began the nursing program, others were formed with classmates. These support systems consisting of classmates formed after beginning the nursing program and proved to be crisis oriented, mainly by distance—through the telephone or e-mail systems, or study groups. Once formed, the participants perceived these social supports were a steadying force and could be accessed at any time.

The extended family was considered a social support system and, if offered, assistance was accepted. The participants acknowledged being hesitant about asking for help; however, they preferred the support system and extended family's offer to help with child care, running errands, etc. One participant noted:

Yeah, sometimes you just hope that you will see that you are getting frustrated and they will offer just knowing that

Social support was discussed as a possibility before the student started classes. Thus, the extended family, social support system would be arranged in advance and be available upon request. Under these circumstances, the student would not take offence if such assistance were offered.

Kenty (1997) proposed easing women's transition to school by offering preregistration and ongoing informational sessions discussing program expectations. At this time, prospective students could identify their support system, household, parenting and work commitments, and engage in a discussion with past and current nursing students, faculty, student support services, and family about the realistic expectations of all involved. Current nursing students reinforced this concept throughout the interviews in this study as they discussed changes they would make in their educational preparation if given the opportunity. Kenty (1997) also proposed that returning women students be proactive about rearranging household tasks, and this could be accomplished in a prospective student and family orientation setting. Participants in a study by Van Stone, Nelson, and Niemann (1994) indicated social support of peers of major importance in their academic success. They relied on peers for study help, tutoring, emotional support and encouragement.

Similar findings were reported by Huston-Hoburg and Strange (1986) when they surveyed 300 married couples in a two-year technical college. Women returning to college reported peer support of significant importance in their decision to return and remain in college. They also reinforced the concept of orientation and ongoing information sessions to discuss spousal and social support for ease of transition to the college setting and improved retention.

Summary

The results and findings were presented based on data collected through interviews with the participants in this study. Data were collected from analyses of data from participant demographics, individual case histories, initial interviews, and resulted in formulation of questions for the follow-up interview. The participants shared their thoughts, feelings, and frustrations when dealing with the day-to-day activities of fulfilling multiple roles as they continued in their college education. They were able to recognize their strengths, areas of need and articulate ways to cope and succeed in the nursing program. The next chapter presents the conclusion and discussion, and provides recommendations for practice and further research.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Students entering the nursing program bring multiple life roles with them. They consciously add the role of student as they enter the higher education system. The present descriptive study was carried out to understand the roles of these students, the responsibilities they have in fulfilling these roles, and the concerns and barriers they encounter as they progress through the nursing curriculum. The purpose of the study was to assess the students' knowledge of their roles, and determine their ability to identify, prioritize, and delegate responsibilities relating to these roles. Integral to the study was also a goal to determine the extent and dependability of spousal and social support systems.

Through individual interviews, data were collected concerning student perceptions of their roles, the barriers to role fulfillment, coping strategies currently in use, stressors during the academic year, and existing support systems. The perception of the participants, nursing students who were fulfilling four concurrent roles—that of parent, partner, worker and student, were elicited in individual interviews. These interviews and subsequent data analysis substantiated the findings from the literature review, and increased awareness of individuals' personal and social coping strategies.

The findings of this study indicated that the nursing students interviewed are better prepared and are coping with the stress and rigor of the nursing program than they think they are. This was evidenced by their various degrees of ability to differentiate roles and delegate responsibilities. Several themes evident in the interviews substantiated these findings.

Themes identified were role identification and prioritization, changes in role performance during the academic year, and spousal and social support systems.

Coverman's research (1989) revealed that role conflict and role overload have a detrimental effect on marital and job satisfaction. The present study can provide additional evidence for the need by nursing program developers to provide institutional and faculty intervention for prospective nursing students and increase awareness of these potential conflicts. As noted by Home (1998a), orientation sessions led by former students who had successfully completed the same program while fulfilling the same roles could give direction and reinforcement to incoming students.

Home (1998a) found that role conflict and overload are directly related to having young children (under 13 years of age) at home, and that increased demands of the student role increase role conflict. By targeting this population in future research, and adding to the empirical research base, additional data can be collected to implement measures that can increase student perception of the necessity for self-examination and readiness for the process of nursing education.

This impact of age and prior education are two aspects noted in this study that have not been specifically addressed in the literature. The age of the participants had a definite impact on their coping and communication skills, as well as their continuance of cohort groups through the program. The three older students maintained communication with their spouses; while not always construed as therapeutic communication, it was effective. If they felt the husband needed to be reminded to help, they reported having no problems accomplishing that. The drawback, as reported by two of the three students, was the traditional relationship between husband and wife. As found in the pilot study, these

relationships were reported to be very gender-role oriented, with the wife responsible for household, childcare, and employment.

