



Challenges Experienced by Nursing Students Overcoming One Course Failure: A Phenomenological Research Study

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ARTICLE INFO

Article history:

Accepted 16 March 2018

Keywords:

Nursing student
Success
Challenges
Retention
Experience

ABSTRACT

Retention of nursing students is important. A qualitative phenomenological study was conducted to explore the lived experiences of 11 successful returner nursing students from 1 associate degree program in the southeastern United States. Two themes directly related to the challenges faced by participants: (a) dealing with uncertainty, shock, and sadness and (b) returning after a failure. Findings related to challenges highlight the importance of facilitating integration and ensuring clear communication with nursing students.

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Introduction

Student retention rates have a national focus and influence in both policy and funding decisions. Postsecondary graduation rates in the United States range from 27% to 59% (National Center for Education Statistics, 2017). This reported range shows a need for research and insight regarding retention of postsecondary students. Approximately 31 million Americans have obtained some college credit; however, they have not completed a degree (Complete College America, 2017). Nursing education also has a focus on retention and success of students. Nursing student success relates directly to financial, educational, and national health outcome variables. Successful completion of a nursing program is an extremely challenging journey for many students. Nurse educators are also challenged by the struggles of their students (McEnroe-Petitte, 2011). One population of nursing students who faced a specific challenge includes those who failed one nursing course within an associate degree nursing program, returned, and completed the program successfully. An exploration of the lived experiences of these successful “returner” nursing students offers nurse educators some perspective about the journey to completion following an academic failure in nursing school.

The purpose of this phenomenological study was to explore the lived experiences of nursing students who were successful upon return to an associate degree nursing program at an institution locat-

ed in the southeastern United States after an academic failure of one nursing course. Because no research on successful returner nursing students had been published, this was a place to build upon. The central question used to guide this inquiry was as follows: How do successful returner nursing students describe their experiences of success after returning to nursing school following one academic failure in the nursing program? Through verbalization of their lived experiences of failure, return, and successful completion in nursing school, an insight was gained that adds to the literature on nursing student retention. This publication will focus on the unique challenges faced by participants.

Background

Retention of nursing students is important not only to individual students and institutions but also to our nation. Nursing is the largest profession in health care, and by the year 2024, over 1 million additional job openings for nurses are predicted in the United States labor force (American Association of Colleges of Nursing, 2017). Published attrition rates for nursing students in the United States range from 15% to 29% and, in some instances, higher (Accreditation Commission for Education in Nursing, 2016; National League for Nursing Accrediting Commission, Inc, 2011). Students with a previous academic failure are categorized as at high risk for attrition (Jeffreys, 2012; Shelton, 2012). In addition, students within the community college or associate degree program setting are considered at higher risk for attrition when compared with 4-year students (Tinto, 2012).

Previous research related to nursing student retention and attrition has focused on student characteristics. Academic variables

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correlated with success include the following: higher reading comprehension, higher entrance examination scores, higher science grade point averages (GPAs), higher GPAs in prerequisite college courses, higher high school GPAs, higher level of previous education, higher nursing course grades, less transfer credits, no failures or withdrawals in a nursing course, and higher standardized test scores (Abele, Penprase, & Ternes, 2011; Campbell & Dickson, 1996; Donnell, 2015; Johnson, Johnson, Kim, & Mckee, 2009; McLaughlin, 2008; Pitt, Powis, Levett-Jones, & Hunter, 2012; Prymachuk, Easton, & Littlewood, 2008; Shelton, 2012; Walker et al., 2011). Research has also shown that successful students perceive higher levels of faculty support, have more financial resources, have greater self-efficacy, and work outside of school less (Bryer, Peterson-Graziose, & Nikolaidou, 2015; McLaughlin, 2008; Pitt et al., 2012; Shelton, 2012; Walker et al., 2011).

Opposite of the successful student profile, many characteristics of the at-risk nursing student have also been identified. The “at-risk” student is one with a higher probability of not completing a program of study. At-risk students are more likely to have lower GPAs, lower prerequisite and pregraduation assessment scores, more withdrawals and failures in the past, fewer financial resources, less perceived and actual support, lower levels of self-efficacy, and higher numbers of outside work hours (Abele et al., 2011; Harris, Rosenberg, & O'Rourke, 2014; Jeffreys, 2012; Pitt et al., 2012; Shelton, 2012; Walker et al., 2011). Identifying the at-risk population of nursing students is just a beginning step.

