BEYOND THE TRANSCRIPT: A NARRATIVE ANALYSIS OF STUDENTS’ EXPERIENCES WITH ACADEMIC DISMISSAL IN A BACCALAUREATE NURSING PROGRAM

A Dissertation

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To the students who participated in this research and to current and future nursing students,

I offer this doctorate in service to you.
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ABSTRACT

Re-defining different is the first step in addressing inequity in nursing education and the disparities that result in a high incidence of academic dismissal in baccalaureate nursing programs. What are the students' differences that contribute to one student’s ease of progression through a baccalaureate nursing program and those who struggle from the first semester?

This study provides a private look into the experiences of nine baccalaureate nursing students who were academically dismissed from their nursing program. Each story chronological from the time they decided to pursue nursing to their experiences during nursing school and to their lives after dismissal. For this qualitative narrative inquiry, the experiences of the nine diverse participants from three different universities in the South were individually and then collectively considered as relevant contributors to poor academic outcomes. Common themes emerged across the narratives that addressed social, cultural, and institutional contributors to academic failure and were analyzed with Critical Pedagogy as the theoretical framework.

The factors that contribute to student success and failure cannot be quantified into one specific box or rationalized with responsibility assigned solely to the student. Using the lens of Critical Pedagogy, this study encourages academia to look beyond the typical descriptors of difference and account for the social, cultural, and political positions that may contribute to a student’s struggle in their nursing program (Kincheloe, 2008).

The findings of this study suggest that intrinsic and extrinsic factors that contribute to one’s choice of pursuing nursing warrant consideration, including a student’s social and cultural position prior to admission. This study assists nursing program administrators in broadening the requirements for entrance into nursing programs to include not only quantitative criteria, but to
allow for a holistic consideration of a student’s readiness for entrance into a baccalaureate nursing program.
CHAPTER 1. INTRODUCTION

As educators, we do not come to the classroom or educational site as the knower of all. We come to share and facilitate that which we are privileged to know. Teaching is an honor, and as Paulo [Freire] writes, we are cultural workers who can influence students and open portals of knowledge. But, in the end, our students must embrace what they have been offered. We are not indoctrinators, we are teachers—teachers committed to social justice, equality and humility.

—Shirley Steinberg

Teachers as Cultural Workers

Who bears the burden of academic dismissal? Is it the student, the faculty, an institutional responsibility, or all the above? A holistic understanding of the phenomenon of academic dismissal brings with it a solid foundation on which to build research, and in doing so, embraces the critical perspective driving this research study by holding all key players (students, faculty, institution) accountable (Kincheloe, 2008). Academic dismissal occurs when a student is unsuccessful in two or more of the required courses in their nursing program (Newton & Moore, 2009). When a student is academically dismissed, the factors supporting the failure largely focus on the individual’s test scores. When the overall contributions to academic dismissal are considered during analysis of the failure, the student’s transcript, specifically GPA and previous performance on science courses, becomes the primary focus, leaving little room for outliers, such as social and cultural constituents (Yates & Sandiford, 2013; Codier & Odell, 2014).

Nursing school admission criteria is not standardized throughout U.S. nursing programs, however, the principal “criteria used to evaluate potential nursing school candidates” are quantitative in nature (Horkey, 2015, p. 29; Lancia, Petrucci, Giorgi, Dante, & Cifone, 2013). Studies that uncovered academic indicators of student success in nursing education programs found that the students’ entrance GPA and, specifically, their overall GPA in the sciences, were strong predictors of successful progression (Abele, Penprase, & Ternes, 2013; Lancia et al.,
How does this explain academic dismissal of students who met or exceeded the high entrance GPA standards and high academic performance in their science courses? The aim of this study was to uncover the reasons for academic dismissal, and it revealed that those reasons are multi-faceted.

**Background of the Problem**

As educators of students seeking acceptance into the “largest profession in the United States”, faculty in pre-licensure baccalaureate nursing programs play a pivotal role in the education of safe, effective, and culturally sensitive healthcare providers (Zhang, Tai, Pforsich, & Lin, 2018, p. 229). A report released by the American Association of Colleges of Nursing (2011) revealed that of 509 schools of nursing surveyed, 31.1% of hospitals and other healthcare employers preferred a Bachelor of Science in Nursing (BSN) degree over the Associate Degree in Nursing (ADN), the Nursing Diploma or the Licensed Practical Nurse (LPN), with 76.6% indicating a strong preference for a BSN. Six years later, the AACN’s (2017) release of the same report showed an increase of 49% of healthcare employers preferring a BSN, with a strong preference increasing to 86.3%. Accordingly, multiple states currently require a BSN as the entry-level criteria for employment or establish that newly hired nurses with an associate degree, Diploma or LPN acquire their BSN within 10-years of employment (AACN, 2017). Of the multiple pathways to begin a career in nursing, the baccalaureate nursing program includes all coursework required of the ADN, Diploma, and LPN, but with an added layer of knowledge to prepare nurses “for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery” (AACN, 2017, p.1).
The baccalaureate nursing degree has been a part of higher education since the early
1900s, however, due to its origins as primarily a hospital-based discipline, nursing education is
viewed as a discipline taught only by content experts rather than those with pedagogical
the apparently self-contained act of teaching with culture, structure and mechanisms of social
control” (p. 3). Although pedagogical methods have not been a primary focus of nursing
educators (Allen, 2010), the content expert methodology has kept up with the expansion of
nursing programs in the United States with most programs consistently meeting the accreditation
benchmarks necessary to maintain their credentials (AACN, 2017). Unfortunately, the success
of the current nursing education methods has not had a favorable influence on the incidence of
low retention and delayed progression in U.S. baccalaureate nursing programs (Healey, 2013;
Jeffreys, 2015).

Despite the ability to meet the high standards required to enter a baccalaureate nursing
degree program, students, especially those from underrepresented populations, struggle to
complete their education (Murray, 2016). Previous research tells us that course failure is a
primary contributor to low retention and delayed progression (Crombie, Brindley, Harris, Marks-
Maran, & Thompson, 2013). Family-based issues such as lack of family support and financial
difficulties, and school-based issues related to interactions and experiences with faculty and
students rank the highest as contributors to low-retention and delayed progression (Diefenbeck,
Michaletc, & Alexander, 2016). As a resource for monitoring student retention in nursing
education programs, individual State Boards of Nursing release an annual report of outcomes
that relate to the percentage of students who have successfully passed the National Council
Licensure Examination (NCLEX), the licensing exam students must pass after graduation to
practice nursing (Lewis, Milner, & Willingham, 2018). These reports include demographic information for enrollment numbers by ethnicity and gender, however, missing from this annual report are statistical findings regarding those students within nursing programs who have been academically dismissed from a program because of repeated course failures (Lewis et al., 2018; Louisiana State Board of Nursing, 2017). Lewis et al. (2018) posited that course failure not only affects the student’s emotional fortitude and drive to return but subsequently will impact the nursing profession by delaying or preventing graduation of students who are desperately needed to fill the projected void within the nursing workforce.

**Why a Baccalaureate Prepared Nurse?**

Literature comparing patient outcomes related to a nurse’s level of education agrees that a larger proportion of baccalaureate-prepared nurses in the hospital setting results in an increase in positive patient outcomes (Rosenberg, 2018; Sellers et al., 2014; Yakusheva, Lindrooth, & Weiss, 2014). Aiken’s (2014) study showed that hospitals that had a low population of baccalaureate nurses had double the mortality rate as hospitals that employed more than 70% baccalaureate nurses. In a call for the transformation of nursing education, the Institution of Medicine (2010) recommended to academic nurse leaders that priority be given to increasing the proportion of nurses with a baccalaureate degree from 50% to 80% by 2020. The pendulum shifted from a nurse workforce of 45% bachelors-prepared nurses (BSN) in 2002 to 55.5% BSNs in 2015, a positive move toward the recommended 80% BSN workforce (Robert Woods Johnson Foundation, 2015). The increase of 10.5% over a 10-year period makes the IOM’s goal of 80% over the next one and one-half years seemingly unrealistic unless nursing education programs become open to newer, more effective interventions to address the issue of low retention and
delayed progression, while offering specific emphasis on the high incidence of academic failure contributing to delayed progression.

**Increasingly Complex Patient Populations**

By 2060, it is expected that nearly 20% of the U.S. population will be over the age of 65, resulting in an increase in patient complexity and the increasing obesity epidemic, both of which contribute to an expanse in chronic healthcare issues (National Academy of Sciences, Engineering, & Medicine, 2015). The IOM (2010) proposed that nursing programs “introduce students to a wider range of competencies in such arenas as health policy and health care financing, community and public health, leadership, quality improvement, and systems thinking” (p. 3), competencies specific to the baccalaureate curriculum. Additionally, patient complexity has increased in the acute care setting, requiring that nurses are prepared with a strong knowledge base, exceptional critical thinking skills, as well as the ability to incorporate into their practice “more sophisticated, life-saving technology”, and “information management systems that require skills in analysis and synthesis” (IOM, 2010, p. 3).

**Increasingly Diverse Patient Populations**

As the largest representation of providers in the healthcare community, the field of nursing has been identified as one that will have the most significant impact toward resolving the issue of inequality between diversity in nursing and diversity in the patient populations they serve (Aiken, 2014). The Healthy People 2020 Initiative created by the U.S. Department of Health and Human Services (2014) proposed as one of its goals an increase in cultural diversity among the nursing population by the year 2020.

An increase in cultural diversity within the U.S. creates a unique set of problems as they apply to the institution of healthcare. Traditionally, a homogenized method of treatment of
illness and promotion of wellness among the general population has been the norm without regard of cultural preferences and healthcare disparity. As the U.S. becomes increasingly diverse, Chan (2017), Director-General of the World Health Organization (WHO), encourages the healthcare community to increase the healthcare workforce to include “appropriately trained and motivated health staff” (para. 4). Having a nurse with a higher level of understanding of cultural norms among a patient population, especially those related to modifiable risk factors such as poor dietary choices, unhealthy or risky lifestyle choices, limited access to healthcare, and cultural norms that may dictate refusal or acceptance of a prescribed health plan, can significantly improve patient outcomes. Additionally, nurses who can provide clear explanations and can ensure appropriate understanding of the needed plan of care for a patient to obtain optimal healthcare outcomes is paramount in reducing healthcare disparities (Garcia-Navarro & da Costa, 2017; Rozendo, Salas, & Cameron, 2017).

Research Questions

With the intent to explore the reasons for the persistence of continued low retention rates and extended progression among students in a baccalaureate nursing program, despite multiple research studies and implemented interventions, the proposed, central question and sub-questions impart an all-inclusive theme of discovery:

- How do students who have been academically dismissed from a baccalaureate nursing program characterize their experiences?
  - What were the participants’ experiences prior to acceptance into the baccalaureate nursing program?
  - What were the participants’ experiences during the baccalaureate nursing program?
What were the participants’ experiences after learning of dismissal from their baccalaureate program?

In what way, if any, does agency play a role in their journey?

How, if at all, does the concept of power relations factor into their academic failure?

The use of questions addressed to those most affected by nursing course failure was deliberate to reveal new information derived from the perspective of the student, and to encourage educators to remove themselves momentarily from their academic role and immerse themselves in the students’ world.

**Purpose of the Study**

With this research and as I grow in my role of nurse educator, my primary focus is the continued disparity between the under-represented student population and the majority population. Not because the IOM wants an increase in baccalaureate nurses, or because the World Health Organization is promoting an increase in nurse workforce diversity, but because this is more personal. It is an innate desire to understand the inequities within nursing programs that contribute to low retention and progression among under-represented populations. Traditionally, nurse educators are content experts with advanced degrees in nursing science rather than education. To increase my understanding of this problem means to move beyond my understanding of nursing education by increasing my knowledge of pedagogy.

Critical pedagogy was the theoretical lens of this narrative analysis study of views of academic dismissal in baccalaureate nursing programs. The literature review in Chapter 2 reveals that the burden of academic failure is borne by not only the student but has social, cultural, and institutional facets. As promoters of critical thinking, nursing faculty have an
expectation that students develop a critical way of looking at the patient experience yet are remiss in instilling this critical evaluative concept in the student’s academic journey (Giroux, 2011). For the purpose of this research, the participants’ experiences were individually and then collectively considered as relevant contributors to poor academic outcomes. This study provides a private look into the experiences of nine baccalaureate nursing students who were academically dismissed from their nursing program. Each story is told chronologically so that the reader might accompany the students on the journey from the time they decided to pursue nursing, experiences during nursing school and, finally, their lives after dismissal. Using narrative inquiry as the method for this research, it is hoped that the analysis of the participants’ stories will create as Freire (as cited in Allen, 2010, p. 11) noted, a “humanizing problem-posing approach” to future assessments of course failure in nursing academics.

**Significance of the Study**

The first step in addressing inequity in nursing education and the disparities that result in a high incidence of academic dismissal in baccalaureate nursing programs is to re-define *different*. What are the students' differences that contribute to one student’s ease of progression through a baccalaureate nursing program and those who struggle from the first semester? Educational researchers have focused on inequity specific to nursing education, emphasizing the “Big Eight…ability (mental and/or physical), age, ethnicity, gender, race, religion, sexual orientation, and socio-economic status” (Independent School Diversity Network, 2016, para. 1). Using the lens of critical pedagogy, this study encourages academia to look beyond the typical descriptors of difference and account for the social, cultural, and political positions that may contribute to a student’s struggle in their nursing program (Kincheloe, 2008).
Critical Pedagogy as the Theoretical Framework

The importance of social justice in the field of nursing and nursing education incited this study’s alignment with Kincheloe (2008) and his work on critical pedagogy. Freire (2009), the father of critical pedagogy and a mentor to Kincheloe, believed that educators should step outside the confines of traditional teaching methods by adopting the student as a partner in their educational journey; also “engaging in self-criticism about the ideologies that underlie teaching methods” lends itself to the exploration of multiple possibilities related to social acceptance and inclusivity in the classroom (Garneau, Browne, & Varcoe, 2018, p. 6). Shudak (2014) proposed the use of critical pedagogy as a theoretical foundation for change (p. 989). The author wrote that “pedagogy that is critical leaves no stone unturned in its search for truths, understanding, and meaning, and is also quite cognizant of why it is overturning stones in the first place” (p. 991).

The factors that contribute to student success and failure cannot be quantified into one specific box or rationalized with responsibility solely assigned to the student. Using a critical lens via the critical pedagogy framework encourages “engag[ement] in a transformative multilogicality…by gaining the capability and the resolve to explore the world…from diverse perspectives—often standpoints forged by pain, suffering, and degradation” (Kincheloe in Hayes, Steinberg, & Tobin, 2011, p. 388). A deeper discussion of critical pedagogy and a juxtaposition of this theory with, and the research questions of, this study is included in chapter two. Moving forward, critical pedagogy guided the review of literature and was threaded into the research methodology, the analysis of data and, finally, the discussion of findings.
Definitions

Pre-requisite courses- courses required of the nursing institution that must be completed prior to application to the nursing program; usually consisting of statistics, biology, microbiology, human anatomy/pathophysiology, human growth and development, chemistry, and sociology (University of California-Berkeley, 2019).

Fundamentals- the first semester of a nursing program, occurring for most students as one with their first semester of their junior year (RegisteredNurseRN.com, 2019a).

Medical-Surgical (Med/Surg I or II)- the second semester and third semester of the nursing program; second semester of their junior year and first semester of their senior (respectively) (RegisteredNurseRN.com, 2019b).

Clinicals- the practicum portion of each semester where students are graded on their in-hospital patient care experiences (Fields, 2018)

Chapter Summary

This chapter reviewed the major topics of the study. How do students who have been academically dismissed from a baccalaureate nursing program characterize their experiences?, this study’s primary research question, provided a holistic springboard to explore the participants’ experience through the lens of Critical Pedagogy as the theoretical framework. Using critical narrative inquiry as the research method, storylines were created that represented the participants’ experience before, during, and after their academic dismissal. Chapter two addresses research relevant to the central questions and the five sub-questions of the study. Chapter three describes the choice of qualitative research as methodology and provides a discussion of each trajectory of that method. Chapter four reveals holistic narratives in answer to the study’s questions and an analysis of cross-narrative themes that emerged. Finally, chapter five discusses each theme and its relation to current literature, and the implications to nursing academics and future research.
CHAPTER 2. LITERATURE REVIEW

The purpose of this study was to learn of all experiences leading up to, during, and after the time when students were academically dismissed. This literature review explores current studies guided by the phenomenon of academic dismissal related to entire student experiences, with a mission to unveil the “social, cultural, and political” aspects that contribute to those experiences (Kincheloe, 2008).

First, this chapter reviews literature establishing the origin of the baccalaureate nursing program, the push for an increase in the baccalaureate nurse population, and the foundation of baccalaureate nursing academics. The foundation includes guidelines from governing institutions responsible for the standardized curriculums and accreditation requirements. Second, academic dismissal is explored emphasizing rationales and contributing influences specific to baccalaureate nursing programs. Studies also reveal societies perception of the nursing profession as a factor beyond academia. An overview of research that looks beyond the students’ transcript for insight into academic dismissal follows and finally, critical pedagogy as the primary, theoretical guide to this study is discussed including the recent interest of critical theory specific to nursing research.

The Baccalaureate Nursing Degree

Beginning in the 19th and 20th centuries, the absence of regulated nursing standards allowed for entry into nursing practice with minimal to no formal education. With a male-dominated educational system, nursing stood out as an entry-level profession. The absence of formal academic credentials resulted in a predominantly female workforce (Christy, 1980). Physicians and hospital administrators believed that overtraining of nurses was a handicap and the philosophy should remain “service first, education second” (University of Rochester, 2011, p.
Despite this restrictive mentality, formal nurse education quickly evolved from a hospital-based curriculum to the collegiate level training of today.

The baccalaureate level of training surfaced in 1948, with a recommendation by the National Nursing Council that “the term professional, as applied to nurses, should reflect the same basic concepts as professionals in other fields” (University of Rochester, 2011, pp. 8-9). In 1965, the American Nurses Association (ANA) released a statement acknowledging that the education of health professionals should mirror the “depth and breadth of scientific knowledge” (as cited in University of Rochester, 2011, p. 10). This knowledge correlated with the increasing complexity of the patient population and necessitates a holistic approach to patient care. The evolutionary role of a baccalaureate prepared nurse is outlined in the proceeding sections.

**The Push for an Increase in Baccalaureate-Prepared Nurses**

A report released by the AACN (2011) revealed that of 509 schools of nursing surveyed, 31.1% of hospitals and other healthcare employers preferred a Bachelor of Science in Nursing (BSN) degree to the Associate Degree in Nursing (ADN), the Nursing Diploma or the Licensed Practical Nurse (LPN). With 76.6% indicating a strong preference for a BSN, six years later, the AACN’s (2017) report showed an increase of 49% of healthcare employers preferring a BSN, with a strong preference increasing to 86.3%. Accordingly, multiple states currently require a BSN as the entry-level criteria for employment or establish that new Registered Nurses with an Associate degree, Diploma or LPN acquire their BSN within 10-years of employment (AACN, 2017). Of the multiple pathways to begin a career in nursing, the baccalaureate nursing program includes all coursework required of the ADN, Diploma, and LPN but with an added layer of knowledge to prepare nurses “for a broader scope of practice, and provides the nurse with a
better understanding of the cultural, political, economic, and social issues that affect patients and influence healthcare delivery” (AACN, 2017, p.1).

Literature that compares patient outcomes related to a nurse’s level of education agrees that a larger proportion of baccalaureate-prepared nurses in the hospital setting results in an increase in positive patient outcomes (Rosenberg, 2018; Sellers et al., 2014; Yakusheva, Lindrooth, & Weiss, 2014). Aiken (2014) showed that hospitals that had a low population of baccalaureate nurses had double the mortality rate as hospitals that employed more than 70% baccalaureate nurses. In a call for the transformation of nursing education, the Institution of Medicine (IOM, 2010) recommended to academic nurse leaders that priority be given to increasing the proportion of nurses with a baccalaureate degree from 50% to 80% by 2020. Fortunately, the pendulum has shifted from a nurse workforce of 45% bachelors-prepared nurses (BSN) in 2002 to 55.5% BSNs in 2015; a positive move toward the recommended 80% BSN workforce (Robert Woods Johnson Foundation, 2015). The incremental increase of 10.5% over a 10-year period makes the IOM’s (2010) goal of 80% over the next one and one-half years seemingly unrealistic. Nurse education programs would benefit with the addition of interventions to address the issue of low retention and delayed progression, while offering specific emphasis on the high incidence of academic failure (Dante et al., 2016).

The Role Expectations of a Baccalaureate Nurse

There are nine recommended Essentials that function as a guide for the over 674 baccalaureate degree nursing programs in the U.S. According to the Institute of Medicine (IOM), these Essentials provide the core knowledge necessary to competently serve as a healthcare provider (in AACN, 2008). The nine Essentials emphasize concepts related to:

- Patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and
genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment (AACN, 2008, p. 3).

An additional layer added to the Essentials is that of the national accreditation board, the Commission of Collegiate Nursing Education (CCNE, 2018), which has established specific criteria addressing patient complexity and diversity. These criteria are discussed in the following two sections.

**National Accreditation Guidelines for Patient Complexity in Nursing Education**

Studies by Aiken (2014) and Blegen, Goode, Park, Vaughn, and Spetz (2013) showed that hospitals that had a low population of baccalaureate nurses had double the mortality rate of hospitals that employed a larger population of baccalaureate nurses. Aiken (2014) noted that a 70% or greater population of nurses with a bachelor’s degree contributed to decreased lengths of hospital stay, reduced readmissions, and a decreased risk of failure to rescue among surgical patients (Yakusheva, Lindrooth, & Weiss, 2014). Sellers, Millenbach, Zittel, Tydings, and Murray (2014) uncovered five themes that developed from their data that contributed to the increase in favorable patient outcomes when under the care of bachelors-prepared nurses:

1. Improved critical thinking and use of evidence-based practice;
2. Value of advocacy both for patients and the profession;
3. Ability to see the big picture;
4. Finding a new voice (higher level of communication skills); and
5. Developing a holistic approach to care (pp. 30-31).

The Commission on Collegiate Nursing Education (CCNE, 2018) is recognized by the U.S. Secretary of Education as a national accreditation agency and is the nation’s leading accrediting agency for baccalaureate programs at schools of nursing. In agreement with the respective State Boards of Nursing, the CCNE (2018) established standards as part of the BSN
curriculum that provide the nursing student with the educational foundation required to address the growing complexity of patient populations. These standards provide a holistic component that meets the needs of the individual patient, emphasizing the knowledge base necessary to address healthcare promotion and continuum of care for diverse patient populations.

**National Accreditation Guidelines for Patient Diversity in Nursing Education**

An increase in cultural diversity within the U.S. creates a unique set of problems to the institution of healthcare. Traditionally, the norm has been a homogenized method of treatment of illness and promotion of wellness among the general population, without regard to cultural preferences and healthcare disparity. Having a nurse with a complex understanding of cultural norms results in improved patient outcomes. Cultural norms can affect modifiable risk factors such as poor dietary choices, unhealthy or risky lifestyle choices, limited access to healthcare, and cultural norms that may dictate refusal or acceptance of a prescribed health plan. A nurse who can provide clear explanations and can ensure appropriate understanding of the plan of care needed for a patient to obtain optimal healthcare outcomes is paramount in reducing healthcare disparities (Garcia-Navarro & da Costa, 2017; Rozendo, Salas, & Cameron, 2017).

To address the disparities listed above, the CCNE (2018) published rationale for the inclusion of cultural competencies in the BSN program:

1. A liberal education for nurses provides a foundation of intellectual skills and capacities for learning and working with diverse populations and contexts.
2. Faculty with requisite attitudes, knowledge, and skills can develop relevant culturally diverse learning experiences.
3. Development of cultural competence in students and faculty occurs best in environments supportive of diversity and facilitated by guided experiences with diversity.
4. Cultural competence is grounded in the appreciation of the profound influence of culture in people’s lives, and the commitment to minimize the negative responses of healthcare providers to these differences.

5. Cultural competence results in improved measurable outcomes, which includes the perspectives of those served. (pp. 2-9)

As indicated, the role of a nurse encompasses more than just an academic knowledge of disease processes and their pathophysiological effects on the human body. Specific required qualities include: the ability to critically think, the ability to communicate effectively with varying patient populations, having sensitivity toward the needs of other cultures, and valuing the perspective of others (CCNE, 2018, pp. 2-9). The amalgamation of these qualities represents the National Accreditation Guidelines expectations of a practicing nurse.

**Contributors to Academic Dismissal in Baccalaureate Nursing Programs**

In the U.S., attrition rates hover around 50% in baccalaureate nursing programs (Harris, Rosenberg, & O’Rourke, 2014; Wray, Aspland, Barrett, & Gardiner, 2017), with 18% or more, occurring in the first year (Horkey, 2015). The explanations for attrition are seldom delineated between those who voluntarily withdraw and those who are involuntarily dismissed, leaving the actual academic failure attrition numbers reserved for the institutions involved. Reviewing the literature related to specifics of academic failure, the reasons for failure are as multi-faceted as the students who have experienced it. The following sections look at studies that discovered various contributors to academic dismissal.

**Academic Factors**

Nursing school admission criteria is not standardized throughout U.S. nursing programs, however, the principal “criteria used to evaluate potential nursing school candidates” are of a
quantitative nature (Horkey, 2015, p. 29; Lancia, Petrucci, Giorgi, Dante, & Cifone, 2013). Studies aimed at uncovering academic indicators of student success in nursing education programs found that the students’ entrance GPA and, specifically, their overall GPA in the sciences, were strong predictors of successful progression (Abele, Penprase, & Ternes, 2013; Lancia et al., 2013; Potolsky, Cohen, & Saylor, 2003). A study of 513 students in a four-year nursing program determined significantly higher graduation outcomes among students who held an overall science GPA of ≥ 3.8%, however, there was little significant difference in the outcome of students who held an overall science GPA of at least 3.25% (Wambuguh, Eckfield, & Van Hofwegen, 2016). The authors suggested that, although entrance GPA in science contributes to success in a baccalaureate nursing program, GPA “does not fully capture the dimensions of a successful nursing student” (Wambuguh et al., 2016, p. 94). Those students who scored high in the sciences and had a higher than average overall GPA expressed difficulty in handling the increased academic workload and managing the overwhelming schedule (Dante, Valoppi, Saiani, & Palese, 2011).

Older research on the topic of academic failure is rich in the conclusion that cognitive variables, such as admission GPA, science grades in secondary education, and performance in science courses required prior to admission, are the primary predictors of future success (Potolsky et al., 2003; Salvatori, 2001; Wolkowitz & Kelley, 2010). Dante et al. (2011) and Wambuguh et al. (2016) concurred with the past literature; this perspective is mirrored in many university nursing entrance criteria today. Absent from the literature is the discussion of non-cognitive variables and their consideration in the admission criteria in nursing programs.
Under-represented Student Populations

Social Justice

Social justice is a “core value” when it comes to nurse-patient interaction and is a progeny of courses taught within nursing curriculums dedicated to cultural sensitivity among healthcare providers (Garneau, Browne, & Varcoe, 2017, p. 1). The Independent School Diversity Network (2016) identified eight “social constructs of identity…referred to as the big eight…race, gender, sexual orientation, age, religion or spirituality, national origin, ability, and social economic status” (para. 1); Ackerman-Barger and Hummel (2015) found, these topics can be difficult to talk about. A nursing workforce and nursing faculty that is predominantly white and female creates within it “an unintentional color blindness” void of the ability to engage in those difficult conversations about “identities, differences, oppression, and privilege” (Ackerman-Barger & Hummel, 2015; Davis, Sullivan, & Guzman, 2018, p. 111).

Mansfield (2014) submitted that “[students]—especially those historically marginalized due to race/ethnicity, gender, and socioeconomic status—are the subject of policies rather than actors in shaping policy” and, although it is imperative that school leaders continuously push for curriculum and student excellence, improvement cannot occur if students' opinions are not considered during the evaluation process (p. 398). Liou, Martinez, and Rotheram-Fuller (2016) conceived that social justice in classrooms can be influenced by the teacher's expectation of the student; despite a program to promote educational reform and equity and despite the students' positive attitude toward their school experience, teacher expectation of the minority students remained low, resulting in low educational outcomes.

Barbe, Kimble, Bellury, and Rubenstein (2018) used social determinants as a bases for their study of factors associated with student attrition and found that:
a significantly greater percentage of students who failed were born outside the United States, and one or both parents born outside of the U.S., reported English was not the primary language spoken in the home, and were racially/ethnically diverse (p. 352).

These findings suggest a critical look into the non-modifiable risk factors associated with academic struggle, including early intervention and “proactive measures” toward improvement of under-represented student academic outcomes (Barbe et al., 2018, p. 355).

**Cultural Norms**

Diefenbeck, Michalec, and Alexander (2016) identified many “hurdles” that provide insight into not just personal obstacles that the culturally diverse population encounters, but school based and family obstacles as well. Factoring in cultural ideals and norms, the ability to ask for assistance or to voice weakness and hardship may be challenging in this population and would require culturally sensitive educators to discern and address these issues (Diefenbeck et al., p. 41). Thus, Mulready-Shick’s (2013) study of English as a Second Language (ESL) learners discovered that the ESL student who is encouraged to speak up during class and to participate by asking questions and expecting clarification becomes the ESL student who breaks the standard mold of low attrition students. Although participation seems to be a factor that might improve equity in the classroom, this same study revealed that participation was often overlooked by faculty who “just didn’t stop and kept on lecturing” (Mulready-Shick, 2013, p. 86).

**English As A Second Language**

Contradictions were evident in studies that spoke to language barriers. McKenna, Robinson, Penman, and Hills’ (2017) thematic analysis of 13 studies related to the experiences of international students in western countries identified multiple communication issues that impact learning. Some suggested that the use of slang and the “low English language acculturation…is
associated with low academic performance” (McKenna et al., 2017, p. 92). Gilchrist and Rector (2016) revealed issues experienced by ESL nursing students:

ESL students report having more difficulty in clinical courses than non-ESL students, making it more difficult for them to successfully complete nursing programs...because of the sheer amount of communication, both verbal and written, that is required of ESL students. (p. 280)

Zhen et al. (2017) studied language as an obstacle to retention and progression of diverse students and found that "language difficulties were intertwined with academic difficulties…[they experienced] difficulty comprehending the teachers’ lectures and participating in academic conversations…the English language used more slang and that Americans speak too fast" (p. 14).

In opposition to the previous studies, Donnell (2015) reviewed the correlation between ESL nursing students who participated in a reading comprehension program and found that the ESL students who participated in the reading program had less successful results than those who did not participate. The author concluded that language posed no significant relationship to retention and progression of nursing students (Donnell, 2015).

**Student and Faculty Relationships**

The didactic and clinical components of nursing education mean that students and faculty interact on multiple levels and spend a significant time together either in the classroom or in a hospital setting, thus, effective communication and mutual respect are of great importance. According to Ingraham, Davidson, and Yonge (2018), the quality of relationships between students and faculty either promoted student success or created a barrier. The authors conducted a narrative literature review that uncovered “four core determinants of student-faculty relationships- support, caring, diversity, and incivility” with all four having an effect on “student academic outcomes” (p. 17). Ingraham et al., (2018) proposed that support include a system of mentorship where faculty and students with similar interest and backgrounds are matched within
an atmosphere of “accessibility and approachability” (p. 18). Caring emphasized the caring expectations of the role of nurse be mirrored in the behavior of faculty that specifically correlated with the third determinant of incivility. Incivility, especially in the context of “power dynamics”, perpetuates from an environment perceived as uncaring (Ingraham et al., 2018, p. 19). The authors encourage educators to develop an awareness of how their words and actions are delivered and may be perceived by students, especially those students who identify as being not of the majority because of “age, gender, religion, disability, or culture” (Ingraham et al., 2018, p. 19). Finally, diversity is supported as having the two primary components of language and culture with communication difficulty and varying worldviews as progenies of both (Ingraham et al., 2018, p. 19)

A study of the current “millennial” generation of students described an expectation that faculty recognize the student as those who require “frequent, positive reinforcement” (Toothaker & Taliaferro, 2017, p. 345). The authors’ exploration of the expectations of 13 millennial students resulted in two emerging themes directly related to the student-faculty relationship: “wanting more from professors and disengaging professors, and lack of trust” (Toothaker & Taliaferro, 2017, p. 347). One of the participants described faculty as “disconnected, not really teaching anything, confused, disengaging entertainers, unable to use technology and not trained in education”, while another recognized the professors as “very well-trained nurses, or nurse practitioners, um, clinicians, but, they, none of the teachers, have been trained in education” (p. 347). On the issue of trust, the students from Toothaker and Taliaferro’s (2017) study did not trust the accuracy of the knowledge delivered by the professors in the classroom, pointing out the need for faculty who are “passionate” about teaching (p. 347).
On-Site Clinical Experiences

Clinical practicum, the portion of a course that requires patient-student interaction in a hospital or clinic setting, holds its own unique place within the phenomenon of retention and progression. It is usually the portion of the students’ pathway that speaks to the students’ decision to pursue nursing and establishes early on what motivates their choice (Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter, 2015). Clinical practicum can be pivotal to the students’ progression, not only from the subjective nature of the grading process, but also its contribution to students’ fear of lack of preparation to care for patients, hospital staff viewing them as incompetent, and the impact their lack of knowledge could have on patient safety (Cowen, Hubbard, & Hancock, 2016; Lassche, Al-Qaaydeh, Macintosh, & Black, 2013; Levett-Jones et al., 2015; Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013).

Under-represented students have expressed concern with the simple task of small talk while in the clinical setting, especially ESL students (San Miguel, Rogan, Kilstoff, & Brown, 2006). All the cited clinical practicum studies agreed that ignoring the students’ emotional preparation and related concerns prior to the clinical practicum experience can increase levels of stress and place students at-risk for course failure (Levett-Jones et al., 2015; Cowen, et al., 2016; San Miguel et al., 2006)

Societies’ Perception of the Role of Nursing

The nursing profession has long been recognized as the “caring” profession and regarded as a discipline best served by those who are compassionate and sensitive to the needs of others. In 1908, Dr. William Alexander Dorland set precedence as a profession based solely on a person’s ability to nurture and offered a “common opinion” of that era:

If a little knowledge is a dangerous thing in most avenues of employment, in nursing it is more than dangerous- it is fatal. Good nursing is not facilitated by too elaborate an
education in professional matters; rather it is hampered or even rendered useless thereby. I believe that a superficial knowledge of physiology and anatomy, together with a thorough acquaintance with hygiene, will answer every purpose. (Ashley, 1976, p. 77)

This antiquated definition and expectations of the nursing profession has been the locus of society for decades and has contributed to a decrease in “staff recruitment and resource allocation” (Koo & Lin, 2016, p. 496).

**Internet and Print Media Perception of Nursing**

Koo and Lin (2016) studied 171 images of nurses on the internet to determine how the nursing profession is portrayed through multiple search engines. “Approximately 90%” of the images were white females and portrayed engaging in the comfort of patients and recording data (p. 498). Images of nurse-physician interaction and nurses using complex equipment or engaging in complex procedures were limited or completely absent (Koo & Lin, 2016).

Carroll and Rosa (2016) reviewed 30 children’s books written for pre-kindergarten to second grade students to gain insight into how the profession of nursing is portrayed. Although the profession of nursing was represented positively, the authors found “many inaccuracies and omissions which could potentially lead children to have an erroneous impression of who nurses are and what they do” (Carroll & Rosa, 2016, p. 148). Like the image study conducted by Koo and Lin (2016), the children’s books presented images that were predominantly female and omitted any reference to the educational background necessary in pursuing nursing as a career.

**Middle and High School Perception of the Nursing Profession**

Williams and Dickstein-Fischner (2019) sampled 204 middle and high school counselors to elicit their thoughts on the attributes they believed were necessary for students interested in nursing. The counselors ranked both personal and academic attributes they recommended of their students interested in nursing as a career. The counselors’ perceptions of personal and
academic attributes ranging from Necessary (100%) to Unnecessary (0%) are displayed in Table 2.1 below.

**Table 2.1. Counselors’ Views of the Nursing Profession**

<table>
<thead>
<tr>
<th>Personal Attributes</th>
<th>Percentage of Necessity</th>
<th>Academic Attributes</th>
<th>Percentage of Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustworthy</td>
<td>94.3</td>
<td>Interested in health and medicine</td>
<td>88.3</td>
</tr>
<tr>
<td>Desire to help others</td>
<td>94.1</td>
<td>Strong in science</td>
<td>83.4</td>
</tr>
<tr>
<td>Good interpersonal skills/Caring</td>
<td>91.9</td>
<td>Strong in Math</td>
<td>75.5</td>
</tr>
<tr>
<td>Personable</td>
<td>91.5</td>
<td>Academically strong</td>
<td>74.9</td>
</tr>
<tr>
<td>Empathy</td>
<td>91</td>
<td>Strong in computer skills</td>
<td>67.7</td>
</tr>
<tr>
<td>Strong work ethic</td>
<td>90.4</td>
<td>Leader</td>
<td>66.8</td>
</tr>
<tr>
<td>Critical thinker</td>
<td>85.6</td>
<td>Scholar</td>
<td>66.8</td>
</tr>
<tr>
<td>Think independently</td>
<td>78.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Williams and Dickstein-Fischner, 2019, p. 33*

The chart identifies the deficit of knowledge among middle and high school counselors regarding academic requirements and knowledge expectations in nursing. Ranking in the 90th percentiles are those nurturing qualities traditionally correlated with the nursing profession. Having a high level of aptitude for science and math and the potential for scholarly work were clearly rated much lower. When talking with counselors about the paths recommended to the students who ranked high in science and math, Williams and Dickstein-Fischner (2019) reported that counselors continue to encourage female students to pursue “male-dominated” STEM careers, believing that high grades in science and math were “wasted” on the pursuit of nursing (p. 31).
Looking Beyond the Transcript

Horkey (2015) stressed multiple factors related to student’s lack of success in a nursing program apart from the typical academic inadequacies: lack of self-confidence/self-efficacy, absence of caring and empathy, impulsive/apathetic behavior, and lack of confidence in one’s own academic abilities. Such qualitative attributes prove difficult to identify in a candidate for acceptance during the application process for entry into a nursing program. Snyder (2018) posits that “understanding why the student desires to become a nurse and the experiences that have led them to pursue nursing as a career can easily be analyzed in an essay” (p. 4). Looking at extrinsic factors that might lessen the student’s chances of success, however, may prove insightful. Using specific keywords related to social responsibility, financial responsibility, family expectations, and appropriate career choices, led to the following findings worthy of consideration.

Why Nursing?

When students are asked why they chose nursing as their career, many acknowledged intrinsic motivators, such as the caring and compassionate nature of the role of a nurse, their desire to help others, and having had personal experiences with a nurse in their past (ten Hoeve, Castelein, Jansen, & Roodbol, 2017). Intrinsic desire defines the student’s choice of nursing as one pursued for the satisfaction the position would bring to their lives (ten Hoeve et al., 2017). Students who choose nursing simply for status or high salary expectations have a “relatively high dropout rate” and a greater propensity for academic failure due to a lack of perseverance and drive (ten Hoeve et al., 2017, p. 29).

Salamonson et al. (2014) followed 352 undergraduate nursing students at a university in Australia over a 6-year period and found that students who indicated nursing as their first choice
“were more likely to complete the nursing program” (p. 130). The authors also posited that the attrition of those students who did not choose nursing as their first career choice usually occurred during their first semester and was voluntary, while attrition occurring later in the student’s program was usually attributed to difficulties outside of academia (Salamonson et al., 2014).

Not What I Expected of Nursing School

Rigor and Testing Style

The rigor of the average nursing program usually comes as a surprise to most first-semester nursing students, resulting in a struggle with time management and the realization that success requires a reduction to their commitments outside of academia (Dewitty, Huerta, & Downing, 2016; Lewis, 2018). A study by McDonald, Brown, and Knihntski (2018) found the following to represent students’ initial discoveries of the baccalaureate nursing curriculum:

1. Lack of cohesion between pre-entry beliefs and the reality…particularly in the areas of academic expectations, expectations of faculty, and the realities of a university level, professional college program of study;
2. Program required a higher level of knowledge application, as opposed to memorization/recall knowledge acquisition;
3. Identified negotiating personal family dynamics (both supportive and unsupportive) and the effects of expectations of parents, spouses, children, and additional peers; and
4. Struggling with competing demands in both personal and academic context, through a process of splitting focus/finding focus (Household chores, finances, family activities and maintaining relationships). (pp. 88-90)

As noted in item two above, a significant change from pre-requisite courses to nursing courses is the style of questions used in the testing process (McDonald et al., 2018). In most
cases, the student is abruptly transitioned from a Bloom’s Taxonomy style of “Remembering and Understanding” to “Applying and Analyzing” (Pandy, 2017, n. p.). This transition promotes clinical reasoning and prepares the student for success on the national licensing exam, but success on this style of question requires a “high scholastic aptitude, and competencies in English, reading comprehension, math and science” (Wiles, 2015, p. S55).

**Social and Financial Obligations**

Knowlton (2017) concluded that students enrolled full-time in a nursing program have multiple considerations that lead to an elevation in stress. Obligations to family, relationships with friends, and work obligations coupled with the rigor of the nursing curriculum led to issues with time management (Knowlton, 2017). That students should reduce work hours and realign priorities is not lost on faculty because of their personal experiences in a baccalaureate nursing program. Although studies mention that success is increased if students do not work and can remove themselves from social obligations, this is not an option for some students. Kearney, Stanley, and Blackberry (2018) looked specifically at non-traditional students, recognizing that faculty should move away from the “individualist perspective” and understand that these students are “members of a collective social system” resulting in obligations outside of school (p. 13). The reported percentage of students who work while attending a full-time nursing program are near or above 50%, with most of those students forced to work for economic reasons (Garcia-Vargus, Rizo-Baeza, & Cortes-Castell, 2016). Garcia-Vargus et al. (2016) found that if given a choice between work and study, the students would choose studying, and those who worked more than 20 hours per week were at significant risk of academic failure.