Prior college experience also impacted coping skills and responsibility delegation. The two students who had taken coursework for a degree, or more than one or two classes, felt more confident in their delegation of household tasks, were able to prioritize responsibilities, and make informed choices about assignments.

While the adult female reentering the college setting has been studied, there has been sparse data specifically addressing the four roles of women, their perceptions relating to their role fulfillment, and institutional support for this population. This study attempted to address this issue with a specific population, that of nursing students in a community college who were working toward an Associate of Applied Science degree. The findings, supported by student validation, will be used as the primary source for an orientation program for prospective students. While not all prospective students will have the four roles examined in this study, all will have at least two life roles, that of individual and student. They may or may not have to work as they progress through school, they may or may not have child are or elderly parents to care for, or have to work, but all will experience the stress of the nursing program.

Conclusions

Three themes were identified from the results of the present study, which are summarized as follows:

1. Nursing students entering community colleges are generally unaware of their pre-existing roles, their commitment to fulfillment of these roles, and the necessity to

delegating responsibilities associated with these roles, while allowing others to assist in role fulfillment.

2. Spousal support, especially open communication, is integral to the success of the relationship, to prevent further strain during the academic year. Students who were able to ask for assistance of their spouse and peers were able to reduce some task-related stress.
3. Positive social support, consisting of extended family, peers, or professionals, can greatly reduce stress in the academic setting. Institutional support, initially thought to be integral to the success of the student, seemed to have relatively little impact on the student population interviewed. The participants expected to be required to attend class and clinical, and did not express dissatisfaction with college policy regarding attendance. Home (1998a) found that positive institutional support consisted of alternate teaching styles, including distance education, flexibility with assignment due dates, instructor availability, skills-building workshops, study groups, on site day care, and part time program offerings. These items were included in the social and familial support category of Home's study.

One would expect nursing students to be knowledgeable of such a specific profession as nursing before entering the program, and able to integrate the study of nursing into their present lifestyle. The qualitative data collected and analyzed revealed this was not the case. A segmental and ongoing education program could be undertaken to facilitate greater ease of transition from worker and student to that of an educated practitioner.

The role of worker seemed to have the least impact on the student and success in the program. The roles of parent and student overshadowed those of spouse and worker.

Limitations

As this study was a qualitative research with a small population of subjects, the following limitations should be considered when drawing conclusions from the findings, as well as for future research.

While not all nursing students in the class met specific criteria for participation in this study, all students did have at least two roles, that of individual and student. Not all nursing students work while they attend classes, nor do all students have care-giving responsibilities related to children or extended families. Some students live alone, others live in the dormitories or apartments with their peers, while still other students may live in their household of origin with their parents. The addition of the fourth role, the student role, in addition to the roles of parent, partner, and worker, was the focus of the study. The interconnectedness of the roles of parent and partner, when added, cannot be underestimated.

Another limitation of this study related to the interviews conducted by the researcher. Partners and children were not included in the interviews. Extended family and peer and social support groups were not addressed in the focus groups, yet this could have dramatically altered the direction of the interviews, as well as data collected. The format of the interview would have been different if these persons and groups were included at the inception of the study.

Finally, a small group of six participants were interviewed, who were attending one institution. Thus, the study may not be generalizable to other professions, fields of study, institutions, or cohort groups of students.

Recommendations

The following recommendations for further research are based on the conclusions of the study:

1. The study should be replicated with other cohort groups within the community college setting. This would provide a more accurate estimation of generalizability. An interesting comparison study could revolve around returning males who fulfilled the mirror roles of the women in this study.
2. Because the participants were nursing students, expansion with a more broadly based qualitative evaluation tool could be explored. This tool could evaluate affective traits, determined by the roles and perceived responsibilities associated with those roles.
3. The study could be expanded to include women with three roles, excluding the worker, parent, or partner roles. This would more closely replicate prior studies, specifically those of Coverman (1989) and Home (1992; 1998a).
4. The issue of spousal support needs to be assessed more closely, as the majority of the literature was from the 1980s (Beutell & Greehaus, 1983; Hooper, 1979; Van Meter & Agronow, 1982). As this generation of adult women entering or returning to higher education have been labeled "gen X", the values and lifestyles may differ significantly from those couples and women surveyed in the late 1970s and 1980s.