A variety of strategies are noted in the literature to help nursing students succeed. Flexible scheduling of programs and the utilization of various support systems are described (Clark & Cundiff, 2011; Harris et al., 2014; Jeffreys, 2012; Knight et al., 2012; Robertson, Canary, Orr, Herberg, & Rutledge, 2010). Family, peer, and nursing faculty support are noted as helping nursing students succeed (Knight et al., 2012; McEnroe-Petitte, 2011; McLaughlin, 2008; Mooring, 2016; Shelton, 2012; Walker et al., 2011; Williams, 2010). Mentoring and coaching from both nursing faculty and peers have been attributed to success. Early intervention and counseling after a test failure are also described as useful (Fontaine, 2014). Although success strategies are noted in the literature, some nursing students still struggle with completion.

Descriptions of nursing student experiences in relation to retention and attrition have also been completed through qualitative inquiry. Results mainly highlighted factors credited for student persistence or reasons for noncompletion. Factors described as assisting with completion included students' affective characteristics of positive mindset and commitment, support from others, and organizational skills (Cameron, Roxburgh, Taylor, & Lauder, 2011; Crombie, Brindley, Harris, Marks-Maran, & Thompson, 2013; Hinsliff-Smith, Gates, & Leducq, 2012; Knight et al., 2012; Northall, Ramjan, Everett, & Salamonson, 2016). Variables that were noted to contribute to attrition from nursing school included academic difficulty, differing expectations, and personal issues (Hoeve, Castelen, Jansen, & Roodbol, 2017; Kukkonen, Suhonen, & Salminen, 2016; Mckendry, Wright, & Stevenson, 2014; O'Donnell, 2011; Robinson & Niemer, 2010). No studies specifically on nursing students who failed, returned, and were successful have been published.

One theory, specifically on student attrition from higher education settings, was developed by educator Vincent Tinto in 1975 and updated in 1993 (Tinto, 1975, 1993). Tinto's *Longitudinal Model of Institutional Departure* lays out a framework for studying attrition decisions of college students with a major focus on integration into systems of the institution. Upon entering postsecondary education, students must transition into new and different communities. Tinto's model identifies both academic and social systems as areas for integration to occur. Experiences of integration within each system

influence each student's decision to depart or continue with their college career. Positive experiences foster increased retention, whereas negative experiences promote attrition (Tinto, 1975, 1993, 2012). Although the student's attributes do influence their individual attrition decisions, Tinto holds that students are not solely responsible for attrition rates. The theory of institutional departure is based on the belief that both students and institutions have a role in departure decisions. Educators and administrators in postsecondary institutions should take attrition seriously and assume responsibility in striving to facilitate integration of students.

Purpose

The purpose of this study was to explore the lived experiences of successful returner nursing students. This manuscript presents findings related to challenges faced by this population of nursing students. By better understanding struggles endured by nursing students who failed a course and returned, educators can gain insight. By gaining perspective into returner students' experiences of challenge, nurse educators can be more equipped to prepare and guide other nursing students. One focused question directly explored the challenges faced by this group of students: How do successful returner nursing students describe challenges to their success in nursing school?

Methodology

Design

A qualitative phenomenological methodology was utilized to guide this study on the lived experiences of successful returner nursing students. Phenomenological inquiry is rooted in the lived experiences of humans. Phenomenology guides the researcher to edify the personal insights of humans who are study participants (van Manen, 1990). Phenomenology was appropriate for this inquiry because the researcher sought to understand the central phenomenon of return to and successful completion of nursing school after a failure through the perspectives of students who lived this experience.

The institutional setting from which participants successfully graduated included one state college within the southeastern United States. This institution maintains a mission of access and offers mostly associate degree programs. Enrollment at this institution is approximately 3,500 and includes a majority of commuters from a variety of paths, including high school matriculates, general education diploma (GED) recipients, transient students, and transfer students (Spring 2015 Quick Facts, 2015). Participants for this study were selected from graduates of the school of nursing associate degree program, which admits approximately 80 associate degree nursing students biannually. To progress as expected, students must receive the letter grade of a C or higher in each of their nursing courses.

For this study, an *academic failure of a nursing course* was defined as receiving a grade of less than C, thus causing the student to fail a course and repeat the failed course before progressing. *Success* is defined as repeating the failed course and achieving a grade of C or better, progressing through the remainder of the program, and graduating. Inclusion criteria included successful completion of this associate degree nursing program after the failure of one nursing course within the program with a grade of less than a C and willingness to participate in a research study on successful returner nursing students in which individual interviews were conducted.