Thomas, McIntosh, Lamar, and Allen (2017) described college students as those who “experience a pressing need to work and maintain social lives while balancing extensive class
and study time” (p. 88). A questionnaire completed by 182 undergraduate nursing students revealed that of the 182 students, 107 of them slept between five to six hours a night; 100 students claimed to work more than 12 hours per week with the addition of 8-12 clinical hours required of their nursing program outside of classroom attendance (p. 90). Ironically, less than 50% of the students thought that their schedules or hours of sleep affected their safety levels while at work and clinicals, or that it had little to no effect on their academic performance despite the admission of stimulant use (p. 91).

**Relating Literature to the Research Questions**

The literature review section titled Contributors to Academic Dismissal in Baccalaureate Nursing Programs was guided by the primary question of this study—How do students who have been academically dismissed from a baccalaureate nursing program characterize their experiences? Beginning with the qualitative aspects of academia, studies found correlations between a higher GPA and higher grades in the sciences leading to higher success rates, but could not offer a distinct difference in outcomes of students who fell slightly below, yet still met, expected entrance criteria (Abele et al., 2013; Horkey, 2015; Wambuguh et al., 2016). Dante et al. (2011) found that some students, despite high overall GPA and high science performance, still struggled with workload and time management.

When the search of literature was focused on under-represented student populations, multiple factors related to academic dismissal surfaced. With a predominantly white, female nursing practice and nurse educator workforce, the absence of social justice disguised curriculum homogenization and color-blindness (Ackerman-Barger et al., 2015; Barbe, 2018; Davis et al., 2018; Liou et al., 2016). ESL learners who come to western academia with their own set of cultural norms have differences that are overlooked when considering what might contribute to
academic dismissal (Diefenbeck et al., 2016; Mulready-Shick, 2013). Literature is not void of studies dedicated to language barriers in ESL learners with interventions implemented, yet minimal progress has been made toward minimizing this disparity (Gilchrist & Rector, 2016; McKenna et al., 2017; Zhen et al., 2017).

Millennials have emerged in the literature as a generation of students requiring positive reinforcement from faculty and a need to trust that the faculty’s knowledge and abilities are sufficient to promote success in their program (Toothaker & Taliaferro, 2017). A mutually respectful relationship between faculty and students was shown to have a positive correlation to students’ success as well (Ingraham et al., 2018).

Interesting perspectives surfaced in this literature review that highlighted societies’ perception of the nursing profession and the nursing students’ expectations upon admission to a nursing program. These perspectives encourage a look beyond higher education by including the students’ experiences prior to enrolling in a nursing program, and thus offering a strong contribution to the sub-question, what were the participants’ experiences prior to acceptance into the baccalaureate nursing program? The view of high school counselors and the representation of nurses in children’s literature as primarily a caring profession that does not necessitate strong math and science skills (Carrol & Rosa, 2016; Dickstein-Fischner, 2019; Koo & Lin, 2016) is an enfeebled view that may contribute to a nursing student’s shock at the high level of rigor and exorbitant amount of information delivered during their first semester of enrollment (Dewitty et al., 2016; McDonald et al., 2018). Accordingly, the importance of nursing being a first career choice rather than a choice based on peer or family influence and the student’s social and financial responsibilities continues the theme of holistic inquiry (Knowlton, 2017; Thomas et al., 2017).
The literature review section titled The Role Expectations of a Baccalaureate Nurse was guided by the sub-question, How, if at all, does the concept of power relations factor into [the student’s] academic failure? Standardization and expectations created by governing bodies require a mutual acceptance by educators enlisted to implement the guidelines. The aim of this study was to determine if standardization in nursing education promotes homogenized curriculum delivery that alienates some, while “subvert[ing] the success of particular students” (Kincheloe, 2008, p. 7). Governing bodies fuel nursing curriculums and the performance of a university’s students can influence significantly, maintenance of accreditation of the nursing program. These performance expectations can overshadow the recommendations of current research to address inequities among student populations (Breslin, Nuri-Robins, Ash, & Kirschling, 2018; Turner, 2016).

Academic failure is multi-faceted and current literature is limited in the assessment of rationales related to academic failure outside of how the student is represented on their transcript and how they perform on nursing exams. A specific population of students who meet the high entrance GPA and high GPA in science courses upon admission, yet still are academically dismissed, has been neglected. Also missing from the literature are studies whose populations are from a baccalaureate level program and comparative across multiple universities. This study’s focus on academic dismissal includes a population of students from three different southern universities, two public and one private university, representing a diverse demographic.
Critical Pedagogy as Theory

Never underestimate the power of difference to help us develop new ways of seeing, new modes of consciousness, new forms of knowledge and new ways of acting in the world.

--Kinichelo

Critical Pedagogy Primer

Selcuk and Hursen (2016) described the educational system as an institution where the creation of social justice and equality is paramount to student success and where students are encouraged to be active participants in learning but, the true definition of students as active participants is one reduced to students as a business or rather “consumers” in academia (p. 1122). Critical pedagogy provides a springboard by which to look beyond what current research has told us about the cause and effect of poor retention and progression numbers in nursing education, while encouraging educators to live outside the parameters of students as consumers and rather to view students as partners in the process (Selcuk & Hursen, 2016). To encourage autonomy of teachers in the classroom through self-analysis of their teaching methods, Shudak (2014) proposed the use of critical pedagogy as a theoretical foundation for change (p. 989). The author wrote that “pedagogy that is critical leaves no stone unturned in its search for truths, understanding, and meaning, and is also quite cognizant of why it is overturning stones in the first place” (p. 991).

Critical Pedagogy’s Origin in Critical Theory

Critical theory originated within the Institute of Social Research at Frankfurt School of Germany with Brazilian Educationalist Paolo Freire as one of the main contributors to its use in the field of education (Kinichelo, 2008; Abraham, 2014). Freire’s (2009) notable work prefacing critical pedagogy, Pedagogy of the Oppressed, emphasized the correlation between education and society, procuring the institution of education as the promotor of social justice (Irwin, 2018). The importance of social justice in the field of nursing and nursing education
incited this study’s alignment with Freire through his work in critical pedagogy (Right, 2017). Freire’s belief that educators should step outside the confines of traditional teaching methods by adopting the student as a partner in their educational journey, while also “engaging in self-criticism about the ideologies that underlie teaching methods”, lends itself to the exploration of multiple possibilities related to social acceptance and inclusivity in the classroom (Garneau, Browne, & Varcoe, 2018, p. 6). Although Freire is considered the father of critical pedagogy, one scholar whom Freire mentored surfaced throughout this study and offered a re-wording, of sorts, that allowed critical pedagogy to align with the aim of this study. That scholar was Joe Kincheloe.

**Kincheloe**

*Key Works in Critical Pedagogy: Joe L. Kincheloe* (Hayes et al., 2011) ignited my alignment with critical pedagogy as the theoretical foundation for this study. A chronological impression of Kincheloe’s works from 1991 to 2008 provided a new way of looking at teaching methods and how faculty, students, administrators and communities have specific contributions to social justice in education (Hayes et al., 2011). Kincheloe’s (2008) *Critical Pedagogy Primer* looked at power dynamics as a resource to correct inequities among student populations and, more importantly, the “alleviation of human suffering” (p. 11). A focus on human suffering is a core value in healthcare and offers a means to intertwine nursing practice expectations with the education of nursing students.

Kincheloe (2008) pushed for teachers to “join the culture of researchers” (p. 17) and encouraged researchers to focus on the study of the student through a form of action research. He defined action research as “a form of research designed for practitioners that allows teachers, for example, to research practices, schools, students, communities, curriculum, and so on, for the
The Use of Critical Pedagogy in Nursing Research

As a faculty member in a baccalaureate nursing program for more than six years, I have observed that current nursing curriculums have committed to absolution of social inequities among patient populations. Unfortunately, the concept of social inequities is lost regarding their students due to the “struggle to act with agency…within the confines of a tightly regulated and constricted framework” (Dyson, 2018, p. 1349). The use of critical pedagogy in nursing education involves a reflection and critique of those conditions that have “taken for granted, identifying constraints to injustice and freeing one’s self to consider fairer alternatives” (p. 1462). Dyson (2018) posited that Freire’s pedagogic theory developed in Brazil in the 1970’s entails three ideas applicable to the field of nursing education:

- The notion of critical consciousness, which allows people to question the nature of their historical and social situation and to ‘read the world’ with the goal of acting as subjects in the creation of a democratic society.
• Education implies a dialogic exchange between teachers and students, where both learn, both question, both reflect, and both participate in making sense of any given situation or learning experience.

• Teachers [should be] endowed with the central role of creating environments in which students are likely to engage in learning that is authentic…teachers need to identify with their students. (Freire, 1972/1985, in Dyson, 2018, pp. 1484-1485).

Dyson’s (2018) work to date is one most specific to critical pedagogy and its use in nursing education within the context of justice and equality among the student population rather than a patient population. The use of critical theory is more prevalent in the profession of nursing, however, gaining distinction, especially in relation to culturally diverse patients and inequities among under-represented populations in the nursing classroom (Garneau et al., 2018; Giroux, 2011; Rozendo, Salas, & Cameron, 2017).

Juxtaposing Research Questions with Critical Pedagogy

How do students who have been academically dismissed from a baccalaureate nursing program characterize their experiences?

This study’s central question asked participants for an overall view of their experience. The broad scope of this question removed the confines of the participant as a student and allowed for insight into social and cultural aspects of their lives prior to nursing school, during, and after their dismissal, allowing for a historical narrative of experiences. According to Kincheloe (2008), those who have successfully experienced it commonly define history, but gaining perspective from the unsuccessful informant gleans “insight that comes from having to deal, on a daily basis, with the disadvantages of their loss” (p. 144).

Critical pedagogy promotes learning as a form of “conscientization”, defined by Gin and Hearn (2019) as “becoming aware of social realities, one’s own and other’s social locations, and
power asymmetries…developing a sociopolitical voice (beyond one’s own personal voice)” (p. 43). The design of the central question for this study allowed for the participants’ reflection on their vantage point and ways of thinking about their world, specifically, “their own location in the web of reality” (Kincheloe, 2008, p. 173).

**In what way, if any, does agency play a role in their journey?**

Agency is defined in the social sciences as “the power people have to think for themselves and act in ways that shape their experiences and life trajectories” (Cole, 2019, para. 1). In the context of critical pedagogy, agency is defined by Kincheloe (2008) as “a person’s ability to shape and control his or her own life by freeing the self from the oppression of power” (p. 42). The question of agency in this study allowed for exploration into decision making processes that led to the students’ choice of nursing, their thoughts on the timing of their decisions, and how their response to power relations shaped the outcome of their journey.

**How, if at all, does the concept of power relations factor into their academic dismissal?**

Being conscious of the presence of power is difficult to determine without a distinct theoretical foundation commitment to power relations. Critical pedagogy opens this awareness through the recognition of oppressive power relations (Kincheloe, 2008). Giroux (1997) maintained that faculty should avert social injustice by “teaching students to take risks, challenge those with power, honor critical traditions, and be reflective about how power is used in the classroom” (p. 265). These viewpoints created a dual purpose for this research question by encouraging the researcher to look for hidden injustices unrecognized by the participant; it also served as an analytic tool to define interactions between students and faculty that may have not been considered as oppressive in the past.
Chapter Summary

In this chapter, the governing bodies for nursing curriculums and their standardization guidelines and expectations were explored along with previous literature related to academic dismissal. Critical pedagogy as a theoretical framework was discussed and a relational overview to each research question was presented. Chapter 3 discusses the choices of methodology and research design and the specifics of data collection and data analysis.
CHAPTER 3. RESEARCH METHODOLOGY

Introduction

Deciding which research discipline to choose was not difficult. As a nurse, I am internally programmed to look inquisitively at the world with a desire to know the story. Patients for whom I care for have a story to tell and, although medicine is rooted in quantitative data, the nurse’s role is to look beyond data and gather experiences of the patient that contribute to their current circumstances. Qualitative research provides a venue to explore this inquisitive nature. Denzin and Lincoln (2018) defined qualitative research as “a situated activity that locates the observer in the world…[and] consists of a set of interpretive, material practices that make the world visible” (p. 10).

Choosing qualitative research as the discipline for this study left the question of how to best represent the chosen population and the research questions posed. It would be false to say that the exact qualitative method came as easily as the choice of discipline. The only concrete decision about method was the choice to use a qualitative approach embraced by the theoretical perspectives of critical pedagogy. The exploratory nature of the research questions, and their focus on an understanding of experiences, provided an ideal platform for qualitative research to best represent the participants’ stories (Merriam & Tisdell, 2016). The use of a critical theoretical framework required a deeper understanding of methods within the qualitative domain.

The study was designed to explore the experiences of participants who were involuntarily dismissed due to academic failure while in the clinical portion of their baccalaureate nursing program. Academic dismissal is a sensitive topic and is not an experience that participants are eager to relive. The participants of this study revisited old wounds, cried with me, and shared sensitive moments. Out of respect for their sacrifice, I knew that the method chosen must
represent their journeys in the most accurate and impactful way. My research in critical pedagogy revealed a concept that allowed for flexibility in the choices of method for data collection and data analysis. Kincheloe (2008) referred to that concept as “bricolage…a handyman or handywoman who makes use of tools available to complete a task” (p. 131). In research, bricolage allows for a matching of method with the complexity of the study, with the understanding that, as research progresses and data unfolds, new ways of “perceiving and understanding a particular phenomenon” are a necessity (p. 134).

The following sections detail narrative inquiry as the method chosen for data collection with thematic analysis as the preferred method for data analysis. Both methods were chosen as relevant and respectful of the holistic nature of the research questions:

- How do participants who have been academically dismissed from a baccalaureate nursing program characterize their experiences?
  - What were the participants’ experiences prior to acceptance into the baccalaureate nursing program?
  - What were the participants’ experiences during the baccalaureate nursing program?
  - What were the participants’ experiences after learning of dismissal from their baccalaureate program?
  - In what way, if any, does agency play a role in their journey?
  - How, if at all, does the concept of power relations factor into their academic failure?
Narrative Inquiry as Method

A driving concept regarding the selection of a method for the study was stated by Foucault (2001), “As soon as people begin to no longer be able to think things the way they have been thinking them, transformation becomes at the same time very urgent, very difficult, and entirely possible” (p. 161). The aim was to pursue research through a critical lens with the hope of uncovering new information through varying perspectives while applying this information in a meaningful and transformative way.

Narrative Inquiry

Knowing that everyone has a past from which they draw to guide their present actions, qualitative research in education begins with an understanding that a participant’s personal story as it is as much a part of their education as what transpired within the walls of academia; that narrative inquiry has “access that enables the illumination of real people in real settings through the painting of their stories” (Clandinin & Connelly, 2000; Wang & Geale, 2015, p. 195). At the core of narrative inquiry is Dewey’s (1938) philosophical belief that education is directly linked to personal experience, and by exploring, both objectively and subjectively, the past, present, and future connections surrounding the experiences, one might appreciate and learn from them. Chase (2018) described narrative inquiry as a promoter of “social change” through the following events:

- the shaping or ordering of past experiences;
- a way of understanding one’s own and other’s actions;
- organizing events and objects into a meaningful whole; and
- connecting and seeing the consequences of actions and events over time (pp. 553-554).
More descriptively, Clandinin (2013) defined narrative inquiry as:

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

Narrative inquiry can be compared to life, as it is fragmented stories from different moments in a study participant’s life, sometimes told chronologically, but frequently disconnected as part of the reflective nature of storytelling (Clandinin & Connelly, 2000).

**Narrative Inquiry and Critical Pedagogy**

Narrative provides the avenues for individuals to accompany each other’s journey of inquiry and quest, and to listen with our hearts, drawing inspiration from the deepest source of our values – a shared humanity.

--Goodson

*Critical Narrative as Pedagogy*

Understanding this study’s focus of course failure requires a critical lens that welcomes the “individuality of learners and the social context in which learning takes place” (Kincheloe, 2008, p. 122). Critical pedagogy as a theory envelopes the idea of discovering insight into course failure previously missed in the literature, exposing the “bogeymen” hidden among rationalization of the status quo, and resistance to change the pedagogic approach to nursing curriculum development and delivery (Kincheloe, 2008, p. 142).

Considering participants’ experiences, and the recounting of their stories offers insight into the ways these stories affect the learning experiences of each individual. As discussed in chapter two, the standardized nursing program with its high expectations and rigor leaves little room for change within the curriculum to accommodate struggling students. What if educators focused on those student experiences that may contribute to their struggle in nursing by
considering “non-cognitive differences” that might be related to race, gender, culture, and socioeconomic status? (Kincheloe, 2008, p. 22).

Critical pedagogy is a theoretical concept dedicated to human agency, providing a window into a person’s interpretation of why they behave like they behave, why they make the choices they do, and why they view themselves as they do (Goodson & Gill, 2014). As such, critical pedagogy and its use as a lens during the gathering and analyzing of data proved a formidable ally in the recognition of social inequities among the student populations exposed to academic dismissal.

**Research Design**

**Participant Selection**

Purposeful sampling was selected to represent a sampling universe of baccalaureate nursing students who were involuntarily dismissed from a nursing program due to academic failure. According to Robinson (2014), purposeful sampling can offer a better representation of participants who have “unique, different, or important perspectives on the phenomenon in question and their presence in the sample should be ensured” (p. 32). Additionally, following closely to the sampling universe represented in the research question allowed for a higher level of rigor, especially due to the nature of the study and the preference of quality over quantity with respect to data (Robinson, 2014).

The selection process began with an emailed invitation explaining the study, how it would contribute to current research, and the significant role that participation would play in the understanding of academic failure through the telling of their stories (Appendix B). Contacting former students who were dismissed from a university proved to be difficult. Because my role as a nursing faculty member gave me firsthand knowledge of the devastation of the experience of
academically dismissed participants, the initial lack of response, although concerning, was expected. This study asked the participants to retell events leading up to, during, and after dismissal from their nursing program. For some of the participants, nursing had been a lifelong dream and the experience of academic dismissal was not a topic that most wanted to revisit.

Selection criteria

Study participants were chosen based on the following criteria:

- Academic dismissal had occurred due to failure of two or more nursing courses.
- Academic dismissal occurred within the past 3 years
- Willingness to participate in a face-to-face interview, spending at least 45 minutes with the researcher
- Willingness to participate in an online closed focus group.

After ten days of only having one interested party, multiple participants emerged, resulting in a final sample of ten. The ten participants were interviewed; after completion of member checking, one participant withdrew, citing an active legal proceeding involving the university attended as a conflict of interest. The final participant total was nine.

The Participants

The nine participants represented a diverse population in the universities they attended, their class standings at the time of dismissal, their countries of origin, their marital status, their ages, and their social obligations related to dependents and hours worked while enrolled in a full-time nursing program. Table 3.1 displays a pseudonym for each participant and an age range rather than a specific age; the universities attended are also labeled with the pseudonyms identified in chapter three. Participants who completed primary and secondary education outside
of the U.S. are listed first, followed by participants whose country of origin was the United States.

**Table 3.1. Demographics of Participants**

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Country of Origin</th>
<th>Ethnicity</th>
<th>Age Range</th>
<th>Semester Level at time of Academic Dismissal</th>
<th>University Attended</th>
<th>Dependents</th>
<th>Marital Status</th>
<th>Hours Worked While Attending Nursing School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alicia</td>
<td>Nepal</td>
<td>Asian/Pacific Islander</td>
<td>25-34</td>
<td>Senior-First Semester</td>
<td>Medium Public University</td>
<td>0</td>
<td>Single</td>
<td>0</td>
</tr>
<tr>
<td>Beth</td>
<td>Philippines</td>
<td>Asian</td>
<td>35-44</td>
<td>Junior-Second Semester</td>
<td>Medium Public University</td>
<td>2</td>
<td>Married</td>
<td>12</td>
</tr>
<tr>
<td>Candice</td>
<td>Philippines</td>
<td>Asian</td>
<td>25-34</td>
<td>Junior-First Semester</td>
<td>Small Private University</td>
<td>1</td>
<td>Widowed</td>
<td>0</td>
</tr>
<tr>
<td>Deana</td>
<td>U.S.</td>
<td>White</td>
<td>25-34</td>
<td>Junior-Second Semester</td>
<td>Large Public University &amp; Medium Public University</td>
<td>2</td>
<td>Married</td>
<td>24-36</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>U.S.</td>
<td>African American</td>
<td>25-34</td>
<td>Junior-First Semester</td>
<td>Small Private University</td>
<td>2</td>
<td>Married</td>
<td>24</td>
</tr>
<tr>
<td>Felicia</td>
<td>U.S.</td>
<td>White</td>
<td>18-24</td>
<td>Junior-First Semester</td>
<td>Small Private University</td>
<td>1</td>
<td>Single</td>
<td>20</td>
</tr>
<tr>
<td>Gwen</td>
<td>U.S.</td>
<td>White</td>
<td>25-34</td>
<td>Senior-First Semester</td>
<td>Medium Public University</td>
<td>0</td>
<td>Single</td>
<td>20</td>
</tr>
<tr>
<td>Heidi</td>
<td>U.S.</td>
<td>White</td>
<td>18-24</td>
<td>Junior-Second Semester</td>
<td>Small Private University</td>
<td>0</td>
<td>Single</td>
<td>0</td>
</tr>
<tr>
<td>Sammie</td>
<td>U.S.</td>
<td>White</td>
<td>45-54</td>
<td>Junior-Second Semester</td>
<td>Small Private University</td>
<td>2</td>
<td>Single</td>
<td>0</td>
</tr>
</tbody>
</table>

**Data Collection**

Relevant to the researcher’s role in data collection and the method of data collection is information necessary to generate “rich, in-depth data” (Jonsen, Melender, & Hilli, 2013). Three
specific types of data helped with the procurement of content that addressed the research problem:

- **Contextual Information**—refers to information “that describes the culture and environment of the setting…to understand learning behaviors of a discrete segment of a population in a particular organizational or institutional setting”.

- **Demographic Information**—is a description of the participant such as where they reside, history and background, education, and personal information (e.g., age, gender, ethnicity).

- **Perceptual Information**—refers to a participant’s descriptions of their experiences and perceptions of those experiences. (Bloomberg & Volpe, 2016, pp. 149-150)

The inclusion of the three components served the study’s purpose of exploring the lived experiences of participants who were academically dismissed by revealing a holistic storyline of the person and the participant as a member of a social institution.

Data collection for this narrative inquiry involved multiple sources: participant interviews, focus group discussion, researcher field notes/ reflections, artifacts relevant to the participants’ academic performance prior to their pursuit of higher education, and their performance on pre-requisite courses required for admission to nursing. Demographic data of each university represented in the study was also gathered as a comparative to participant demographic.

**Participant Interviews**

I have learned of education and the profession of nursing that each has its own culture. Nursing education to professional nursing practice entails unique verbiage, behaviors,
understandings, and expectations. Therefore, it was important to approach the interview process knowing that misrepresentation might occur simply because of my position as a nurse educator. However, the discussion of the research intent and my role as one familiar with the struggles faced by nursing students established credibility as one who was already a member of the culture and allowed for quicker acceptance into the participants’ world (Dwyer & Buckle, 2009). Knowing that nursing is a culture, I was aware of the need to frame interview questions (Appendix D) to elicit cultural assumptions, both spoken and unspoken, while also realizing nuances of verbal discourse and social interactions representing cultural expectations (Harrowing et al., 2010)

**Semi-structured interviews**

Semi-structured interviews were the primary source of data for this study. Studies using the semi-structured interview approach have identified this method as one that allows for participants to speak freely, without interruption, and promotes thorough exploration of all issues that might emerge outside any confines that a structured interview could impose (Brinkmann & Kvale, 2015; Dante, Valoppi, Saiani, & Palese, 2011; Kukkonen, Suhonen, & Salminen, 2016). The flexibility of semi-structured interviews allowed for the use of guiding questions (Appendix D) and allowed the participants to add their own narratives and reflections (Rabionet, 2011).

**Interview location**

Elwood and Martin (2000) encourage the interviewer to consider the “micro-geographies of the interview” as it will “reflect the relationships of the researcher with the interview participant, the participants with the site, and the site within a broader sociocultural context that affects both researcher and participant” (p. 650). For these reasons, the site selections for the interviews with participants were those spaces characterized as offering a safe, relaxing
environment with minimal distractions, removed from academia so that the interjection of power
dynamic was minimal (Elwood & Martin, 2000). To provide convenience for the participants,
dates for the interviews spanned over a two-week time period. The participants selected their
interview sites and all requests, including those that required lengthy, out-of-town travel, were
accommodated. Comfort of each participant was a priority given the sensitive nature of the
interview content and my intent to be a “part of the landscape”, a part of their world rather than
them being a part of mine (Clandinin & Connelly, 2000, p. 77). Interviews lasted between 30-55
minutes and were recorded using multiple audio devises with amplification to insure accurate
capture of all data.

Focus Groups

According to Bloomberg and Volpe (2016), focus groups are conducted with members
who share a common experience related to the purpose of the study. The focus group platform
used in this study offered an opportunity to engage conversations pertaining to the purpose of the
research in a natural, relaxed atmosphere (Bloomberg & Volpe, 2016). Kreuger and Casey
(2015) provided a list of identifying characteristics of focus groups that correlated well with the
aim of this study:

(a) elicit a range of feelings, opinions, and ideas;
(b) understand differences in perspectives;
(c) uncover and provide insight into specific factors that influence opinions, and
(d) seek ideas that emerge from the group (p. 156).

The questions used for the focus group (Appendix E) transpired after all participant
interviews were completed and served as a “confirmation technique” to validate information
discussed in the individual interviews and to allow for the addition of richness to the data (Ngozwana, 2018, p. 23).

The format used to conduct the focus group was an online venue titled Focus Group It (Focusgroupit.com, 2019). The Focus Group It platform consisted of tools to create a community group administered by the researcher with the anonymous inclusion of the participants. The participants used their assigned pseudonyms to participate in the online forum, which allowed for complete anonymity. According to Roland and Parmentier (2013), social media focus groups provide a convenient interactive approach to discussion, and the participants can interact asynchronously during times convenient to their schedules (p. 811). An asynchronous, social media group also provided a platform for me to interject questions and thoughts as they arose simultaneously with the focus group interaction (p. 815). Most importantly, the online focus group platform “allow[ed] for significant flexibility” within a group familiar with and committed to the interests of the study (p. 816).

Artifacts

Through online research of the university programs represented by the participants, descriptive information of the institutions included enrollment data, demographic of nursing students, and demographic of faculty. To protect the identity of each university, only ranges of published data were used. Acquisition of participant performance in science and math courses taken prior to application to higher education, as well as academic performance on pre-requisite courses and courses leading up to dismissal provided by each participant, served as pieces relevant to the aim of developing a holistic picture of their academic dismissal.
Field Notes

To tell a complete story as the researcher “experiencing the experience” with the participants, field notes were taken before, during, and after each individual interview (Clandinin & Connelly, 2000, p. 80). The interviews took place in various physical locations and some included family members listening nearby. Field notes provided a richness to the experience by allowing the insertion of personal and social occurrences that may not be captured in the audio recording (Clandinin & Connelly, 2000). The process of taking field notes also maintained my own awareness of the circumstances, keeping a distance to avoid taking “things for granted, adopt[ing] the same standpoints, and ha[ving] the same practical intentions” (p. 81).

Researcher Reflective Journaling

A daily reflective journal was maintained throughout the research process, from the application for IRB to the final edit of this dissertation. An old school version of pen and paper journaling was done for ease and portability. Thoughts and questions were recorded before, during, and after each participant interview and during transcription and writing of the narratives. Reflective journaling maintained accuracy of occurrences, recognition of interactions, i.e., questions that didn’t work, and a tool to reflect on my role as the researcher (Ortlipp, 2008). Additionally, the reflective journal addressed biases and prompted inclusion of new information into the review of literature that required further exploration to maintain “methodological rigor” (Ortlipp, 2008, p. 704).

Universities Represented in the Study

Medium Public University was a public university with an average enrollment of between 7,000 to 8,000 students. The university was approximately 70% white and 17% Black or African American, with the remaining percentage representing the Hispanic, Asian, and ethnicity
unknown categories. Faculty demographic was represented by approximately 80% white with 
13% Black or African American, with the remaining faculty ethnicity at 7%. The international 
student population was less than 500 of the 7,000 to 8,000 total student population 
(Collegefactual.com, 2017).

Large Public University was also a public university with an average enrollment of 
between 17,000 to 18,000 students. The university was approximately 63% white, 20% Black 
or African American, with the remaining percentage representing the Hispanic, Asian, and 
etnicity unknown categories. Faculty demographic was represented by approximately 71% 
white with 19% Black or African American, with the remaining faculty ethnicity at 10%. The 
international student population was less than 600 of the 17,000 to 18,000 total student 
population (Collegefactual.com, 2017).

Small Private University was a private university with an average enrollment of between 
1,100 to 1,200 students. The university was approximately 60% white, 18% Black or African 
American, 10% Hispanic, with the remaining percentage representing Asian, and ethnicity 
unknown categories. Faculty demographic was represented by approximately 73% white with 
20% Black or African American, with the remaining faculty ethnicity at 7%. Data was not 
available for the international student population at this university (Collegefactual.com, 2017).

**Ethical Considerations**

In accordance with the Louisiana State University (LSU) Institutional Review Board 
(IRB) Guidelines, an Application for Exemption from Institutional Oversight was submitted to 
the university and was accepted and approved on January 14, 2019 (Appendix A).

Upon IRB approval, written explanations including the nature and focus of the study, 
confidentiality, and privacy were submitted to all participants along with a document of
Informed Consent (Appendix C) which included the following components: (1) Study title; (2) Performance site; (3) Investigators; (4) Purpose of the study; (5) Subject inclusion; (6) Number of subjects; (7) Study procedures; (8) Benefits; (9) Risks; (10) Right to refuse and (11) Privacy. Anonymity of the study participants was maintained using the following steps:

- Interviews took place in a safe space of the participants choosing;
- except for the dissertation committee, identifiable information such as names, university locations, or identifying of the participants was not discussed;
- interview transcripts were completed by the researcher for this study;
- pseudonyms were substituted in the transcripts for all names of persons, university, cities, towns, and counties. Exceptional care was taken to disguise the participant’s identity and location in any published materials or presentations, and
- transcripts remain in possession of this researcher. All audio recordings are under password protection and consent forms are kept in a locked cabinet (Woods, 1990).

**Role of the Researcher**

I approached this study with experience as a practicing Registered Nurse, six years’ experience as a nurse educator within a baccalaureate nursing program, and a graduate student in curriculum and instruction studies. Personal knowledge of the complexity of the baccalaureate program, my professional experience with struggling students, and my practice experiences related to inadequate healthcare offered to patients based on level of nursing knowledge and/or lack of nursing diversity, provided valued perspectives (Glesne & Peshkin, 1992). To reduce the risk of power differentials or the participants feeling that my role lacked objectivity, a discussion
of research ethics, along with a reassurance of “my obligation to maintain their anonymity”, occurred with each participant prior to signing of the consent forms (Lewis, 2016, p. 91).

Characteristically, nurses are programmed to assess situations (patients) holistically, searching for what may not be communicated or visualized in the moment. The goal in providing quality patient care is to be open to what lies between each spoken word or what can be interpreted from analyzing multiple contributors to a problem, with the intent to individualize the plan of care. As the researcher I was dedicated to emulating this perspective relative to patient care, as I was committed to providing dependable and accurate representation of the research outcomes.

With the researcher serving as the primary instrument for data collection, the focus was heightened on reducing bias related to personal knowledge of the participants. The snowball effect during the recruitment process resulted in some participants who were academically dismissed from a universities where I had previously served as faculty, however, the dismissals occurred after my resignation from the university. I was unfamiliar with the actual circumstances leading to the dismissals, aligning with the recommendation to avoid “backyard research” (Glesne & Peshkin, 1992), defined as research within one’s own work setting, which may reduce the accuracy of the data and may “jeopardize the roles of the researcher and the participants” (Creswell, 2014, p. 188).

**Method of Data Analysis**

Transcription is the initial step toward complete and concise data analysis. Transcription, as defined by Azevedo et al. (2017) is “the process of transforming oral speech into written word” (p. 161). For this study, a *denaturalized transcription* approach accommodated the critical tone of this research endeavor (Azevedo et al., 2017). Denaturalized transcription calls
for the connection of spoken word with a critical look at contextual and non-verbal nuances that may be present during the interview process, offering a holistic approach that accepts the inclusion of aspects outside of verbiage that may be relevant to the research question (Azevedo et al., 2017; Richards, 2014). A step-by-step description of this process and the specific phases of the thematic method guiding the analysis process are outlined at the end of this chapter in the section titled *Steps to Data Analysis*.

**Reflexivity**

Before and during the transcription process, reflexivity occurred to help with the validity. Reflexivity is defined by Heaton (2004) as a process that “involves the self-examination of how research findings were produced and, particularly, the role of the researcher in their construction” (p. 104). A narrative analysis approach places the researcher in unique situations that require a heightened awareness of objectivity and the allowance for true and accurate representation of the narrator’s story (James, 2018). This objectivity begins with “an exercise of thought, of looking at oneself”, a concept quoted by Foucault (2001) to represent the phenomenon of reflexivity (p. 460).

According to Kim (2017), reflexivity should not follow the narcissistic focus on self as the researcher and my beliefs and judgements about academic failure; rather, the “goal of reflexivity in qualitative research is to achieve a significant level of objectivity” by being transparent about the research process, including the researcher’s beliefs and attitudes (p. 251). Because I am a nurse educator, cognizance of my own position as nursing faculty and how it might influence data collection and analysis helped me to stay in the lane of subjective awareness; thus, I used the reflective journal for accountability (Gibson & Brown, 2009).
**Member Checking**

This researcher completed interview transcription and each participant reviewed their personal interview transcript prior to the analysis of data. Member checking through multiple revisits with each participant to clarify meaning and expound upon initial questions occurred during the transcription process, with a final read through by each participant to verify accuracy of data and true representation of meaning. Maxwell (2013) necessitated member checking in narrative analysis for the purpose of “ruling out the possibilities of misinterpreting the meaning of what participants say and do and the perspective they have on what is going on” (p.126-127). Once authorization was obtained from all participants that the information was an actual representation of their meaning and intent, a line-by-line examination of the data began the process of thematic analysis.

**Steps to Data Analysis**

Berger and Quinney (2005) promoted storytelling through the narration of a transcript to “measure the truth…not by conventional scientific standards of validity and reliability, but by the power of stories to evoke the vividness of lived experience” (p. 9). The participant’s story and the authentic process of an accurate chronological recreation of that story into a narrative provided insight into the final choice of how to approach the data analysis in this study. Analysis of the data required a process that avoided the dissection of the participant’s story using one-word codes. Keeping their thoughts intact so that readers could immerse themselves in the participants’ experiences was paramount, and, with that goal in mind, thematic analysis emerged as the appropriate method. Thematic analysis searches among the participants’ data for commonality and differences so that relationships can be extracted and examined (Gibson & Brown, 2009)
According to Braun and Clark (2019), thematic analysis is a process that allows for flexibility in types of data analyzed without restrictions on whether the analysis is driven by data or by theory. Under the guidance of Braun and Clark (2019), each step in the process of data analysis, from the acquisition of audio interviews to the recognition of themes, is discussed in the following sections.

**Step One. Participant Interviews to Transcript**

Prior to each interview, I reviewed the guiding interview questions (Appendix D) to deepen my familiarity with each. My goal was to encourage a natural flow in the conversation, avoiding awkward pauses, or allowing the participant time in the pauses to reformulate their response. Allowing for participants to speak, uninterrupted, as suggested by Riessman (1993), provides a platform for the participant to create their own, holistic, narrative rather than falling into the typical “question-and-answer exchanges” (p. 3). The review of the questions prior to each interview also allowed for the researcher to focus on the participants’ responses as an initial part of the analysis process. Viewing the participant as the “experiential expert” and providing “sole focus” opened doors to the addition of probing questions that enriched the content to reflect this study’s aim (Dempsey, Dowling, Larkin, & Murphy, 2016, p. 482). During each interview, field notes were recorded so that any clarifications or additional questions could be added during the interview or reserved for the conclusion. Field notes also documents a description of emotions, facial expressions, and the recording of moments not captured on audio.

Transcription was done by downloading the audio from the recording device to a program titled Express Scribe. This program allowed the audio to be played on a laptop with the connection of a foot pedal for ease of access to the play/pause/rewind functions. A rough transcription was done the same day of the interview. The rough transcript was then viewed, and
additions or corrections added during a second playing of the audio. Each interview transcription totaled between four to five hours with a final hour of listening to confirm the content of the transcript accurately represented the audio recording.

**Step Two. From Transcript to Narrative**

It is important to understand the steps taken to transcribe and convert the participants’ interviews to narratives, which was not only the foundation of the whole analysis process but an ongoing, active component (Harding, 2013). Each interview was transcribed through listening and re-listening to the audio recordings multiple times. The re-listening process was to confirm that each spoken word was recorded accurately (Harding, 2013). Any moments that were inaudible were verified with the participants by sending the audio recording to them with a time stamp, asking for clarification of that segment in the interview. Adding amplification to the audio recording device minimized returning to the participants for clarification.

Using the “human-centered” approach during the writing of the narratives, each participants’ backstory, their experiences during enrollment in the nursing program, and their story after their dismissal provided the groundwork for narrative creation with the use of the following:

- looking for recurring themes—what actions have occurred that represent one’s values, priorities, concerns, interests and experiences;
- looking for consequences—examining the cause and effect of choices that have been made;
- looking for lessons—what was learned that influenced subsequent actions or behavior;
- looking for what worked—recall and reflection on personal and professional successes; what were the essential contributing factors (Yoder-Wise & Kowalski, 2003, p. 39).
The construction of the participants’ narratives was an emotional journey that became part of the researcher field notes and reflections. Journaling reflections during this process allowed the encapsulation of emotion so that my emotions remained in check and did not cloud the meaning and intent of the participant. The completed narratives offered a new and different perspective of the participants’ experiences unseen during transcription. The proceeding section describes the analysis process from the completion of the narratives to the emergence of themes.

Braun and Clark (2006) described this step as “immersing yourself in the data by reading and rereading” (p. 60). Although the process of reading the data multiple times occurred during the writing of the narratives, it was necessary to read the narratives multiple times due to the new chronological nature of each participants’ story. The narratives were printed with an extended right margin so that notes could be added as commonalities emerged (Saldana, 2016). The purpose of note taking is to start looking at the “data as data” and to begin the process of comparing the data to the research questions (Braun & Clark, 2006, p. 60).

After familiarizing myself with the data and ensuring that the narratives were accurate representations of the original transcripts, the narratives were sent to each participant to obtain their acceptance of their stories. All participants accepted the outcome and they approved of moving forward. This extra layer of member checking allowed for minor errors to be corrected and making final revisions before proceeding to the next step.

**Step Three. Coding**

Step three, semantic coding, or coding that follows closely to the participants’ meaning, was an important part of sequestering data relevant to the research questions (Braun & Clark, 2006). With critical pedagogy as a theoretical foundation, the second read through during the coding process took on an interpretive context, as I looked for “meanings that lie beneath the
semantic surface of the data” (Braun & Clark, 2006, p. 61). It was important to identify those key phrases that spoke to the central question and sub-questions of this research study. Each question was displayed on a separate monitor during this step, ensuring that the central and sub-questions received equal consideration in the overall data.

Codes emerged as phrases, as well as some direct quotes from a participant rather than the standard one-word identifiers, which facilitated a wider range of similarities across all data. The first read of the data resulted in more than 20 relevant codes but after comparing the codes, the number was reduced to four main codes with some themes carrying three to four sub-codes. (Braun & Clark, 2006)

**Step Four. Recognition of Themes**

Step four naturally transitioned from step three. Shifting “codes to themes” occurred with the emergence of commonalities within the participants’ experiences that aligned with the research questions (Braun & Clark, 2006, p. 10). All common experiences were considered and documented. Frequency of themes did not necessarily guarantee inclusion into the thematic analysis. The criteria for the use of a theme was that it “capture[d] something important in relation to the overall research question” (p. 10). While some themes were interchangeable among many questions, each emerging theme was assigned to the most applicable research question. The narratives created from each transcription provided a “rich data set” and the themes that emerged were predominant among the “entire data set” (Braun & Clark, 2006, p. 11).

Theme titles naturally occurred out of the data applicable to each theme. Names of each theme were progenies of a quote from a participant. To define each theme, quotes from the data were matched with the resulting theme and then followed with a detailed analysis.
Trustworthiness of the Study

It has been argued that analysis of narratives in qualitative research brings with it the risk of researcher subjectivity and misinterpretation (Morrow, 2005). To avoid such subjectivity, verbatim transcripts were constructed and verified with each participant. After chronological stories of the narratives were completed, the narratives were shared with each participant to confirm validity of meaning and accuracy of quotes. The construction of narratives creates within them “thick descriptive data” which, according to Schwandt, Lincoln, and Guba (2007), allows other researchers to develop their own interpretation of the context of the data based on “the degree of fit or similarity”, should they decide to replicate the findings (p. 19). Each narrative portrayed the whole of each participant’s story, which allows readers to develop a holistic picture and interpose their own understanding of the shared experiences, as “multiple and constructed realities cannot be studied in pieces (as variables, for example), but holistically since the pieces are interrelated in such a way as to influence all other pieces” (Schwandt et al., 2007, p. 17).