The following recommendations for practice are based on the conclusions of the study:

1. Potential nursing students should be encouraged to "shadow" or follow a practicing nurse in the clinical area of interest. This could be a specialty area, or a general

medical surgical unit in a hospital. This practice might assist them in the decision-making process for their chosen profession.

2. Potential nursing students and their families need to be aware of their roles, the responsibilities that accompany those roles, and the need for open communication as the students progressed through the program.
3. Families and identified social support persons should be included in the orientation program. This could give the student another avenue of support, whereby the family would hear from former students the time commitment needed, the necessity of delegating responsibilities, and the sacrifices the family may be making during the course of nursing education. A major focus of the orientation should be former students and graduates taking part in a discussion of the program, thus providing a realistic, yet positive, view of the program and the benefits of a higher education.
4. Nursing students need to feel comfortable in asking family, peers and social support persons for assistance and help. This could be a topic of discussion at the orientation session, and surveys and communication tools distributed and discussed with the students and their families.

The final product of this research, to be applied in practice, is the creation of an orientation program for prospective students. With the data gathered, the faculty and students of the nursing program at the community college will conduct information seminars to prospective students, their families, and support systems. The inclusion of families and support systems is crucial to the success of this venture, as the participants in this study felt their support was pivotal to their success.

The admissions department of the college distributes general information about the nursing program, and the course sequence and curriculum are displayed on the college web pages, but do not address specific characteristics of the program, as the hours need for study. The role of the faculty and current students during the orientation program will be to acquaint the prospective students with the expectations of the courses, the rigor of the program, and the need for self-reflection as the students moves into the health arena. Incorporated into this orientation will be two surveys (Appendix F and G). These surveys will be discussed during the orientation, but not completed by the prospective student and support system. The purpose of the surveys is simply to raise awareness of the roles of the student and spouse and the actual delegation of duties associated with those roles. The first survey addresses the traditional and non-traditional household roles, referred to in Appendix F as "sex roles." The division of household chores may not be equitable for many reasons, but as awareness of these roles increases by both adults, perspectives could change. The second survey simply addresses the tasks associated with those roles, and is simply to raise awareness of these activities that need to occur on a daily or routine basis. These surveys will be sent home with the prospective student and support system, whether friends or family. These surveys will be discussed with students during their day of registration orientation, where all students are together and the first study group assignments are made. Testimonials of current and past students will be given at the orientation program, as the "lived" experience of students should be a credible anchor point for prospective students.

Prospective students will also be given tips on time management techniques, study techniques, and be introduced to faculty to use as a resource. Open discussion on identification of increased stress, identification of stressors, and coping methods will occur.

The focus will be on physical and emotional manifestations of increased stress, and the need for resultant increased communication. Students have related they are not comfortable in asking for assistance from family and friends, and all spouses and support systems would be given "tickets" that they will give to the student. The student can then fill out the ticket with a request for assistance when needed, knowing they have the support of their family. With the orientation program conducted in a lively and light manner, it is hoped the prospective students will be anticipating the challenges of the nursing program, instead of dreading the study time involved.

At the present time, it is not possible to increase the flexibility of the nursing program itself. Due to lack of qualified faculty available, the need to maintain class size, and clinical faculty and sites, it is not possible to offer evening classes or Saturday clinical. These options have been employed by other programs in the past, and can be successful. When feasible, these would be viable options to offer students.

APPENDIX A. DEMOGRAPHIC DATA

Student name _____

Age _____

Marital status _____

Number of Children _____

Ages _____

Hours worked at job weekly _____

Are general education courses included in this semester's load? _____

APPENDIX B. INFORMED CONSENT

Role Recognition and Delegation

You are invited to participate in a research study on roles female nursing students in higher education fulfill. This project is a small-scale study undertaken as partial fulfillment for dissertation research. Data collection for this research will begin in May, 2002 and end in August, 2002.

For the purposes of data collection, you will be asked to participate in completing surveys and a series of interview(s), scheduled at your convenience. The surveys will be done while you are on campus. The interviews will be documented through use of audiotape and researcher notes. Each interview will last approximately 30 minutes. You will be asked to allow the researcher named below to observe and/or participate in and document your engagement in group discussions. You will also be given the opportunity to provide feedback on preliminary research results.

Your participation is confidential and this confidentiality will be maintained through: storage of data and notes in a secure location accessible only to the researcher; use of personal and organizational pseudonyms in written reports and oral presentations of this research; and removal of personally identifiable information from fieldnotes, transcripts, and research reports.