Access to the student population was gained through a nursing faculty gatekeeper of the institution. Initial contact with students

was an e-mail sent to previously graduated students within four cohorts of graduates. After response, a clarification e-mail was sent to ensure that inclusion criteria were met. Inclusion of students with varied gender, age, nationality, and race ensured that a more complete picture of the experiences of this population was obtained.

Participants and Data Collection

A diverse group of 11 participants met inclusion criteria and was selected as the sample. For phenomenological research, the sample size should be small and purposively selected from a population who has had a homogenous experience (Creswell, 2009; Roberts, 2013). The participants included nine females and two males. Seven of the participants were Caucasian, and four were African American. Two of the African American participants were from other countries of origin and relocated to the United States during their teenage years. All reported English as their primary language. Ages ranged from 23 to 52 years, with six participants in their 20s, three in their 30s, and two in their 50s. During the time of their experience in nursing school, five of the participants were married, five were single, and one was widowed. Four of the returners cared for dependents while they were enrolled in the nursing program. Seven of the 11 returners were first-generation college students.

A semistructured individual interview format was used to collect data on the experience of returning to and succeeding in nursing school after a failure. Open-ended questions were used to guide interviews. An interview protocol was developed for guidance; flexibility during the process was exercised. Each participant was interviewed twice. The first interview was completed face-to-face and lasted approximately 45 to 90 min. The second interview was conducted via telephone, taking place within 8 to 12 weeks after the first interview and lasting approximately 30 to 45 min. During all interviews, participants were audiotaped so that transcription could occur.

Ethical Considerations and Approval

Approval was obtained from the institutional review board at the institution from which the participants graduated and the institutions in which I was employed and enrolled. An informed consent, including risks, benefits, and explanation of the study, was obtained from participants both verbally and in writing prior to the interview process. Participants were informed of the option to withdraw from the study at any time. Confidentiality was maintained throughout interviewing by the use of private settings. To further protect participants of the study, confidentiality was maintained through the use of pseudonyms for dissemination of findings.

Analysis

During the data analysis phase, interview transcriptions were read and reread. This process was ongoing throughout data collection and beyond. In phenomenology, deep involvement with the data is needed to help produce insightful and full interpretive descriptions (van Manen, 1990). Hand coding was helpful to find this deep connection with the data. The first coding involved applying initial deductive codes from the research questions, including challenges, assistive factors, and differences upon return. The second coding used a detailed approach, and inductive codes were assigned to data on a line-by-line basis. Through multiple coding processes, emergent themes developed that described the experience of returning to nursing school after a failure of one course.

Analysis of the data revealed nine emergent themes that describe the participants' journeys through nursing school to success. Themes

that describe their experiences of failure and success in nursing school include (a) dealing with uncertainty, shock, and sadness; (b) taking responsibility for personal failure and success; (c) returning after a failure; (d) major shift in thinking; (e) reaching beyond to find what works; (f) fueling the journey with positive dialog and focus; (g) connecting with others to gain strength and strengthen; (h) making meaning of a setback; and (i) intrapersonal growth. This manuscript presents findings related to challenges faced by participants.

Rigor

To enhance reliability, all interviews were transcribed verbatim by a single transcriptionist and rechecked for accuracy. For further insurance, reliability codes were constantly compared so that no shift occurred throughout the process of data analysis. Validity was also established through two methods. After data analysis began, theme development member checking occurred within the second interview. Assurance was gained that all participants agreed with the direction of the study and confirmed accuracy. The expertise of three doctoral-prepared, experienced qualitative researchers was also utilized to create an audit trail. Alignment was evident between the identified codes and the reviewers' codes.

Results

Study findings included nine major themes that emerged from the data analysis to describe participants' journeys through nursing school. Returners described the experience of failure, return, and success in nursing school along with the resulting struggles, triumphs, and emotions. In addition to the inherent difficulty of nursing school, participants in this study dealt with receiving a course failure and the experience of return after a failure. In order to succeed in nursing school, returners faced these additional obstacles and the resulting negative emotions. The first theme that directly described the challenge of nursing school for participants was dealing with uncertainty, shock, and sadness.

Dealing With Uncertainty, Shock, and Sadness

Uncertainty, shock, and sadness were difficult feelings that occurred and were lived by each participant during the journey through nursing school. Returners all described having these feelings in relation to causative factors. Causative factors were grouped into components, including nursing school is different, other stressors, and realization of failure.