The concept of triangulation is designed to contribute to the credibility of research through the use of multiple data sources and different methods (Schwandt et al., 2007). This study did not intend to prove an absolute truth of academic dismissal and the factors that contribute to it, as might be seen in quantitative research. Academic dismissal cannot be reduced to one reason or specific group of reasons. The intent of this study was to create new avenues to look at participant performance from various perspectives.

This study serves as a method approach to triangulation with the use of multiple sources of data (Polit & Beck, 2012). Participant interviews were transcribed and verified through multiple member checks. The frequency of revisits with each participant for elaboration of
meaning and to answer new questions led to lengthy participant-researcher interaction, which in turn added to the credibility of their narratives (Schwandt et al., 2007). The addition of the focus group questions and artifacts allowed for confirmation of ideas expressed in the individual interviews. Field notes and reflection added an additional layer of authenticity by allowing a constant analysis of my own subjectivity and bringing awareness to my role as merely an “instrument” in the data collection process (Bloomberg & Volpe, 2016, p. 55).

Maintaining credibility throughout this research process was paramount; I used “peer debriefing” involving multiple discussion with peers to determine how best to serve the participants of this research (Schwandt et al., 2007, p. 19). Through this method of accountability, this research study underwent a metamorphosis; it ultimately resulted in a research design and method that this researcher believed best represented the sensitive topic of academic dismissal and the opening of participants old wounds for the possible betterment of future nursing education practice.

**Chapter Summary**

This chapter provided a detailed account of the process leading up to and the rationale behind the selection of the discipline of qualitative research to guide this study. The emergence of narrative inquiry and thematic analysis were related to the concept of bricolage and its promotion of multiple method use to best represent research data. Critical pedagogy was discussed as the guiding theoretical framework with research methodology covering the specifics of data collection and data analysis. The process of analysis begins in chapter four where the narratives are introduced with a discussion and analysis of the emerging themes.
CHAPTER 4. RESEARCH FINDINGS

This qualitative study centered on the experiences of nine participants’ narratives that were constructed from semi-structured interviews, a focus group, field notes and researcher reflections. The organization of the narratives aligned with the main question and sub-questions:

- How do participants who have been academically dismissed from a baccalaureate nursing program characterize their experiences?
  - What were the participants’ experiences prior to acceptance into the baccalaureate nursing program?
  - What were the participants’ experiences during the baccalaureate nursing program?
  - What were the participants’ experiences after learning of dismissal from their baccalaureate program?
  - In what way, if any, does agency play a role in their journey?
  - How, if at all, does the concept of power relations factor into their academic failure?

This critical, narrative inquiry approach resulted in the rise of stories as distinctive as each participant, emphasizing those aspects of experience that envelope the spaces beyond the classroom (Carroll, Cacciattolo, & McKenna, 2012). Rather than begin the discussion of findings with the analysis of themes, this chapter begins with a holistic narrative of each participant, thus allowing the reader to partner with the researcher through the materialization of a “social and personal identity” for each participant (Hopkins, 1994, p. 127). This approach provides a progression of the participants’ stories, aligning with Richmond’s (2002) theory that
the “adult learner’s story” provides an illustrative account in a past-present-future context, opening a tri-dimensional window into their experience.

Each narrative is divided into three sections: Experiences Prior to Nursing School, Experiences During Nursing School, and Experiences After Dismissal; juxtaposing the participants’ social positioning, responsibilities outside of school, and their navigation through their entire academic experience allows for the emergence of a human component outside of academia (Goodson & Gill, 2014). Additionally, no one “vantage point” was discarded or deemed insignificant when reviewing the participants’ recollection of their experiences with academic dismissal, especially when considering their perspectives on relationships, values, and “different interpretations of the world” (Kincheloe, 2008, p. 173). To represent the participants as social beings rather than just learners experiencing academia, my personal reflections and field notes also surface within their stories as a window into their reality.

The subsequent sections offer a narrative for each participant with researcher comments from field notes and reflections compiled both during the interview process and during transcription. The focus group narrative is included within each participants narrative to offer validation of content discussed in the one-on-one interviews. Finally, a thematic analysis of the emerging commonalities across the narratives, summarizes the chapter.

The following section of definitions of terms that emerged during the interviews prefaces the participants’ stories to provide clarity for the reader.

**Pre-requisite courses**- courses required of the nursing institution that must be completed prior to application to the nursing program; usually consisting of statistics, biology, microbiology, human anatomy/pathophysiology, human growth and development, chemistry, and sociology (University of California-Berkeley, 2019).
**Fundamentals**- the first semester of a nursing program, occurring for most students as one with their first semester of their junior year (RegisteredNurseRN.com, 2019a).

**Medical-Surgical (Med/Surg I or II)**- the second semester and third semester of the nursing program; second semester of their junior year and first semester of their senior (respectively) (RegisteredNurseRN.com, 2019b).

**Clinicals**- the practicum portion of each semester where students are graded on their in-hospital patient care experiences (Fields, 2018)

**The Participants’ Stories**

Retention and progression in baccalaureate nursing programs are persistent problems that warrant an approach that validates the experiences of those who play the lead in the role of academic dismissal- the participant. By telling their stories from beginning to end, looking for the “meaning that individuals tied to their experiences in a specific content”, one may begin new conversations that serve as promotion of social change (Wang, 2017, p. 45). Therefore, my approach to this analysis followed Richmond’s (2002) recommendation to provide a “case story” of each participant so that meaning was not lost through fragmentation yet preserved within the original context intended (n.p.).

The nine participant narratives answer the first three sub-questions that guided this study:

- What were the participants’ experiences prior to acceptance into the baccalaureate nursing program?
- What were the participants’ experiences during the baccalaureate nursing program?
- What were the participants’ experiences after learning of dismissal from their baccalaureate program?
Answering the first three sub-questions within each narrative allowed for a deeper understanding of the participants’ experiences and served as a strong foundation from which to identify common themes across the narratives.

Alicia’s Journey

Alicia and I met on a Saturday afternoon at the library of her university, Medium Public University, her location of choice. I was concerned about the possibility of interruptions, but we met on a weekend and unseasonably chilly out, so we completed our interview without distraction. When Alicia entered the library, her appearance was collegiate; she was dressed in comfortable clothes, wore no make-up, and seemed relaxed. Her demeanor allayed my feelings of anticipation about the sensitive nature of my questions. After reviewing the study’s purpose, the signing of the consent, and filling out the demographic questionnaire, the interview began (Field Notes, p. 2).

Experiences Prior to Nursing School

Alicia moved to this country from Nepal to pursue nursing, and thus it was important to understand Alicia’s experiences leading up to her enrollment; what drove her decision to pursue nursing? She had the approval and support of her family; “They were the ones to send me here and were supportive of whatever major I chose” (Alicia’s Transcript, Line 270). Alicia described the multiple reasons behind her decision to come to the United States to pursue nursing.

I do have some family members who are actually doctors, but you know how in United States it’s a lot of years to be able to be a doctor, so nursing was much like shorter process and really I did too feel that I was really interested in that (Lines 23-25)...whenever we as an international student apply for any colleges in United States most of us we go through consultancies. They are like the in-between party, I guess, between the student applying and United States [and] universities. So, (Medium Public
University) offers you good scholarships and stuff, so, whenever we apply as an international student and then we have to sit for an interview, you always look at how much scholarship this person is getting. So, that’s one like benefit for a better chance of getting Visa. So that is why I chose Medium Public University (Alicia’s Transcript, Line 31-36).

To gain a better sense of her desire for nursing and her preparation for a science driven career, we talked of her high school experiences in Nepal where students are offered three primary subjects on which to focus: biology, mathematics, or physics.

I wasn’t very bright in mathematics (she laughs) like being in high school too you get to choose to do you want to go towards physics do you want to go to biology do you want to go to finance. Math was more involved with finance and physics and not with biology so maybe I had to take like two classes of mathematics, but it was mostly biology (Alicia’s Transcript, Lines 40-43).

With a strong background in biology from her schooling in Nepal, Alicia pursued nursing in the United States by enrolling in the required pre-requisite courses of statistics, microbiology, and Anatomy/Physiology I & II. She discussed her performance on those pre-requisites and her level of confidence as she prepared to apply to the clinical portion of the nursing program at her university: “[my performance was] good…I got like A’s and B’s and there was no C’s involved here (Lines 49-50).…I did good [on the nursing entrance exam] but I don’t remember my exact grade (Line 252-253)”.

Alicia also mentioned her GPA at the time of her application as being “greater than a 3.5” (Alicia’s Transcript, Line 255).

**Experiences During Nursing School**

When asked about her initial thoughts after her acceptance into the nursing program, Alicia described beginning her first semester confident of her abilities and up for the challenge:

It was like the material I didn’t feel it was that bad. It was more really you know like; I have always been interested in biology…like the foundation too was good. Having to actually do in practice was awesome. I didn’t struggle on my first semester everything went out smoothly (Alicia’s Transcript, Lines 58-60).

She began to struggle in her second semester of nursing school:
I felt like whenever they asked questions on our tests it was more subjective compared to what we are taught. So, I did my notes, studied the book, went according to what the professor said but whenever [they] give exams and we think, you know how they have to choose the best option, that’s what I always used to have problems only with the choose the best option. So, according to what I read through the book, I put that [answer] but then when I go talk to the professor, they have a whole different explanation for it and its not book based though, it based on what they practiced (Alicia’s Transcript, Lines 66-71).

Typical of most nursing programs (Kasprovich & Vande Vusse, 2018), Alicia struggled with the NCLEX-style questions and was not successful in her second semester and failed her MedSurg I course. When asked if she believed that English as her second language may have been a factor, she offered opposing responses at different points in the interview. She initially said, “Not necessarily” (Alicia’s Transcript, Line 192) when talking about a possible language barrier but later described the importance of having students from the U.S. in her study group:

You want to have that group where…I had me from another country I had everyone else from here [the U.S.] in my group. I was only Nepalese student in my group, but like they kind of knew the system you know, so, there are like certain times where I wouldn’t understand what the question was, I wouldn’t be able to process it the way they would, so I would ask them. That was helpful (Alicia’s Transcript, Lines 240-244).

Alicia described cultural difficulty related to the clinical component of the program:

So basically I struggled for the first few semesters because you know, me being from completely different country, I don’t know the health system…it’s a whole completely different system, completely different like lay out everything…even the medicines…we probably have like different names for the medicines but over here it’s a completely different name so it’s kind of like you would just have to step up and learn more computer (Alicia’s Transcript, Lines 136-142).

Faced with the failure of one course and having to repeat that course in the following semester, we discussed available resources such as tutoring and study groups. She described the resources offered to students in Nepal:

Back [in] my high school…basically how our system over there is, you have coaching classes after your school or your college and then you can get help from the coaching teachers if you don’t know the material. So…we really didn’t go and talk to our professor in university or college we would actually like get involved [in] coaching classes and it was like second help for us… you know you could do it like every day like how you have
college every day you could like [have] coaching classes every day on schedule, so…it was a help (Alicia’s Transcript, Lines 123-129).

When asked if she was offered tutoring while in her nursing program here, she replied, “There was no one, no guidance whatsoever” (Alicia’s Transcript, Line 146). Alicia also described a lack of support for international students, saying, “I feel like they need to have that cultural competencies over in there [in the nursing program]” (Alicia’s Transcript, Lines 147-148).

Alicia described a better experience in relation to her study group. Failing a course in the nursing curriculum results in a student leaving their original cohort and moving to a new one and this seemed to be beneficial for Alicia. She mentioned that she went from having one study partner to expanding her study group to four members, resulting in improved study habits and successful completion of her second attempt at MedSurg I.

After successfully completing the repeated semester and the following semester, Alicia again struggled in her second to last semester; “It’s towards the end [when she began to struggle]…that was the semester when they changed the professors for that particular course. So, I had no guidance on how they would question, it was completely new professors, new teaching style” (Alicia’s Transcript, Lines 107-109). This change resulted in Alicia’s failure of MedSurg II and academic dismissal from the program since this was her second course failure. When asked how she felt upon learning of her dismissal, Alicia’s speech slowed, and her demeanor changed from matter-of-fact to reflective and a bit sad:

It was horrible because…I was towards the end of my…second last semester before I graduated…it felt like four years of whatever I was studying is going to go in vain…I was very disappointed I was very stressed… actually like lost weight…I was going through so much stress…I was just like…stressed all day didn’t feel like eating anything I was like mentally you know very depressed. I remember that time (Alicia’s Transcript, Lines 14-18).
Experiences After Dismissal

Students at Alicia’s university can appeal the decision to dismiss and although she did pursue the appeal process, her request for readmission was denied:

So, we could appeal against my dismissal. In my head, I was like, I’m just going to try my best to get my finals better that way if it gets better…I might have them convinced to take me back, but…I knew it wouldn’t…[be] cause it was my second time so they wouldn’t…mentally I was like prepared to…transfer to another school or just change my major” (Alicia’s Transcript, Lines 155-158).

Since she was an international student, I needed to understand the implications academic dismissal had on Alicia’s ability to remain in the U.S. She explained that while she was here on a student visa, she had to maintain a minimum GPA and complete a degree. Because her overall GPA remained high despite the dismissal, she was not in danger of having to return to Nepal as long as she maintained full-time enrollment. This information led to my next topic of her future plans: “I started looking for colleges that my classes would get transferred to. I also went to [a university in a neighboring city] …and asked how many credit hours would be transferred…I [would have] to repeat all of the nursing core classes” (Alicia’s Transcript, Lines 180-182).

Alicia was still motivated to continue in nursing, as she had already dedicated three and one-half years to nursing and did not want to give up. She met many obstacles when inquiring about other nursing programs, yet through a friend, was able to find what, ultimately, became her best fit:

I actually wrote down all the lists of colleges near here, called everyone talked to them, it felt like it was still going to take me at least two and a half or three years to complete it…I was like so depressed with all the answers you know…I just need a fresh start. I’m going to just start a new major, so, I looked into med tech, I looked into psychology. I looked into dietetics. One of my friends that I knew was studying dietetics so I talked to her and it was similar to what I really like, working in a medical field…so, I went and talked to the director of the program…she put me on some of the nutrition classes just to see if I liked it. I really liked it, that’s how I transitioned to that (Dietetics) (Alicia’s Transcript, Lines 197-204).
The transition to Dietetics was positive for Alicia. She completed the bachelor’s program in Dietetics and at the time of this interview was in the final year of her master’s degree, attributing her success in the Dietetics program to a more supportive environment than the nursing program offered. “Like whenever we have any problems the professor they are always there welcoming to do one-on-one session with you for a long time you want. Whenever I went to nursing school and I had any issues I went to the professors it was very, very limited [time with them]” (Alicia’s Transcript, Lines 229-231).

I asked if Alicia had advice for future international students pursuing nursing in the U.S. She mentioned the tendency for students to associate with others from their same country and recommended that students “talk to more people other than from [their] own country” (Alicia’s Transcript, Line 238). She pointed out that she still maintains close ties with friends she made while in nursing school.

**Reflection on Alicia’s Journey**

My anxiety originated from thinking I would leave this interview feeling ashamed of my profession for having let down this student and wishing faculty had done more, but witnessing the joy on Alicia’s face when she spoke of her new life trajectory impressed on me the adage that “Everything happens for a reason” (Researcher Reflections, page 3). Despite the hardship of failure, Alicia knocked on doors and asked questions until a solution was found, a solution in which she was thriving. She was not the nursing student who ruminated on their goal of nursing from childhood and she chose nursing because of the perception of it being a “good” profession in the U.S. I believe that Alicia’s moment of depression at the time of her academic dismissal was related to the wasted time and fulfillment of her obligation as an international student here on a visa rather than the disruption of her path to becoming a nurse. I was surprised at the lack
of guidance provided to an international student in the event they experience hardship. Alicia had the fortitude to create a different path and claim control of her journey. Coming to this country without a support system of family or friends must have been a stressful and frightening experience. The availability of appropriate resources for students such as Alicia seems to be an area of lack.

**Beth’s Journey**

Beth and I met at her home on a Saturday afternoon. Standing outside her door, I was met with an incredible aroma. It was nearing lunchtime, and Beth was in mom mode, cooking a traditional Asian meal for her family. She proudly introducing me to her two boys, ages 16 and 7, and her two fur babies. With the required consent signed and the demographic data gathered, Beth recounted her journey (Field Notes, p. 5).

**Experiences Prior to Nursing School**

Beth was from the Philippines. Like Alicia’s situation in Nepal, high school in the Philippines offered limited career choices (Field Notes, p. 5). Besides the academic limitations, Beth’s family, her father especially, had strong opinions about her career choices:

My original dream was to be a psychologist but…Filipinos discourage that…you won’t make money at all…you’re going to end up being a teacher and I didn’t like that because I feel like I wanted to be a teacher but teachers don’t make a lot of money, so I went against that idea (Beth’s Transcript, Lines 15-19)...Filipinos, Asians in particular are…either a medical doctor, an accountant, or a lawyer…my family is a lot of accountants. I’m very good at math, so they [her family] [suggested] accounting and I said…I don’t want to be an accountant…Because they pay everything for me, and we have money in the Philippines…my dad said I won’t be sending you to school. We don’t have free education there. If you don’t have money you don’t go to school…My dad says “If you’re not going to go into accounting, I’m not sending you to school, so you’ll end up just going to get pregnant and be poor all your life and I don’t want to be poor all my life. My whole family moved to the states…I was 20 years old (Line 32) …my dad said you’re going back to Philippines to be an accountant (Beth’s Transcript, Lines 44-54).
Against the idea of returning to the Philippines, Beth joined the Navy where her interest in the medical field began: “The Navy sent me to become a dental technician and I loved being a dental technician…I liked the patient care part of it and my goal was to become a dental hygienist” (Beth’s Transcript, Lines 18-19). Beth enrolled in college after her dental technician training, taking the pre-requisite courses to obtain a bachelor’s in Dental Hygiene but no local university offered that degree and traveling out of town was not an option: “Family is number one for me and I didn’t want that hour, two-hours of drive away from my family” (Lines 28-30). She looked into other degrees that might accept the pre-requisites she had completed, which took her to the field of nursing.

We discussed her performance on the pre-requisite courses required prior to applying to a nursing program: “I had a hard time with Anatomy and Physiology, that should’ve been a cue for me…I made a B but it…wasn’t an easy B”. Despite her struggle in Anatomy and Physiology, Beth maintained an overall GPA “higher than 3.0” in her pre-requisite courses and described feeling confident beginning her first semester in the nursing program but expected that it would be hard (Beth’s Transcript, line 62).

**Experiences During Nursing School**

Beth’s recollection of her nursing school experience at Medium Public University unfolded her struggle with the didactic portion from the beginning of her first clinical semester:

I made it [through Fundamentals] but it was close to not making it…I think I passed with a 79…the advice I gave my son right now is, you work really hard in the beginning so you don’t play catch up in the end…it seems like the whole entire time I was playing catch up and I didn’t like that it was too stressful, not just for me but for my whole family (Beth’s Transcript, Lines 65-69).

The semester after Fundamentals, Beth failed the Medical Surgical One course and was required to repeat it. She repeated the course successfully but was not successful in the didactic
portion of Medical Surgical Two, resulting in academic dismissal. “What’s unfair is, I was less than a point away. I was like 76.64…that’s both times that I failed the lecture [Med/Surg One and Med/Surg Two], I was less than a point…I was literally point ten away [from passing]” (Beth’s Transcript, Lines 109-111).

When asked to what she attributed her struggle with the didactic portion, she commented:

English is my second language, this is a political answer…so, it’s hard for me to comprehend some of the regular English, even more so, with medical jargon. So, a lot of [the medical terminology] is memorization [which] is really not a good way to do it and that’s what I tried to do…and it didn’t help me…maybe if I comprehended it, you know, I think my understanding why this connects, why this happens because you have this, maybe I would’ve done better (Lines 4-10). I feel like it’s too fast because, I guess, of the language (Beth’s Transcript, Lines 148-149).

I asked about the availability of help from faculty through tutoring or any other resources: “tutoring? No, I wish…I went to them and said, look I need help (Line 191-194). I asked about the response to her request for help and Beth admitted that they just told her to study more.

When asked about the pass/fail, clinical component of each semester, Beth reflected on her confidence with patients and patient care; she settled quickly into the role of leader among her clinical group and described how she “loved clinicals, I loooooooove clinicals. Just don’t put me on lecture, put me on clinicals, I’m there, I’m there” (Beth’s Transcript, Line 99-100). She remembered her clinical experience as successful and fulfilling, however, she mentioned one difficult encounter with a clinical instructor: “faculty said ‘there’s a lot of times that you look very unintelligent’…my time of processing, I guess, looks unintelligent to her” (Beth’s Transcript, Lines 161-162). Beth said this comment made her feel very “small, because I don’t believe that I’m unintelligent” (Beth’s Transcript, Line 164). Beth reported this incident to the Dean of the College of Nursing but told me that nothing was done as far as she knew. Although
Beth described success in her hands-on clinical experience, she did reference the clinical paperwork required during each semester as a two-fold contributor to her already busy schedule:

The clinical paperwork took a lot of time before and after the actual clinical day. In my opinion, medical terminology class should be a pre-requisite to the nursing program. If I had been less preoccupied with life and its challenges, I believe I could’ve been more successful (Focus Group Transcript, Lines 31-36).

Experiences After Dismissal

Being academically dismissed from the nursing program was difficult to process for both Beth and her family, especially her children. Our discussion began with asking her to describe how the dismissal made her feel and how it affected her life: “[I felt] really, really bad. It affected the whole family” (Beth’s Transcript, Lines 12-13). Beth’s younger child was standing nearby during this questioning and he became emotional, so I changed the line of questioning, indicating that we would get back to it (Field Notes, p. 5). We talked of whether she appealed the universities’ decision of academic dismissal and she stated:

No, I can’t put myself through that nor my family through that again…a friend of mine, that’s a nurse, she said ‘Girl, you should appeal…you’re almost there’…I had one semester left and I said no…I’ve already put them through two years…they are still affected, that was the little one (referring to the child who became emotional), he was little still when that was all happening…if I fail, I get depressed and I stay inside and…I can’t spend time with you (referring to her family). It was horrible for the whole family and I can’t put them through it again (Beth’s Transcript, Lines 240-247).

Yet, with great disappointment, came revelation:

It’s way better. I was happier. I believe that the Lord told me I’m knocking at the wrong door and remember I told you in the beginning that I wanted to be a psychologist/psychiatrist and my mamma said no, because ‘you’re going to end up just being a teacher’? (Beth’s Transcript, Lines 230-232). I’ve been teaching this whole time and I love it (Line 239)…I’m teaching math…I’m about to take children, well, they’re not children, my students to go compete…for math competition against another middle school…I’m their coach…I mean, it’s not all stars and stripes…it’s not all happy days but I’m happy (Beth’s Transcript, Lines 251-262).
When I asked Beth what she would say in a letter to someone from the Philippines who wants to pursue nursing in the U.S., she said:

Finish it at home…a lot of the nurses here…went to the school in the Philippines and they're doing well here…and then one of the things is our school [in the Philippines] is not rushed. If you say you're in nursing, you're in nursing from day one when you went to college. So, you're slowly learning the nursing profession from the get-go…take it there don't take it here because you will be rushed, and you will have to process all that. I say take it there (Lines 275-294)…[also] I think if their heart is really into nursing they need to start thinking about it before…I've heard a lot of disgruntled nurses because they're so tired and they're so overstaffed…so do your research before you go there (Beth’s Transcript, Lines 297-299).

**Reflection on Beth’s Journey**

Beth’s account of her experience in nursing school paralleled mine. I have two boys and, although mine are much older, they were young when I was in nursing school and I was reminded of the difficulty of managing family and school. Like my experience with Alicia, guilt surfaced when she spoke of her difficulty with faculty and their inability to see her needs beyond academia (Researcher Reflections, p. 6). Considering Beth’s strong personality, it was interesting that Beth did not more aggressively seek assistance with her perceived language barrier. She appeared to have found her career niche as a teacher despite her resistance to the profession, and she exhibited pride when talking of her students and her success as an educator.

**Candice’s Journey**

Candice was a beautiful young lady who looked much younger than her age of early 30s and surprised me with a little baby bump; she glowed and was happy about her little addition. After catching up on her pregnancy and the new man in her life, we unraveled her story (Field Notes, p. 9).
Experiences Prior to Admission

Candice’s country of origin was the Philippines where she graduated high school at the age of 16 and, at the age of 21, in 2006, she married a U.S. Marine. Her husband was in poor health when they met in 2004, so Candice’s new dual role of wife and caregiver appeared to be a natural transition (Field Notes, p. 16): “I have been taking care of him since 2004…he was diabetic, he [had] cancer, Non-Hodgkin’s Lymphoma, and he [had] a vascular disease” (Candice’s Transcript, Lines 25-26). Shortly after her marriage, she and her husband moved to the U.S., where Candice continued to be the primary caregiver for her husband. Through caring for him, Candice developed a love for nursing; “He was my inspiration” (Line 129) and, in 2013, Candice started her journey to becoming a nurse.

Because she graduated high school in the Philippines at the age of 16 and had not pursued higher education until 2013, the junior college where she applied required that she take remedial math and English; upon successful completion of both, she applied to a local university to begin her pre-requisite courses for nursing. When asked about her performance on those courses and her overall GPA, she stated, “I was doing good, I was a 4.0 for a while there” (Candice’s Transcript, Line 64), however, her grades declined with the declining health of her husband: “Because my late husband was getting worse…I [didn’t] have time to study…I was taking care of him 24/7…he is [a] double amputee…he was such a mess, not able to care [for] himself and so dependent on me” (Lines 66-72). Knowing that this must have had an emotional effect on Candice, we talked of how she had no family support nearby and that she constantly worried about him while at school: “Sometime, I would get tired…but…I feel like it was my purpose…Nobody helped me, nobody, I don’t have family here, they live in California but they
are not related to him so they [are] not going to help any and I am not close to them” (Candice’s Transcript, Lines 81-87).

Despite Candice’s struggles with managing pre-requisite courses and the care of her husband, she completed her pre-requisites with an overall GPA of 3.4. She planned to apply to the nursing program at the university where she was enrolled, but those plans changed after a conversation she had with her advisor: “My advisor was really mean. She really downgrade me…and she said that I am not going to make it [into their nursing program] …because they were accepting 3.6-3.7 [GPA] at that time” (Candice’s Transcript, Lines 92-97). Her advisor’s discouragement did not stop Candice from transferring to Small Private University, in a neighboring city, where she completed the necessary pre-requisites.

Prior to final acceptance to that nursing program, she had to take the nursing entrance exam (HESI) and she shared details of that experience: “It was kind of hard for me when I took the HESI because my late husband just passed away…I failed it the first time because I ran out of time and then when I talked to [the associate Dean of Student Affairs], he helped me to get accommodations” (Candice’s Transcript, Lines 117-122). The special accommodations offered through the university resulted in Candice’s success on her second attempt at the HESI and entry into the nursing program: “I was so happy because, you know, I told myself that God [has] a plan for me that though he took the love of my life away from me…I am going to do everything to be a nurse and take care of the people” (Lines 128-130).

**Experiences During Nursing School**

Candice’s first semester in her nursing program began with feeling out of place:

I was kind of like…having problems with socializing because, mental[y], I am older…the students at that time, they were really nice, so I get along with them…I don’t know with everything that happened to me, I just don’t want anybody asking me…like they feel sorry for me (Candice’s Transcript, Lines 136-140).
Although she felt uncomfortable in social situations, Candice still desired to be a part of her group:

I wanted to study with my group but the problem with that is, I live too far…they all live here in [name deleted] …when they have study group, I couldn’t go because…there is a lot of time wasted for me driving where I could us to have to study (Candice’s Transcript, Lines 174-177).

During our discussion about study habits and her feelings of social isolation she mentioned her diagnosis of ADD (Candice’s Transcript, Line 179), a diagnosis that would contribute to her multiple struggles involving translation and comprehension:

My first test, I felt really good, but since I have experience with hospital, you know, taking care [of my husband], I was translating questions to what I know and that’s when I [was] getting them wrong…I’m kind of like reading the questions in real-life, what you are going to do but when you are taking the Fundamentals [exam], it is kind of like you have to do baby steps, like basic…you can’t just jump in with what you know because that is not how it works…I remember, I have to debate with [the instructor] because I really study my butt off and every question that she is asking me, I could answer it, but then how I answer on the test is wrong (Candice’s Transcript, Lines 150-163).

She spoke of having difficulty in both Fundamentals and Pharmacology, required courses; to prevent academic dismissal in her first semester, she was given the option of dropping Fundamentals so that she might focus on Pharmacology. She took this option and ended the first nursing semester with one dropped class and a failure in Pharmacology despite the enlistment of a tutor, which meant she return to repeat both courses in the next semester.

When we discussed her plans for the next semester, she mentioned that she planned to “get on top of everything, do not procrastinate” (Candice’s Transcript, Line 205), however, when the clinical portion of the semester began Candice again struggled: “the [clinical] paperwork took a lot of my time…I’m not really that smart…I have to take a lot of time to comprehend the material and that is when it really got me” (Lines 208-210). I asked her to elaborate on her comment of not being smart:
I only get good grades because I study hard, but if I don’t have time, I’m not going to do good. The reason why I said that I am not that smart [is] because there are some people that can just study for three hours and they get everything right. I am not that person (Candice’s Transcript, Lines 213-215).

Candice mentioned an issue with balancing the multiple responsibilities during her first semester:

The most difficult experiences I had when I first began the clinical portion was trying to balance everything along with Pharmacology class. Too much material to study along with the clinical paperwork; making sure I know how to properly take care of my patient and studying at the same time (Focus Group Transcript, Lines 15-17).

The topic of time brought the conversation back to comprehension:

For me, there [are] a lot of words that I don’t understand, so, sometimes I have to Google what it means…English is my second language…I can speak good English but there are some medical words that I still never heard quite often, so, I don’t know what it means (Candice’s Transcript, Lines 218-224).

Candice also mentioned her language difficulties during the focus group discussion: “If I had known how to better understand the test questions, I believe I would have been more successful” (Focus Group Transcript, Line 21).

Translation of words and comprehension of their use in test questions seemed to be a reoccurring problem from the previous semester (Field Notes, p. 17) and I asked how faculty addressed this issue for her. She mentioned that one faculty member realized there was an issue with translation and suggested she do the “adaptive quizzing” that went along with the textbook (Candice’s Transcript, Line 248), but nothing else was recommended. Candice performed better on test her second time around but again, fell short of meeting the 80% average required to pass each course and was academically dismissed. She became emotional in discussing how she felt when she learned of her dismissal: “I [felt] so stupid, like I am not smart enough…I was so scared that I’m not going to be able to be a nurse” (Candice’s Transcript, Lines 13-14).
Experiences After Dismissal

Candice’s dismissal was in the semester prior to our interview. She described her emotional journey as one of fear and sadness, yet she had an air of determination: “It [dismissal] put me in a bind when it comes to financial. I got really depressed…I actually told myself (pausing thoughtfully), what’s the point…but then I pulled myself together” (Candice’s Transcript, Lines 253-255). I asked if her baby played a role in this new-found determination:

I got a little scared…how am I going to handle all of this but I told myself that …everything happens for a reason and…my baby is going to be the reason why I have to keep on fighting because after failing that semester, I really asked God what is his plan for me because I never ‘really did anything wrong’. [I felt] in a sense, he is punishing me (Candice’s Transcript, Lines 260-264).

Both of us became emotional and I redirected the conversation to her future plans and her motivation to keep moving forward (Field Notes, p. 17):

I don’t know, I feel like before the baby happened, there was really nothing…I hated what’s going on with my life but…I feel like God gave me to be a nurse and help people because I [have] seen a lot of nurses where they treat their patient bad and a lot of patients complain to me when we were doing [clinicals] and I want to make a difference. I want to tell them they are not alone, and I think that is my purpose, to be a nurse. (Candice’s Transcript, Lines 284-289)

Reflection on Candice’s Journey

I had to be very cognizant of my role in Candice’s interview. I wanted to be an advocate for her, to stay and offer guidance for how to move forward, but the objective of this study guided my focus to remain impartial (Researcher Reflections, p. 18). Transcribing Candice’s interview was difficult. I took multiple breaks from transcription to compose myself. Her personality and desire for privacy prevented her from speaking up and demanding additional resources to help with her struggle with comprehension. Her belief that she had done something wrong that caused her misfortune was heartbreaking. Candice was the person you want caring for patients. She exuded caring and compassion and it was sad to learn of her struggle.
Fortunately, she was a determined young woman and I am confident she will be successful in reaching her goal.

**Deana’s Journey**

I met Deana at her place of employment, where she served on the faculty and taught in healthcare. We set up for the interview in her office/classroom, reviewed the topic of the research that had been previously discussed, and completed the demographic and consent forms. She seemed nervous, so I spent time reassuring her that I understood the sensitive nature of the topic and that her reflection of her experience would help other students interested in the field of nursing (Field Notes, p. 17).

**Experiences Prior to Admission**

I began Deana’s interview by asking when she knew she wanted to be a nurse: “I've always had a love for the medical field my mom said as a kid…if somebody got hurt I was the first one to go check on them trying to fix all their little bobos” (Deana’s Transcript, Lines 40-42). In high school, Deana talked of her time as an athletic trainer for the football and soccer team and leaning more towards kinesiology/physical therapy. We discussed the role her high school counselor played in guiding students into career paths that interested them: “they weren’t that great in guiding us…it was more…our head athletic trainer…who saw my love for the medical field and…he kept pushing me more towards [physical therapy]” (Lines 80-84). After high school, Deana enrolled in a local community college and intended to transfer to a university to pursue physical therapy but realized that physical therapy was not the path she wanted to pursue. Instead, she became a medical assistant, working for a cardiologist who recognized her potential for nursing:

He [the cardiologist] allowed me to go in on a surgery and I was…in love. I actually said [that] I wanted to do surgery tech and he was like, ‘You sure about that? You need to be a
nurse.’ He is actually the one who convinced me to go to nursing school…I was like, this is it, this is what I am going to do (Deana’s Transcript, Lines 64-71).

With nursing as her goal, Deana began the process of enrolling in her local university (Large Public University):

I immediately started looking at nursing schools. I was scared to death to go to the first university that I went to because you hear horror stories about it, but, I said [that] there’s people that have done it that I know…if they could do it, I can do it (Deana’s Transcript, Lines 88-92).

Enrollment was easy for Deana. Soon after she gathered transcripts and submitted paperwork, she received her acceptance letter and began taking her pre-requisite courses for the nursing program.

Deana struggled during her pre-requisites and discussed her difficulty with science-based courses: “Honestly, my pre-reqs weren’t that bad…it was more my sciences…every science class I took, I had a C in it…the foundation of nursing is science. I knew that I would struggle once I got in [nursing school] …but I still said I’m going to do this” (Deana’s Transcript, Lines 106-112). Although she struggled in her science courses, Deana met the criteria for entry in Large Public University’s nursing program and was accepted.

Experiences During Nursing School

Deana struggled her first semester and was unsuccessful in her Fundamentals course: “I was right there, like 76.07 or something, and you needed a 77 to pass…that first test [I] just bombed it and then finally got in my groove and it was hard to recover” (Deana’s Transcript, Lines 126-127). Because she only failed her Fundamentals course, Deana was eligible to return the following semester and repeat the course, but she allowed her fear to dictate a change of plans:

I got scared because [that university] is scary…I had a friend who said “I am transferring to [an out-of-town university] …I was like, I’m coming with you. I was nervous about
[transferring] because it was a drive and having to pay out-of-pocket, but my husband told me to go for it, if that’s what I wanted to do, so I did (Deana’s Transcript, Lines 134-140).

Deana’s fear of Large Public University stemmed from stories told by previous students and the reputation for high curriculum standards. As she moved forward with her plan to transfer to Medium Public University more than an hour’s drive away, faculty encouraged her to stay:

When I decided to leave there, they were very…I’m not going to say, disappointed in me, but they were like, ‘Don’t do this, you have so much potential’…my clinical instructor…that semester, said ‘I can’t believe you’re leaving us. You’re awesome.’ (Deana’s Transcript, Lines 179-187).

I wondered how adding a long drive to an already full schedule affected Deana, so we talked of her personal obligations outside of academia: “When I started college… [my husband] worked offshore. He had no set schedule, so [my son and I] never knew when he was home, when he wasn’t going to be home…so I was a full-time mom, pretty much [a] single mom” (Deana’s Transcript, Lines 153-160). Although Deana mentioned a large family support system, she did not want to abuse that support, so her son went to an “in-home sitter” (Line 162) while she attended school, which added additional financial responsibility to her list of concerns. To make up for the expense of childcare, Deana began a new job where she worked “from 12-36 hours” (Deana’s Transcript, Line 197) during school and picked up additional shifts between semester: “I was working a lot (emphasized the word a lot). I would pick up five to six shifts” (Lines 198-199).

Deana described feeling confident when beginning her first semester at the out-of-town university: “I did [feel confident] because I felt like I had already gone through it…I was ready…I knew what to expect and I did great that [fundamentals] semester” (Deana’s Transcript, Lines 203-206). At the end of her second semester she realized she again might be at risk of failure:
I think I did fairly well, I want to say I was holding an A in Pharmacology and a B in Med/Surg all the way until the final [test]. Then mental health, I had to work so hard on picking up that grade…actually, there was one exam that I had in the mental health course…I had marked them correct on [the] test and not on the Scantron…when I talked to the professor about it, he was kind of like ‘We’ll talk about it at the end of the semester’…that kind of gave me hope, so, when I took the final [for mental health]…I failed the final by one point…I was like [to my professor], ‘I have those two questions [that I mismarked from the test earlier in the semester]’ and he was like ‘I never said that’ and I was like ‘Oh, okay’ (Deana’s Transcript, Lines 226-235).

Failure of her mental health course came as a surprise to Deana, especially considering her performance on other exams and in clinicals:

I was doing so well in the actual clinicals for mental health and even on the med/surg side. They [clinical instructors] both kept telling me I was doing phenomenal, just keep studying. That first test [in mental health] …was either a 52 or 54…but…I was making anywhere from low to mid 80s on them (Deana’s Transcript, Lines 266-272).

We discussed her thoughts on what may have attributed to her failure – “I think a lot of it was a lot of exams within several days…not knowing how to manage my time” (Deana’s Transcript, Lines 6-8)– and how this failure affected her and her family. After a long pause and fighting back tears (Field Notes, p. 18), Deana described her thoughts after learning of her dismissal:

[I was] devastated, I cried a lot…I felt like I was a failure…how would I tell my kids that I couldn’t complete something and expect them to complete it…I was actually told to go appeal [but] at that point, I was just mentally, physically, emotionally, I was just done…I can’t afford to keep doing this…my supervisor [at work] was just like ‘No, you’re going to appeal [the dismissal decision], you deserve to be a nurse, you are phenomenal’ [but] I can’t do it anymore (Deana’s Transcript, Lines 18-34).

Experiences After Dismissal

Co-workers and the faculty at the university encouraged Deanna to appeal but she stuck with her decision to discontinue in the nursing program. She told me of her desire not to give up and to be a good example to her children: “I told [my husband], I’ve got five years of college
under my belt and I refuse to walk away without a degree. That’s when I decided to…get my
general studies [degree]” (Deana’s Transcript, Lines 23-24).

Although Deana did not pursue an appeal of the academic dismissal, she was determined
to complete a degree: “I’ve got five years of college under my belt and I refuse to walk away
without a degree” (Deana’s Transcript, Lines 290-291). Returning to the university in her home
town, Deana completed her degree in General Studies and was teaching in the healthcare field,
however, she still planned to return to fulfill her dream of becoming a nurse. She offered these
words of encouragement for students with the same dream:

Don’t give up, if it’s truly what you want to do, then figure it out, push through it, there’s
always a way, always a way, you just have to be willing to do it. I learned that,
especially now, as an educator trying to push my students (Deana’s Transcript, Lines
347-350).

Reflection on Deana’s Journey

As I looked over my interview notes with Deana and reflected on our conversation, one
particular topic arose: Was it the right time? With two small children and a husband who was out
of town a lot, was Deana’s choice to pursue nursing appropriate for her current social situation?
(Researcher Reflections, p. 19). With her insecurities about remaining at her first university that
resulted in her decision to transfer, adding a long drive and the expense of daycare, and starting a
new job, she already had a busy schedule. These changes may have contributed to her struggle
with time-management.

I was also curious about the whys of her insecurities. She transferred from her first
nursing program despite the urging of her faculty to remain, and she allowed those insecurities to
prevail over the additional hardships and financial burden to her family. Deana holds on to her
dream of becoming a nurse and is successful in her role as an educator in the healthcare field.
Elizabeth’s Journey

Elizabeth was a busy mom of two small children, a wife, a full-time student, and a Marine. Scheduling an interview with her required flexibility and we met at a restaurant of her choice during a small window of her availability. At the checkout arguing over who was to pay for her lunch, I was in awe by the confidence and strong will of this woman. One would never guess the many trials she had met within the past year; she appeared to take it all in stride (Field Notes, p. 20).