There are no foreseeable risks or discomforts to you as a participant in this research. Benefits to be gained from your participation in this research include decreased stress relating to your nursing education. Your participation in the study is voluntary, and you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and the data pertaining to your participation will be destroyed or returned to you.

If at any time you have questions about this research or your participation, you may contact me (Carol Maxwell, 527-3362, cjmaxrn@aol.com). You may also contact Dr. Dan Robinson, Major Professor at 324 LagoMarcino, Iowa State University, Ames, IA. 50011-1201; 294-8182; dcr@iastate.edu).

I consent to participate in the research study named and described above:

Name: (printed) _____ Date: _____

Signature: _____

Researcher Signature: _____ Date: _____

APPENDIX C. INTERVIEW QUESTIONS

What did you know about nursing before you started the program?

Why did you go into nursing?

Tell me about the roles of spouse, student, mother and worker you have.

What incidents or situations in nursing school caused you stress?

What support did you receive in your stressful situation?

What other stressors have you had recently in your life and what helped you cope with them?

Tell me about your social and family support systems.

What additional concerns do you have that you would like to talk about that we have not covered?

APPENDIX D. REFLECTIVE QUESTIONS FOR WRITTEN RESPONSES

What is it like to be a student while at the same time experiencing issues relating to parenting, working and being a spouse/partner?

How did the college setting provide/ not provide leadership, direction, and support to you in dealing with problems of the additional role of student?

Given your status as a parent, co-worker and partner, if you became a faculty member at a college or college administrator, what is one thing you would **not** change? What would you change?

APPENDIX E. SECOND INTERVIEW QUESTIONS

Were you aware of the roles you had as you started the nursing program?

Did the addition of the student role cause role strain/ overload/ conflict?

Were you able to delegate responsibilities associated with the roles you had?

What barriers did you identify relating to responsibility delegation?

What interventions from family, peers, or faculty could have helped you handle role strain and overload?

Was any change in roles or responsibilities intentional or as a result of crisis- specific incident- or realization of role overload/ conflict?

What is the extent of your social support system?

What impact could increased social support have on responsibility delegation and personal enrichment as you progressed through the nursing program?

APPENDIX F. SPOUSAL SUPPORT SURVEY

Please complete the following survey, checking the boxes for your opinion. There is no need to deliberate over the statements; all are your personal opinion. There is no right or wrong answer.

1= strongly agree 2= agree 3= slightly agree 4= slightly disagree 5= disagree 6=strongly disagree

	1	2	3	4	5	6
A women's place is in the home.						
A woman can be as intellectual as a man.						
Being a wife and mother is a sufficient goal for a woman.						
An intellectual woman is less feminine.						
It is alright for a woman to attend school as long as it doesn't interrupt the family routine.						
A man should be the breadwinner in the family.						
Being a parent is as important for a man as it is a woman.						
A man who is not settled is unsuccessful.						
A man should not be expected to spend much time taking care of children.						
It is alright for a man to go to school, as long as it does not prevent him from providing for his family.						
A man should feel guilty if a woman financially supports him.						
A husband and wife should share child care						
A husband and wife should share household responsibilities.						
A husband and wife should share financial responsibilities.						

Spouse support among male and female returning adult students. Laura Huston-Hoburg & Carney Strange (1986), *Journal of College Student Personnel*, 27, 388-393.

APPENDIX G. TASK DELEGATION TABLE

If the following tasks are done in your household, who does them? Check the appropriate box.

Task	Student	Partner	Child	No one/ not done
Wash clothes				
Fold clothes				
Iron				
Laundromat				
Wash dishes				
Load dishwasher				
Unload dishwasher				
Dust				
Sweep				
Vacuum				
Change the cat box				
Make dentist appointment				
Take the kids to the dentist				
e-mail				
Call grandma				
Shop for groceries				
Bake cookies				
Buy birthday presents				
Set the table				
Get breakfast				
Cook supper				
Help the kid with homework				
Parent- teacher conference				
Mow the lawn				
Yard care –flowers.etc.				
Scoop snow				
Take the kid to the Dr				
Take clothes to cleaners				
Wal- mart run				
Banking/ pay bills				
Get kids off to school				
Change the oil in the car				
Put gas in the car				
Take kids to day care				
Take kids to Sunday school				
Get the mail				
Pharmacy for meds				
Run errands – TP run				
Cat and dog chores				

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