The awareness that nursing school was very different from previous academic endeavors came shortly after entry into the program for participants. This finding supports past studies that have noted shock from nursing students upon entry to nursing school (Hoeve et al., 2017; Mckendry et al., 2014). Participants described being academically strong students with high grade point averages prior to entering the nursing program. Encountering great difficulty and rigor in courses and realizing that their expectations of the program were not met led to many difficult emotions.

“Um, I think nobody knows what to expect. How much time it took me to study...how long I had to study every day.”

[Melissa]

“I felt like I would just be a great student...and be very successful...and, um, I had to rethink that pretty quick.”

[Cindy]

"I've always been able to cram...I just assumed...even with everything on my plate."

[Mia]

"The most surprising thing in nursing school was making C's. I had never made a C in my regular academic classes."

[Betty]

"Nothing was easy, like, I wasn't used to that."

[Ben]

Other stressors that participants described as contributing to feelings of uncertainty, shock, and sadness during nursing school included seeing peers struggling in the cohort and a lack of confidence. Emotions from watching others struggle and dealing with personal self-doubt presented challenges. When others struggled or failed academically, participants described perceiving a great emotional impact. Dealing with personal struggles to keep up and make good grades along with watching peers do poorly caused participants to question their abilities to be successful in the nursing program. The emotional impact of difficulty in nursing school was a great hurdle to overcome.

"Nursing school could be an emotional rollercoaster."

[Jonah]

"The most surprising thing is how we're as a whole completely cut in half by the first semester."

[Brandy]

"I felt like at the age I was starting over, maybe I wasn't good enough for it."

[Lynn]

"Nursing school breaks you down, it makes you feel like you're nothing."

[Betty]

Participants' experiences of realization of failure also caused a great deal of uncertainty, shock, and sadness. Most returners held out hope of passing to the end of the semester, this led to shock when realizing they earned a grade of D in one course. Reality sets in that progression with their original cohort was not possible, and they were forced to adjust their plans. The common thread of experiencing and dealing with negative emotions related to the realization of failure was clearly a structure of each participant's journey.

"I guess I kept thinking that I would finally pull it out in the end."

[Morgan]

"I really thought I had it...when I opened that grade on my computer . . . I just had this coldness go over my whole body and I couldn't feel anything."

[Melissa]

"I just needed like one more point on the final to pass, and naturally if I needed a 72, I made a 71."

[Lynn]

"I ended up failing with a 74.82. So the whole 'can't round up' and stuff...I was pretty devastated."

[Brandy]

"I saw my future crashing when I failed."

[Jonah]

"I had a lot of anger and of course disappointment, devastation in myself."

[Cindy]

Returning After a Failure

A second emergent theme specifically related to challenges faced by returner nursing students was returning after a failure. After their struggles in nursing courses and failure of one course, returning was another obstacle on the road to completion. Components that emerged from their descriptions included ensuring the chance to return and dealing with feelings about returning.

Participants described having a choice to make. Making the decision to return caused participants to evaluate their nursing school careers. Once the decision to continue was made, each participant contacted the school to begin the return process in an effort to secure their future. Some participants described this process as relatively simple, but others described it as a challenge that involved much confusion and stress. Confusion on return policy, uncertainty about eligibility and reentry status, and miscommunication were challenges encountered during this process. Acceptance for return depended upon space availability within the program, and this led to delayed communication from the school and delayed reentry into a new cohort for some.

"They never made it simple and easy, you have to go through this and that and the other to get back in, and some of that stress was unnecessary."

[Cindy]

"I wasn't working, living off financial aid. They only had this many seats left, and they couldn't take me because of that, and if they were going to take me back, there had to be a condition."

[Betty]

"I had to wait a whole year after. It was awful while I was waiting...it was torture."

[Mia]

After acceptance for return to the program was granted, participants described joining a different cohort. Stepping into a new peer group after failing was awkward. Returners also realized that this was their last chance to succeed in the nursing program. This was stressful and resulted in feelings of uncertainty, shame, and increased pressure. Dealing with feelings upon return to the nursing program was another challenge faced by returners.

"When I first walked back in, I was like 'I have to go through this torture again? I have to go through this hell again?'"

[Lynn]

"It was hard you know, now we felt like the dumb ones coming in."

[Ben]

“I really had to kinda work on that, not feeling like I’m the second class citizen with this new group of people.”

[Cindy]

“You see all these people, they’re asking you ‘oh what are you doing in here?’ . . . so I mean, it’s . . . if you don’t have good self-esteem it will kill your self-esteem, then you got to look at the teacher again, the same teacher that failed you.”