Experiences Prior to Admission

I asked Elizabeth to reflect upon why and how she pursued a degree in nursing:

Oh, my goodness, the first time I realized I wanted to be a nurse is...I had to be like 5 years old. My mother used to watch [The Learning Channel] baby stories and she would just watch it every single episode...she was currently pregnant with my little brother...just to see those nurses...helping these mothers coaching them through, it push, push, push, you know, you are going to be okay. That was really what attracted me to the nursing field. (Elizabeth’s Transcript, Lines 47-53)

Elizabeth told a story of a nurse who had taken such good care of her great-grandmother; going above and beyond what was expected to provide the best care for her: “I looked up to those morals that she had and I wanted to be one of those people that give that experience [to others]” (Lines 65-66). Elizabeth’s experience with nursing while giving birth to her children contributed to her vision of what a nurse should be, and she described how that experience motivated her to be an example in the profession:

I was giving birth to my daughter in [year deleted for privacy] and the nurse that I had in the room was terrible. She had smoke breath, she was just not it, she was not it at all, that’s the best I can say about that young lady. She was not what I thought a nurse should have been. So, I wanted to stay in the field to be something better than her. So [others] can see that there are good nurses that care...I always wanted to be compassionate about each person because they are a person not a disease not a disorder (Elizabeth’s Transcript, Lines 68-77).
We talked about her high school experiences relative to her desire to be a nurse and I asked about the guidance she received when she told her counselors about her future goals. She mentioned that during the 9th and 10th grades, she attended a rural high school where she described having “great counselors” (Elizabeth’s Transcript, Line 86), but told a different story when she transferred to a larger, urban high school:

There wasn’t a lot of students that cared about their future and I cared about what was going on, so I knew I needed to take my ACT. I actually became the guidance counselor helper because I was on it so much…I used to always say, what can I do to get better? What science classes do I need? So, I actually took most of my core science classes in my area just to get those knocked out of the way (Elizabeth’s Transcript, Lines 89-94).

Elizabeth did well on her high school science courses, claiming As and Bs and emphasizing that “Cs weren’t really allowed in my house. I got my first C in college and I cried” (Lines 100-101). After high school, Elizabeth enrolled in a pre-med program at a university where she had received both an athletic and academic scholarship. She quickly realized that classroom size and the amount of information in the pre-med curriculum were not of interest to her at that time: “I just, kind of just, couldn’t keep up, so I ended up going into the military.

After serving five years in active duty with the Marines, Elizabeth returned home and applied to a local university to pursue nursing. I asked about her decision to choose Small Private University:

It was a smaller population size. I like how personal it was, you know, you get to be with our instructors. The instructors actually get to learn you as a person…I wanted stuff to be more personal. I want people not to be a number, so I chose a smaller university (Elizabeth’s Transcript, Lines 110-116).

Elizabeth described her application to the university as “kind of a blessing” (Elizabeth’s Transcript, Line 119) because of the person to whom she was assigned to guide her through the process:
I had a great guidance person, you know, that really helped me through. She told me what classes to take and I told her…I want the hardest classes because most of the time the classes or the professors that people complain about…are harder because they are actually trying to give you the information. So, I wanted all of those professors…she guided me in that way but as far as what I really needed, she told me exactly what I needed, and I met each goal and I made sure I made it (Elizabeth’s Transcript, Lines 119-126).

Elizabeth was accepted into the nursing program on first application and was excited that she was starting her journey toward a nursing career.

**Experiences During Nursing School**

Elizabeth’s doing well in her pre-requisite courses paid off in the beginning of her first semester of nursing:

I knew exactly what the instructors were saying. I was able to talk back to them…I knew exactly what was going on. I could give them the answers in clinical. I like to think that I performed well in clinical. I tried to help my other classmates…I was doing anything that I needed to do plus, all to be successful. (Elizabeth’s Transcript, Lines 135-138).

Although she was successful during classroom interaction, thought she knew the material, and did well during her clinical experiences in the hospital, Elizabeth realized early on that the testing process was her weakness:

I got defeated test wise…I think during the test taking process one of the problems I really had when I was taking my tests was, we take computerized tests…my computer kept crashing. It just kept going down, down, down, down…I understand that we take the test on the computer to get ready for boards. I get that part, but um I’m also a person. I like to go back and look at my test paper and that is not an option on the test…I understood the process, so you won’t second guess yourself, but once you make it to a question you would be like, wow, I really remember that answer now and then you already have passed the [question] up…a lot of times the way the question was worded was kind of tricky too (Elizabeth’s Transcript, Lines 147-162).

Elizabeth had been successful in her pre-requisite courses and in her science courses in high school, and we discussed her study habits and if she thought that they were adequate since she struggled during the tests:
When I was in my pre-requisites, I was studying every night, like every night I would go to my friend’s house…we were reviewing the information and teaching each other because I think the best way to learn the information is if you can teach it to somebody else, so, I led every study session. I did everything I was supposed to do…the only problem that I could have…I think time management is a big thing that you have to learn going into any kind of health profession…because it is so new to you. You have clinicals going on…you have clinical days that you have to be at the hospital. You have other days you have check-offs on. Some days there is so much going on that time management is really important and I think that it took me a little bit probably a good month before I had the time management aspect down pack (Elizabeth’s Transcript, Lines 183-196).

She elaborated about her difficulty with time management and was cognizant that her family responsibilities may have played a role:

When a student already has a family compared to a student that has nobody or that is still living with their parents, the stresses are two completely different beasts. You have somebody that also is putting their self through school but they have a family, they have kids, they have a husband you know, a job, you know bills…Yea, yes I had everything going on compared to other students that didn’t have as much responsibility…and it wasn’t their fault they just didn’t have as much responsibility (Elizabeth’s Transcript, Lines 199-207).

Elizabeth had a family support system to lessen the burden of her full-time school schedule and her 24-hour weekly work schedule.

To learn more about Elizabeth’s family, we talked about her children and new husband. When Elizabeth was taking her pre-requisite courses, she had one child, a 4-year-old daughter, but during her first clinical semester in nursing, Elizabeth married and learned she was pregnant. As she recounted those experiences, she seemed to have had it under control:

I got married on Labor Day weekend and I planned it over the Labor Day weekend because I knew we were going to be out of school, no clinicals and whatever, and they always say when you come into a nursing program or any kind of clinical program don’t get married, don’t get, don’t do this, just know books…I did not do that one because I really try to plan my life based off with my religion or how I think about things and I wanted to get married to the person that God has given me. I got married but that didn’t even cause any problems because all my planning was done two years in advance all I had to do was wait for the wedding day…after the wedding day we actually conceived our second child and from that point on you know things didn’t really change except the fact that when I went to clinical, smells and sights made things a little difficult and I was always hangry but other than that everything worked out for the best. I wouldn’t have
said that it made it more stressful if anything it probably made it more you know a little bit easier because I did have a support system. I have family that is around me. I have a husband...my daughter, she was a big help during that time so I couldn’t say that me being married or getting pregnant during that time made it more stressful (Elizabeth’s Transcript, Lines 230-247).

After learning of her eventful semester, we ventured to when she realized that she might not be successful in the two required courses of her first semester. She described how she reviewed each exam with the professor after she received her score, but walked away confused:

I am one of those people that like when I mess up on the first test I want to know what I got wrong...when I was reviewing my test, they would be like, ‘Well, yeah you [were] technically right about that but this is what we wanted you to put’ and I’m just like, So you are telling me I am right but the answer is still wrong, so what do you want me to do, what do you want me to do?’ (Elizabeth’s Transcript, Lines 282-287).

Elizabeth revealed that the resources offered and suggested by the professors were not effective options to help with her testing struggles and when referred to another faculty member for additional help, she described that person as being less than helpful:

They also said to go seek out the help of another clinical instructor who wasn’t actually teaching our program...and that young lady was just no help whatsoever, she did not offer any help...I don’t think it’s her fault. I think she just didn’t know the student she was talking to. When you don’t know who you are talking to, you just assume that, hey, you are making the same mistakes everybody else is making and that’s not what was going on, some students need more help just trying to understand the test because sometime I know I can’t be the only student that knew the information but yet failed out of nursing school I feel like somebody should have been there to meet students like me where we were because I would have done better (Elizabeth’s Transcript, Lines 300-311).

Despite seeking help from faculty, spending time studying, and shining in the clinical portion of her semester, Elizabeth was not successful in either course and was dismissed.

Experiences After Dismissal

As a self-proclaimed “planner” (Elizabeth’s Transcript, Line 251), Elizabeth was devastated to learn of her academic dismissal from her program. She sought guidance from a faculty member who encouraged her to keep pursuing her interest in the medical field. This
“derailment” (Line 254) did not stop Elizabeth from realigning with the same counselor who helped her get started at the university and they came up with a new plan. The counselor enrolled Elizabeth in a Respiratory Therapy program that she planned to use as a stepping stone to her goal of become a Physician’s Assistant. Elizabeth was successful in her new pursuit and with the advice of one of her nursing professors she discovered that “God does have other plans…I knew what I was talking about, I was strong medically and that I can continue to go on” (Elizabeth’s Transcript, Lines 359-361).

Reflections on Elizabeth’s Journey

My interview with Elizabeth left me with mixed emotions. I was sad because when we began our conversation, her attitude about the field of nursing and her description of the qualities a nurse should exemplify were uplifting. It was disheartening that the nursing profession lost someone of her caliber. On the other hand, patients will benefit from her spirit and her incredible knowledge. Not all paths are straight, and she adapted to the obstacles (Researcher Reflections, p. 11). Elizabeth’s journey offered a look into the world of the older student pursuing higher education with a plethora of social and financial responsibilities. Did this make her less deserving of an equitable chance at successful completion of a nursing program? I wonder if her failure in nursing yet success in respiratory therapy was related to her mastery of time management rather than the specifics of either program.

Felicia’s Journey

Felicia and I met at a restaurant that was not extremely busy or distracting. As with the other participants, my apprehension in discussing this difficult topic was always highest in the beginning of the interview. Felicia’s smile and bubbly personality put me at ease. After signing
the consents, we settled into a quiet corner and unfolded her journey together. (Field Notes, p. 11).

Experiences Prior to Admission

Felicia described her decision to pursue nursing as one of every little girl’s dreams:

“In the third grade, it was ‘What do you want to be when you grow up? I drew this little stick figure nurse with a big old … It was horrible looking…the big red cross across my chest. That’s just what they looked like” (Felicia’s Transcript, Lines 38-42). She also mentioned a large family history of nurses and her personal experience with caregiving that fueled her passion for nursing:

My grandmother, Yvonne. I never met her. She died when my mom was eight. She was a nurse. My other grandmother was a nurse. A lot of my aunts are nurses…I just was always around … and when my dad was sick, I was always the only one who wanted to go with him to see his blood drawn and all that stuff. I was always just really into it. I thought blood was just the coolest thing ever. I was totally that kid that would just fall off my bike and be like ‘Look at this scab.’ I just loved it. (Felicia’s Transcript, Lines 44-50)

We talked more about her father and the role she played in caring for him: “I’d say [caring for him is] strictly between my mom and me. She stays up with him every night…It just depends on the day really, but I’d say my mom and I totally share” (Felicia’s Transcript, Lines 57-66).

I asked Felicia to tell me about her experiences with her counselors in high school and if they offered guidance when she showed interest in a career in nursing: “I never knew [that they helped with that]. I took every single science I was offered…I believe [the counselors asked about what you wanted to do as a career] but they didn’t really care. They didn’t say much” (Felicia’s Transcript, Lines 99-103). Felicia claimed Bs and Cs in her science courses and admitted “I didn’t care as much in high school as I should have…I was kind of a little bit more of the defiant type” (Lines 108-110).

From high school, Felicia attended an out-of-state university before returning home and applying to the university she chose for her nursing program. She described her first university
experience as not what she expected. In an abusive relationship, away from home, and worrying about her father and his needs, leaving the out-of-state university was the best choice at the time. Her cumulative GPA from coursework at that university was a 2.8 and Felicia was concerned that she might not be accepted into the nursing program at Small Private University, whose minimum GPA requirement was a 3.0. To her surprise, she was accepted: “I just thought ‘Wow, this is really lucky for me that I found this place’ because I don’t think I would have gotten in anywhere else without having to take extra coursework” (Felicia’s Transcript, Lines 159-161). With her surprise at being accepted, I wondered if this lessened her impression of the university: “I didn’t think it was going to be as hard as it was because I guess I assumed if they’re accepting me with a 2.8, what do they expect from their students…It shouldn’t be that hard…Spoiler alert (laughing)” (Lines 161-168).

Experiences During Nursing School

Felicia described her Fundamentals semester as being overwhelmed but confident:

I need to look into Adderall (laughing)... I was really excited. I remember on the first day, like I'm pumped. This is so me. I don't know. Just talking about wound care was like Yes. It's like a runner's high, but for wounds. I don't know. I was just super pumped to get in it and get going because I had been doing such BS classes, just get me in it. I just want to be like ‘Tell me about patient care. Tell me about stuff that I really want to learn about’ (Felicia’s Transcript, Lines 195-200).

Her confidence turned to worry, however, when she had trouble from the very first exam:

I thought I knew it so well. That was the hardest part. I went in, didn't say anything to anyone because that's just like code. You don't say like 'Oh, I know everything, you just keep your mouth shut, but I really went in to it mentally thinking that I really had it under my belt. Like, I was teaching the rest of my friends. I totally have this. It was such simple stuff...I mean like I did well on all the practice things, all of the...adaptive quizzy things...I was killing those. I was like ‘I've got this... Like If this is anything like the test” (Felicia’s Transcript, Lines 210-221).

Unsuccessful on her first test, I asked if she had a plan for exam two:
I think I didn’t fully grasp what went wrong until later in the semester. I definitely knew that my studying wasn’t application based. I wasn’t applying it in the right way…Which was brought to my attention. I didn't see that on my own time, but then said professor would give me like a written example test, and I'd be able to do it in a very quick fashion and get all the questions I got wrong on the exam right whenever I was just by myself. A lot of anxiety was going on with it. Whenever I took tests, I think there was one ... it was the best test I ever did on. I had computer problems or something, and they put me in a room all by myself, and I was like ‘Here we go’ I pull out the best grade of the semester by myself after having 30 minutes of technical difficulties (Felicia’s Transcript, Lines 239-250).

Realizing that she may have a difficulty with focus, I asked if any faculty had noticed that she performed better on exams when isolated to a room with a proctor: “Yeah, one professor…toward the end of the semester, so they said if I come back, I should go to…whoever you go to for the evaluation to get more time, but it didn’t really help after the fourth exam” (Felicia’s Transcript, Lines 253-257).

We talked about her learning environment and study habits. Felicia had a study group of eight peers who were also the same students with whom she attended clinical. She described them as a close group, but they had different priorities than she did:

I was in clinical with them. It was just a tight-knit group, all the same class periods and sections or whatever. We were doing all of the same things. I was paying more attention in class than my friends were, just like them texting on their computers or whatever it was. I'm the first person at the front row, you know, no distractions. I'm doing all of this like, and I still pulled the worst grades. I was just so discouraged. Then, they'd be like ‘Let's go study together’ and everyone would just kind of be like messing around, laughing about things, or like coming up with really stupid ways to remember things, and I just got so frustrated. I was like, ‘This works for y'all, but this is not going to work for me’, So, I actually stopped studying with them because I was getting so frustrated because I felt like I was putting in so much more effort and I was very serious and very upset because I knew what I really wanted to do was on the line (Felicia’s Transcript, Lines 272-283).

Felicia began studying alone and would occasionally study with her group because she felt that “they were better at applying [the knowledge]” than she was (Felicia’s Transcript, Lines
298-299): “Some people are just better at imagining what the professors would ask” (Lines 300-301).

Since Felicia played a big part in her father’s care, I reverted to our earlier discussion of family and her support system:

My fiancé is definitely a punching bag. Just kidding…he’s a saint…he was just awesome. He was like ‘I know you can do it’, he just kept pushing me…My family is not that supportive. I mean, they’d just be like ‘You need to work harder’…not support from my family, I mean they can only give so much of what they have. We’re running on low fuel…My fiancé is definitely the biggest support system (Felicia’s Transcript, Lines 312-330).

Our discussion led to faculty support where Felicia spoke of taking advantage of all the resources offered to her:

I was just always that kid that always needed the extra credit, always needed the tutoring. I was like, ‘Why wait? I'm just going to sign up for it first day’, I mean, I was always the person who needed it, so I was always the person that went, but then I used to do tutoring and then I ended up going with professors, one on one in their office and just ... God bless them...There'd be professors that I'd meet with just one on one for hours, just like right after class, and I'd have all of my questions and just load them all on my professors (Felicia’s Transcript, Lines 335-341).

Felicia mentioned that the professors in her Fundamentals course were supportive and willing to spend the time with her but the situation in her Pharmacology class was different:

I'd just say specifically in test review, when I was supposed to be learning from my mistakes, I had a pharmacology professor…I was like ‘I just don't know how to study for this well. I'm doing a lot’. They were like ‘Did you start with the drug names?’…I remember hearing that and I was [thinking] ‘Yes, you dumb ass. Yeah, I did know the names’. They were like ‘Did you focus on spelling?’…Oh, well, you're just going to have to find a different way, then’...I'm like, I just asked you…I don't know. I just felt like I was at a dead end in that subject (Pharmacology) specifically (Felicia’s Transcript, Lines 365-376).

Felicia’s efforts to utilize the resources offered and her persistence with faculty were no match to her mounting worries about her father’s declining health and her work responsibilities:

I feel like I didn't have as much time either. I always had something. I was never fully focused…Looking back, if you would have asked me during clinicals ‘Are you focused?’
I'd be like "100%," but now I'm looking back and I'm like ‘Holy cow’, my head was not all there. I just couldn't... [I was working 10-15 [hours a week] ...taking care of Dad would be like 3 a.m.. It was like night shift...It wasn’t very normal...I didn't [sleep]. I got like four or five hours of sleep at night (Felicia’s Transcript, Lines 70-86).

Academically, Felicia struggled and with her busy personal and work life; the issue was not time management but rather the issue was responsibility overload (Field Notes, Lines). Felicia was a nurturer, as was evidenced in her role of caregiver along side her mother despite having other siblings nearby. “My Dad got a lot more sick, my mom needed help” (Felicia’s Transcript, Line 119). Felicia had always seen herself as a nurse and this led to how she performed in clinicals during hands-on patient care:

I was doing really well in clinicals, I felt like. The clinical portion of it, I really liked. I thought it was just right up my alley. My parents were just like, ‘Obviously, something is not adding up. Are you really successful?’ I’m just like, ‘I’m telling you the truth’...in clinical, this is the thing. It's like I felt like I was very successful in the clinical portion of it, and I was doing well compared to some other students. I was like ‘You trust them with a needle?’ You know, like, I'm scared for your patient. I just remember being like ‘I got this. I got this’. It didn't happen right off the bat, but toward the end I was like ‘I'm doing this’... Then my grades were still not ... and it was like ‘Maybe I'm not doing this’ (Felicia’s Transcript, Lines 380-383).

My experience has been that it is difficult for students to understand why their satisfactory performance in clinicals does not factor in to the grading process for the didactic portion of their course, and this was the situation with Felicia (Field Notes, p. 4):

I really felt good in clinical, as good as I thought I was. Then, just still having failed [academically] was really ... it was a lot of second guessing with the clinical aspect of like patient care, like ‘Did I do C work?’ I thought I performed a lot better than that, but I guess the two are very different ... I mean, it's the same course so I just started feeling the two were supposed to be equal, and they weren't (Felicia’s Transcript, Lines 383-390).

Felicia did not pass either of her courses for her first semester and was academically dismissed from the university. When asked why she believed she was dismissed she responded:

I bombed every test...I wouldn’t say I was academically not ready, I would just say, I couldn’t master the tests. I couldn’t get a handle on acing the tests as quick as I would have liked...I couldn’t figure out the best study method for me to be successful on the
tests… I started out by just rewriting my notes because usually it worked for me in other classes. I don't know, just rewriting and rewriting. I figured out I was wasting a lot of time, and then not being able to apply it come the test. That was the only studying I had ever really done, so I was relearning how to study in an application process, which I had never had before. If that makes sense (Felicia’s Transcript, Lines 4-23).

Experiences After Dismissal

When asked how learning of her dismissal affected her, Felicia expressed how dismissal encompassed multiple facets of her life:

I just lost [my nursing school] friends completely. I just don't have anything to talk about. That was what you're connected by, so it's hard. It affected my whole mental capability. I was just like second guessing everything. Am I good enough? Am I not good enough? Am I smart enough? What am I made for? Now what am I supposed to do? Because I mean since I was little, I was like ‘I’m going to be nurse, and I'm going to nurture people’… That was just what I was going to do. Now it's like ‘Holy. What am I supposed to do? This is not a thing.’ I was freaked out (Felicia’s Transcript, Lines 415-422).

We then talked of her family’s reaction:

I think no reaction is probably worse than having a reaction… It's not like it was expected, but it was definitely just like ‘Well, it is what it is’, and I was like ‘Thanks fam for believing in me’. I just felt like it was ‘Oh, here you go’… I think my parents were probably very disappointed because they know I can do better, but at the time I didn't know how to do better. It's kind of an uncomfortable thing to say to me, like ‘I know you can do better’ and I'm like ‘God, how?’ I don't know how. That's the issue… I guess they were very disappointed, but they were just kind of like ‘It is what it is’, you know, like ‘Stand back up and keep moving’, I was like ‘I don't know how’ (Felicia’s Transcript, Lines 424-435).

The most difficult portion of the interview was when Felicia talked of the emotional effect of dismissal. My emotions during her story prompted her to ask if she needed to stop, but I asked her to continue (Field Notes, p. 4):

I felt like I wasn’t good enough, that I wasn’t smart enough to be a nurse… I don't know, I just felt like I wasn't like ... I wasn't always the most smart because I'd always had that in the back of my mind, but I was like maybe this is like officially official, signed by the dean, that I don't have what it takes… I always had to study a lot harder. My brother is pre-med and can just glide on in anything, so I mean there's a lot of underlying ... I never felt like I was good enough, and then when I was working my butt off and I actually got a dismissal letter. I was like maybe this is like I'm just not good enough for this. Maybe I'm just not smart enough… It kind of hurt but I tried to just push it away. Obviously, that
didn't help (Felicia’s Transcript, Lines 26-35) …I got diagnosed with clinical depression…and it was like switching up all kinds of different medications. Now I’m on like number 7, that finally worked… I just remember being like ‘Oh, God’ because that is so not like me. I'm kind of a sunshine and rainbows kind of person, so I was just scared of myself at a certain point. I was sleeping in my mom's bed, like I felt like a four-year old, and all the while none of my friends even ... I didn't have any friends to turn to because they were all busy with clinical or nursing stuff. So, it was difficult (Felicia’s Transcript, Lines 438-452).

After taking a few months for herself, Felicia returned to Small Private University to inquire about re-entry into the nursing program; she was unprepared for her reaction to the nursing school environment:

I was going to talk [one of the professors], and I was going through the nursing building and I was like ‘Oh, God’, everyone was standing outside for lab… I was like ‘I do not miss this’, it was the first time I got really anxious. I felt like I was going to throw up. My stomach hurt and I was like ‘This is not conducive to a good life. All of my Zen just fled my body. I just can't do this’ (Felicia’s Transcript, Lines 460-464).

Having to relive the experience of nursing school resulted in a revelation:

I mean, having a whole semester, six months, whatever it was, off. I went back and I was like ‘I am nauseous. I cannot do this. I don't even know if this is what I wanted to do’ I saw all the supplies…and I was like ‘Do I want to do that?… I went to said professor, and I was just like ‘I think I already made up my mind. I'm gonna see you later’. I still was like ‘I'm going to talk to her about this because I need to know my options’, but I think my mind had already been made up in my heart that nursing wasn't for me. I had went in there, and the anxiety that filled me when I just went into the building. I was like ‘Nope. I can't concentrate on a test. I literally feel ill’ (Felicia’s Transcript, Lines 465-473).

The professor whom Felicia visited on that day offered advice on how she could use the credits she had received for her pre-requisite courses and apply them to a degree in physical therapy. Felicia talked of how she had always been into physical fitness. “I have always been a runner. Always been in physical therapy. Have always had stress fractures, planter fasciitis, name it. I was like ‘Maybe I’ll look into that’ …I went to the admissions person…[and] just finalized my [enrollment in physical therapy] today” (Felicia’s Transcript, Lines 486-489).
A requirement to begin the physical therapy program was that the student have 100 hours of practice experience in a physical therapy clinic. Felicia put much effort into getting those hours done in a small window of time and loved the experience:

It sucked being there at 6 a.m. I was so down. Ten-hour days, every day. I was just like I love this. I am exhausted, but I really love it. I just felt like I could be myself. I don't know. People that are in the hospital, they don't want to talk to you. They're in the hospital, you know. It's just really interesting to see people come in and be like ‘Hey what's up?’ , you know. I can be totally as myself as I wanted to be, and I have people who really appreciate that. [One of the physical therapist, he] wasn't my boss because I didn't work for him, but the head therapist was like whenever you want, I'm offering you a full-time job. I'm just like ‘That's crazy’…I just never had that kind of like ... I don't know. I just felt empowered that someone could see that much in me by the way I was performing, and I was like ‘Maybe I'm thriving in this. Maybe this is really good’ (Felicia’s Transcript, Lines 500-511).

Reflection on Felicia’s Journey

Felicia’s interview was emotional for me as she had such difficulty prior to applying to nursing school and had family and financial obligations that she essentially kept to herself. Her interview was representative of those students whose journey is so much more than what faculty sees on the surface. I was sad to see that her nursing school experience was so traumatic that it crushed her desire to return (Researcher Reflections, p. 5).

When Felicia spoke of her past struggles with testing, she noticed, early on, that she would always be the student who needs extra study time to study and to focus. She should have communicated this concern to faculty. Creating an environment conducive to open communication is a necessary part of the student-faculty relationship and it appeared that Felicia omitted some of her primary concerns when speaking with faculty. Since our interview, Felicia told me that she is not pursuing the physical therapy program and was taking a semester off to regroup.
Gwen’s Journey

Gwen was the only participant in this study who successfully appealed Medium Public University’s decision to academically dismiss her. At the time of our interview, she was a successful practicing Registered Nurse in the field of Neurology. Gwen met all criteria for entrance into this study and offered a different window into the journey of becoming a nurse beyond dismissal. I met Gwen at her home and met her daughter. Although Gwen became a nurse, the circumstances leading to her dismissal and the emotion behind the dismissal were difficult topics to relive (Field Notes, p. 6).

Experiences Prior to Admission

Both of Gwen’s parents were in the medical field and from a very young age, she knew that would be her path of choice. “I always knew I wanted to do something in the medical field. My parents are both medical, so I knew that, that’s just what I always knew I wanted to do. I didn’t know what else I would do” (Gwen’s Transcript, Lines 24-25). Although she was certain of the medical field, nursing did not come about because it was a specific desire, but rather it came by chance:

I really…nursing because for orientation, they group you by your major, and [name deleted], my best friend was doing nursing and I didn't want to be alone for eight hours on orientation day so I decided to do nursing, but once I got into like my Anatomy and Physiology courses, even like our freshman foundation type courses where they talked about nursing, I knew it was a good fit. So that’s why I kind of hung with it because I was like, ‘Okay, this seems like, you know, something I would want to do’ (Gwen’s Transcript, Lines 25-30).

I asked if she had thought of nursing while in high school and she responded, “I was undecided until the day before orientation” (Gwen’s Transcript, Lines 31). Prior to application for the nursing program, I wanted to establish a foundation of her academic performance in high school and her experiences with guidance that may have been offered by her counselors:
They talked to us about like what schools [we] wanted to go to and which…universities and they helped us find like scholarships and things for that but they didn't really have a whole lot [of counselors] that sat down and said ‘What do you want to do when you get there?’ They were just kind of worried about getting us there (Gwen’s Transcript, Lines 35-38).

Gwen did well academically in high school; “I had a 4.4 and I was valedictorian” (Line 40).

Her performance in high school paved the way for an offer from Medium Public University of a full “Honors College Scholarship that paid the rest of my tuition costs. I had my books paid for, a meal plan, my dorm, everything. So, my cost was very minimal. So, I went because it was free” (Gwen’s Transcript, Lines 45-47). She had answered my next question of why she chose Medium Public University.

Although she was accepted into the university, there was still the process of application once the pre-requisite courses were complete. I asked about her performance on the pre-requisite courses: “I did really well. There were a couple of them that I struggled in, like nutrition, but I think that was my first online course I had ever taken, so I think that was kind of the root of the problem, but, I did well in my pre-requisites for sure” (Gwen’s Transcript, Lines 55-57). With Gwen’s background and high performance in pre-requisites and a high GPA, “3.6” (Gwen’s Transcript, Line 291), entrance into the nursing program was seamless.

**Experiences During Nursing School**

We did not talk much about her first semester in the nursing program because Gwen expressed no difficulty during that time: “My first semester, I did well, um, still didn’t feel like I had to study that much. It was a little bit different as far as the amount of like things you had to know…but I still…had all A’s and B’s that first semester of clinical and I think I did well”
(Gwen’s Transcript, Lines 73-75). In our conversation about her second semester, Med/Surg, Gwen said:

We had two instructors for our Med/Surg class and one of them was very laissez faire, so it was kind of like the more strict professor’s exams, I did worse on but the one who kind of was laid back…I found…to be easy. So, it’s kind of like, I did poorly [on one professor’s tests] and well [on the other I did well] and they just kind of balance themselves out in that course (Gwen’s Transcript, Lines 80-83).

The hands-on clinical experience of the Med/Surg I course is sometimes a shock to students, and I wanted to hear of her experiences in her first patient care environment:

It was our first kind of taste of what it was like to actually be like an inpatient type of nurse, so, it was still kind of, it was scary…you never really know what to expect from it, like if they're expecting you to ask questions or just to know all of these things, which is impossible, you know, like I've never done nursing. I'm like, there's no way…that you would know everything your first time in a hospital…and I think that's when I first felt like the immensity of like our responsibility as nurses, because when you're actually administering these type of medications and you've done all your preparation, you know what drugs your giving side effects and everything…I first felt like, this could hurt somebody if I'm not careful kind of thing…it was nerve racking to be in that kind of environment but all went well I was still okay at the end of it (Gwen’s Transcript, Lines 87-95).

In the focus group discussion, Gwen elaborated on her hands-on clinical experiences:

One of the most difficult experiences was the feeling that we were expected to perform perfectly. The clinical experience should be one that fosters growth and learning, and in my clinical rotations, I always felt that one mistake meant failure of the course. While it should be emphasized to students the importance of thinking decisions through, instructors should also understand that students are not at the level of Registered Nurses and should be allowed to be taught without fear of failure (Focus Group Transcript, Lines 40-44).

Gwen also agreed with Sammie’s response about clinicals taking away time that could be devoted to studying and the high expectations of faculty:

I agree that I also felt clinicals were a waste of time, especially the paperwork. It was extensive and time consuming and I did not feel that it added to my clinical experience. I agree as well that instructors were, for the most part, not welcoming to questions and expected us to be experts on the diseases and patients we were seeing in clinical (Focus Group Transcript, Lines 113-116).
After two successful semesters, Gwen was determined to be a nurse and thought she was in the right place. Of her study habits before moving on to her third clinical semester, Gwen recounted:

I didn't really have to um in high school. I didn't really have to study to do well. I was one, I could just kind of like, look at everything like, okay, you know, and it was kind of the same in my prerequisites…I did not have good study habits. I wasn't one who studied for weeks before the test, you know, like a couple of days before, I was like, okay, maybe we need to get together and look at some stuff…I pulled a lot of all-nighters. That was kind of my studying strategy (laughing) (Gwen’s Transcript, Lines 61-66).

Using the same study habits, Gwen’s experience in MedSurg II took a different turn:

After the first test was probably when I felt the most kind of shaken and I know at my university the semester that I started Med/Surg II, the university had had a very poor NCLEX pass rate, so they were really kind of…cracking down I guess you could say. That first test was nothing I had ever experienced you know and once you're in your fourth semester clinicals you don't really expect to have too many surprises, but that first test I mean, I think I bombed it, and a lot of the students that…I had been in classes with had also kind of bombed it. So, yeah that first test…I kind of felt that we were on shaky ground (Gwen’s Transcript, Lines 106-111).

After the shock of the first test, Gwen met with her study group to formulate a plan for future exams: “

It seemed like everyone had trouble, so we were all kind of shocked that you know the way that we had been studying previously in other semesters wasn't working in this one. I don't think I changed my study habits too much I might have done a little bit more after the first test, but it was probably after the second test (Gwen’s Transcript, Lines 115-117).

I was curious to learn if she had enlisted any university resources to help her moving forward:

I did not [enlist help from faculty]…we were always told that it was a option but the level of…I guess, comfort wasn’t there, like I didn’t feel like going in and speaking to them would have given any different result (Gwen’s Transcript, Lines 124-127)… that semester when everybody was kind of panicking about failing…I just felt like we were constantly being beat down by our faculty like they were just anytime we would have a bunch of people fail an exam…it was never that it was a problem with the teaching methods or the test it was always our fault. You know, like y'all aren't studying…So it was…create an environment where it was like an us against them kind of situation. The
more we...made comments or said that, you know, we were all kind of struggling, the more it was our fault that we weren't performing well, and that we weren't going to make it if we if we were performing lowly on these test, and, so there was never like, here is something that can help you. It was always, you need to be better kind of thing (Gwen’s Transcript, Lines 155-162).

The second exam ended as poorly as the first and Gwen expressed the same level of shock as with exam one:

I think we bombed that one as well and it was like, we really felt like we knew...the information and everything but for some reason it just was not carrying over...we would study the things they were telling us to study but...I think we were just trying to figure out where the disconnect was...like when we got to the test, it was like new information, you know (Gwen’s Transcript, Lines 130-136).

We talked about new or different aspects of that semester outside of the new testing methods and the conversation led to a change in her personal life:

I was always awful at time management I still am...my third semester clinical is when I joined my sorority, so that probably did take up more of my time. I was also working by that point, so it was kind of like when I did study...I would get home and, I didn't work too much, I think I was working at [name deleted] at that point, so I would work Friday, Saturday, Sunday nights, so I still had like my weekdays and everything, but studying...was kind of a backburner thing like I would do what I had to do I would go to class get errands done, and then when I got home, I was like, ‘Okay, now I can study a little bit’...but I always felt overwhelmed kind of looking at the material so it was more of like I would look at it...and go, ‘Okay, we'll do this tomorrow’ you know, kind of thing and when it got to where it was like two or three days before the test, it was like, ‘Okay now let's crack down and try to learn...two weeks’ worth of information’ (Gwen’s Transcript, Lines 141-150).

Gwen continued through that semester, and with a poor outcome on exam number four she and her best friend decided to drop the MedSurg II course and try for a better outcome the following semester.

The next semester, Gwen and her best friend had a new strategy for success in repeating MedSurg II: “We definitely decided that we were going to try to, you know, buckle down and really get into studying everything” (Gwen’s Transcript, Lines 179-180), but with a change in
her work schedule, her sorority expectations, and an engagement to be married, her second attempt at MedSurg II had a poor outcome:

I think, at that point I might have switched to the daycare I was working at and at the daycare I would work Monday through Friday, 2:00 p.m. to 6:00 p.m., so about four hours a day…I was still working, still in the sorority, got engaged that semester. (laughing), a lot of different things going on (Gwen’s Transcript, Lines 184-187).

Gwen described her second attempt at MedSurg II as a constant struggle: “I was always kind of borderline” (Line 189). When it was time for the final exam, Gwen was not confident that she would pass the course: “So, for the final, I had to make a really high score to pass the course because I was still on that border, and I knew at that point that the likelihood of…a good grade on a comprehensive final was slim to none” (Gwen’s Transcript, Lines 192-194). Gwen had sought out other options during the semester in anticipation that she might fail her second attempt at MedSurg II:

At some point during that semester, I had kind of looked at other nursing programs to transfer to, but they all wanted me to start over from the start of my clinicals and that was not an option. I was not doing it all over again. I was actually approached by my clinical faculty, who is also one of the course teachers, who kind of asked me…what are you going to do and I remember crying…She was telling me how good I was in clinicals…I just kind of looked at her, I don't, I don't know, and she asked me if I considered going to LPN (Licensed Practical Nurse) school and at that point I was furious…I was like no, I have not, like that's not my plan (Gwen’s Transcript, Lines 199-206).

Gwen’s worst fear was realized: “I failed by like two or three points. It was very close to me passing the course…because I had already taken the course twice, I was dismissed from the program…you’re not allowed to repeat it more than that, based on their policy” (Gwen’s Transcript, Lines 10-12).

In response to the “If I had known” and the “If I had done” portion of the focus group discussion, Gwen replied: “If I had known what information to focus on for the exams, I believe
I would have been more successful. If I had done better at preparing for the exams in sufficient time, I believe I would have been more successful” (Focus Group Transcript, Lines 45-47).

**Experiences After Dismissal**

With a history of high academic achievement, Gwen’s dismissal was difficult to comprehend:

It was the most disheartening thing I've probably ever experienced. I just felt like a failure you know, like you try so hard, and to hear the people that you do your actual clinical portion of your studies with say how well you're doing and even hear from the nurses on the floor, how well you're doing, but feeling like you can’t apply that to your classroom was, I just felt like I wasn't good enough and that I wasn't able to succeed. I didn't know why like in high school, I was valedictorian, I came into college with high ACT scores and a free ride to college, basically based on the scholarships and it was like, ‘Why am I failing? You know, why am I all of the sudden not able to do what I've always been good at doing? (Gwen’s Transcript, Lines 14-20).

Having always been confident in her academic abilities, Gwen appealed the university’s decision to dismiss her from the nursing program:

I had to write a letter explaining why…I should be considered to be let back into the program. We had the opportunity to go in front of the appeal board, you didn't have to, but I figured I had to because…I mean, it shows you're serious about wanting to get back in so…I sat at a table with about 10 to 12 faculty members that I had had throughout most of the programs. Some…I had never had before, and I was asked several questions that I felt degrading…It wasn't like they were even asking questions to get answers. It was kind of like they were asking questions just kind of to tell me why I was here in the first place. I had told them that I thought I had anxiety and at some point during the repeating semester I had been prescribed Adderall…I felt like it had helped. It was kind of late in the semester when I had got on it…I felt that the meeting did not go well at all, and the main person who was asking me questions had never had me in a class or clinical or didn't even know who I was, and just the way that she was asking questions…I left that meeting feeling like it was not going to happen, that I was not going to get approved for this appeal (Gwen’s Transcript, Lines 209-222).

Gwen was accepted back into the nursing program but with a long list of demands:

So when I got the letter saying that I did get approved for the appeal, there were all kinds of stipulations…they made me quit my job…I had to turn in a letter signed by my employer, stating that I had turned in a two week notice and that I was no longer going to be working. I had to go to counseling…which I felt helped, but I was still upset about the fact that they've made me go to counseling. So, I had to do a minimum of four meetings
with a counselor… I had to be present for every class because I did miss a lot of class that repeated semester because I just was like I went to class the first semester and that didn't work. So maybe if I stay home and study during the time that I wouldn't been in class, maybe that'll help you know. So that was kind of a strategy point too. So, I had to be present for every class if I missed any classes, I had to have a medical excuse (Gwen’s Transcript, Lines 223-234).

I asked Gwen how these added demands made her feel:

I was infuriated… who were they to tell me that I can't work you know, other students can work and I get that I'm at a position that not all students are at but if I need to work then I need to work you know, at that point, I had moved off campus. I was responsible for rent payments and, at that point, my scholarships were out, so I was having to take out student loans to pay for school and everything and my books and all of that…I can go to school, but I can't live (Gwen’s Transcript, Lines 237-241).

With the opportunity to continue, Gwen enlisted the help of another student who was repeating the semester:

She had gotten like a pre-med degree before she decided she was going to do nursing, so she had kind of been through school before and we actually found that we were both going to counseling with the same guy, and so, we were like, we're going to get together and we are going to do this…we're going to pass this course. So, I really feel that (name deleted), unlike my best friend, who I've known forever, you know, she was one that didn't care if she hurt my feelings, she was going to tell me what I needed to do, and she was going to tell me that we knew that we needed to study…we were in the same sorority, so she knew what they were expecting of us, and she was like, we're going to tell them and we don't care...we have got to get through this. I really feel that she was a big turning point to that and the fact that I was pissed off at the College of Nursing and I was like, I'm going to show you all that I can do this…and that semester we kicked butt. I think I made like close to 4.0 in that course…it was the only course I was taking, so that probably helps you that it was my soul kind of focus…my studying strategies, I think changed them the most because we would go to class we will go to either of our apartments and we would study what we have learned that day and then like we would have specified days. On this day, we were going to do this, on this day we were going to do that, and I felt like that gave us a lot of success in that course. (Gwen’s Transcript, Lines 249-262)

Gwen’s new study partner kept her accountable and showed her new study methods resulting in a high level of success in her third attempt at MedSurg II. She continued with the same new methods and completed her nursing degree without any difficulty. At the end of her
graduating semester, Gwen shared a story about a conversation that her class had with the Dean of the College of Nursing:

The dean comes in for a question and answer session every semester for her to just kind of not answer any real questions or make any big changes…she had asked a question about if anybody was getting married after graduation, and so I raised my hand and there were a couple others, but I sat in the front, because at that point, I had moved to the front of the classroom, like I am here, and we're learning, you know, so she asked me when I was getting married, and we were graduating in May, and my wedding was June 4, because I was supposed to graduate in December, and that's when we had planned the wedding for. So, she laughed at me, and she said, ‘Is it too late for you to change your wedding day?’ And I said, ‘Absolutely’…and she said, ‘Because there's no way you're going to pass the NCLEX if you're getting married in June’ (Gwen’s Transcript, Lines 268-278).

Contrary to the Dean’s prediction, Gwen passed her licensing exam on her first attempt and is now a practicing Registered Nurse. She shared these final comments with me about her overall experience in the nursing program:

I had some issues as a student…my studying habits were not where they should have been, and I understand that I had fault in the struggles I had in nursing school but also just the environment that we were in…I only had one instructor that I felt really cared about whether we succeeded or not. So, when you're going into a program where…everything you do is going to be scrutinized and if you make one misstep, you know that it's going to affect you down the road. You know, it puts you almost setting up for failure. I feel like no matter how good of a student you are, like it's still, it’s hard going to school and trying to succeed in that kind of environment. (Gwen’s Transcript, Lines )

Reflection on Gwen’s Journey

Experiencing Gwen’s journey from the beginning of entry into nursing to her successful completion of nursing allowed for the witnessing of a revelation. Gwen realized she had to change her approach to her studies and that priorities needed to shift. Although Gwen became a Registered Nurse, the journey was still difficult to relive. (Researcher Reflections, p. 12). It saddened me that she did not look back on her experience in the nursing program as a positive one. Removed from the other participants, she fit the profile of a student destined to be
successful, but she did not realize until after her dismissal that there would need to be an ongoing
time commitment. The addition of a sorority and a job only added to the difficulties she
experienced academically. The shift of priorities through the encouragement of a peer definitely
impacted on her outcome.

Heidi’s Journey

Heidi and I agreed to meet at her home where she resided with her parents. Her mother
and a menagerie of pets joined when she answered the door. Heidi appeared to be from a loving,
supportive family. As we retreated to the dining room, Mom remained nearby. We discussed
the content of the interview and I explained my awareness that it may be difficult to revisit. With
her approval, I reviewed the intent of the interview, consents were signed, and demographic
information was completed (Field Notes, Line 8).

Experiences Prior to Admission

From the time Heidi began thinking of her future, her journey initially did not include
nursing. In high school, she was enrolled in a program dedicated to Allied Health which resulted
in a certification as a nursing assistant (CNA). Although she never worked as a nursing assistant,
she knew that she was not cut out for that role: “I didn’t like that you did just dirty work”
(Heidi’s Transcript, Line 62). The allied health program at her high school provided a solid
foundation for entry into the medical field: “[Allied health] is a program that your core classes,
like your Biology, is more medical based than just regular science, and you have different
electives that you can take that are medical” (Heidi’s Transcript, Lines 50-52).

With a clear goal of being in the medical field, Heidi enrolled as a Kinesiology major, the
first step toward a degree in medicine. Her grades in the Kinesiology program were Bs and Cs
but her struggle with the second Chemistry “was like the deal breaker” (Heidi’s Transcript, Line
Realizing that a medical degree might be too much, Heidi searched for a suitable profession where she would remain in healthcare but, in her opinion, would be less of a struggle. Her choice of nursing had no specific foundation; she did not have a nurse in the family nor had she had any personal experiences with nurses. Heidi applied to a local university and was immediately accepted:

I knew that (university name deleted) had a really good nursing program, but we also know a family friend that has a daughter and she tried to get into (university name deleted) like five times and never got accepted. I took the [entrance exam] and applied, not thinking I was gonna get in, and my mom was really the one that made me apply, 'cause I wasn't gonna apply. I was just gonna wait a couple semesters, but she said to apply. So, I applied and ended up getting in on the first try (Heidi’s Transcript, Lines 94-102).

Experiences During Nursing School

Heidi’s choice of nursing came from her desire to remain in the medical field but to enter a program less strenuous than that of a pre-med major. She admitted that she misjudged the rigor of nursing: “[The first semester was] very intimidating…It was very fast moving, a lot of material, and a lot of skills. I didn’t expect the, I guess, the degree of how fast it would move” (Heidi’s Transcript, Lines 110-114).

I asked Heidi to elaborate on specific portions of her first semester with which she struggled: “I’m a bad test taker…I get really bad test anxiety and second guess myself and choose the wrong answer because I talked myself out of the right one” (Heidi’s Transcript, Lines 120-125). When asked if she had ever talked to anyone at the university about her test anxiety she replied “No” (Line 128) and mentioned that she was taking medication for her anxiety. I was curious about Heidi’s responsibilities outside of academia: “I nanny…maybe 15 [hours] a week” (Lines 135-137) but stated in a follow-up to our interview that her job was not a deterrent to her studies.
Heidi passed her Fundamentals course during her first semester but was not successful in her Pharmacology course. The university she attended required that a student is successful in Pharmacology before moving on to the Medical-Surgical semester. Heidi’s second attempt at Pharmacology the following semester was a success: “I studied more, and I knew how the tests were” (Heidi’s Transcript, Line 195). Heidi also mentioned a better study group experience with her peers in the semester when she repeated Pharmacology as compared to her first semester:

I had a study group, but I didn't really like it...I felt like the people in the group were just a lot different than me, and...Their personalities were a lot different than mine, and I didn't really mesh with them...a lot of them knew each other already and so I just kind of felt like the outlier...I really didn’t have anybody to go study with[second semester] study group was a lot better. I felt like I learned more in study group the second semester than the first (Heidi’s Transcript, Lines 199-229).

Heidi’s success in her second attempt at Pharmacology allowed for her progression to the Medical-Surgical semester which she described as “culture shock” (Heidi’s Transcript, Line 245) because of an abrupt change in the configuration of classroom time to clinical assignments.

Some interesting facts transpired from Heidi’s responses to questions in the focus group. When asked if there was a question she thought I should have asked during her personal interview, she recommended that I ask about “what extracurricular activities were trying to be fit into the busty schedule of nursing and how that caused me to stretch myself too thin and ultimately not have nursing school as my main priority.” When I asked her to answer that question, she replied:

I bowl on a league with my dad every Monday afternoon and at the time I was also going to church every Wednesday afternoon as well as going to a Women’s Bible study on Tuesday afternoons, so I think I was trying to do too many things and not put all of my focus on school and studies. I also went to the home football games with my grandfather that took up Saturday (Focus Group Transcript, Lines 69-72).

This confession of too many extracurricular activities fell in line with the “If I had known...If I had done...” focus group questions. Heidi answered: “If I had known time
management skills, I believe I would have been more success. If I had done less extracurricular activities and focused on school, I believe I would have been more successful” (Focus Group Transcript, Lines 57-60).

Along with the rigorous new schedule, Heidi suffered the loss of her grandfather, which she believed contributed to her failure:

The second test [in Med/Surg] was on Monday and my grandfather passed away on the Saturday, so we spent from the Monday before the test all the way to when he passed in the hospital. So, I would go to school and then go straight to the hospital, and we had family come in from out of town… and I was trying to feel like I needed to be with my family, but also know that I needed to be doing something else (Heidi’s Transcript, Lines 273-280).

Having fallen behind after the second exam, Heidi contemplated dropping the class but decided to continue: “I contemplated dropping the [med/surg] class and staying in the community class, but I was so close to passing that I said I would just bust my butt and get it done, and ended up not being able to [pass]” (Heidi’s Transcript, Lines 258-262). The failure of the Med/Surg course was her second academic course failure and resulted in her academic dismissal.

Experiences After Dismissal

Heidi describe learning of her academic dismissal:

I felt like a failure. It was hard. Like I wasn’t good enough or smart enough” (Lines 24-26) … I feel like it’s made me grow in myself and that part of my problem was that I would compare myself to others in the class and think that I wasn't smart enough, and that probably had an impact on not making it, because I was telling myself negative things and that resulted in a negative outcome (Heidi’s Transcript, Lines 288-293).

With the support of her family, “I didn't think that my parents would be as supportive as they were. I thought they would think that I was a failure and that I wouldn't make it in life, but they haven't” (Heidi’s Transcript, Lines 213-214).
She plans to reapply to another local nursing program in the future and to pursue her dream of becoming a nurse.

I asked Heidi if she had any thoughts that she might want to share with those who may be planning to pursue nursing as a career, and she said: “Believe in yourself. Study every day. And get a support group of your peers that will help you along the way” (Lines 313-314). Her final words to end the interview were: “Now I need a tissue” (Heidi’s Transcript, Lines 316).

**Reflection on Heidi’s Journey**

I wondered if Heidi should have gone with her first thought of dropping the course after the death of her grandfather. The loss of a loved one requires time to heal and if she had given herself that time with her family and returned the following semester, she might have been successful. That was speculation, and I wondered why faculty did not intervene and recognize that she might need additional time to study since his death occurred at the time of her second exam. (Researcher Reflections, p. 8)

Heidi fell into the category of a student whose first choice was not nursing. If she had been passionately driven, would she have been motivated to give up her excessive extracurricular activities and devote the time necessary? We spoke after her interview and she mentioned that she had developed a passion for nursing and planned to make the necessary commitment to succeed if she is accepted into another program in the future.

**Sammie’s Journey**

Sammie is what academia refers to as an “adult learner”, as someone who is older than 25 and delayed entry into college for at least one year following high school (U.S. Department of Education, 2005). In her late 40s, Sammie had 20 years work experience in internal medicine and hospice as a medical assistant. A divorced mom of two children, 16 and 17 years old at the
time of her nursing school enrollment, she brought a different perspective to the study. (Field Notes, p. 13)

**Experiences Prior to Admission**

Sammie knew as a teenager that her place would be in the medical field caring for others: “I originally wanted to be a veterinarian. I was raised on a farm. I took care of a lot of sick animal. At the time, financially I couldn't go to school. I took up MA (medical assistant) school and did that on my own. That's when I became [interested in] the medical field” (Sammie’s Transcript, Lines 34-37). She spoke of how she had been the one to take care of family members for the past 20 years because of her experience as a medical assistant and agreed that caregiving was in her blood (Line 40). After a long career as a medical assistant, pursuing nursing seemed a natural choice moving forward.

When asked why she chose the Small Private University, she described a preference for smaller class sizes and the religious affiliation of that institution:

Because I wanted a better education. I really thought [university name deleted] would be a better education for me...I don't know. I just really ... One is being a [religious affiliation deleted] school and I'm [religious affiliation deleted]. I wanted that foundation and my religion and with the school on top of that. I just really thought that it was a better school. It's a small school function. I don't function well [in] large group areas. (Sammie’s Transcript, Lines 56-64).

Sammie found that the religious affiliation of the school had no presence within the curriculum: “It’s just a name” (Line 68).

We focused on her grades and the GPA that she brought to the nursing program as entry criteria. She began the pre-requisite courses at a local community college. “I was on the Dean's list a few times. A/B honor roll. But I think one General Biology class, I think [was] my first C that I had over there. At... [college name deleted] I have a 3.1” (Sammie’s Transcript, Lines 74-
She transferred to the university where she planned to apply to nursing school to complete the additional pre-requisites. She experienced some difficulty in the required Pathophysiology:

My first year with Patho, that was my doing ... I took it three times. The first one, I really don't count. That's simply because my son's best friend ... He was like my own child to me. I've had him since he was two years old in my house. He was killed the weekend of my first exam. So, I was planning his funeral the weekend of the first exam (Sammie’s Transcript, Lines 97-101).

Sammie emailed the professor for her Pathophysiology course about the loss of her son’s friend but because he was not a “blood relative” (Sammie’s Transcript, Line 105), she had to press forward. It took Sammie three attempts to pass the Pathophysiology course and she revealed that each attempt was with the same professor as no other professor taught the course (Lines 109-115). Despite her struggle with Pathophysiology, she was accepted into the nursing program with an overall GPA from that university of 3.0 (Line 77).

**Experiences During Nursing School**

Sammie described her emotions about beginning her first clinical semester of nursing:

“Very optimistic, hopeful, nervous, scared, I guess, like everybody else. Not knowing what to expect 'cause you hear all the horror stories that come along with it” (Sammie’s Transcript, Lines 118-120). Once she learned what was expected for her first assignment, she described feeling overwhelmed:

Overwhelmed, right off the bat. Overwhelmed. You're given 15 chapters to read in the first week. To me that's impossible. You can read it. But you're not comprehending nothing. That's the thing. You're reading it but you're not comprehending it. That's a huge problem because you can come back and ask me. Well, I remember reading it, but I don't remember what it was talking about (Sammie’s Transcript, Lines 122-126).

She also described the realization that her family would have to take a back seat to her studies: “My fiancé actually moved in with me the first year of clinicals which was [date deleted]
...he moved in with me so he can take care of everything. There was no home life. There's no family life. There's no nothing” (Sammie’s Transcript, Lines 132-134).

As Sammie progressed into the semester, she realized around “probably the third exam” (Line 146) that she might be facing a struggle but because she had an average of 78 in her Fundamentals class; she pushed forward. We talked of her exam study habits and it was evident that her age difference from her peers played a role:

I studied with a couple people unsuccessfully. I'm not a big fan of ... I'm 49. Studying with these young'uns, 19, 20, 21-years-old. My boyfriend didn't call me today. Hey, what'd you do? [speaking as her younger peers] ...I don't have time. I don't want to be associated with that. I need somebody serious (Sammie’s Transcript, Lines 155-159).

In addition to her testing struggle, Sammie’s experiences with the in-hospital clinical portion was more than she could handle during her first semester:

I gave up ... I ended up dropping Fundamentals because of clinicals. I couldn't deal with it anymore. I was done. My mindset was I was done and over it. I purposely did not even remotely attempt Pharm[acology]...I hated [clinical]...the instructor...was not helpful at all. You would ask a question for clarification and I'll give you an example of one. We had gone over wound care in a lecture class prior to going into clinical day. I had a patient...I was cleaning her up and everything. when I rolled her over, she had a bed sore...I’m saying Stage two. According to the book, I'm saying Stage two. I go and get the instructor because I have to verify for my paperwork 'cause this is what you're grading me on. She jumped all over me about it because I should know this...I'm telling you what it is. I just need you to verify it to make sure I'm seeing what I'm supposed to be seeing. If this is what it is. Got in huge trouble over that because I should have known. [The instructor acted as if] I should not have to be asking her a question. I should know how to treat it...I'm coming to you to clarify...But to be criticized about it. That I should know this. I don't think that's right. You're teaching me. If I knew it, I wouldn't be here (Sammie’s Transcript, Lines 142-175).

During the focus group discussion, Sammie elaborated on her thoughts of how time spent in clinicals and the paperwork involved took away from time spent studying for exams:

For clinicals, it was difficult to keep up with studying for exams. Having to waste 3 days of studying for the clinical paperwork and to be turned in on such a short time frame. I understand the concept of doing the paperwork, but some of it could have been eliminated and turning it in could be extended (Focus Group Transcript, Lines 93-95).
Sammie also revisited her thoughts on difficulties with her instructor during clinicals:

“Not having an instructor to explain or clarify certain illnesses, symptoms, or procedures was very difficult. Being told ‘you should have read your book prior to coming to clinicals’ was hard, especially when new things came up during the day” (Focus Group Transcript, Lines 97-98).

Based on her clinical experience and lack of success in Pharmacology taken the same semester, Sammie was required to repeat her Fundamentals semester. We talked about her plan moving forward and what she prepared to do differently upon learning that she would be repeating that semester: “My thoughts were, I was going to be a little more sociable, instead of in my own little eggshell…I'm not a very sociable person ... but part of it's...because of the age difference. You think a 50-year-old person with a bunch of teenagers ... It doesn’t work” (Sammie’s Transcript, Lines 183-187).

With her goal of being more successful, Sammie attributed her improvement during the repeated semester to a different method in the classroom:

They actually did lecture classes a little different…First semester in lecture rooms, you just sat wherever you wanted to. This semester they put you in your clinical groups. So, your clinical group had to sit next to each other. That made it to where you were more talkative…you get to know them much more than just at clinical. That kind of made it a little easier in that aspect because at that point everybody started opening up a little more into the semester. I did better overall grade wise…I think it’s because I already knew the material and knew somewhat how to break it down…I already had my notes from the previous semester (Sammie’s Transcript, Lines 189-198).

Although Sammie’s newfound confidence helped in repeating her Fundamentals semester, she fell behind again. She admitted to not paying “attention to her calendar” (Line 205) and struggling with time management. I asked if she sought any outside help to assist with her studies, such as additional university resources:
No. They offered ... They would mention tutor classes with other students. I'm not an ‘other student’ kind of person. I'm a private student. I don't like to be in with a whole bunch of people…I'd rather be a one on one…I just don't like to be around a bunch of people that I don't know and that I'm not comfortable with. That's just my perspective on that. I know that they offered [tutoring in pharm]. They offered it but the one girl that did it, I actually emailed her, but she never followed through on when to set up a time to get together (Sammie’s Transcript, Lines 215-224).

Since this was her second course failure, the outcome was academic dismissal from the nursing program.

Experiences After Dismissal

When asked what she believes led to her dismissal, she replied:

I think the material was too broad for a beginner student. I really think that the material needs to be broken up a little more. You throw clinicals in on top of that, you're taking away three days of basic studying just for Fundamentals. I think that’s a huge problem because not just for myself, but for other people, that when clinicals start at that eighth week, everybody starts to decline (Sammie’s Transcript, Lines 7-10).

When reflecting on the “If I had known” and “If I had done” questions, Sammie replied:

[If I had known] how to use the computer more rather than handwriting and tutoring, group sessions…the differences in age groups (older adults vs younger adults) and the learning style between the two groups, younger groups are more knowledgeable in computers, whereas, the older ones are not (Focus Group Transcript, Lines 99-102).

Fighting back tears, Sammie described the effect academic dismissal had on her emotionally and financially (Field Notes, p.11):

Devastating. Still devastating…It’s huge…for me personally, I’ve been in school for six years. Just to be dismissed, you have nothing to fall back on. It’s very depressing. It’s hugely depressing…Financially, it hit really hard…I’ve accumulated in the three, four years I have been with the [Small Private University], a $40,000 debt that I’ve never had before. It puts a lot of strain ‘cause you can’t really work when you are in clinicals. So, financially you only have…I thank God I have my family and my fiancé to take care of things…I gave up my job so I can focus on school…I never did…comprehend how some people can study just a few hours and still have a family life because that certainly wasn’t me. It was almost…nearly 24 hours nonstop studying (Sammie’s Transcript, Lines 235-243).
Like the others, Sammie’s dismissal did not defeat her drive to continue on a path to nursing. She planned to enroll in a different nearby college and told me of her daughter’s encouragement: “My daughter told me that it doesn’t matter how long it takes you to get it as long as you get it” (Sammie’s Transcript, Lines 251-252).

**Reflection on Sammie’s Journey**

Sammie’s interview resonated with me because it paralleled my journey in the PhD program. I fall within that ‘older’ age group and, at times, thought that others might have a difficult time relating to my urgency to finish my studies and move on to the next chapter of life. Sammie was determined and the biggest take-away from our talk was how removed educators can be from the smallest of struggles. (Researcher Reflections, p. 13)

Would Sammie’s outcome have been different if one of her faculty members had recognized the difference in her experience in academia compared to the traditional student? Again, there was evidence of a deficit in the student-faculty relationship deficit that requires emphasis if these issue are to be addressed.

**Themes across Narratives**

The purpose of analyzing the narratives of the nine participants was to explore how they characterized their academic dismissal experiences from the onset of their pursuits of nursing until after they were dismissed. A main theme relevant to each research question emerged from data obtained through interviews, a focus group, and researcher field notes and reflections. Of those main themes, some had a resulting sub-theme while others stood alone. All are discussed and rationalized in the following sections and are corroborated with participant quotes.
Theme #1. I Chose Nursing, Nursing Did Not Choose Me

What were the participants’ experiences prior to acceptance into the baccalaureate nursing program?

A misconception of what nursing entails is perpetuated by multiple factors including the history of how nursing came to be, societies continuation of the caregiver persona attached to the profession, and academia’s inadequacies in recognizing nursing as a science driven profession. Five of the nine participants believed nursing to be an easier route to a degree but not necessarily their career of choice, and four of the nine participants named nursing as a calling with a desire to care for others as the primary motivator.

Sub-Theme #1. Caring for Others is Easy

Caring and compassion are necessary qualities in nursing, however, with the increasing acuity levels and diversity of patients coupled with the complexity of healthcare, these qualities are not enough to carry a student to the finish line.

- I feel like God gave me to be a nurse and help people because I [have] seen a lot of nurses where they treat their patient bad and a lot of patients complain to me when we were doing [clinicals] and I want to make a difference. I want to tell them they are not alone, and I think that is my purpose, to be a nurse (Candice’s Transcript, Lines 284-289).

- I’ve always had a love for the medical field my mom said as a kid…if somebody got hurt I was the first one to go check on them trying to fix all their little booboos (Deana’s Transcript, Lines 40-42).

- Oh, my goodness, the first time I realized I wanted to be a nurse is…I had to be like 5 years old. My mother used to watch [The Learning Channel] baby stories and she would just watch it every single episode…she was currently pregnant with my little
brother…just to see those nurses… helping these mothers coaching them through, it push, push, push, you know, you are going to be okay. That was really what attracted me to the nursing field (Elizabeth’s Transcript, Lines 47-53).

- In the third grade…I drew this little stick figure nurse with a big old…the big red cross across my chest. That’s just what they looked like (Lines 38-42) …My grandmother, Yvonne. I never met her. She died when my mom was eight. She was a nurse. My other grandmother was a nurse. A lot of my aunts are nurses…I just was always around … and when my dad was sick, I was always the only one who wanted to go with him to see his blood drawn and all that stuff. I was always just really into it (Felicia’s Transcript, Lines 44-50).

Sub-Theme #2. I’m Just Here for the Degree

A passion for nursing was not the driving motivator for six of the nine participants. Of those six, one chose nursing simply because of geographic location while the others expressed that nursing was an easier route. Another of the six simply chose nursing because her friend did.

- Not a nurse but I do have some family members who are actually doctors so but you know how in United States it’s a lot of years to be able to be a doctor, so nursing was much like shorter process (Alicia’s Transcript, Lines 30-32).

- because I feel like I wanted to be a teacher but teachers don't make a lot of money so I kind of went against that idea so I ended up in the Navy the Navy sent me to become a dental technician and I loved being a dental technician and I liked the patient care part of it and my goal was to be a dental hygienist and I took all of the prerequisites to get into (name of university removed) to get into the Bachelor's Degree of Dental Hygiene in
(name of university removed) but life didn't take me there (Beth’s Transcript, Lines 24-31).

- He [the cardiologist] allowed me to go in on a surgery and I was…in love. I actually said [that] I wanted to do surgery tech and he was like, “you sure about that, you need to be a nurse”. He is actually the one who convinced me to go to nursing school…I was like, this is it, this is what I am going to do. (Deana’s Transcript, Lines 64-71)

- My best friend was doing nursing and I didn't want to be alone for eight hours on orientation day, so I decided to do nursing (Gwen’s Transcript, Line 27-28).

Six of the nine participants did not choose nursing because of their passion for the field; nursing was simply a discipline that would accept their current course work, or was a field they thought would be good, or, for Elizabeth and Heidi, was easier than their original pursuit of pre-med.

Four of the nine participants successfully pursued other fields. Three of the nine finished their bachelor’s degree in another discipline, and one is pursuing her masters. The transition into a different discipline was successful for all nine of them and they all expressed gratitude that academic dismissal pushed them to a different path.

**Theme #2. Not What I Expected of Nursing School**

**What were the participants’ experiences during the baccalaureate nursing program?**

The primary theme to emerge from the data for sub-question two was that all participants expressed some form of surprise at the rigor and fast pace of their nursing program; sub-themes address a false sense of security, time management, and unfamiliar testing style.

Eight of the nine participants began their Fundamentals semester confident and ready for the challenge. Seven of the nine participants acknowledged that work/school/life balance was a
factor that contributed to their dismissal, while five of the nine participants cited unfamiliarity with the style of test questions as a contributor to their academic struggle.

**Sub-theme #1. False sense of security**

All nine participants thought that they could handle the rigor of their nursing program. Three of the nine admitted to struggling in the sciences, however, the universities where they were accepted had high entrance criteria, which they met, which led to their feeling confident that they could complete the program. Each participant thought her university validated that she fit the criteria to be successful:

- **Alicia** performed well on her pre-requisite course: “I got like A’s and B’s and there was no C’s involved here” (Alicia’s Transcript, Line 51) and confirmed that she “did good” (Line 272) on her nursing entrance exam. Alicia’s overall GPA on acceptance was “greater than a 3.5” (Line 276).

- **Gwen** was valedictorian of her high school graduating class with “a 4.4 GPA” (Gwen’s Transcript, Line 40), and expressed that she “wasn’t worried, I mean, I don’t want to sound like I’m bragging, but I had seen other people get in…with much lower …scores” (Lines 51-52). Gwen’s overall GPA upon application to her nursing program was a “3.6” (Line 291).

- **Elizabeth** came to her nursing program from pre-med, performing well on her pre-requisite courses: “I did very well, um, A’s, B’s, and one C throughout” (Elizabeth’s transcript, Line 134) “When I started the semester, I was so excited” (Line 139).

Four of the participants talked of struggling with science-based pre-requisites, and one participant did not meet the entrance criteria set forth by the university she attended.
• Despite Felicia’s GPA falling below the university’s advertised entrance criteria, she still believed that she would be successful: “I remember being shocked I got in…My GPA was like a 2.8…I didn’t think it was going to be as hard as it was because I guess I assumed if they’re accepting me…what do they accept of their student?” (Felicia’s Transcript, Lines 152-162).

• Sammie met the entrance criteria to her nursing program but revealed that she began to doubt whether she would be accepted due to her struggle in Pathophysiology, a key nursing pre-requisite: “The Patho part of it, that’s when trouble really started for me” (Sammie’s Transcript, Line 81). Despite having to take Pathophysiology three times, her overall GPA of 3.0 met the criteria needed to enter the nursing program.

• Beth admitted her struggle with key pre-requisite courses: “I had a hard time with Anatomy and Physiology. That should have been a cue for me, but I feel like if you’re going to make it…I made a B but…it took a lot of hard work” (Beth’s Transcript, Lines 76-79). Her entrance GPA was “higher than 3.0” (Line 62).

• Deana also mentioned struggling with science courses and still being accepted into the nursing program: “I think every science class I took, I had a C…that’s the foundation of nursing…I knew I would struggle once I got in…but I still said, ‘I’m going to do this’” (Deana’s Transcript, Lines 97-102).

The participants were taken aback when their first clinical semester proved to be more than they anticipated:

• I made it [though Fundamentals] but it was close to not making it…I think I passed with a 79…the advice I gave my son right now is, you work really hard in the beginning so you don’t play catch up in the end…it seems like the whole entire time I was playing
catch up and I didn’t like that it was too stressful, not just for me but for my whole family (Beth’s Transcript, Lines 65-69).

- I was right there, like 76.07 or something, and you needed a 77 to pass…that first test [I] just bombed it and then finally got in my groove and it was hard to recover (Deana’s Transcript, Lines 126-127).

- I just felt like I wasn't good enough and that I wasn't able to succeed. I didn't know why like in high school, I was valedictorian, I came into college with high ACT scores and a free ride to college, basically based on the scholarships and it was like, why am I failing You know, why am I all of the sudden not able to do what I've always been good at doing (Gwen’s Transcript, Lines 14-20).

Sub-Theme #2. Juggling Academics and Family/Work Responsibilities

Time-management was a concern for eight of the nine participants. This was not surprising due to the volume of information delivered to students throughout their nursing curriculum, coupled with one and one-half to two full days dedicated to the in-hospital clinical experiences each semester. Four of the nine participants had young children, and three of the four worked part-time to contribute to financial obligations of their households. One student shared the role of caregiver for her ailing father with her mother, while also working part-time, and two others had work and social obligations.

- When I started college… [my husband] worked offshore. He had no set schedule, so [my son and I] never knew when he was home, when he wasn’t going to be home…so I was a full-time mom, pretty much [a] single mom (Deana’s Transcript, Lines 153-160).

- When a student already has a family compared to a student that has nobody or that is still living with their parents, the stresses are two completely different beasts. You have
somebody that also is putting them self through school, but they have a family they have kids they have a husband you know a job you know bills (Elizabeth’s Transcript, Lines 203-207) … I think time management is a big thing that you have to learn going into any kind of health profession…because it is so new to you. You have clinicals going on…you have clinical days that you have to be at the hospital. You have other days you have check-offs on. Some days there is so much going on that time management is really important and I think that it took me a little bit probably a good month before I had the time management aspect down pack (Elizabeth’s Transcript, Lines 183-196).

- I was always awful at time management. I still am…my third semester clinical is when I joined my sorority, so that probably did take up more of my time. I was also working by that point, so it was kind of like when I did study…I would get home and, I didn't work too much, I think I was working at [name deleted] at that point, so I would work Friday, Saturday, Sunday nights, so I still had like my weekdays (Gwen’s Transcript, Lines 141-144).

- I bowl on a league with my dad every Monday afternoon and at the time I was also going to church every Wednesday afternoon as well as going to a Women’s Bible study on Tuesday afternoons, so I think I was trying to do too many things and not put all of my focus on school and studies. I also went to the home football games with my grandfather which took up Saturday (Heidi from Focus Group Transcript, Lines 69-72).

- I feel like I didn't have as much time either. I always had something. I was never fully focused…Looking back, if you would have asked me during clinicals ‘Are you focused?’ I'd be like ‘100%’, but now I'm looking back and I'm like ‘Holy cow’, my head was not all there. I just couldn't… [I was working 10-15 [hours a week] …taking care of Dad
would be like 3 a.m. It was like night shift...It wasn’t very normal…I didn't [sleep]. I got like four or five hours of sleep at night (Elizabeth’s Transcript, Lines 70-86).

- Overwhelmed, right off the bat. Overwhelmed. You're given 15 chapters to read in the first week. To me that's impossible. You can read it. But you're not comprehending nothing. That's the thing. You're reading it but you're not comprehending it. That's a huge problem because you can come back and ask me. Well, I remember reading it, but I don't remember what it was talking about (Sammie’s Transcript, Lines 122-126).

**Sub-Theme #3. Moving from Remembering/Understanding to Apply/Analyze**

During the students’ pre-requisite semesters, the testing style followed Bloom’s Taxonomy’s remember/understand format (Pandy, 2017). From the first exam in nursing, students are exposed to an immediate transition into the apply and analyze testing format. This can lead to poor performance, starting with the first exam. All nine of the participants experienced significant difficulty with the style of testing.

- I felt like whenever they asked questions on our tests it was more subjective compared to what we are taught. So, I did my notes, studied the book, went according to what the professor said but whenever [they] give exams and we think, you know how they have to choose the best option, that’s what I always used to have problems only with the choose the best option. So, according to what I read through the book, I put that [answer] but then when I go talk to the professor, they have a whole different explanation for it and its not book based though, it’s based on what they practiced (Alicia’s Transcript, Lines 68-74).

- I am one of those people that like when I mess up on the first test I want to know what I got wrong…when I was reviewing my test, they would be like, well yeah you [were]
technically right about that but this is what we wanted you to put and I’m just like, so you are telling me I am right but the answer is still wrong, so what do you want me to do, what do you want me to do? (Elizabeth’s Transcript, Lines 282-287).

- I couldn’t get a handle on acing the tests as quick as I would have liked…I couldn’t figure out the best study method for me to be successful on the tests…I started out by just rewriting my notes because usually it worked for me in other classes. I don't know, just rewriting and rewriting. I figured out I was wasting a lot of time, and then not being able to apply it come the test. That was the only studying I had ever really done, so I was relearning how to study in an application process, which I had never had before. If that makes sense (Felicia’s Transcript, Lines 4-23).

After students complete their pre-requisite courses and begin the final phase of their nursing degree, testing takes a paradigm shift from learn and dump to application. This shift is in preparation for the students’ success on the national licensing exam taken prior to obtaining the title of Registered Nurse. As the nine participants expressed, this abrupt change is difficult for many to manage and while some do master the new concept, mastery comes too late in the semester to recover.

**Theme #3. I am a Failure…What Now?**

*What were the participants’ experiences after learning of dismissal from their baccalaureate program?*

The most difficult aspect of data collection for this study was inquiring about the participants’ state of emotions after learning of their dismissal. All nine participants expressed high levels of stress and/or depression. Eight of the nine persevered through the hardship and either have plans to re-enroll in nursing again or have successfully moved on to completing a degree in nursing or another field.
• I actually wrote down all the lists of colleges near here, called everyone talked to them, it felt like it was still going to take me at least two and a half or three years to complete it…I was like so depressed with all the answers you know…I just need a fresh start. I’m going to just start a new major, so, I looked into med tech, I looked into psychology. I looked into dietetics. One of my friends that I knew was studying dietetics so I talked to her and it was similar to what I really like, working in a medical field…so, I went and talked to the director of the program…she put me on some of the nutrition classes just to see if I liked it. I really liked it, that’s how I transitioned to that (Dietetics) (Alicia’s Transcript, Lines 207-215).

• I can’t put myself through that nor my family through that again…a friend of mine, that’s a nurse, she said ‘Girl, you should appeal…you’re almost there’…I had one semester left and I said no…I’ve already put them through two years…they are still affected, that was the little one (referring to the child who became emotional), he was little still when that was all happening…if I fail, I get depressed and I stay inside and…I can’t spend time with you (referring to her family). It was horrible for the whole family and I can’t put them through it again (Beth’s Transcript, Lines 240-247) … I believe that the Lord told me I’m knocking at the wrong door and remember I told you in the beginning that I wanted to be a psychologist/psychiatrist and my mamma said no, because ‘you’re going to end up just being a teacher’? (Lines 230-232). I’ve been teaching this whole time and I love it (Line 239)…I’m teaching math…I’m about to take children, well, they’re not children, my students to go compete…for math competition against another middle school…I’m their coach…I mean, it’s not all stars and stripes…it’s not all happy days but I’m happy (Beth’s Transcript, Lines 251-262).
[I was] devastated, I cried a lot…I felt like I was a failure…how would I tell my kids that I couldn’t complete something and expect them to complete it…I was actually told to go appeal [but] at that point, I was just mentally, physically, emotionally, I was just done…I can’t afford to keep doing this…my supervisor [at work] was just like ‘No, you’re going to appeal [the dismissal decision], you deserve to be a nurse, you are phenomenal’ [but] I can’t do it anymore (Deanna’s Transcript, Lines 18-34)… I told [my husband], ‘I’ve got five years of college under my belt and I refuse to walk away without a degree.’ That’s when I decided to…get my general studies [degree]” (Deana’s Transcript, Lines 23-24)

It affected my whole mental capability. I was just like second guessing everything. Am I good enough? Am I not good enough? Am I smart enough? What am I made for? Now what am I supposed to do? Because I mean since I was little, I was like ‘I'm going to be nurse, and I'm going to nurture people’…That was just what I was going to do. Now it's like ‘Holy. What am I supposed to do? This is not a thing.’ I was freaked out. (Felicia’s Transcript, Lines 415-422)

The participants’ shock at their academic dismissal paralleled their initial expectations of a nursing curriculum. It was surprising to learn that all nine participants described themselves as failures, discounting the academic achievement obtained prior to beginning the nursing program. It seemed that the effort expended and their progress during their pre-requisite courses counted for nothing when they looked back at their journey.

**Theme #4. What Faculty Needed to Know but I Didn’t Mention**

In what way, if any, does agency play a role in their journey?

Theme four emerged in answering sub-question four and related to the hidden disparities that the participants either kept to themselves or were not addressed it if they did discuss them with
faculty. All nine participants struggled in their coursework and that contributed to their academic dismissal. Although the struggles differed, the commonality was that none of the nine participants shared the information with faculty or a mentor.

The relationship of this phenomenon to sub-question four emerged when the question was prefaced with a definition of agency. Kincheloe (2008) defined agency as “a person’s ability to shape and control his or her own life by freeing the self from the oppression of power” (p. 42); the social sciences define it as “the power people have to think for themselves and act in ways that shape their experiences and life trajectories” (Cole, 2019, para. 1). The participants’ reluctance to voice concerns and express difficulties may have stemmed from fear or feelings of inferiority. Their reluctance may also have manifested from a desire to not appear different.

- English is my second language, this is a political answer…so, it’s hard for me to comprehend some of the regular English, even more so, with medical jargon. So, a lot of [the medical terminology] is memorization [which] is really not a good way to do it and that’s what I tried to do…and it didn’t help me…maybe if I comprehended it, you know, I think my understanding why this connects, why this happens because you have this, maybe I would’ve done better (Beth’s Transcript, Lines 4-10)…I feel like it’s too fast because, I guess, of the language (Lines 148-149).

- I was kind of like…having problems with socializing because, mentally, I am older…the students at that time, they were really nice, so I get along with them…I don’t know with everything that happened to me, I just don’t want anybody asking me…like they feel sorry for me. (Candice’s Transcript, Lines 136-140) … I wanted to study with my group but the problem with that is, I live too far…they all live here in [name deleted] …when they have study group, I couldn’t go because…there is a lot of time wasted for me
driving where I could use to have to study. (Lines 174-177) … If I had known how to better understand the test questions, I believe I would have been more successful (Line 21)…For me, there [are] a lot of words that I don’t understand, so, sometimes I have to Google what it means…English is my second language…I can speak good English but there are some medical words that I still never heard quite often, so, I don’t know what it means (Candace’s Transcript, Lines 218-224).

- I was only Nepalese student in my group, but like they kind of knew the system you know, so, there are like certain times where I wouldn’t understand what the question was, I wouldn’t be able to process it the way they would, so I would ask them. That was helpful. (Alicia’s Transcript, Lines 254-258) … So basically I struggled for the first few semesters because you know, me being from completely different country, I don’t know the health system…it’s a whole completely different system, completely different like lay out everything…even the medicines…we probably have like different names for the medicines but over here it’s a completely different name so it’s kind of like you would just have to step up and learn more computer. (Lines 142-149) … “There was no one, no guidance whatsoever” (Line 153). Alicia also described a lack of support for international students, “I feel like they need to have that cultural competencies over [in the nursing program]” (Lines 154-155).

- I had a friend who said, ‘I am transferring to [an out-of-town university]’…I was like, ‘I’m coming with you.’ I was nervous about [transferring] because it was a drive and having to pay out-of-pocket, but my husband told me to go for it, if that’s what I wanted to do, so I did. (Lines 134-140) … When I decided to leave there, they were very…I’m not going to say, disappointed in me, but they were like, “Don’t do this, you have so
much potential” …my clinical instructor…that semester, said ‘I can’t believe you’re leaving us. You’re awesome.’ (Lines 179-187)

- I had a study group, but I didn't really like it…I felt like the people in the group were just a lot different than me, and…Their personalities were a lot different than mine, and I didn't really mesh with them…a lot of them knew each other already and so I just kind of felt like the outlier…I really didn’t have anybody to go study with…[second semester] study group was a lot better. I felt like I learned more in study group the second semester than the first (Heidi’s Transcript, Lines 199-229).

- The second test [in Med/Surg] was on Monday and my grandfather passed away on the Saturday, so we spent from the Monday before the test all the way to when he passed in the hospital. So, I would go to school and then go straight to the hospital, and we had family come in from out of town…and I was trying to feel like I needed to be with my family, but also know that I needed to be doing something else (Heidi’s Transcript, Lines 273-280).

- I was just always that kid that always needed the extra credit, always needed the tutoring. I was like, ‘Why wait? I'm just going to sign up for it first day’, I mean, I was always the person who needed it, so I was always the person that went, but then I used to do tutoring and then I ended up going with professors, one on one in their office and just ... God bless them…There'd be professors that I'd meet with just one on one for hours, just like right after class, and I'd have all of my questions and just load them all on my professors. (Felicia’s Transcript, Lines 335-341)

- I studied with a couple people unsuccessfully. I'm not a big fan of ... I'm 49. Studying with these young'uns, 19, 20, 21-years-old. My boyfriend didn't call me today. Hey,
what'd you do? [speaking as her younger peers] …I don't have time. I don't want to be associated with that. I need somebody serious (Sammie’s Transcript, Lines 155-159).

The narratives offered a variety of hidden issues related to social acceptance, language barriers, age difference, personal loss, and learning deficits. Agency in the realm of Critical Pedagogy asks that teachers recognize a student’s different perspective of their position within academia and understand that students’ levels of learning and values differ (Kincheloe, 2008).

**Theme #5. Difficult Student-Faculty Relationships**

**How, if at all, does the concept of power relations factor into their academic failure?**

The issue of faculty support arose in eight of the nine participant stories. When faced with difficulty, students sought the support of those who had intimate knowledge of what was expected of them. For eight of the nine participants, faculty support was not at an acceptable level for what they needed. Within the framework of Critical Pedagogy, Giroux (2011) offered a fitting explanation of why apprehension is experienced by students when considering a discussion of inadequacies or personal hardships with faculty. His explanation encourages acknowledgement of “the different ways in which authority, experience, and power are produced under specific conditions of learning” (Giroux, 2011, p. 5).

- Whenever I went to nursing school and I had any issues I went to the professors it was very, very limited [time with them] (Alicia’s Transcript, Lines 242-244).

- I did not [enlist help from faculty]…we were always told that it was an option but the level of…I guess, comfort wasn’t there, like I didn’t feel like going in and speaking to them would have given any different result” (Gwen’s Transcript, Lines 124-127)… that semester when everybody was kind of panicking about failing…I just felt like we were constantly being beat down by our faculty like they were just anytime we would have a
bunch of people fail an exam…it was never that it was a problem with the teaching methods or the test it was always our fault. You know, like y'all aren't studying…So it was…create an environment where it was like an us against them kind of situation. The more we…made comments or said that, you know, we were all kind of struggling, the more it was our fault that we weren't performing well, and that we weren't going to make it if we if we were performing lowly on these test, and, so there was never like, here is something that can help you. It was always, you need to be better kind of thing (Gwen’s Transcript, Lines 155-162).

- Faculty said, ‘there’s a lot of times that you look very unintelligent’…my time of processing, I guess, looks unintelligent to her” (Beth’s Transcript, Lines 161-162) …[made me feel] “small, because I don’t believe that I’m unintelligent” (Line 164). Beth reported this incident to the Dean of the College of Nursing but later told me that nothing was done as far as she knew (Field Notes, p. 18).