[Jonah]

“And then of course once you failed a class, you’ve got more pressure on you for the entire rest of school because you can’t slip up in any other way . . . or you’re completely done.”

[Cindy]

“I have a family. So failure wasn’t an option for me.”

[Mia]

As described, participants in this study faced the challenges of failing a nursing course, returning to the nursing program, and dealing with many negative emotions throughout the experience. In spite of these challenges placing them at an increased risk for attrition, these returners were successful. Insight into their struggles was gained through this exploration and should be considered by nurse educators striving to assist current and future students.

Discussion

Findings from this study that related to challenges faced by returner nursing students included negative emotions to overcome. Participants described shock when realizing the rigor involved as compared with core courses. The need for clearly defining expectations for prenursing and beginning nursing students is one implication noted from findings of this study. The literature suggests that integration processes for nursing programs are not adequate. Implementation of improved processes would benefit students (Andrew et al., 2008; Mckendry et al., 2014; O’Donnell, 2011). Participants in this study described feeling unprepared in nursing courses because they had previously received high grades in core courses, with much less effort placed on studying. Many programs do include orientation, and some programs offer seminar courses prior to program entry; however, findings regarding the feeling of shock support that more orientation programs could be beneficial. Clearly defined expectations given to prenursing students prior to program entry could help to prepare students for the differences between nursing curriculum and core curriculum. Literature suggests that assisting nursing students to adjust within programs can be achieved through strong advisement, mentoring, and counseling (Fontaine, 2014). These strategies are especially important for students struggling academically.

The emotion of shock was also experienced by participants in relation to course grades. Returners described holding out hope of passing until the semester’s end and, then, experiencing surprise at their final grade. One student noted her anger at the lack of rounding. Others described only needing a few points to pass. These findings support that clear communication from nursing faculty on grade calculation, current course grade, and rounding of grades could be useful to students. Verbal and written communication on grading policies should be published and frequently reviewed with nursing students. Although shock and negative emotions are inherent with failure, having a clear understanding of academic status in nursing courses could help students to prepare for coping with failure and emotions.

After facing failure, some participants described a rough process of return that included feelings of uncertainty, increased pressure, and shame. Uncertainty was related to unclear understanding of eligibility to return and the return process. Several participants described miscommunication or delayed communication from the school of nursing regarding return status and reentry. Others described having to wait to return and gaining conditional reentry to the program. Negative emotions related to returning to the program were distressing. Findings support that clear and consistent communication regarding the procedure for returning could be beneficial to students facing a failure. Students are responsible for their academic performance; however, institutions should also take responsibility for retention of students (Tinto, 2012). Nursing faculty and program administrators can assist students to return by communicating return policies and processes clearly and consistently.

Further research related to retention and returner nursing students could be beneficial. One recommendation for future research regarding nursing student retention is further exploration of at-risk nursing students’ perceptions related to help seeking behaviors and communication with faculty. Returners of this study described struggling before their failure. Further exploration of the reasons nursing students choose to seek help could be beneficial to nurse educators. Participants did not fully grasp the rounding or return policy, and this was frustrating to them. Analysis of research on how well students understand nursing school grading and return policies could be pertinent. Future research could involve analysis of nursing school policies for return after the failure of a course. Existing literature has few references to nursing school return policies and institutional best practices for retention of students after the failure of a nursing course. Policy analysis research could be beneficial to nursing school administrators when determining return rules and procedures to help at-risk students.

Limitations

Limitations for this research study on successful returner nursing students relate to the factors of generalizability and triangulation. As with most qualitative phenomenological studies, a small and specific population of participants is sampled. For this study, 11 successful returner nursing students were interviewed individually twice. These students were graduates from an associate degree program in the southeastern United States. This decreases generalizability to programs of different entry levels and students with no course failures. As described, the method of data collection used was individual interviews; this lacks triangulation. Triangulation methods that may have been helpful include interviewing nursing faculty of the institution from which returners graduated and reviewing reentry documents submitted by returners in preparation for their return. If studies on returning students are conducted in the future, data triangulation could make the research results stronger.

Conclusions

This research study was conducted to explore the journeys of successful returner nursing students. A qualitative phenomenological methodology was utilized to try and understand the very personal lived experiences of this specific population of nursing students. Challenges faced by participants during this journey included dealing with negative emotions that were inherent during the struggle, failure, and return to nursing school. Findings from this study support strategies to improve integration into nursing school and increased clarity of communication between nursing faculty and students.

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