- I hated [clinicals]…the instructor…was not helpful at all. You would ask a question for clarification and I'll give you an example of one. We had gone over wound care in a lecture class prior to going into clinical day. I had a patient…I was cleaning her up and everything. when I rolled her over, she had a bed sore…I’m saying Stage two. According to the book, I'm saying Stage two. I go and get the instructor because I have to verify for my paperwork 'cause this is what you're grading me on. She jumped all over me about it because I should know this…I'm telling you what it is. I just need you to verify it to make sure I'm seeing what I'm supposed to be seeing. If this is what it is. Got in huge trouble over that because I should have known. [The instructor acted as if] I should not have to be asking her a question. I should know how to treat it…I'm coming to you to
clarify…But to be criticized about it. That I should know this. I don't think that's right.

You're teaching me. If I knew it, I wouldn't be here (Sammie’s Transcript, Lines 142-175).

The participants’ experiences revealed strained relationships between faculty and students in which students were made to feel inadequate and resulted in silence rather than resolution. The faculty responses and unavailability in the students’ time of need conformed to the antiquated authoritative role of faculty over the student. Critical Pedagogy “takes as its primary project, the necessity to provide conditions that expand the capacities of students…and teach them how to take risks…and connect private issues with larger public considerations” (Giroux, 2011, p. 6).

**Chapter Summary**

This chapter addressed the five major themes uncovered across the narratives of the participants. Organization of the findings was based on the questions they represented combined with data from individual interviews, focus group, field notes and researcher reflections as evidence. The primary findings included that students arrived at their nursing programs after having met the entrance criteria and were excited and felt a sense of accomplishment. The participants quickly realized that societies’ portrayal of the role of nursing and diminished academic expectations of nursing contributed to the shock factor experienced in the first clinical semester. Students must adapt quickly to a high level of rigor, extensive amounts of subject content, a homogenized approach to pedagogy, and must learn advanced time management skills to succeed. For some participants, the transition from pre-requisite courses to nursing content was difficult as they did not enter nursing because of a desire to be a part of the nursing profession, but rather chose it as a matter of convenience or perceived it to be the simpler route to a career in medicine.
Chapter five delves into these findings and relates them to the research questions and to the theoretical framework. The discussion includes recommendations for future research and study limitations recognized before, during, and after completion.
CHAPTER FIVE. DISCUSSION AND IMPLICATIONS

This research used a critical narrative inquiry approach through the collection of qualitative data from in-depth interviews, an on-line private focus group, quantitative artifacts from the participants with demographic data of each university, field notes, and researcher reflections. The study enlisted data from nine participants with diverse backgrounds relative to age, country of origin, university attended, and level at which academic dismissal occurred. Interview and focus group transcripts were re-storied into holistic narratives for each participant with the analysis directed by the research questions. Critical Pedagogy served as the theoretical framework guiding the following research questions:

- How do students who have been academically dismissed from a baccalaureate nursing program characterize their experiences?
  - What were the participants’ experiences prior to acceptance into the baccalaureate nursing program?
  - What were the participants’ experiences during the baccalaureate nursing program?
  - What were the participants’ experiences after learning of dismissal from their baccalaureate program?
  - In what way, if any, does agency play a role in their journey?
  - How, if at all, does the concept of power relations factor into their academic failure?

This chapter begins with a summary of findings. The discussion includes the findings as they relate to previous literature and relates Critical Pedagogy to the findings. A discussion of
implications related to nursing education with recommendations of changes to current practices follows. Finally, recommendations for future research and limitations conclude this chapter.

**Summary of Findings**

The purpose of this critical narrative analysis was to learn of the participants’ experiences before, during, and after dismissal from a baccalaureate nursing program. The review of literature provided details of multiple factors related to dismissal and revealed the quantitative nature of student acceptance into nursing programs. Literature concluded that a strong academic performance in the sciences is indicative of academic success in nursing programs, yet, the primary reasons for dismissal for the nine participants was the unanticipated level of rigor and time-management expectations.

Missing from the literature was the attention to social and cultural factors prior to student acceptance into their nursing program. Current literature looks at social and cultural factors once a student begins the program but fails to address those inequities during the application process. Eight of the participants in this study met or exceeded the GPA and entrance exam criteria to enter their nursing program. None of the participants mentioned the nursing programs’ consideration of student readiness beyond their academic performance.

Success in nursing relies heavily on the ability to devote an appropriate amount of time in classroom and clinical participation with a strong time commitment to clinical paperwork and studying for exams. According to the National League for Nursing (2016), the percentage of applicants turned away from a bachelor’s Nursing Program in the United States in 2016 was 33%. Relying solely on quantitative data as entrance selection criteria may contribute to the exclusion of those candidates better equipped to undertake the rigor and dedication of time needed to successfully complete a nursing program. Consideration also should be devoted to
ESL learners and their preparation to succeed in a healthcare driven curriculum guided by cultural norms present only in the U.S.

**Discussion**

This study was designed to explore the experiences of nine participants who were dismissed due to academic failure during the clinical portion of their baccalaureate nursing program. To best represent the participants' stories, the approach was qualitative, and the method was critical narrative inquiry. At the core of narrative inquiry is Dewey’s (1938) philosophical belief that education is directly linked to personal experience and by objectively and subjectively exploring the past, present, and future connections surrounding the experiences, one might appreciate and learn from them.

The participant narratives offered access into the individuals’ pursuit of nursing and an overall view of their academic experience. The individual interviews transcribed and re-storied into narratives left intact the participants’ personalities and interpretations of their experiences, while the focus group allowed for anonymous peer-to-peer interaction with minimal intrusion by the researcher.

**Choosing Nursing for the Right Reasons**

The nine participants chose to go into the field of nursing for various reasons but prevalent among the group was nursing as their secondary choice to another original path, or as a matter of convenience. Whether the choice of nursing was intrinsically driven by the desire to care for others (ten Hoeve et al., 2017) or extrinsically motivated by convenience or income expectations, the outcome of this study aligned with Salamonson et al. (2014), who revealed that students who indicated nursing as their first choice “were more likely to complete the nursing
program” (p. 130). An uninformed impression of the field of nursing also contributed to a student’s difficulty in a nursing program.

Four of the nine participants described their desire to become a nurse as one motivated by caring for others, the stereotype created through traditional labeling and social media (Ashley, 1976; Koo & Lin, 2016). Only one of the nine participants was encouraged by high school counselors to focus on science and math in preparation for nursing, aligning with Dickstein-Fischner’s (2019) study of middle and high school counselors and their belief that nursing is not a science or math driven occupation. Eight of the nine participants spoke of receiving favorable feedback from their faculty member during the hands-on clinical experiences, the clinical portion that is simultaneous with the didactic portion and graded pass/fail. Thus, caring and compassion factored in as necessary qualities did not contribute to the overall success in the program.

Other than ten-Hoeve et al.’s (2017) finding that intrinsic desires outweigh extrinsic in accounting for student success in nursing programs, the commonality among seven of the nine participants who chose nursing for convenience, or believed it was a simpler curriculum than their original path, is absent from current literature. This nonchalant approach to the decision to pursue a nursing degree, given the difficulty of a nursing curriculum, indicates a need for greater awareness of the realities of nursing.

**Social, Cultural, and Financial Obligations Matter**

Aligning with current quantitative evaluation methods used to determine a student’s acceptance into a nursing program (Horkey, 2015; Lancia et al., 2013; Wambuguh et al., 2016), all participants of this study were accepted based on GPA and performance on the nursing entrance exam. According to Wambuguh et al. (2016), a ≥ 3.8% GPA is the optimal GPA that determines success with little significant outcomes with students having a GPA of at least 3.25%.
Only two of the nine participants fell below the recommended 3.25% with one of the two having an overall of 3.0. The literature speaks to the necessity of adding qualitative criteria as an evaluative component to the application process, however, is void of any recent studies where nursing programs have ventured outside of the standard of GPA and entrance exam scores as the norm. This supports Wambuguh et al.’s (2016) stance that GPA “does not fully capture the dimensions of a successful nursing student” (p. 94).

The outcome of this study supports Knihnitski’s (2018) finding that the reality of the participants’ nursing programs exceeded their expectations in respect to academic rigor, higher level of knowledge application, and competing personal and academic demands (pp. 88-90). In their first Fundamentals semester, the study participants demonstrated feelings of being overwhelmed and admitted to struggling with maintaining their social responsibilities with their rigorous academic schedules. Seven of the nine participants started their nursing programs with either a role as caregiver to a family member or with small children and financial responsibilities. The participants struggled to manage their obligations and seemed surprised at the time commitment necessary to succeed in their programs. The literature identifies obligations to family, relationships with friends, and work coupled with the rigor of the nursing curriculum as leading to time management issues (Knowlton, 2017). These study participants either had to work or had little help from family to contribute to caregiving, confirming Kearney and colleagues’ (2018) belief that faculty should move away from the “individualists perspective” and understand that students are “members of a collective social system” with obligations outside of school (p. 13).

A common problem emerged through the participants’ experiences relative to the transition from the different levels of learning and testing methods. Prior to beginning nursing
practice, the national licensing exam must be passed for a graduate from a nursing program to become a Registered Nurse. The types of questions asked on the licensing exam require a “high scholastic aptitude, and competencies in English, reading comprehension, math and science” (Wiles, 2015, S55). The level of aptitude necessary to perform well on the application style method of questioning is expected from the first semester in the students’ nursing program. This style of questioning promotes the clinical reasoning necessary to effectively care for patients and moves the student beyond the learn and dump method to which they are traditionally accustomed; current literature is devoid of study’s involving resolution to this abrupt transition.

Despite their motivations for choosing nursing, all participants experienced profound reactions to learning of their academic dismissal. One participant, one of the few whose childhood dream was being a nurse, was so emotionally affected from the experience that she convinced herself that nursing was not for her. Her decision was based on the anxiety she felt when she returned to inquire about reapplying to the nursing program. A surprising finding was that one of a participants who far exceeded the entrance criteria came into the program as an honor scholarship recipient, had a reaction to academic dismissal as profound as the other participants and, despite having been named valedictorian of her high school and graduating with a 4.4 GPA, she referred to herself as a failure, as not being smart enough.

Lewis (2016) found that there is a “significant emotional burden of nursing school failure” which either motivates students to persevere or destroys their desire to continue (p. 222). Having appropriate tools and realistic expectations prior to enrollment could lessen the tendency for students to take sole responsibility when difficulty arises, and to seek the appropriate resources moving forward. If there can be an upside to academic dismissal among these participants, it would be the realization that the rigor of a nursing curriculum either motivated
them to work harder and realign and lessen their social commitments, or to realize that the timing was not right when compared to their standing in society at the time of enrollment.

**Applying Critical Pedagogy**

Using Critical Pedagogy as theory requires that the teacher becomes a researcher of the student “so that they can be better understood and taught” (Kincheloe, 2008, p. 19). This discussion serves to enlighten educators through the unveiling of experiences outside of academia distinguished as parallel to academic dismissal. Viewing students as “socially constructed beings”, educators must learn to uncover aspects of a student’s social position and “the problems that confront them” (p. 19). This researcher believes that deeper insight into the social, cultural, and institutional factors related to academic failure would encourage educators to look beyond the student as just a student, and to consider the entire human process that must be negotiated to be successful.

Struggles that happened behind the scenes were not shared with faculty or at the very least not shared with a mentor; the reasons were not revealed in this study. The three participants whose country of origin was outside of the United States spoke of language barriers related to medical terminology and the speed at which conversation occurred among their nursing school peers. The three spoke of garnering help from peers and “Google” but never addressed their concerns with faculty. These findings aligned with Zhen et al. (2017) who found that language difficulties experienced by ESL students are “intertwined with academic difficulties…difficulty comprehending teachers’ lectures and participating in academic conversations…the English language used more slang and that Americans speak too fast” (p. 14).

Two of the nine participants experienced personal loss while others were overwhelmed with balancing personal and academic responsibilities. The literature addresses this reluctance to
share difficulties as a way for the student to “act with agency…within the confines of a tightly regulated and constricted framework” (Dyson, 2018, p. 1349). The participants’ experiences specifically related to this study’s theoretical framework of Critical Pedagogy through the introduction of agency. Agency is defined in the social sciences as “the power people have to think for themselves and act in ways that shape their experiences and life trajectories” (Cole, 2019, para. 1). In the context of Critical Pedagogy, agency is defined by Kincheloe (2008) as “a person’s ability to shape and control his or her own life by freeing the self from the oppression of power” (p. 42). To clarify, the use of Critical Pedagogy in this study was to introduce new ways of looking at the student experience both by the student and by those who contributed to their educational process, i.e. faculty and administration. Critical Pedagogy implemented in academia allows for the recognition of different perspectives creating a safe, judgement-free environment that encourages the students to “recognize and understand the benefits of diverse ways of thinking and understanding the world” (Kincheloe, 2008, p. 173).

That there were difficulties between student and faculty aligns with studies that regarded the quality of those relationships either promoting student success or creating barriers to it (Davidson & Yonge, 2018). Seven of the nine participants qualified generationally as millennials, matching Toothaker and Taliaferro’s (2017) findings that these students require “frequent, positive reinforcement” (p. 345). Ingraham and colleagues’ (2018) recommended that educators develop an awareness of how their words and actions are delivered and may be perceived by students, especially those students who identify as being not of the majority because of “age, gender, religion, disability, or culture” (p. 19).

According to Kincheloe (2008), Critical Pedagogy encourages Freire’s argument that “all teachers need to engage in a constant dialogue with students that questions existing knowledge
and problematizes the traditional power relations that has served to marginalize specific groups and individuals” (p. 19). Whether the faculty’s disengagement with students stems from their reluctance to deviate from the status quo within their own department or from their personal lack of caring, this use of power status advocates marginalization of students. The rigor of the nursing curriculum is not a phenomenon that can be changed, however, a complex curriculum can marry with the goal of social change, consistent with Kincheloe’s (2008) recommendation that “teachers must be acutely aware of the complicated world of education with its diverse cultural settings and wide range of student backgrounds” (p. 22).

**Recommendations**

Recommendations for future research are based on the findings, analysis of data, and the discussion that concluded this study and include recommendations for the secondary educational system, nursing education administrators, prospective nursing students and future research.

**Recommendations for Secondary Education**

The long-standing perception of nursing as a compassionate profession driven solely by a person’s desire to care for others demands educating society about the additional academic knowledge necessary to succeed in the field and starts with academia. This softened perception of a nurse’s role feeds into prospective nursing students’ delusion that desire is enough to withstand the rigor. The following recommendations are appropriate for middle and high school leaders and counselors:

- Implementing programs where nursing faculty speak with counselors to let them know what is expected of their students, and the level of rigor and science-based knowledge necessary to succeed. Allow students a window into the day in the life of a nurse, shifting the students’ perception of nursing as more than a caring profession and upgrade the
status of the nursing profession to that of a Science, Technology, Engineering, and Math (STEM) profession.

- Consider the development of middle- and secondary-level nursing courses that offer an introductory window into the abilities necessary to practice nursing.

**Recommendations for Higher Education**

Nursing programs demand rigor; the reality of changing the level of rigor and/or reducing the time needed to invest in the program is not something for which we strive. In fact, the level of knowledge and time commitment to be successful in nursing will only increase with the increasing complexity of healthcare. The high acuity level of patients, multiple co-morbidities, diversity of patient populations, and changing dynamics of health care warrant a competent, highly knowledgeable nurse, and that is the intention in a baccalaureate nursing program. A nurse who is capable of time management, juggling multiple tasks at one time, recognizing physiological changes and relating those changes to a pathology are all necessary of competent nursing practice.

According to the National League for Nursing’s (2016) the percentage of applicants turned away from a bachelor’s Nursing Program in the United States in 2016, was 33%. Rather than focusing on changes within the nursing curriculum, changes to admission policies may prove to be a more valuable pursuit. Administrators and faculty should:

- Learn about the student as a whole person, learn of their social, financial, cultural responsibilities and the level of commitment they intend to make to a baccalaureate nursing program. Take time to learn what the applicant needs to be adequately prepared to begin the program. Offer a smoother transition by exploring ways to incorporate the new level of taxonomy into pre-requisite courses taken prior to entry.
• Considering adding a mentor program that begins at the pre-requisite portion of the nursing program. Assign someone to keep track of students, and their social and financial obligations to ensure readiness for the clinical component of the nursing program.

**Recommendations for Future Nursing Students**

The nine study participants revealed that sacrifices must be made to successfully complete a baccalaureate nursing program. Individuals considering enrollment into a nursing program should:

• Become knowledgeable about the rigor and expectations of a nursing program, considering the investment of time required and how that investment will factor into social and financial obligations.

• Know the resources available at your university and develop an understanding of the support systems available. Know the level of recourse and self-advocate if those support systems are not adequate or as advertised.

• Learn about the profession of nursing and have a keen understanding of the day-to-day practice and job description before making a final decision to pursue a nursing career.

**If I Could Do It All Again**

One of the primary limitations to this study was the small number of participants. With extended recruitment time, I might have recruited a larger sample size. The creation of a larger sample size would have allowed for the addition of male students and would have increased the variety of internationally educated students. I would also have included more diversity among universities attended.
Another limitation was the slow process of member checking and follow-up questions needed for clarification. All nine participants were either attending school and working or working full-time and caring for families. Response time was slow when I submitted additional questions or asked for clarification of pieces from their interview. A longer time frame would have allowed for deeper understanding and possibly a second face-to-face interview.

**Adding to Current Knowledge of Academic Dismissal**

What I intended to find or what I thought would transpire was inequity among the under-represented student populations as compared to the predominantly white female nursing student population. The homogenous method of pedagogy used in nursing curriculums allows for limited revisions and substitutions to accommodate the needs of ESL students and those students requiring special accommodations. What I found was that similar inequities occurred with all nine participants despite their social position or cultural background. A major common finding was that the students did not communicate those inequities to faculty, but rather they were kept within their own circle of peers or to themselves.

The research of this topic through the lens of Critical Pedagogy contributes to the limited studies of academic failure. Darder described using a critical pedagogical lens as one that encourages students to:

1) garner the courage to start the process of questioning structures that are dominating or have dominated their own lives,

2) to have an opportunity to develop a new discourse (of hope) anchored in their lived experiences, which allows for exploration of the tensions, conflicts and contradictions that these former students have encountered, and
3) to access a language by which to identify and explore the world, where the dominant culture affects students’ views of the world and of themselves as human beings and members of communities (as cited in Adams, 2014, p. 14)

The enlistment of students as partners in the nursing educational system provides a new avenue for research, unearthing a multi-dimensional discipline. The nursing curriculum encourages students to view patient care holistically: What brought the patient to their current health status? What lifestyle factors contributed to their health status? What can be eliminated or added to their lives to promote better healthcare outcomes? This holistic concept in patient care offers a worthy platform from which to transition the words patient and health status to student and academic performance. As with patients, providing the student with the knowledge before pursuing nursing and during their nursing education is the first step; it is then up to the students and faculty to use diligence in implementing the knowledge and requiring that both parties are compliant in their roles.

Conclusion

This journey with the nine participants was difficult for all of us. In the beginning of my doctoral journey, I had to address my previous experiences with under-represented students in nursing programs. My mindset was that multiple inequities had occurred, and I wanted to advocate for this population. As the study participants shared their stories, some with a few years between the dismissal and our interview, the wounds were still raw, and bitterness still lingered. Within those moments, I experienced shame, sorrow, and regret for the role that my peers seemed to play in their dismissal. The insertion of Critical Pedagogy and a keen sense of my own subjective role opened new avenues of their stories that were worthy of exploration. This study provided me with the tools to expound upon the topic of academic dismissal with
future endeavors, and to pursue an ethnographic study of students expressing interest in nursing
during secondary education and following their journeys to completion.

Using narratives and looking beyond the academic storyline, multiple constituents emerged as contributors to the participants’ dismissal. Some issues were institutional but what of those social and cultural issues under the student’s domain? Kincheloe (2008) reflected on the significance of Critical Pedagogy to academic research and described past academic reform as “old wine seeking new packaging” (p. 6). This analogy marries well with nursing academics as issues of retention and progression related to course failure have been ongoing phenomena for decades (Healey, 2013; Jeffreys, 2015; Lewis, 2016), and beg for a fresh approach.

This research will resonate with some as an opportunity for change while others will dismiss the notion of change simply from their rigidity and aversion to ‘rocking the boat’. The participants who agreed to be interviewed shared their raw experiences as their contributions to change, and it is my hope that their sacrifice will have meaning. All levels of academia, including students, have a responsibility to demand an educational process that is fair and equitable for all.
APPENDIX A. IRB APPROVAL

ACTION ON EXEMPTION APPROVAL REQUEST

TO: Angela Capello  
Education

FROM: Dennis Landin  
Chair, Institutional Review Board

DATE: January 14, 2019

RE: IRB# E11322

TITLE: Nursing students academically dismissed from a baccalaureate nursing program: A critical qualitative analysis of students' lived experiences

New Protocol/Modification/Continuation: Modification

Brief Modification Description: Change in population inclusion criteria from students who have failed a course to students who have been academically dismissed. Change in verbiage of title to reflect new population. Changes in verbiage of student consent to reflect new population. Change in study’s purpose statement to reflect new population. Revision of Student Interview Guide to reflect new population, delete from the study: administration consent form, faculty consent form, faculty interview guide.

Review date: 1/14/2019

Approved X Disapproved

Approval Date: 1/14/2019 Approval Expiration Date: 10/14/2021

Re-review frequency: (three years unless otherwise stated)

LSU Proposal Number (if applicable):

By: Dennis Landin, Chairman

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING – Continuing approval is CONDITIONAL on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU’s Assurance of Compliance with DHHS regulations for the protection of human subjects*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
8. SPECIAL NOTE: Make sure you use bcc when emailing more than one recipient. Approvals will automatically be closed by the IRB on the expiration date unless the PI requests a continuation.

*All investigators and support staff have access to copies of the Belmont Report, LSU’s Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at http://www.lsu.edu/irb
APPENDIX B. RECRUITMENT LETTER TO PARTICIPANTS

(Date)

Dear [Participant],

My name is Angela, and I am a doctoral student at Louisiana State University, within the School of Education. I am conducting a study to explore the experiences of nursing students who have recently been involuntarily dismissed from a baccalaureate nursing program due to academic failure. The study seeks to understand contributing factors to academic failure through the eyes of the one most closely affected by the dismissal, the student. Your consent to participate in this research establishes the agreement that you are allowing the researcher to acquire and use your:

- demographic information (such as age, race, gender, socioeconomic status, marital status, employment status, and number of dependents)

Your consent will also confirm your willingness to participate in a 60-90-minute interview with the researcher along with a private, closed, social media-based focus group discussion. Your participation may help to uncover hidden factors relating to academic failure that have not been revealed in previous studies and the impact academic failure has had on you psychologically, socially and economically; providing a platform of discussion regarding the social and educational needs of all nursing students.

Should you agree to participate, all collected data will be reviewed with you prior to submission of any written portion of this study and you may withdraw from this study at any time. All results of this study will be published; however, all participants and the institution will remain anonymous.
Questions concerning this study can be addressed to Angela Edwards Capello (806) 224-5888 or email at acapel6@lsu.edu. Your signature on the attached consent form indicates your willingness to participate in the interview process and data collection and have your responses included in the final analysis of this research.

Thank you for your consideration,

Angela Edwards Capello, MSN, RN
Louisiana State University, Doctoral Candidate
APPENDIX C. CONSENT FORM

1. **Study Title:** Nursing students academically dismissed from a baccalaureate nursing program: A Critical Qualitative Analysis of students’ lived experiences

2. **Performance Site:** Interviews will occur at the participant’s choice of location outside of the school setting or through an online alternative, such as WebEx, to accommodate the participant’s schedule.

3. **Investigator:** The following investigator is available for questions about this study:
   
   Angela Edwards Capello  
   M-F 0800-1600  
   (806) 224-5888  
   Acapel6@lsu.edu

4. **Purpose of the Study:** To explore the experiences of nursing students who, while pursuing the clinical portion of their nursing program, were dismissed due to academic failure. The study will also seek to understand contributing factors to academic failure through a holistic, critical analysis of all aspects related to success and failure of nursing students.

5. **Subject Inclusion:** Nursing students between the ages of 18-65, who have been dismissed from a baccalaureate nursing program within the past 4 years. To participate in this study, you must meet the requirements of both the inclusion and exclusion criteria.

6. **Number of subjects:** 8-10

7. **Study Procedures:** The study will be conducted in two phases. In the first phase, subjects will spend approximately 60-90 minutes or longer, depending on the interviewee, in a one-on-one interview with the researcher. Questions during this phase will center around the student’s experiences leading up to, during and after academic dismissal. The second phase, subjects will participate in a closed, private, social media focus group discussion with other study participants. Phase two questions will focus on academic failure but from an overall perspective of institutional and social aspects. All phases will be conducted using audio and/or visual and written documentation by the researcher. Once all phases of the study are completed and the results of all interviews have been transcribed, the participant will have the opportunity to review all data specific to them and approve their transcribed interview content prior to analysis and publication of this research. No identifying information will be used about the participant, university or surrounding community.

8. **Benefits:** Subjects will be given a $25 gift card to a local eatery or grocery of the students choosing. Additionally, the study may yield valuable information both personally and for future nursing students regarding factors related to academic failure.

9. **Risks:** The only study risk is the inadvertent release of sensitive information found in the personal and focus group interviews. However, every effort will be made to maintain the
confidentiality of your study records. Files will be kept in secure cabinets and within password protected electronic documents to which only the investigator has access.

10. **Right to Refuse:** Subjects may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.

11. **Privacy:** Results of the study may be published, but no names or identifying information will be included in the publication. Subject identity will remain confidential unless disclosure is required by law.

12. **Signatures:**
The study has been discussed with me and my questions have been answered. I may direct additional questions regarding study specifics to the investigator. If I have questions about subjects' rights or other concerns, I can contact Dennis Landin, Institutional Review Board, (225) 578-8692, irb@lsu.edu, www.lsu.edu/irb. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

Subject Signature: _____________________________ Date: __________________
APPENDIX D. PARTICIPANT INTERVIEW GUIDE

Opening statement:

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

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

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

First Questions:

Why do you believe you were dismissed from your program?

Can you describe to me how it felt to be dismissed from your nursing program?

Follow-up Questions

Why did you choose nursing as your career path?

Did you take any steps in high school to prepare for nursing school entry?

How did you perform in your high school science and math courses?

What made you choose the nursing program that you did?

Can you describe the nursing school application process that you went through?

How was your performance on your pre-requisite course?

After your first clinical semester, did you question whether you wanted to still pursue nursing?

Tell me about your experiences in the semester prior to your dismissal?
Which class (level) did you fail?

Was this dismissal due to class or clinical failure?

At what point did you realize failure was a possibility?

What resources were offered in your program to students struggling academically? Did you utilize those resources?

How has and will being dismissed affect your life (e.g. job, family, finances)?

What are your plans moving forward?

Can you tell me about someone or something that gave you the motivation to continue to pursue nursing (or whatever they have chosen to pursue)
APPENDIX E. FOCUS GROUP TRANSCRIPT

AEC Research Group MODERATOR

1) What were some of the most difficult experiences you had when you first began the clinical portion of your nursing program?

2) Looking back, is there something that could have prepared you better for your nursing program? Fill in the blank: If I had known ____, I believe I would have been more successful. If I had done ____, I believe I would have been more successful.

3) Is there anything I, as the researcher, should have asked you but didn't, that you believe would contribute to this research?

Deana

1) What were some of the most difficult experiences you had when you first began the clinical portion of your nursing program?

The most difficult experiences I had when I first began the clinical portion was trying to balance everything along with Pharmacology class. Too much materials to study along with clinical paper work: making sure I know how to properly take care of my patient and studying at the same time.

2) Looking back, is there something that could have prepared you better for your nursing program? Fill in the blank: If I had known ____, I believe I would have been more successful. If I had done ____, I believe I would have been more successful.

If I had known how to better understand the test questions, I believe I would have been more successful.

If I had done more practice questions using Adaptive Quizzing and if I have more time to do them, I believe I would have been more successful.

3) Is there anything I, as the researcher, should have asked you but didn't, that you believe would contribute to this research?

Nothing that I can think of.

Beth

Posted 1 month ago
The clinical paperwork took a lot of my time before and after the actual clinical day. In my opinion, Medical Terminology class should be a prerequisite to the nursing program. If I had been less preoccupied with life and its challenges, I believe I could've been more successful.

Gwen

1. One of the most difficult experiences was the feeling that we were expected to perform perfectly. The clinical experience should be one that fosters growth and learning, and in my clinical rotations I always felt that one mistake meant failure of the course. While it should be emphasized to students the importance of thinking decisions through, instructors should also understand that students are not at the level of registered nurses and should be allowed to be taught without fear of failure.

2. If I had known what information to focus on for the exams, I believe I would have been more successful. If I had done better at preparing for the exams in sufficient time, I believe I would have been more successful.

3. I believe that all questions answered covered my nursing school experience sufficiently.

Heidi

I never felt that if I made a mistake in clinical that I would fail but I did fear making a stupid mistake (one of my first injections I went to give my patient the injection without first taking the cap off the needle!) that made me feel dumb and I feared that my clinical instructor would give me "strike one" so to speak. It made me feel like my instructor would not be confident in me and that I let her down. Check offs were always very anxiety filled for me as well. I always felt that I had to perform perfectly and know all the answers. I remember failing a check off and feeling like the biggest failure ever! I cried the whole way home. Every check off for me was something that triggered my anxiety and I shook through each one.

Heidi
1) The most difficult experience I had when beginning the clinical portion of the nursing program was clustering my patient care. I would have to enter the patient's room multiple times throughout the day to gather information I had not gathered at a previous time. I also was not great at documenting throughout the day so at the end of shift I would have a ton of things to document about my patient.

2) If I had known time management skills, I believe I would have been more successful. If I had done less extracurricular activities and focused only on school, I believe I would have been more successful.

3) I think maybe you could have asked what extracurricular activities were trying to be fit into the busy schedule of nursing school and how that caused me to stretch myself out too thin and ultimately not have nursing school as my main priority.

OK, answer that question? What did you have going on during that time?

I bowl on a league with my dad every Monday afternoon and at the time I was also going to church every Wednesday afternoon as well as going to a Women's Bible study on Tuesday afternoons, so I think I was just trying to do too many things and not put all of my focus on school and studies. I also went to the LSU home football games with my grandfather which took up Saturday.

1. For clinicals, it was difficult to keep up with studying for exams. Having to waste 3 days of studying for the clinical paper work and to be turned in on such a short time frame. I understand the concept of doing the paper work, but some of it could have been eliminated and turning it in could be extended.
Not having an instructor to explain or clarify certain illnesses, symptoms, or procedures were very
difficult. Being told "you should have read your book prior to coming to clinicals" was hard, especially
when new things came up during the day.

2. how to use the computer more rather than handwriting.

tutoring, group sessions,

3. the differences in age groups (older adults vs younger) and the learning style between the two groups.
younger groups are more knowledgeable in computers, whereas, the older ones are not.

Posted 2 months ago

Comment Agree (0) Delete

Beth

I agree about the time spent on clinical paperwork was really time away from studying for exams.

Posted 2 months ago

Comment Agree (0) Delete

Gwen

I agree that I also felt clinicals were a waste of time, especially the paperwork. It was extensive and time
consuming and I did not feel that it added to my clinical experience. I agree as well that instructors were,
for the most part, not welcoming to questions and expected us to be experts on the diseases and patients
we were seeing in clinical.

Posted 2 months ago

AEC Research Group MODERATOR

I hope that because I have a diversity in age among the participants in this study, those learning styles will
reveal themselves. How do you think your learning style differed from your peers that were of a different
age group?

Sammie

"back in the day" students were taught to write notes, which helps in the learning process; because you
read it, write it, and read it again. now it’s just copy paste on a computer screen.
Younger age groups are taught this learning skill from an early age, and with nursing students and the amount of material expected to learn; writing is completely out of the question, in my opinion. I prefer the hands on everything and writing it down. I feel like if I could have just "copy/paste and learn it that way, I might would have been more successful.

Beth

I was more of a kinesthetic learner. I believe that its why I excelled in clinicals. I cannot remember anything that I have read in the books but diseases and conditions from clinical experience I would.

Heidi

I totally agree with this! I am a hands-on learner and feel as if there were those anatomy table computer things that some doctorate programs have then I would be able to better understand some of the more complex disease processes and how they affect the body. I know this is far-fetched, but I just think that if there were more hands-on learning during lecture then more students would have excelled instead of only the ones that read the book. I did read the book but when I read I do not comprehend very well, and the information does not stick so to speak. I think by incorporating more learning styles in the classroom there would be a better success rate overall.
RESEARCHER: Thinking broadly, the semester that you were dismissed from the program, why do you think you were dismissed?

ALICIA: Well like to be honest whenever I know like on my um test before the final that the last test we had a thanksgiving break and I had the flu shot and I got really sick because of that and I was an international student and I didn’t have insurance at that time so really couldn’t go to any doctor or have proof that I was sick…it was kind of like I did study for it but I just wasn’t feeling well so I kind of failed that test and then no matter how much good I did on my final it would still affect that…so

RESEARCHER: And that was your…was that MedSurg…

ALICIA: Um hum, MedSurg

RESEARCHER: MedSurg 2 semester

ALICIA: Um hum yes

RESEARCHER: All right, so, when you found out you were dismissed, how did that make you feel?

ALICIA: It was horrible because like I was towards the end of my…you know…it was like the second last semester before I graduated so like you know it felt like four years of whatever I was studying is going to go in vain…so I was like…I was very disappointed I was very stressed… actually like lost weight like during for a short time like because of I was going through so much stress…I was just like…stressed all day didn’t feel like eating anything I was like mentally you know very depressed I remember that time

RESEARCHER: So, now I want to take you all the way back to before you started the nursing program…when did you decide that you wanted to be a nurse?

ALICIA: Okay well ever since I actually came to you know before I 22-24)

RESEARCHER: Did you have family, anyone in your family, that was a nurse?

ALICIA: Not a nurse but I do have some family members who are actually doctors so but you know how in United States it’s a lot of years to be able to be a doctor so nursing was much like shorter process and really I did too feel that I was really interested in that

RESEARCHER: What level of schooling did you complete in your country?

ALICIA: It was basically till high school

RESEARCHER: So, you finished high school in your country (Nepal) and started to apply here
ALICIA: Um hum, I applied here

RESEARCHER: Why did you want to come here and pursue nursing school?

ALICIA: That actually like whenever we as an international student apply for any colleges in United States most of
us we go through consultancies they are like the in between party I guess between the student applying and United
States you know universities so like there were like you know (name of university deleted) offers you good
scholarships and stuff so like whenever we apply as an international student and then we have to sit for an interview
you always look at how much scholarship this person is getting so that’s one like the benefit for a better chance of
getting Visa. So that is why I choose (name of university deleted)

RESEARCHER: So, they had a good scholarship program for international students?

ALICIA: Yes

RESEARCHER: Going all the way back to high school, when you took science and math courses, how did you do?

ALICIA: I wasn’t very bright in mathematics (laughs) like being in high school too you get to choose do you want
to go towards physics do you want to go to biology do you want to go to finance math was more involved with
finance and physics and not with biology so maybe I had to take like two classes of mathematics but it was mostly
biology

RESEARCHER: How did that affect the pre-requisite courses when you got here? Did you have to take any
remedial courses before you took the nursing pre-reqs?

ALICIA: Um hum…so like I know like we only had to take one stat class and one chemistry everything else was
very biology related so microbiology had to pass the human anatomy and physiology one and two

RESEARCHER: How did you do on those?

ALICIA: Those were good…until like I actually entered the nursing (chuckles) I got like A’s and B’s and there was
no C’s involved here

RESEARCHER: O.K. so, when you got ready to apply to the nursing clinical portion of it, you had really good
grades, your GPA was high

ALICIA: High, yes

RESEARCHER: So, you felt pretty confident you would get in

ALICIA: Yes
RESEARCHER: Now you are in, right, and you are starting the fundamentals clinical semester, how did you feel going in?

ALICIA: Um...it was like the material I didn’t feel it was that bad it was more really to you know like I have always been interested in biology so like you know like the foundation too was good having to actually do in practice was like awesome...I didn’t struggle on my first semester everything went out smoothly

RESEARCHER: You didn’t have any problems going from the way they asked questions in a biology exam or an anatomy and physiology exam to how they ask questions in nursing class?

ALICIA: Not up to that semester it was all okay

RESEARCHER: Now we are in Med Surg 1, tell me about MedSurg 1 and when you started to realize you might have to change up a few things, possibly study habits or something

ALICIA: It was more of it wasn’t I felt like whenever they asked questions on our tests it was more subjective compared to what we are taught so like you know I will be sitting I did my notes you know studied the book went according to what the professor said but whenever we give exams and we think you know how they have to choose the best option that’s what I always used to have problems only with the choose the best option so like according to what I read through the book I put that question but then when I go talk to the professor they have a whole different explanation for it and its not book based though it based on what they practiced

RESEARCHER: Application based?

ALICIA: Um hum

RESEARCHER: Did you form any study groups? Did you study with people or were you more of a lone studier?

ALICIA: For most of like Med Surg Ped OB even Med Surg two we had a little study group and then we would like study and then if the way we would study is like we will make like study notes on google online word and then make our notes if someone wanted to add something someone will add that and even like when studying if some question comes up and then it’s not according to what the book says we will so like we were talking to each other and we were like studying in group also by ourselves

RESEARCHER: And you felt like your study group was supportive of you when you started feeling like you were struggling a little?

ALICIA: Um hum

RESEARCHER: Did you have several people in your group that were struggling a little bit?
ALICIA: Well, they struggled but like in different phases throughout the nursing school so I actually like I was the only one well whenever so up to foundation we had like I had one study friend and then whenever I went to MedSurg one we both like started but I failed MedSurg one so she go one semester ahead of me then I had other join like then I got into like other group

RESEARCHER: So, your main group that you started with, you went with them in the first semester and then med surg one and then you had to repeat med surg one because you failed the med surg course

ALICIA: So, you know how we have the med surg one and the OB Pedi, I did good on OB Pedi and I went to med surg two and that’s when I struggled

RESEARCHER: You had to just repeat the one course, but you are now away from your original group. How did that transition make you feel?

ALICIA: Whenever like for the first time, I only have like one study person but then whenever I moved back I had three more study groups it was better for me

RESEARCHER: So, they were pretty accepting of you

ALICIA: Yes

RESEARCHER: When you joined their group?

ALICIA: Yes yes one of the person from my group actually she was the common friend so like she my friend had me meet her then we started talking and now we are like really close too so like even she is done with her nursing she is a nurse and then but we still like to you know talk to each other and then we hang out every now and then so I am still in touch with them

RESEARCHER: So, you successfully completed Medsurg One and now you are going to med surg two?

ALICIA: Well I had the Ob Pedi and then Med surg two

RESEARCHER: Ok, so in med surg two, and it was because of this course right, this was your second course that you failed…I hate using that word…did you struggle early on in med surg 2 or was it just toward the end?

ALICIA: It’s towards the end so ok so basically there was also this thing I remember that was the semester when they changed the professors for that particular course so I had no guidance on how they would question it was completely new professors new teaching style so they had a system where I think every certain particular activity that we would do we will get 5 point bonus so that really helped me kick in on the first two tests you know

RESEARCHER: In the beginning?
ALICIA: Yes cause 5 points you know if you get C and you get five points you could do a B so like all of a sudden
in between they decided that that was like giving free points yes so like that was because you know I am losing like
all of these you know I have could have gotten 20 points on that and then I would have never struggled. We were
still working for the points though and then it wasn’t something that we came up with it was something that was
decided on the syllabus. To me I was angry at that whole argument over there but then like let’s say like I said like I
was all kind of struggling on the middle of semester, but I really did terrible on my last test before the final. So, had
I passed that I would have made it

RESEARCHER: So let’s talk about culturally when in the states someone who has been here for a very long time,
the personality is to be kind of forthcoming and ask a lot of questions and if they are struggling they go to the faculty
and are very needy for lack of a better word, how are you, are you like that or is your culture different? Does your
culture make you not seek as much as help as you probably should?

ALICIA: Yea, back in like towards like my high school we really like so basically how our system over there is, you
have coaching classes after you know your school or your college and then you can get help from the coaching
teachers if you don’t know the material so we really like we really didn’t go and talk to our professor in university or
college we would actually like get involved coaching classes and it was like second help for us

RESEARCHER: Kind of like a tutoring type thing as here?

ALICIA: Yes, and then but you know you could do it like every day like how you have colleges every day you
could like coaching classes every day on schedule so like it was a help

RESEARCHER: Did they have tutoring offered to you here?

ALICIA: Ummm no but before getting into the clinical part of the nursing I mean if I have any problems especially
English 101 102 I actually did went to my professors a lot you know to ask help

RESEARCHER: Were they helpful when you did go?

ALICIA: Yes, they were

RESEARCHER: Tell me how you did in clinicals while you were there?

ALICIA: So basically I had I struggled for the first few semesters because you know me being from completely
different country I don’t know the health system over here you know I wouldn’t see like you know all the people
over here probably been to a hospital but it’s a whole completely different system completely different like lay out
everything you know so it’s kind of like some hospitals I don’t even know the name of it or where it is located
whereas other people are familiar with it and then also that and then even the medicines you know we probably have
like different names for the medicines but over here it’s a completely different name so it’s kind of like it’s like you
would just have to step up and learn more computer while other students had to learn to
RESEARCHER: Did you every have any faculty, knowing that you are an international student, while you were in
the program, was there ever somebody that was a mentor to the international students, like called you in and said
hey, I know things may be a little different here…?
ALICIA: There was no one no guidance whatsoever you know…and like also me after going through another major
and going through the faculty of that major nursing they need to like I feel like they need to have that culture
competencies over in there
RESEARCHER: You’re in med surg 2 and we talked about the 5 point system that was taken away mid semester
and your starting to realize you are going to be dismissed, what was your thought process then when you were met
with the fact that I am about to be dismissed from this program?
ALICIA: I mean I tried like regardless so like in my mind you know how you I knew you could apply…what was
the word…
RESEARCHER: Appeal?
ALICIA: Appeal yea so we could appeal against my dismissal in my head I was like I’m just going to try my best to
get my finals better that way if it gets better you know I might have them convinced to take me back but in my mind
I knew it wouldn’t you know like they wouldn’t cause it was my second time so they wouldn’t so mentally I was
like prepared to maybe like transfer to another school or just change my major I was like
RESEARCHER: So, you didn’t attempt to appeal?
ALICIA: I did
RESEARCHER: You did appeal, and it was denied?
ALICIA: It was denied, yes
RESEARCHER: So, when you’re an international student, help me understand this, if you go through a dismissal
process, is there any risk of them saying Ok you just need to go back to your country or do you have to maintain a
certain grade point average or a certain academic performance to stay?
ALICIA: Well, you know in order to get scholarship we do have to like maintain a minimum overall GPA and mine was like always better regardless because like I had good GPA until I entered clinicals whenever I got poor grades or like you know had poor GPA too whenever it averaged it always balanced out that was never an issue

RESEARCHER: So, your total average of all of your courses?

ALICIA: Yes but after like once you are dismissed too, you do have to stay because I came in as a student visa and I hadn’t completed a degree yet so I had to regardless of where I go what major I do I still have to be on student status

RESEARCHER: So, you have to stay enrolled full-time, you can’t take a semester off for anything?

ALICIA: Right

RESEARCHER: Do…what about working, did you work while you were in school at all?

ALICIA: No

RESEARCHER: And you do not have children any outside responsibilities?

ALICIA: No

RESEARCHER: So, you have been dismissed, what was your first though, you appealed, it was denied, what next step did you take?

ALICIA: I started looking for colleges that my classes would get transferred to I also went (city name deleted) school and then I talked to them and asked how many credit hours would be transferred but felt like it would take almost the same amount like I had to repeat all of the nursing core classes

RESEARCHER: So, you were still going to try to do nursing at this point?

ALICIA: Yes, cause I felt like you know whatever I started I still want to make use of it cause I was already like 3 or 3 and a half years you know done with school so

RESEARCHER: Did you enjoy the clinical part; did you enjoy the actual nursing role?

ALICIA: I did I did I loved like the nursing part you know it was just like the questions threw you off that was always like the most difficult struggling part for me like I was like I took notes I studied everything the way the questions it was difficult for me to like you know process it like actually

RESEARCHER: Do you think that that had anything to do with cultural norms and how things worked in your country as opposed to here?

ALICIA: Not necessarily
RESEARCHER: No...so you were comfortable with wording and things like that it was just like finding that right answer (we both said “right answer” simultaneously)

RESEARCHER: You checked into other nursing programs, what made you decide to do the program you are doing right now?

ALICIA: Well see like whenever so I actually wrote down all the lists of colleges near here called every one talked to them it felt like it was still going to take me at least 2 and a half or three years to complete it so I was like you know then I was like so depressed with all the answers you know what I just need a fresh start I’m gonna just start a new you know major so I looked into med tech I looked into psychology I looked into dietetics one of my friends that I knew was studying dietetics so I talked to her and it was similar to what I really like working in a medical field so like that was really closer to what not exactly closer but it’s something that I really like too so I went and talked to the director of the program then I just you know she put me on some of the nutrition classes just to see if I liked it I really liked it that’s how I transitioned to that

RESEARCHER: During this time when you’re trying to find your niche and where you want to be that liaison that you talked about from when you were in your country to coming here is that person still involved in what you are doing?

ALICIA: No

RESEARCHER: They are done once you get into school?

ALICIA: Yes, well basically once you get your visa they are done

RESEARCHER: So, you really academically, was there anybody at your university that served as a guide or was it just you talked to friends you talked to anybody you could talk to to figure out what you wanted to do moving forward?

ALICIA: Yes yes there is no like person who is in charge of you know like we have international officers but they are more into people work and make sure you have all of the documents necessary but like they do help you but just like up to a certain areas.

RESEARCHER: How did you do your first couple of semesters in your new major?

ALICIA: It was good actually because I had the clinical nursing not clinical but nursing background most of the courses she let me in was actually one of the higher 300 level courses so having that nursing background for me was really helpful
RESEARCHER: So, you have done well in this program?

ALICIA: Yes

RESEARCHER: Now tell me about the support you were talking about, you were saying that this program that you are in right now offers another level of support that your nursing program didn’t offer? Tell me about that?

ALICIA: Uh huh, so basically like comparing both like you know I am gonna say like how much work we do in nursing school it is double the amount when you do the dietetics school just the assignments the projects

RESEARCHER: There is more work in dietetics than nursing?

ALICIA: Yes yes so there is like projects there is a lot of assignments you doing a lot of case studies you are writing papers there is so much but like whenever we have any problems the professor they are always there welcoming to do one on one session with you for a long time you want whenever I went to nursing school and I had any issues I went to the professors it was very very limited

RESEARCHER: Limited on time they spent with you?

ALICIA: Yes

RESEARCHER: If you could offer any advice to an international student coming in, say you had to sit down and write them a letter of things you would have done differently, what would you tell them?

ALICIA: I would say so me being an international student and like if you are in a university where there is a lot of students from your (name of her county deleted here) you kind of like just involved with only those people so as a nursing student you want to like talk to more people other than from your country so um

RESEARCHER: You mean like be more social and get yourself out there early on?

ALICIA: Um hum yes yes especially nursing school you want to have that group where like my group too I had me from another country I had everyone else from here in my group I was only (name of country deleted) student in my group but like they kind of knew the system you know so like if I hadn’t there are like certain times where I wouldn’t understand what the question was I wouldn’t be able to process it the way they would so I would ask them so that was helpful but like study group helps a lot you might read something you might know something the other person may see it differently and then might correct and they’ll you know having a good study group is really really important in nursing school yeas

RESEARCHER: So, your overall experience with American students was good?
ALICIA: Yes, yes I had an awesome nursing like study group then dietetics too I was able to I have two of my best friends over there and throughout my bachelor’s degree now we are doing masters have always been like the study group we are really close to each other we help out each other on assignments you know that was a good experience.
APPENDIX G. BETH’S TRANSCRIPT

RESEARCHER: I'm going to ask you two really broad questions, and then we'll go back and forth to different questions based on how you answer them.

RESEARCHER: Why do you believe you were dismissed from the program?

BETH: Well I wasn't ... according to ... no I'll just answer it with my...I wasn't ... (long pause) English is my second language this is a political answer English is my second language and so it's hard for me to comprehend some of the regular English even more so with medical jargon so a lot of those is memorization is really not a good way to do it and that's what I tried to do it and it didn't help me any maybe if I comprehended it you know I think my understanding why this connects this happens because you have this maybe I would've done better

RESEARCHER: So, how did it make you feel when you found out you were dismissed?

BETH: Really bad...really bad

BETH: It affected the whole family in our family, so it affected the whole family.

RESEARCHER: So, going back even further, why did you choose nursing? Why did you want to become a nurse?

BETH: um, ok, um I used it as a practical way to try and finish school my dream was to graduate my original dream was really to be a Psychologist but as Filipinos discouraged that in the Philippines you won't make money at all

RESEARCHER: As a Psychologist?

BETH: You're going to end up being a teacher and I didn't like that because I feel like I wanted to be a teacher but teachers don't make a lot of money so I kind of went against that idea so I ended up in the Navy the Navy sent me to become a Dental Technician and I loved being a Dental Technician and I liked the patient care part of it and my goal was to be a Dental Hygienist and I took all of the prerequisites to get into (name of university removed) to get into the Bachelor's Degree of Dental Hygiene in (name of university removed) but life didn't take me there

BETH: So now with the move to (city name deleted) and there's no Dental Hygiene school in (city name deleted) but my credit says I'm closer to nursing and nursing is the closest so I picked nursing and I kind of my justification for doing that was I like patient care so it's kind of like patient care

RESEARCHER: So, you had all the pre-requisites, and everything required for nursing?

BETH: Right

RESEARCHER: So, it was kind of like the easy fit?
BETH: they had some hygiene school in (name of state removed) but family is number one for me and I didn't want that hour two hours of drive away from my family my kids are growing so I said, I think that I can make the sacrifice and can do this I can do this and my family will help me out which they did

RESEARCHER: So, you said earlier English is your second language. When did you move to the states?

BETH: I was 20 years old.

RESEARCHER: You did all of your high school and all of that in the Philippines?

BETH: Yes.

RESEARCHER: When you were over in the Philippines and you ... did you ever mention to anybody in school that you wanted to be in the medical field in any way? And did they try to guide you on what courses you should take?

BETH: No, I wanted to be a Psychologist okay Filipinos Asians in particular are ... you're either a medical doctor an accountant or a lawyer my family is a lot of accountants I'm very good at math so they said go accounting and I said well I don't want to be an accountant so they put me ... because they pay everything for me and we have money in the Philippines so my dad said I won't send you to school we don't have free education there if you don't have money you don't go to school

BETH: My dad says if you're not going to go into accounting I'm not sending you to school so you'll end up just going to get pregnant and be poor all your life and I don't want to be poor all my life but the whole family moved to the states my dad said you're going back to Philippines to be an accountant so I never did have that thing for medical because I said I can't memorize and I can't ... it's hard for me to go off my head little did I know when I went to Nurse Psych class that whoo I'm ADHD big time I'm ADHD

BETH: But no, I didn't have any ... I don't remember any of my family being in the medical field only either they're lawyers or accountants

RESEARCHER: Alright. So, on your pre-reqs for the dental hygienist, let's go back to that for a minute, you got pretty good grades on all of that?

BETH: I did well

RESEARCHER: And that was all ... all those courses were taken here in the states?

BETH: (says name of college, deleted)

RESEARCHER: Okay. Alright.

BETH: Half of it ... the one that's not for dental hygiene that I need for nursing I took at (university name deleted)
RESEARCHER: And how did you do on those that you took at (name of university deleted)?

BETH: I had a hard time with Anatomy and Physiology that should've been a cue for me, but I feel like if you're going to make it ... I made a B but it's not

RESEARCHER: Wasn't an easy B?

BETH: Exactly it took a lot of hard work

RESEARCHER: When you applied to (university name deleted) what was your GPA? Do you remember?

BETH: I know it's higher than 3.0

RESEARCHER: Okay, so you had good GPA. Good grades on your pre-reqs. When you started your fundamental semester at (name of university deleted), how did you feel going in?

BETH: It's hard but I can do it because you know I made it, but it was close to not being making it

RESEARCHER: And what do you mean by that?

BETH: I was ... I think passed with 79 so it's like I don't like ... and that the advice I gave my son right now is you work really hard in the beginning so you don't play catch up in the end I don't like that it seems like the whole entire time I was playing catch up and I didn't like that it was too stressful not just for me but for my whole family

RESEARCHER: So how did you study? Did you have a study group?

BETH: I did

RESEARCHER: And how did that work out?

BETH: There's a lot ... because I was one of the oldest and I couldn't click I couldn't click because either they're talking about going out boyfriend here boyfriend that girls here I went out with this girl and all that I couldn't click and me I always go back to husband stay at home and listen to my children bicker and this other somebody else's children bicker so it was not effective for me it would've been nice because when they do focus and most of them focus because they're like I just took my ADHD medicine and I'm focused now but when they don't ... and for me it's like a waste of time why am I here? I'd rather stay in my home

RESEARCHER: So, you pretty much studied by yourself then?

BETH: Well towards the end I was studying with (names deleted) at the beginning and (name deleted) sometimes, she gets on my nerves

RESEARCHER: So, you were successful in your fundamental semester. How was clinicals? Did you feel comfortable with clinicals?
BETH: I loved clinicals I loooooove clinicals Just don't put me on lecture put me on clinicals I'm there I'm there and they said I had rotation in my you know med/surg that patient died on me but you know, they already said at least one of the teacher's said they would you're done Charge nurse stay you're going to be keeping an eye on this patient think she's almost here, and I was there I was front line taking care even post-mortem and I didn't let my emotions take over.

RESEARCHER: At that point you knew that nursing was for you? You knew you needed to be a nurse?

BETH: From day one of clinicals day one of clinicals with the other patient ... give the patient baths and the other students are like ... and I'm like no you get in there and just do it because other than I'm older I'm a leader I was in the Navy I have patient care experience ten years you know so it's nothing new for me It didn't make me nervous what makes me nervous is when the teachers are there watching then I'm like oh did I say something wrong Is this teacher going to call me unintelligent she did.

RESEARCHER: Called you what?

BETH: Oh, yes I told the Dean that before.

RESEARCHER: That one of the facility called you unintelligent?

BETH: Yes ma'am.

RESEARCHER: Wow.

BETH: Yep yes ma'am what's the worse for me It's okay I know that I'm having a hard time with the language and trying to pass the course with the lecture part I excelled in the clinicals part I loved it send me to clinicals every single time I'll do it paperwork I'll do extra everything you know It's not due until tomorrow I'll do it lecture's the one that killed me.

RESEARCHER: And do you think that was more of just the comprehension or that you had ... you felt like you had enough time to study and were spending the time you needed to study? Just comprehension.

BETH: I even, (name deleted) and I even would rent ... some of my friends play (deleted) down at that motel, at the (name deleted) they'll go up in there so we'll study there before a test when it's quiet and it's just us because (name deleted) as well I think she does well with just a couple of friends so maybe.

BETH: But I think I had enough time and what's unfair thing is I was less than a point away I was like 76.64 that's both times that I failed the lecture I was less than a point one was 7.9 something 76.9 something I was literally point ten away.
RESEARCHER: And this is your Med/Surg semester?

BETH: The Med/Surg One was that

RESEARCHER: The Med/Surg One was when all this started to happen.

BETH: Med/Surg One was I was 76.9 something so it's like come on consider my clinical experience but it's not the rule that the Dean has made you know

RESEARCHER: Was Med/Surg One, that was the semester that you were dismissed, or did you repeat that semester?

BETH: I repeated that, Med/Surg Two, was the one I failed

RESEARCHER: Oh okay. So, Med/Surg One you made it?

BETH: Second time around yes

RESEARCHER: Okay and you were successful then. And then you went to Med/Surg Two, Right?

BETH: Yes ma'am

RESEARCHER: Right? So, let's talk about that one. How did you feel going into Med/Surg Two? You had a couple, two semesters of Med/Surg One, right? And going into Med/Surg Two, did you feel confident?

BETH: No.

RESEARCHER: No.

BETH: Clinicals I did but lecture no lecture was ... I feel like it's too fast because I guess of the language no I was scared the whole entire time like once I'm in clinicals I'm happy as can be interacting with

RESEARCHER: And your clinical evaluations and all that were very good?

BETH: Yes, I think so until that one staff that faculty said there's a lot of times that you look very unintelligent

RESEARCHER: Wow

BETH: I said well thank you because this is it if he asked me so if I had this situation it's been a while so I don't remember any of this stuff so if he asked me for something especially when you speak fast I'm used to that Southern accent but if you're from Jersey I don't understand your gait so I'm staring at you and I'm trying to translate it and then it's medical jargon

RESEARCHER: Process it?

BETH: Yeah process it again and then I'll answer so that ... my time of processing I guess looks unintelligent to her

RESEARCHER: How did that make you feel having somebody, a faculty member, say that to you?
BETH: Very, this small because I don't believe that I'm unintelligent maybe not in the world of nursing but not in right I'm 39 almost 4, I said this is not right because I didn't reach 40 almost 40 being stupid I've raised as you can see a 16 year old who's graduating this year.

RESEARCHER: And you were very successful in prerequisite courses and semesters before that so?

BETH: For her to say this teacher to say you know I love what I do I really don't need to work because I'm fortunate enough that my husband is really ... you over here like, is this part of the eval and by the way I did ask her can you please write there that you just called me unintelligent

RESEARCHER: Did she write it down?

BETH: She said why would I do that because that's what you said

BETH: Sorry sorry It's just that's the worst for me okay, I get ... I fell short of the lecture because I have my I think disabilities or shortcomings I get that yes I also have my strengths In a lot of the things I'm not a brown noser I don't know if you've worked with a lot of Filipinos we're not brown nosers we do what we need to do and extra without saying hey I did extra and that's the thing is those students that were struggling during clinicals that are there to help because we didn't want them to get in trouble when I say we it's not just me too I ran to help them out and corrected what they needed to correct

BETH: I didn't go to the teacher and say did you know that by the way they didn't see that that's behind the curtains that's between me and my friends my co-nursing students because that's what we're supposed to do build each other up

RESEARCHER: Right, so you were a big part of the team?

BETH: It was not ... I didn't want that to be ... but they didn't see that they saw that I was in a hurry because I was too busy helping somebody else not trying to hurry up and finish mine and that's what they saw what they saw was I'm very anxious why Yeah Because I just finished up with somebody over there

RESEARCHER: And do you think that's a cultural thing? That you're so helpful yet other people

BETH: I believe so.

RESEARCHER: -didn't help out or
BETH: And it's not just in nursing in the Navy it's the same way I was not a brown noser and didn't reach a lot of because I was not in the Chief's office a lot I would rather do my own thing and get out of there because I'm here to prove myself to me not somebody else but I guess I should've thought of something different

RESEARCHER: Well, no. You don't want to change who you are.

BETH: Yeah.

RESEARCHER: Okay, so you're in this semester where you were dismissed. At what point in the semester did you realize, oh my god, I might not make it?

BETH: After the test (loud laughter) because I was close

RESEARCHER: The first test?

BETH: No, the last one

RESEARCHER: Oh, the last one.

BETH: The final

RESEARCHER: Okay so you went the whole semester?

BETH: I worked hard all semester and then I was 76 point something


BETH: I was ... because I always look at okay if this is what I made this I better make this and this next, next next doing the computation already if I make it the second test this much I better make it and then I divide among three ...

If I have three more tests I better make this at least so by the time I got to finals I'm like I better make this I think I needed to get an A or B on my finals for me to make it at least 77 78 something like that but I know I'm going to pass if I make a B and I didn't

BETH: So yeah I wasn't going to give up I wasn't going to give up because there's a chance that I might make it

RESEARCHER: Did you notice any of the faculty that semester ... did any of them call you into their office and go hey, is there any extra help you need or is there anything that we can do for you to help you be successful?

BETH: I went I went.

RESEARCHER: You went. Okay.

BETH: I went to them and said look I need help

RESEARCHER: Did they offer you any extra resources, like tutoring or anything like that?

BETH: Tutoring? (confused tone)
RESEARCHER: So that would be no. That would be no. Okay.
RESEARCHER: So funny.
BETH: But tutoring no I wish
RESEARCHER: How did the dismissal affect your life? Your family life, your finances?
BETH: It's way better I was happier I believe that the Lord told me I'm knocking at the wrong door and remember I told you in the beginning that I wanted to be a Psychologist Psychiatrist and my mamma said no because you're going to end up just being a teacher and I said oh well it seems like you know I started in (name deleted) tutoring for Algebra peer tutoring in English can you believe that? English and then in Chemistry and I loved it
BETH: When my tutees come back and thank me I loved it and then while I was in (university name deleted) I was tutoring at (university name deleted)
RESEARCHER: So, you've kind of been teaching this whole time?
BETH: I've been teaching this whole time and I love it so when it was coming down to okay do I continue do I appeal do I ... I said no I can't put myself through that nor my family through that again and a lot of people says ... a friend of mine that's a nurse she said girl you should appeal you should ... you know you're almost there I had one semester left and I said no because I can't ... I've already put them through that two years like that I mean they are still affected that was the little one he was little still when that was all happening because I would get ... if I fail I get depressed and I stay inside and I'm like let me take a nap so I can't spend time with you it was horrible for the whole family and I can't put them through that again
BETH: So, I decided that you know what? I'll get this dental degree I'm going to go teach and see how I like that I love it.
RESEARCHER: So, you are now teaching-
BETH: I'm teaching math.
RESEARCHER: You're teaching math?
BETH: Yes.
BETH: I'm about to take my children ... well they're not children ... my students to go compete (date deleted) for math competition against other middle schools
RESEARCHER: That's crazy.
BETH: I'm their coach.
RESEARCHER: Congratulations.

BETH: I mean it's not all stars and stripes or I don't know what you call that whatever it's not all happy days but

RESEARCHER: But you're happy.

BETH: I'm happy I have more ... like this week was horrible week but you know what I have three-day weekend
and then in the summer I'm with my children

RESEARCHER: Well good.

BETH: If I was a nurse I won't be spending that time with my kids and then I'll be so tired because it's always
twelve-hour days I mean

BETH: Right, because I did that when I worked in the (deleted) I did graveyards and then it seems like I slept the
whole day anyhow because I said okay I'll take graveyards so while my kids are asleep I'm working and when
they're awake I can spend time with them

RESEARCHER: But you slept?

BETH: Newsflash I was sleeping the whole time.

RESEARCHER: So, if you could give any advice ... say you were going to sit down and write a letter to somebody
from your country that was considering becoming a nurse here in the states, what would some ... give me just a little
bit of advice you would give them.

BETH: Finish it at home finish it at home a lot of the nurses here that are from the Philippines are

RESEARCHER: Went to school there.

BETH: Went to the school in the Philippines and they're doing well here

RESEARCHER: Yep, phenomenal nurses.

BETH: And then one of the things is are school is not rushed if you say you're in nursing you're in nursing from
day one when you went to college so you're slowly learning the nursing profession from the get-go

RESEARCHER: Wow. This is really good.

BETH: Not over two years not just the two years you have for clinicals

RESEARCHER: Not just the two years. So, when you're doing say, you're pre-requisites that we call them here,
you're taking nursing courses the whole time?

BETH: Yes, so the last two years you're in clinicals
BETH: So, you're slowly learning that so you're not just ... is it six weeks or something that we're in clinicals or something?

RESEARCHER: Yeah. Six weeks each semester.

BETH: Of clinicals no you have more experience when you're there because you're the whole time you're in clinicals we've got two years here in clinicals take it there don't take it here because you will be rushed and you will have to process all that I say take it there

RESEARCHER: So last thing, is there anything you want to add now that you've gone over all of this?

BETH: For the other students?

RESEARCHER: Anything. Anything you feel like you left out that you wanted to say or-

BETH: I think if their heart is really into nursing they need to start thinking about it before because there are ... I've heard a lot of disgruntled nurses because they're so tired and they're so overstaffed and so do your research before you go there or in high school, consider your ... if you consider clinical experience as pass or fail, maybe they could consider the 10% of the grade into the clinicals

RESEARCHER: That's a good point.

BETH: Because that's the same with Chemistry and Biology.

RESEARCHER: True.

BETH: 10% of the grade came from the lab which is clinicals is lab because not everybody is book smart I think real nurses real patient care people is in the actual ... because a lot of you guys instructors don't get me wrong I heard every now and then that you would say you would learn a lot more once you get into the field

RESEARCHER: That's true.

BETH: And the field is clinicals so why not consider that as a grade not just pass or fail if they're really something.

RESEARCHER: That's a good point.

BETH: Maybe give us 5% or 10% of the grade from clinicals.

Follow-up Questions to Original Interview

RESEARCHER: When did you get married?

BETH: 2001

RESEARCHER: What were the ages of our children while in nursing school?

BETH: 13, 11, 4
RESEARCHER: You say in your interview that you went to faculty and said “look, I need help” but we didn’t talk about whether help was offered. What did they suggest, if anything, to help improve your grades?

BETH: spend more time studying
APPENDIX H. CANDICE’S TRANSCRIPT

RESEARCHER: Very first broad question, why do you think you were dismissed from the program?
CANDICE: It was so much material for me it was too much for me to handle
RESEARCHER: Can you elaborate on that, what do you mean by handle?
CANDICE: Um with the pharmacology seemed a lot and the testing wise sometimes I’m having trouble how to translate it how to for me to understand it what they are asking that gave me trouble plus lack of not having a lot of time to study it too when the clinical started already because me very picky when it comes to when my work because taking care of patient for me is a big thing like I want to really know about them so I’ll be prepared I’ve been like that
RESEARCHER: So, can you describe to me how it felt to be dismissed from your nursing program?
CANDICE: I feel so stupid feels like I am not smart enough I feel so just like um I was so scared that I’m not going to be able to be a nurse when I got dismissed cause it takes a long time for me to when I study I have to really sit down and study for a while to be able to understand everything so that is the reason why I failed because I don’t have that time for myself
RESEARCHER: Why don’t you have the time to study?
Because of how I do things how I do my paperwork especially for clinical and also I do for pharm
RESEARCHER: We will get back to that in just a second, let’s go all the way back to the beginning, when did you decide you wanted to be a nurse?
CANDICE: Um when I started taking care of my husband my late husband
RESEARCHER: And that was here?
CANDICE: Back in the Philippines back in 2004 I have been taking care of him since 2004 um he was 66diabetic he has cancer non-Hodgkin’s lymphoma and he have a vascular disease
RESEARCHER: So, you enjoyed that aspect of caring for him?
CANDICE: Yes
RESEARCHER: How long how many years did that care translate into, caring for him?
CANDICE: Since 2004, it never stopped until he passed away
RESEARCHER: And that was when?
CANDICE: 2016
RESEARCHER: So, during that time of caring for him, how old are you?

CANDICE: 34

RESEARCHER: 34, so you attended all the way through high school in the Philippines?

CANDICE: I graduated high school I was 16

RESEARCHER: Did you do any higher education in the Philippines?

CANDICE: No

RESEARCHER: What did you do between then and the time you started caring for your husband?

CANDICE: Over in the Philippines, you don’t have to have a degree to be able to like take of wound or take care people

RESEARCHER: How did you learn how to do that care?

CANDICE: Um since he was a veteran he was a marine, so I started working with the veteran’s affair over in Manila and he got hospitalized I started helping with the nurse there too and

RESEARCHER: So, you kind of learned it at the hospital through the medical staff there and then just took care of him in the home?

CANDICE: Yes

RESEARCHER: So, you came back here with him, right?

CANDICE: Yes

RESEARCHER: And when, how long were you here before you decided to go to nursing school?

CANDICE: Um I arrived here in United States December 2006 and I started school 2013

RESEARCHER: That is when you started your pre-reqs?

CANDICE: Yes

RESEARCHER: Was the university that you attended the very first university that you attended her in the states?

CANDICE: I applied at [university name deleted] but because I graduated high school over in the Philippines I had to take their remedial English and Math so I had to take it at [name deleted] a technical community college through [university name deleted] then after I finished that then that is when I they transferred me to Southeastern

RESEARCHER: And that is where you took your pre-requisite courses?

CANDICE: Yes

RESEARCHER: How did you do on those?
CANDICE: I was doing good I was 4.0 for a while there

RESEARCHER: You said a while, did it change?

CANDICE: Yes, because my late husband was getting worse and even though I wasn’t taking full time I don’t have a lot of time to study because I have to take care of him

RESEARCHER: If you think about a caregiver and the time you spend every week, how did that translate into actual hours for you caring for your husband?

CANDICE: I don’t know I was taking care of him almost 24/7

RESEARCHER: So, he had no other care provider other than you taking care of him?

CANDICE: Nobody plus he is double amputee

RESEARCHER: It was a full-time, 24/7 job?

CANDICE: Yes

Did anybody care for him while you were at school?

CANDICE: No

RESEARCHER: Did you worry about him while you were at school?

CANDICE: Yes, because he was such a mess not able to take care of himself and so dependent on me and yeah

RESEARCHER: Was there any time that you had any sort of resentment for being the only caregiver?

CANDICE: Sometimes um I would get tired sometimes, but I don’t know I never really cared that long because for me I don’t know somehow I feel like it was my purpose especially I find that out when he passed away already

RESEARCHER: Did you have any family here did you have his family or anyone that was supportive?

CANDICE: Nobody helped me nobody I don’t have any family I have family here but they live in California, but they are not related to him so they not going to help any and I am not close to them

RESEARCHER: So now you are pretty much by yourself

CANDICE: Yes, well I am in a new relationship

RESEARCHER: Let’s talk about that first clinical semester, first tell me, when you applied to the university that you chose, why did you choose them?

CANDICE: I was scared well at [university name deleted] my advisor she was really mean she really downgrade me I think at the time I have like a 3.4 and she said that I am not going to make it
RESEARCHER: So, she told you with a 3.4 GPA that you weren’t going to make it, meaning if you applied at [university name deleted] you wouldn’t get in?

CANDICE: Yes because um they were accepting 3.6 3.7 at that time and she said that I’m not gonna make it and I told her that I am planning to transfer down to [university name deleted] and she said that well you know that you are not going to get your BSN over there your just going to be pre-BSN so before I transfer to [university name deleted] I had to clarify that if I’m really going to get my BSN and they told me yes so I said OK I will do [university name deleted]

RESEARCHER: So, I am going to ask the big question, did you feel like it was more than just your GPA that was causing her to respond to you negatively like to discourage you?

CANDICE: I think so

RESEARCHER: In what way?

CANDICE: I seemed like number one it seemed like she didn’t even like her job so much she don’t like dealing with people

RESEARCHER: You are applying to the university, was there any difficulty in getting in or did you have to do something unexpected other than have the GPA to get in and the pre-requisites to get in?

CANDICE: It was kind of hard for me when I took the HESI because my late husband just passed away then he passed away May and then I have to take my I have to um what do you call where you can finish the classes that you were taking that semester and you have to continue it what do you call that but I had to go back to finish that courses [referring to ] and then me finishing that it was the religion class the physiology and A&P two lecture and um and that plus on top of that I have to study for the HESI which it was really hard for me because he just passed away It helped me in the long run because it I don’t have all of the problems you know

RESEARCHER: So how did you do on the [entrance exam]?

CANDICE: I failed it the first time because I ran out of time and then when I talked to [name deleted] he helped me to get accommodations

RESEARCHER: How did you do on the pre-reqs, the anatomy & physiology? Those were taken at this university, right?

CANDICE: Yes, I got an A on the lab, C on the lecture, B+ on religion and B [inaudible]
RESEARCHER: So, you did fairly well on your pre-requisites. Going into your first clinical semester, how did you feel?

CANDICE: I was so happy because you know I told myself that God have really have a plan for me that though he took the love of my life away from me since he was my inspiration I said I am going to do everything to be a nurse and take of the people.

RESEARCHER: So, you went in, you are feeling pretty positive, you are feeling like this is where God has put you, this is where you are supposed to be. How was your interaction with everyone? Were you more social or did you keep to yourself?

CANDICE: I was kind of like I'm having problems with socializing because mentality I am older.

RESEARCHER: You felt like you had more life experience?

CANDICE: Right but um the people the student at that time they were really nice so I get along with them my group I get along with them and kept up communication with them until now but um the only thing is I I don’t know with everything that happened to me I just don’t want anybody asking me Ok you know and anybody giving me kind of like they feel sorry for me.

RESEARCHER: Now is that just your personality or is that a cultural thing that you don’t share a lot of personal information?

CANDICE: Um I guess it is my culture because I grew up with a town that doesn’t have a lot of people.

RESEARCHER: And do the people there keep to themselves?

CANDICE: Ah no there is a lot actually of you know gossip, but I am not like that I don’t like to get into anybody’s business.

RESEARCHER: At what point in this first semester did you begin to realize that, oh no, I might be in trouble here?

CANDICE: My first test I felt really good but then since I have experience with hospital you know taking care I was translating question to what I know and that’s when I am getting them wrong.

RESEARCHER: Having this extra knowledge in the medical field made it more difficult, in your opinion?

CANDICE: Yes definitely.

RESEARCHER: Describe that, were you reading too much into the question or over-thinking the question because you had more knowledge?
CANDICE: No um maybe so maybe I’m reading too much into it but for me I’m kind of like reading the question in real-life what you are going to do but when you are taking the fundamental it is kind of like you have to do the baby steps like basic so you can’t just jump in with what you know because that is not how it works that’s how I know I and it took me a while because I remember I have to debate with [instructor’s name deleted] because I really study my butt off and every question that she is asking me I could answer it but then how I answer on the test is wrong.

RESEARCHER: It just didn’t match up.

CANDICE: Yes.

RESEARCHER: How did you do on the adaptive testing like any questions that they would let you practice?

CANDICE: I did really good communication that is why I did good when answering those communication test questions but that was my fault I didn’t use that a lot because I didn’t have time.

RESEARCHER: Tell me, how did you study? Did you study by yourself?

CANDICE: Yes.

RESEARCHER: What was your process?

CANDICE: I wanted to study with my group but the problem with that is I live too far so sometimes they all live her in [city name deleted] when they have a meeting or a you know when they have study group I couldn’t go because it’s like there is a lot of time to waste for me driving where I could use to have to study.

RESEARCHER: The driving time you could use to study?

CANDICE: Right and also I have ADD I get distracted so easy and I’m claustrophobic I cannot handle like studying in small spaces I get faint.

RESEARCHER: Do you take medication?

CANDICE: Yes.

RESEARCHER: You said it was your first exam, you realized that something was going on, did you seek any of the services offered or ask for help?

CANDICE: Yes.

RESEARCHER: What kind of help did you get?

CANDICE: I got tutoring for pharmacology it helped me some, but it didn’t help me a lot if the way I study I’m taking too much time I just really need a lot of time for me to comprehend I think that is the problem.

RESEARCHER: So, if you have ADD, did the faculty know about it and did you get special accommodations?
CANDICE: Yes [name deleted] gave me help to get the testing accommodations.

RESEARCHER: You are towards the end of the semester, what decision did you make?

CANDICE: I dropped Fundamentals and continued with pharmacology, but it was too late for me to recover.

RESEARCHER: To bring the pharmacology grade up?

CANDICE: Yes, I tried to stay on that because I think if I am not mistaken if I am remembering right I had a 78 on the pharmacology but then that certain test it was all about cancer drugs and it was really hard, and I didn’t as good.

RESEARCHER: So, the clinical aspect of that semester, all of that was okay?

CANDICE: I only attended one clinical that first semester, so I didn’t really experience a lot when it comes to clinical, but I know I did my first paperwork for it the drugs.

RESEARCHER: All right, let’s go to the next semester, how did you feel going into that one and what was your plan to do differently?

CANDICE: My plan was to get on top of everything do not procrastinate try to be ahead I was doing that and um I think in fundamental my first test was 78 and then I was getting like 80s the third test though it got me because that is when the clinical started and those paper works took a lot of my time which um then I have to study for pharmacology so and me I’m not really that smart that I have to really take a lot of time to comprehend the material and that is when it really got me it hurt me but.

RESEARCHER: So, I want to elaborate on that statement a little bit, “I’m really not that smart”. Is that your belief, that you are really not that smart?

CANDICE: I only get good grades because I study hard but if I don’t have that time I’m not going to do good the reason why I said that I am not that smart because there are some people that can just study for 3 hours and they get everything right I am not that person.

RESEARCHER: So, do you attribute that to your knowledge level or your inability to pay attention because you are ADD right?

CANDICE: Both, because for me there’s a lot of wording words also that I don’t understand so sometimes I have to Google it what it means and.

RESEARCHER: Can you think of any words of hand and when you say that do you mean because of the language?

CANDICE: The language it’s you know English is my second language I mean I can everybody day that I can speak good English but there are some medical words that I still never heard quite often so I don’t know what it means.
RESEARCHER: Can you think of an example? Is it the word or is it maybe where it is used in the sentence or how it is used?

CANDICE: How it is used

RESEARCHER: When in this semester did you realize you were in trouble again?

CANDICE: I had a 78 in fundamentals I thought I would make it I know pharmacology is the one that I got really behind I think I needed to make 90 on the final for me to be able to pass

RESEARCHER: Is that what happened? Was it pharmacology?

CANDICE: I didn’t pass both of them because I was really overwhelmed and I the third test in fundamental it’s about cardiology I really that was after the Spring break I really did study and I was really debating when I reviewed my test because I got out of that after I took my test I felt good because I really study and then come to find out I failed

RESEARCHER: By a lot or just barely?

CANDICE: I think I got 74 or something like that 76

RESEARCHER: Did you go review your test to see what happened?

CANDICE: Yes, I did I was translating the questions wrong

RESEARCHER: And did the person you reviewed the test with did they realize that you were not translating the question correctly?

CANDICE: Yes, because every question that she was asking me I could answer right she even told me that I can see that you really studied I said yes ma’am I really did

RESEARCHER: In looking at both of the semesters, did anybody ever notice throughout that time that there could be a translation issue?

CANDICE: Yes

RESEARCHER: And was anything offered beyond the normal accommodation?

CANDICE: [name deleted] told me that I need to do the adaptive quizzing so I can be more familiar in how they ask questions

RESEARCHER: Did that adaptive quizzing mirror what was on the exams, I mean, the wording?

CANDICE: Some

RESEARCHER: So, tell me, this time, how this failure has affected your life?
CANDICE: It put me in a bind when it comes to financial I got really depressed but I actually told myself that [long pause] what’s the point of making [inaudible] but then I pulled myself together

RESEARCHER: What are your thoughts right now at this moment, are you still going to try to pursue nursing?

CANDICE: Oh yes nothing will stop me especially I’m having a baby

RESEARCHER: Speaking of the baby, how did that factor in to your semester when you found out?

CANDICE: Um I got a little scared because I said that how am I going to handle all of this but I told myself also that you know everything happens for a reason and I am going my baby is going to be the reason why I have to keep on fighting because after failing that semester I really asked God what is his plan for me because I never really did anything wrong in a sense like he is punishing me

RESEARCHER: Do you really think that happens?

CANDICE: No

RESEARCHER: So, tell me about your support system now, the baby’s father, where does he factor into all of this, what is his opinion about what is going on?

CANDICE: He is very supportive he is the one to keep telling me that you know keep on fighting is not you it’s the university you are a smart woman it is just the way they are making the testing so hard for you that’s is what he says because he believes that I am very smart and I should pursue it keep continue to be a nurse reach that dream

RESEARCHER: So, do you have a plan?

CANDICE: I applied for [name deleted] I actually um retook my college algebra last semester I got an A on that and applied with a 3.75

RESEARCHER: And when do you hear back from them?

CANDICE: I have to take the [NAME DELETED] entrance exam this coming [DATE DELETED] and that’s when we are going to find out if I get accepted and if we will start in [DATE DELETED].

RESEARCHER: Are you working right now?

CANDICE: No

RESEARCHER: Did you work at all while in school?

CANDICE: No, I didn’t

RESEARCHER: What is your motivation to keep moving forward?
CANDICE: My motivation I don’t know I feel like before the baby happened there was really nothing it’s not I know I hated what’s going on with my life but I never really took that purpose I feel like God gave me to be a nurse and help people because I seen a lot of nurses where they treat their patient bad and a lot of patients complain to me when we were doing the clinical and I want to make a difference I want to tell them they are not alone and I think that is my purpose to be a nurse and it was just those downfalls where you doubt sometimes.

RESEARCHER: Is there anything else you want to include that we didn’t talk about?

CANDICE: Really nothing that I can think of.
APPENDIX I. DEANA’S TRANSCRIPT

RESEARCHER: I'm going to ask a broad question, and then we'll go back and forth to what your answer was in the rest of the questions. Tell me about why you think you were dismissed from the program, from your nursing program?

DEANA: uh I think a lot of it was ... a lot of exams within several days and not learning ... not knowing how to manage my time and my very first set of exams we had a pharmacology and a med surg exam on the Thursday and a mental health exam on the Friday my mindset was oh I have 100 in psychology so I need to focus on pharmacology and med surg and I made like a 52 on the mental health exam and it just was very difficult to recover from that

RESEARCHER: That was your first exam for that semester?

DEANA: for that semester

RESEARCHER: For that semester. All right. Tell me how did you feel when you learned you were dismissed from the program?

DEANA: uh (pause voice is a bit shaky) devastated I cried a lot um I did feel like ... I felt like I was a failure um how would I tell my kids that I couldn't complete something and expect them to complete it I get emotional (tearful at this point)

RESEARCHER: See, I told you. I hate to do this, but ... 

DEANA: But then I was working in the ER and whenever I told them ... I actually was told to go appeal and at that point I was just mentally physically emotionally I was just done I was carpooling from (city deleted) to (city deleted) and the girl that I was carpooling with had passed (that semester) so I was like well now I have to go a whole other semester that she's not going to have to go and we probably won't have the same schedule because I'll be a semester behind and I was just ... I can't afford to keep doing this my supervisor in the ER was just like No you're going to appeal you deserve to be a nurse you are phenomenal I was just like I can't I just can't do it anymore that's when I just decided I was going to transfer back here to (city name deleted) and (University name deleted) and went for my general studies

RESEARCHER: Okay. All right, and we'll go back to a lot of those points you brought up. Now, I'm going to take you way back. When did you decide you wanted to become a nurse?

DEANA: I've always had a love for the medical field my mom said as a kid I was always ... if somebody got hurt I was the first one to go check on them trying to fix all their little bobos when I was in high school and I was actually
a athletic trainer for the football team and the soccer team and I just kind of ... at first I was leaning more towards
kinesiology physical therapy and then I went and shadowed a physical therapist I was like No this isn't for me then I
started leaning more towards nursing at that point

RESEARCHER: Okay. In high school, you kind of knew you wanted to be in the medical field. Did you know that
you exactly wanted to be a nurse, at that point?

DEANA: Not yet

RESEARCHER: No?

DEANA: It wasn't until after high school I actually had started right out of high school I started at a two year
university or community college I'll say I was doing kinesiology with plans to transfer to a university and then after
that that's when I kind of was just like this isn't what I want to do I actually went to EMT school and again that was
... I tried to do a jumpstart program take a four month course and jumpstart it into two months and work a 40 hour
job it was too much and I ended up withdrawing from the program that was my first kind of feeling like a failure like
I couldn't do it then I ended up going to technical college and became a medical assistant worked for a few years and
then I was working for a cardiologist that's when he allowed me to go in on a surgery and I was like I'm in love I
actually said I want to do surgery tech and he was like you sure about that you need to be a nurse he is actually the
one who convinced me to go to nursing school and I just fell in love I was like this is it this is what I'm going to do

RESEARCHER: All right. So, hold that thought, because I'm definitely going there, but back to high school. When
you knew you wanted to be in the medical field in some form or fashion, did you talk to a counselor in high school?
Did they kind of guide you on what kind of courses would help you be successful?

DEANA: Honestly our high school counselors weren't that great

RESEARCHER: That seems to be across the board.

DEANA: The school that I went to was not ... yeah no they weren't that great in guiding us so I didn't really ... It was
more of just our head athletic trainer there who was kind of ... saw my love for the medical field and he was just like
yeah you need to go to school he kept pushing me towards that

RESEARCHER: Okay. Well, at least you had somebody there supporting you. Okay, so you decided, with your job,
I really want to be a nurse. What was your first step to start that process?

DEANA: I immediately started looking around at nursing schools I was scared to death to go to the first university
that I went to because you hear horror stories about it but I said there's people that have done it that I know that if
they could do it I can do it so I went ahead and started calling around seeing what I had to do to enroll got all my
transcripts from the community college and the technical college transferred it over and within two weeks I had my
acceptance letter
RESEARCHER: Oh, wow. Okay. So, you applied to several, and then ... or, you just-
DEANA: Nope just (university name deleted)
RESEARCHER: Okay, okay. You chose that one because it's local?
DEANA: Because it was local
RESEARCHER: Close to home. Okay. Tell me about your grades on all your pre-reqs, and what was your GPA
going in to ... because, (university name deleted) got pretty high-
DEANA: High standards
RESEARCHER: Criteria, yeah.
DEANA: Honestly, my pre-reqs weren't ... they weren't bad It was more just my sciences they got me I think every
science class I took I had a C in it
RESEARCHER: Okay.
DEANA: That's the foundation of nursing is science I knew that I would struggle once I got in there because I was
struggling with science but I still said I'm going to do this
RESEARCHER: Okay. So, you started at (university name deleted). Did you just do pre-reqs there, or did you
apply to their nursing program?
DEANA: I had some pre-reqs that I had to finish I think I did fall, spring, summer, fall it was I think, a year and a
half, so ... I want to say it was ... I did fall, winter inner session, spring, summer, and then I think I had applied to
clinicals in that fall
RESEARCHER: You applied to (university name deleted) clinicals?
DEANA: To (university name deleted) yes ma'am
RESEARCHER: And were you accepted there?
DEANA: I did I got accepted there I went through the fundamentals there and I failed by I think .3. .03 or something
... it was very ... I was right there like 76.07 or something and you needed a 77 to pass again it was kind of like that
same thing that first test just bombed it and then finally got in my groove and it was hard to recover from it
RESEARCHER: Right. At (university name deleted) you failed one course, or two?
DEANA: I failed one course.

RESEARCHER: One course.

DEANA: And then I got scared because (university name deleted) scary, and I had my friend who she hadn't even started clinicals yet and she said I'm transferring to (university name deleted) so I was like I'm coming with you I was nervous about it because of the drive and having to pay out of pocket but my husband told me to go for it if that's what I wanted to do so I did.

RESEARCHER: Okay. You didn't actually have to leave (university name deleted), you just chose-

DEANA: Chose to.

RESEARCHER: Because you thought it would be a safer route?

DEANA: Yeah.

RESEARCHER: Yeah and that's okay I can feel it. When you started at (university name deleted) for your ... you started fundamentals there, right?

DEANA: Yes.

RESEARCHER: Tell me about what your responsibilities were at home because now you've added a drive to your day did you have children yet?

DEANA: I did. My son, when I started college in (year deleted) he was one I did it must have been two years of pre-reqs because yeah I started pre-reqs in fall of (year deleted) I mean clinicals in fall of (year deleted) my husband at the time when I started school he worked offshore he had no set schedule so we never knew when he was home when he wasn't going to be home so I was a full time mom pretty much single mom.

RESEARCHER: Who took care of him when you were away?

DEANA: He went to his sitter he was at an in-home sitter then when I'd get off I'd go get him when he'd go to sleep at night I'd go study Lost lots and lots of sleep.

RESEARCHER: I bet.

DEANA: Just because I had a lot of family support I just didn't want to abuse that support, so I only used them if I had to.

RESEARCHER: Were you working, too?

DEANA: At the time no I didn't start working until I left (university name deleted) to go to (university name deleted) I did my first round of clinicals he actually had got a promotion and came home the semester I started.
RESEARCHER: At least you had a warm body there.

DEANA: He helped with some of the house stuff the trash the dogs but yeah so he came home and then I tried to get through there like I said that first exam got me it just to recover from it ... and again when I decided to leave there they were very ... I'm not going to say disappointed in me, but they were like Don't do this You have so much potential and I'm like-

RESEARCHER: At (university name deleted-referring to first university enrolled in nursing)?

DEANA: Mm-hmmm (affirmative) my clinical instructor I had that semester she was like I can't believe you're leaving us you're so awesome it's like well you know the books get me so I made the transfer I did some pre-reqs, ...

and in between waiting I knew I was going to transfer I just didn't know how long everything was going to take so I went ahead and applied for a PCT position at the hospital on postpartum and I got that job that's when I started working I worked postpartum for two months and then started in the ER as an ER tech I did that through my whole time

RESEARCHER: Going through school the rest of the time. How many hours average did you do?

DEANA: Anywhere from 12 to 36and if in between semesters I was working a lot (emphasized a lot) I would pick up five to six shifts

RESEARCHER: Tell me about your fundamental’s semester at (university name deleted). Did you feel pretty confident, going in, that you were going to be okay?

DEANA: I did because I felt like I had already gone through it at (university name deleted) so I was kind of ... I was ready it's like I knew what to expect and I did I did great that semester I felt awesome coming out of that semester and was like all right I'm ready for this and then-

RESEARCHER: Then you went to Med/Surg I?

DEANA: Then I went to Med/Surg I that wasn't nearly as bad as I thought it was going to be I think I did fairly well I want to say I was holding an A in pharmacology and a B in med surg all the way until the final then mental health I had to work so hard on picking up that grade

RESEARCHER: Yeah, and that was during your Med/Surg II, was mental health, or was it during med surg-

DEANA: It was Med/Surg I pharm and mental health.
DEANA: Oh yeah I think that's what really got me because that was three hard classes in one semester.

RESEARCHER: All right. For that semester, you were just unsuccessful in the one class?

DEANA: In that one class.

RESEARCHER: And so, you weren't actually dismissed from that program?

DEANA: I was because I had failed the course the fundamentals course at (university deleted-referring to previous university attended) so that counted as my two.

DEANA: Actually, there was one exam that I had in the mental health course and again I failed the final by one point that would have ... I would have had the passing grade so I'm always so close but I had one question on a test that ... actually there was two questions that I had marked them correct on test and not on my Scantron when I had talked to the professor about it he was kind of like we'll talk at the end of the semester that kind of gave me a little bit of hope so when I took that final I was like I have those two questions and he was like I never said that and I was like Oh, okay.

RESEARCHER: Okay. Tell me about ... you were saying that you kind of struggled in sciences tell me about the transition of your study habits from taking your pre-req courses to taking nursing courses. Did you change anything?

DEANA: I started to kind of learn you can't study to memorize you have to study to learn the who what when where how all of the above I kind of just started when I would study instead of taking my flash cards and trying to memorize everything I started looking at the why is it like this Who can this help What does it help that's kind of how I transitioned my studying.

RESEARCHER: How long into it did that thought process finally kick in? Was it at (university name deleted), or was it-

DEANA: I think it was probably towards the end of my time at (university name deleted) probably I think we had four exams and then a final and I think it was probably around my third exam that I finally was like Oh this is what I've got to do.

RESEARCHER: Okay, so by the time you got to (university name deleted), you kind of knew what to expect, as far as nursing questions go?

DEANA: Correct all the scenarios.

RESEARCHER: Okay. All right, so let's talk about this dismissal. When you realized you were in trouble in the semester, and we talked about the one professor that you had the two questions, and that didn't really pan out, did
any of the faculty offer resources for you, or call you in and go, "Hey, it's not looking good, you're awfully close. Can we do anything for you? Is anything going on at home that maybe we can help you out with?" Anything like that?

DEANA: I don't think so because I was doing so well in the actual clinicals for mental health and even on the med-surg side they both kept telling me I was doing phenomenal just keep studying my grades had improved tremendously like I said that first test I think it was either a 52 or a 54 it was in the 50s but then all my other exams I was making anywhere from low to mid 80s on them.

RESEARCHER: Okay, so it was kind of unexpected, the outcome of the final in that class?

DEANA: Yes

RESEARCHER: Okay, so help me understand why you didn't appeal.

DEANA: I think I was like I said, physically, mentally, emotionally, I was just done financially more so than anything because I did pay out of pocket honestly my husband at first was like you're done we can't afford this anymore at first I was like Okay, I'm done I just ... I did get phone calls from office staff from some of the professors that said just come appeal we really feel like you can win this appeal you improved tremendously it's not like you kept failing kept failing kept failing I just I said financially I just can't do it anymore four grand a semester out of pocket was eating us alive

RESEARCHER: Yeah. It's all right. And the driving.

DEANA: And the driving back and forth so then I eventually my husband ... I kind of just was like I'm done and then I told him I said I've got five years of college under my belt and I refuse to walk away without a degree that's when I decided to come back to (university name deleted) to get my general studies

RESEARCHER: And do something.

DEANA: Yeah

RESEARCHER: Okay. You kind of hit on this, but maybe if I word it a little bit differently, another thought will come to your head. How did this dismissal affect your family life, or did it affect it at all?

DEANA: My son actually because he was a little bit older at the time, so he was five ... I think he was five four or five whenever I was dismissed and he actually would say Mommy you failed he was in Pre-K so I'm pushing him to do better on his tests and his grades and he just kept saying Well if you failed why do I have to study so that kind of was like a how do I explain to my kids that it's okay to fail, but you have to get back up from it if I wasn't willing
to get back up from it so I don't know you just can't explain that to a four year old that financially you can't do it anymore so that's whenever I was really just like I'm not walking away I've got to get a degree my husband again he was just kind of ... he was supportive in a sense but he was tired of me always studying and never having time for him and he just was ready for me to be done.

RESEARCHER: Okay. Now that you've kind of talked yourself all through this, and brought it all back up, answer this question again. Why do you think you were dismissed from the program? Not meaning why do you think (university name deleted) dismissed you, but why do you think ... what were the contributing factors to what happened?

DEANA: Because I chose not to go back I made the decision that I felt at the time was best for me and my family to just finish with something that was a little bit easier that I can have a degree behind my name and just get back into the workforce full time.

RESEARCHER: Okay, so you went back, you now have your degree in general studies, and now you're an educator, do you feel like you are missing out on anything by not pursuing nursing?

DEANA: Yes, all the time.

RESEARCHER: Do you ever plan to go back?

DEANA: I would like to I don't know when, but I would like to I could just go back with a clean slate I think what do they call it ... whenever you go back completely wipe it out.

RESEARCHER: Oh my gosh, what is that called? Declare bankruptcy, or something.

DEANA: Yeah, something like that declare amnesty.

RESEARCHER: There may be another word for it.

DEANA: Something like that there's a term for it yeah to go back with a clean slate like you've never been at college before.

RESEARCHER: I don't know if you want to do that, but ...

DEANA: No just take those courses that I need to pick up like repeat I guess repeat my science classes for sure.

RESEARCHER: Well if there's anything that you could tell someone that wants to pursue nursing about the whole experience what's just one point that you would really want them to learn?

DEANA: Don't give up if it's truly what you want to do then figure it out push through it there's always a way always a way you just have to be willing to do it I learned that especially now as an educator trying to push my
students to ... because I can't tell you just in the last three months how many students I've had that just come to me

especially right now in pharmacology they're doing this math and it's eating them alive and they're coming to me

they're like I can't do this I'm done and I'm like it's just a small little hiccup you can get through this
APPENDIX J. ELIZABETH’S TRANSCRIPT

RESEARCHER: do you believe you were dismissed from the nursing program?

ELIZABETH: I believe I was dismissed for the program because I would like to say I personally wasn’t as successful as I thought I could have been but it was basically because I failed two of the classes that were meant to be passed and that’s why I was dismissed.

RESEARCHER: OK, so your first clinical semester?

ELIZABETH: Yes, this is my very first clinical semester.

RESEARCHER: Ok, can you describe to me how it felt when you found out you were dismissed?

ELIZABETH: Oh my goodness I um I was I was very depressed um I was crying I was trying to pray and make sure I was good you know but I was highly upset very upset in myself because I only needed one more questions to pass the class and it was one question that I fell short and I was dismissed after you worked so hard and you do as much as you can perform great in clinical but a test will be the one thing that stops you from going on so it was very hurtful.

RESEARCHER: So, when you were thinking about all of this and being dismissed and knowing you were that close to passing, is there one particular thing that stood out to you that if that would have changed you would have been successful?

ELIZABETH: I truly think that um it had nothing to do with my clinical experience my clinical experience was great I enjoyed it I just wish that most of the medications that we was covering in one of the classes that we would have actually seen more of the medications before we were actually tested on all them medications because some of it we don’t see every day in the hospital especially in that first semester you don’t see a lot of heart medications the first clinical semester um so that was the pharmacology class the other class fundamentals um the problem I had with that class is because unlike of the students that is usually the first time in like any kind of clinical program I had prior experience with family members that’s medical field and you know my mother my grandmother everybody else in my family was medical so I knew that it was more than just a black and white answer so I was thinking ahead of the question like well no this could be a reason too this could be a reason too and it’s like when your cup is already filled you know now you just have more knowledge instead of when you come into nursing a blank cup you can just receive the knowledge and regurgitate it I wasn’t able to do that because I was already thinking steps ahead because I was further along and um I think that was really the thing that got me my tests I would go between the two
correct answers because there is always two correct answers that you got to battle between and for some reason I
could never just pick the correct the most the most correct answer

RESEARCHER: So, you think you were overthinking your answers because of your added knowledge?

ELIZABETH: Right

RESEARCHER: Ok, so I want to take you all the way back and then we will get back to the program specifics…

ELIZABETH: Ok

RESEARCHER: But, when was the first time in your life that you realized, I want to be a nurse?

ELIZABETH: Oh, my goodness, the first time I realized I wanted to be a nurse is when I had to be like 5 years old

my mother used to watch TLC baby stories and she would just watch it every single episode back to back to

back and when she was currently pregnant with my little brother and I would be like and just to see those nurses that

helping these mothers coaching them through it push push push push you know you are going to be okay that was really

what attracted me to the nursing field and then when my great-grandmother that’s who I was super close with my

great-grandmother when she was starting a health decline she was still okay she was still living by herself but when

I could tell it was a big change of her health that she needed more help she was falling more things to this nature and

just to see that had a nurse that cared for her so often this nurse would go out of her way she would even make home

visits and she wasn’t even a home visit nurse she just did whatever she could to make sure that my grandmother got

what she needed because my grandmother was very independent she wanted to stay at home by herself that’s what

she wanted so she went out of her way to make sure that she was actually getting what she needed I was like wow

for somebody to be that passionate about what they do or that passionate people that they go out of their own way

when they are not on the clock to make sure that’s what I wanted to be and I looked up to those morals that she had

and I wanted to be one of those people that give that experience and another reason that really changed cause I

always had confirmation as I was going through was when I was giving birth to my daughter in [year deleted for

privacy] and the nurse that I had in the room was terrible she had smoke breath she was just not it she was not it at

all that’s the best I can say about that young lady she was not what I thought a nurse should have been so I wanted to

stay in the field to be something better than her so you can see that there are good nurses that care because some

nurses get tunnel vision they just trying to keep going through and making it through the end of the shift so that they

can come back the next day but I never wanted to be one of those nurses I always wanted to be compassionate about

each person because they are a person not a disease not a disorder
RESEARCHER: So, you had examples from both sides, good nurses and bad?

ELIZABETH: Yes

RESEARCHER: Going back even further, in high school you knew that you wanted to be in the medical field in some form, did you ever at one time encounter a counselor who asked you what do you want to be and tried to guide you on what you needed to take to be successful?

ELIZABETH: Yes, umm well my first guidance counselor I originally moved from [location deleted] to a different region so now when I was at my old high school I was there my 9th and 10th grade year we had great counselors like they went the extra mile maybe because I was from the country region so there wasn’t that many students but when I moved to a bigger city which is where I graduated from um the counselors there it wasn’t a lot of students that cared about their future and I cared about what was going on so I knew I needed to take my ACT I actually became the guidance counselor helper because I was on it so much and um I used to always say What can I do to get better? What science classes do I need? So I actually took most of my core science classes in my area just to get those knocked out of the way but originally when I graduated from high school I thought I was going to be an OB/GYN because of the love for the babies form TLC and then I was like Oh well you know that’s a long time you always get scared with the whole residency and extra years here and this and that so then I said okay nursing I will be an OB/GYN nurse and be happy with that

RESEARCHER: How did you perform on those core science courses that you mentioned?

ELIZABETH: Science courses in high school were A’s and B’s and C’s weren’t really allowed in my house I got my first C in college and I cried

RESEARCHER: What made you choose the nursing program that you did, and did you go into nursing straight from high school?

ELIZABETH: No, straight um from high school I was actually enrolled in another university um at that university I was actually a pre-med major um and I was also on a basketball scholarship as well and also an academic scholarship and I was liking the course but the classroom sizes was so large I was a number and it was just so much information that I just kind of just couldn’t keep up so I ended up going into the military after that so when I came back to school I chose the college that I currently go to um because it was a smaller population size I like how personal it was you know you get to be with your instructors the instructors actually get to learn you as a person and its makes the learning environment better when your instructors know how you learn or how to explain something to you or how
to get to you I always wanted to have even like I just have with my patient I wanted stuff to be more personal I want people not to be a number so I chose a smaller university because of that

RESEARCHER: Can you describe, when you applied for entry into the university, were they really clear on what they were looking for and what the criteria was?

ELIZABETH: When I first applied to the university um it was kind of a blessing I had a great guidance person you know that really helped me through she told me what classes to take and I told her you know I want the hardest classes because most of the time the classes or the professors that people complain about their classes are harder because they are actually trying to give you the information so I wanted all of those professors and um she guided me in that way but as far as what I really needed she told me exactly what I needed and I met each goal and I made sure I made it I didn’t have any really problems until I was actually in my clinical program and that is where I kind of hit a brick wall

RESEARCHER: So, you did well on your pre-reqs courses?

ELIZABETH: Um huh I did very well um A’s, B’s, one C all throughout

RESEARCHER: You did not have to repeat any of those courses?

ELIZABETH: No

ME During your first clinical semester, how did it feel or how confident did you feel when you started that first clinical semester?

ELIZABETH: When I started the semester I was so excited I finally got it yes here we go on the bicycle let’s go and um the information that was coming in the classroom I knew exactly what the instructors were saying I was able to talk back to them you know in a low voice I knew exactly what was going on I could give them the answers in clinical I like to think that I performed well in clinical I tried to help my other classmates I tried to you know even I still did study session I was doing anything that I needed to do plus all to be successful because like once again what to do to make me be a great nurse when I am not surrounded by coworkers that are great nurses so I always was trying to build all of us up I did a great job it’s just I got defeated test wise

RESEARCHER: Talk a little bit more about that, we talked about you being almost too experienced and overthought the questions is there anything else that you think in your mind could have been improved upon during the test taking process?
ELIZABETH: I think during the test taking process one of the problems I really had when I was taking my tests was we take computerized tests um on I can’t even remember the program right now but my computer kept crashing it just kept going down down down down me honestly I understand that we take the um take the test on the computer to get ready for boards I get that part but um I’m also a person I like to go back and look at my test paper and that is not an option on the test I was taking in clinical but I understood the process so you won’t second guess yourself but once you make it to a question you would be like wow I really remember that answer now and then you already have passed the answer up.

RESEARCHER: So, you wanted to be able to go back?
ELIZABETH: You weren’t able to go back and um I do like the fact that you was able to highlight it underline words on the test questions because sometimes but it said except you needed to make sure that you could see the except word but a lot of things um it’s a lot at times the way the question was worded was kind of tricky too um I can’t really think of any examples right now but overall you would think the answer would be one thing because you heard one thing and then it would be something different and another problem that I do feel that I had very overall I think I had great instructors in the nursing program but some instructors were move coming from different universities and switch and you would have an awesome instructor who delivered the information straight from the textbook and what was expected and then you would have another clinical instructor on the next day that wasn’t hitting the points that she was supposed to but you were being tested on all of it so it was kind of like you had the one instructor that was giving you everything she’s got and you knew everything she was going to say was going to be helpful for the test and the other instructor she would come and teach completely different and now you are kind of like you have to teach yourself the information and that really hurt me when it came to the test because most of the questions that I realized I was missing was questions that were taught on the other instructors teaching day and then that affected a lot.

RESEARCHER: Tell me about your study habits when you were doing your pre-reqs and how they differed when you began the clinical portion?
ELIZABETH: Because I always took difficult instructors that always you know teaching nursing students or were getting prepared for professional health fields I always tried to get a study habit that was you know spot on from there um when I was in my pre-requisites I was studying every night like every night I would go to my friend’s house um we were reviewing the information and teaching each other because I think the best way to learn the
information is if you can teach it to somebody else so I led every study session I did everything I was supposed to do when I got into the clinical portion I kept the same concept but trying to teach others and help them where they fell short um which is why I am very successful in the program I am doing now the only problem that I could have I think time management is a big thing that you have to learn going into any kind of health profession time management because it is so new to you you have clinicals going on you have clinical days that you have to be at the hospital you have other days you have check-offs on some days there is so much going on that time management is really important and I think that it took me a little bit probably a good month before I had the time management aspect down pack but you know you come in the clinical semester starting and it’s like wooh it goes full speed until you finally hit dead week before finals and that was kind of stressful in itself I think um another thing that could also be stressful to students or to anybody is like when a student already has a family compared to a student that has nobody or that is still living with their parents the stresses are two completely different beasts you have somebody that also is putting their self through school but they have a family they have kids they have a husband you know a job you know bills RESIDENT: So, that is your case? ELIZABETH: Yea, yes I had everything going on compared to other students that didn’t have as much responsibility like and it wasn’t their fault they just didn’t have as much responsibility um so it made the classroom kind of different and it also broke down how everybody studied as well because the study groups my clinical semester you seen the kids or the adults or anybody who were the single we have no responsibility they studied to themselves everybody else that had children or something like that we was in a study group because we understood what was going on and with the age difference and just the life difference between what was going on between the two you know the single students they could understand what was going on between them and they usually have a younger mind frame in my point of view you know and they think and talk about other things and then you have the actual people that are like Oh I have to make it in this program because my family depending on this mind frame so that was another difference RESEARCHER: What about your support system, did you have someone that could help take care of your child? ELIZABETH: Yes I had support at home I thank God it was a blessing I didn’t have to worry about my own financial aid because with me being military I had a GI bill I didn’t have that stress but I did have the stress of you know what to do with my child when I first started at the university she was um in daycare and then when she
started school it was easier because then I knew she was at school from a certain time to a certain time but I really think overall

RESEARCHER: Was there any events that happened in your personal life during you first clinical semester that were unexpected?

ELIZABETH: Yes there was an event that was unexpected during the clinical semester first semester I got married on labor day weekend and I planned it over the labor day weekend because I knew we were going to be out of school no clinicals and whatever and they always say when you come into a nursing program or any kind of clinical program don’t get married don’t get pregnant don’t do this just know books you know just know books and you know I did not do that one because I really try to plan my life based off with my religion or how I think about things and I wanted to get married to the person that God has given me I got married but that didn’t even cause any problems because all my planning was done two years in advance all I had to do was wait for the wedding day and then after that after the wedding day we actually conceived our second child and from that point on you know things didn’t really change except the fact that when I went to clinical smells and sights made things a little difficult and I was always hangry but other than that everything worked out for the best I wouldn’t have said that it made it more stressful if anything it probably made it more you know a little bit easier because I did have a support system I have family that is around me I have a husband you know my daughter she was a big help during that time so I couldn’t say that me being married or getting pregnant during that time made it more stressful

RESEARCHER: Tell me how being dismissed from the program affected you as far as your goals, you keep mentioning how you plan things in advance, plans laid out, so what did that do to your plan?

ELIZABETH: It made me feel like I was the worst organized planner in the universe um somebody that is always wants to plan things ahead of time and then to have it derailed is like (motions downward while making a sinking sound with an explosion at the bottom) what am I going to do now so I kind of panicked

RESEARCHER: How long did it take you to recover?

ELIZABETH: Recovery I did to speak to the clinical instructor I was closest with I spoke to them talked with them I cried with them I got different advice I tried to figure out where I fell short of what I could do to be a better student so I could be more successful um and then I just really prayed on it tried to figure out what was being presented to me like Hey what are you missing what are you trying to be shown for you to go on a different path because sometimes the stuff that we planned is not what God has planned and that is what I had to realize ultimately it
wasn’t a slap in the face that hey the medical field isn’t for you maybe I just want you to go on a different route because I have something else for you instead so that is how I kind of looked at it but it was the worst feeling in the world to the fact that I didn’t know if I should just switch schools give up but I knew I couldn’t do that because I had a family you know it was terrible it was terrible and to see your friends go on without you it hurt more

RESEARCHER: Do you maintain any of those friendships?  
ELIZABETH: Um I you know I have maintained some of them but it is kind of like a distant relationship you talk when you see each other you check each other on social media you like something send a quick text message but really life is so busy for them through nursing school and I understand that because I was there you don’t have any time for that you don’t have outside time for that It’s crazy and it hurts because I was the one who used to lead the study sessions I knew the information I could explain the information backwards and forwards but I was the one who was knocked out and sometimes I think that wasn’t fair but it was the luck of the draw on this one I guess

RESEARCHER: So, when you realized you were in trouble towards the end of the semester you realized that you could possibly fail, did the university offer any kind of resources that you utilized?  
ELIZABETH: I am one of those people that like when I mess up on the first test I want to know what I got wrong what I did to get it wrong when I was reviewing my test they would be like well yeah you was technically right about that but this is what we wanted you to put and I’m just like so you are telling me I am right but the answer is still wrong so what do you want me to do what do you want me to do so the resource they offered was like all of our books and stuff are online and we have practice questions and stuff on line but I don’t feel like that is really a big help and this is why I didn’t feel like it was a big help once you reach a certain number of questions they just start repeating themselves you need more actual scenarios and situations like what is on the tests

RESEARCHER: So, you are referring to quizzes you could take?  
ELIZABETH: Yes for practice and I sooner or later you know once you go and come back to the same question over and over you didn’t have a variety of like questions that were being thrown at you and then some of the questions that was online was either not what they was answered on the test so it was like either the question on line would be more difficult and the test would be something completely different or the test would more difficult than what the practice question was so the best what I figured out was just learning the hard way anyway until you know how to answer it if it is easy or hard but and another resource they also said to go seek out the help of another clinical instructor who wasn’t actually teaching our program but that was in charge of the kids I mean the students that were
dismissed from the program she kind of tried to steer them on a path and that young lady was just no help whatsoever she did not offer any help and once again I don’t think it’s her fault I think she just didn’t know the students she was talking to when you don’t know who you are talking to you just assume that hey you are making the same mistakes everybody else is making and that’s not what was going on some students need more help just trying to understand the test because sometime I know I can’t be the only student that knew the information but yet failed out of nursing school I feel like somebody should have been there to meet students like me where we were because I would have done better

RESEARCHER: So, you were dismissed from the nursing program, what have you done since then?

ELIZABETH: Ok Since then after talking to the only clinical instructor that I keep in contact with um I kind of just realized that you know I am still good in the medical field maybe it is just another direction so I knew that I still wanted to be able to graduate and I knew whatever I wanted to do I don’t want just a bachelor’s degree I want a masters in something so I went to the same counselor I have been going to since I have been at my university and I talked to her I said Hey this is what I have what could get me that is in the health profession that I can still graduate at a decent time and be able to go to either the next step of like physician assistant or something like that and she said well you could do respiratory therapy we have a bachelors in respiratory therapy and you could still apply for physician assistant I was like give it to me and most of the courses were the same courses that we have to take there is a lot of upper biology that I think even nursing students would benefit from in-depth cardiovascular so I enjoy it and I really found out I have a love for it but my ultimate step is to use this step to go to my next step which is physician’s assistant school so that is my goal

RESEARCHER: How are you doing in your respiratory therapist program?

ELIZABETH: I am doing great in respiratory therapy um I am the class president most of my accomplishment is because I had good clinical instructors good instructors my whole time in the university great instructors that just taught me the information and now I can continue to teach others that is all I do I teach others I know the information like my goal is to learn the information and teach others so I could teach patients and teach their family that is how I kind of look at it and I am doing great at it

RESEARCHER: Has your family situation basically been the same during this program as it was in nursing?
ELIZABETH: Yes everything is the same we have a new baby now you know and we also adopted my husband’s two oldest twin brothers so they are both 17 so now I have two teenagers so yeah we have all of them and so four kids and me and my husband I’m still supported and I am still able to be successful

RESEARCHER: Did you work while you were in nursing school?

ELIZABETH: When I was in nursing school I was doing home health but I only was on Saturday and Sunday and it was home health and I just sat with a patient the whole day the same patient no stress in their house reading newspapers or doing my homework so either way I was still able to concentrate on school

RESEARCHER: And are you working now during your respiratory therapist program?

ELIZABETH: Right now I actually went back to the military for health insurance reasons for my family so I go on base every weekend I always to the closest base here to still check in and do my job like what I did in the military but other than that as in physically working like hours and stuff like most students need to to be I don’t do that

RESEARCHER: Finally, was there anything or anyone that gave you the motivation to continue in the medical field and do you ever have plans to go back into nursing?

ELIZABETH: Yes, the one person that I really look up to that really helped me is my clinical instructor [name deleted] she really helped me realize that this wasn’t the end that I could keep going on that God does have other plans and that I still you know I knew what I was talking about I was strong medically and that I can continue to go on and it just was a big help I will never forget the day I was in her office talking to her about it and I am getting a little teary-eyed now but you know she gave me everything I needed telling me that I could still go forward
APPENDIX K. FELICIA’S TRANSCRIPT

RESEARCHER: All right. Okay, so Lou, why do you believe you were dismissed from your program?

FELICIA: Because I bombed every test. No, I'm just kidding.

FELICIA: I wouldn't say I was academically not ready; I would just say I couldn't master the tests. I couldn't get a handle on acing the tests as quick as I would have liked.

RESEARCHER: What do you mean by acing the test?

FELICIA: I couldn't figure out the best study method for me to be successful on the tests.

RESEARCHER: Can you talk a little bit about your study method in the beginning?

FELICIA: I started out by, trying to think, I started out by just rewriting my notes because usually it worked for me in other classes. I don't know, just rewriting and rewriting. I figured out I was wasting a lot of time, and then not being able to apply it come the test. That was the only studying I had ever really done, so I was relearning how to study in an application process, which I had never had before. If that makes sense.

RESEARCHER: Okay. Did your studying technique change from when you were taking previous courses to your nursing courses? Or was it pretty much the same?

FELICIA: Like prereq nursing?

RESEARCHER: Yeah.

FELICIA: I mean, that was my study method for pathophys, and I felt like that was one of the hardest classes, so ... told that was one of the hardest classes, and I passed. Not easily, but I mean successfully and so I just thought that would really work for me. But I just think nursing Fundamentals, specifically, that was a harder application process than I'd ever seen.

RESEARCHER: Okay. Can you describe to me how it felt to be dismissed from your nursing program? How you personally felt when you found out.

FELICIA: I felt like I wasn't good enough, that I wasn't smart enough to be a nurse.

RESEARCHER: Go ahead.

FELICIA: I don't know, I just felt like I wasn't like ... I wasn't always the most smart one out of my family. I always had to study a lot harder. My brother's premed and can just glide on in anything, so I mean there's a lot of underlying ... I never felt like I was good enough, and then when I was working my butt off and I actually got a dismissal letter. I was like maybe this is like I'm just not good enough for this. Maybe I'm just not smart enough because I'd always
had that in the back of my mind, but I was like maybe this is like officially official, signed by the dean, that I don't have what it takes.

FELICIA: It kind of hurt but I tried to just push it away. Obviously, that didn't help.

RESEARCHER: Okay. Why did you choose nursing originally? At what point in your life did you realize "Okay, I'm going to be a nurse?"

FELICIA: I would say high school, but then I was looking back on a lot of different things. In the third grade, it was "What do you want to be when you grow up?" I drew this little stick figure nurse with a big old ... It was horrible looking.

RESEARCHER: The old nursing cap, yeah.

FELICIA: Yeah, with the big red cross across my chest. That's just what they looked like.

RESEARCHER: Was there somebody in your family that was already a nurse?

FELICIA: Oh yeah. My grandmother, Yvonne. I never met her. She died when my mom was eight. She was a nurse. My other grandmother was a nurse. A lot of my aunts are nurses.

RESEARCHER: Wow. I didn't know that.

FELICIA: Yeah. I just was always around ... and when my dad was sick, I was always the only one who wanted to go with him to see his blood drawn and all that stuff. I was always just really into it. I thought blood was just the coolest thing ever. I was totally that kid that would just fall off my bike and be like "Look at this scab." I just loved it.

RESEARCHER: So you do a lot of care for your dad.

FELICIA: Oh yeah.

RESEARCHER: You're not his primary care provider, are you? Or is that your opinion? That you primarily care-

FELICIA: You mean like ... I'm obviously not a physician.

RESEARCHER: Right, what I mean is the person who takes care of him the most.

FELICIA: I'd say it's strictly between my mom and I. She stays up with him every night because he can't go to the bathroom in his urinal anymore, but he doesn't want to be cathed just because of infection and stuff.

RESEARCHER: Right.

FELICIA: So every time he has to go to the bathroom, he's got a cowbell he rings.

RESEARCHER: How nice.
FELICIA: Oh, it's something. He rings it, and she pops up. He had five accidents yesterday, and I was there for six hours just changing him.

RESEARCHER: Oh wow.

FELICIA: Yeah. It just depends on the day really, but I'd say my mom and I totally share.

RESEARCHER: That was the case when you were in nursing school?

FELICIA: Oh yeah.

RESEARCHER: Okay.

FELICIA: I feel like I didn't have as much time either. I always had something. I was never fully focused.

RESEARCHER: Okay.

FELICIA: Looking back, if you would have asked me during clinical "Are you focused?" I'd be like "100%," but now I'm looking back and I'm like "Holy cow." My head was not all there. I just couldn't be.

RESEARCHER: So were you working too?

FELICIA: Yes.

RESEARCHER: How many hours a week?

FELICIA: 10, 15.

RESEARCHER: So, you had a full-time nursing schedule, working 15 average hours, and taking care of your dad.

FELICIA: Yeah. Taking care of dad would be like 3 a.m. It was like night shift.

RESEARCHER: Right.

FELICIA: It wasn't very normal.

RESEARCHER: So when did you sleep?

FELICIA: I didn't. I got like four or five hours of sleep at night.

RESEARCHER: Wow. Okay. So, we'll probably end up back there in a minute, but so when you decided to become a nurse and you were talking about high school, did you tell anybody in high school, like a counselor or somebody, "Hey, I want to be a nurse. What courses do you think I need to take in high school to help me be successful in the nursing program?" Did that ever happen?

FELICIA: Not particularly because I had to just take every class that was ... you mean in college?

RESEARCHER: No. In high school, because you know a lot of times counselors are supposed to counsel you.

FELICIA: Do you get to pick classes?
RESEARCHER: It depends on what high school you go to, but you can gear yourself more toward science that has
to do with physical science rather than botany and all that kind of stuff just because it will help you learn about the
body systems.

FELICIA: I never knew that. I had to take everything I was supposed to take. I took every single science I was
offered.

RESEARCHER: So they never asked you in high school at any point "Hey, what do you want to be when you leave
here?"

FELICIA: I believe they did, but they didn't really care. They didn't say much. It just was like "Okay, well you're
still enrolled in biology, so be a good champ." I didn't have to take physics because I did environmental science. I
don't know how that would have helped, but-

RESEARCHER: How were your grades in high school? Feel like you did pretty good?

FELICIA: Yeah. Bs and Cs. I mean, I didn't care as much in high school as I should have.

RESEARCHER: Right.

FELICIA: I was kind of a little bit more of the defiant type.

RESEARCHER: Across the board.

FELICIA: Yeah. I was a very different person.

RESEARCHER: Okay. So, what made you choose the university that you did for nursing?

FELICIA: It was not my first choice.

RESEARCHER: Okay.

FELICIA: I was at university before that, [inaudible 00:07:40] College. Before that, out of state, and then ... I'm
trying to think. I went to that college for two years and was in this abusive relationship that I didn't even ask for,
which was something else.

FELICIA: My dad got a lot more sick. My mom needed help, and that was my ticket out. I was kind of like "Great.
I'll transfer. This psychopath is not on this train back."

FELICIA: But nothing transferred with me. It was a private school, so all of my English’s, and Theologies, and any
of that ... nothing except for my math counted. So, I had to restart from-

RESEARCHER: So you were pursuing nursing at that school?
FELICIA: Yes, I was in prenursing at that school and then transferred. Had to restart with like writing 101 and histories and all that good stuff. So, I came to this university because it was just closer and I knew it wouldn't have me transfer to a different location if I got accepted into the nursing program, like other ones.

RESEARCHER: So it was kind of all-inclusive. You start here, you stay here.

FELICIA: Yeah. Close to home.

RESEARCHER: Okay. All right. So, when you applied describe to me the application process that you went through. What did they look at? What was the strongest thing they looked at with you? Was it GPA? Did they look at your GPA? Did they look at your grades on certain courses?

FELICIA: I don't even remember.

RESEARCHER: Did they say "Hey, you're getting in because ..."

FELICIA: No.

RESEARCHER: Did you have a criteria you had to meet?

FELICIA: I think so. I mean, I imagine not anybody could get in. I remember it being really easy to get in. I remember being shocked that I got in.

RESEARCHER: Why? Why were you shocked?

FELICIA: Because I had like a 2.8 or something. Just because at the other college, I wasn't as successful just because of the whole dad situation, being away, being ... long story, I don't even care it's recording.

FELICIA: There were these guys who had this bet on who could get ... they called me "saintly." It was just a-... RESEARCHER: Oh. Nice.

FELICIA: Yeah, it was a bet on who could get me to go home with them first because I'd never really had my first kiss or anything. So, then I was like hooked into this guy who was ... It was basically this whole shmeel but ended up being really abusive and stuff. So, I didn't want to go to class with ... I know this sounds really morbid, but with bruises, so I would skip class. So, I was as a student as I should have been. My GPA was really low, like a 2.7, 2.8, and I remember being like 3.0 is what you need to be even there for nursing. Then I got in. I was like "That was hard. Where am I?" I just remember being really shocked.

RESEARCHER: Did that make you think less of the university?

FELICIA: I was really thankful for the university.

RESEARCHER: Right. Okay.
FELICIA: I didn't think less of it. I just thought "Wow this is really lucky for me that I found this place" because I don't think I would have gotten in anywhere else without having to take extra course work. I didn't think it was going to be as hard as it was because I guess I assumed if they're accepting me with a 2.8, what do they expect from their students.

RESEARCHER: It shouldn't be that difficult.

FELICIA: Yeah. It shouldn't be that hard.

RESEARCHER: Surprise.

FELICIA: Yeah. Here I am.

RESEARCHER: Okay.

FELICIA: Spoiler alert. It sucked. I'm just kidding.

RESEARCHER: You make me laugh. All right.

RESEARCHER: So, when you came here ... I keep saying here. I'm going to have to edit that out ... you had to completely redo your prereqs.

FELICIA: Mm-hmm (affirmative).

RESEARCHER: How did you do on the prereqs here?

FELICIA: Pretty well. A lot better, actually. I mean, their writing classes, I got Cs in at the other college, and then whenever I came to this university I was a lot more focused. I'm not here to make friends. I'm here to do this thing. I was a lot more focused than I was at the other college.

RESEARCHER: Okay.

FELICIA: I do a lot better.

RESEARCHER: That doesn't apply to you.

RESEARCHER: Tell me about your experience in that semester. Your first clinical semester, what did you think going in? Say like the first week of class you'd been through.

FELICIA: Like patho?

RESEARCHER: No, when you started Fundamentals.

FELICIA: So like patho.

RESEARCHER: Yes. I guess so.

FELICIA: You mean, pathophys?
RESEARCHER: No.
FELICIA: Like clinical though?
RESEARCHER: Yeah.
FELICIA: Yeah. You and me clinical.
FELICIA: What was I ... What?
RESEARCHER: Tell me your initial thoughts when you started the Fundamentals semester. Like after week one,
FELICIA: That I need to look into Adderall.
FELICIA: I was really excited. I remember on the first day, like "I'm pumped." This is so me. I don't know. Just talking about wound care was like "Yes." It's like a runner's high, but for wounds. I don't know. I was just super pumped to get in it and get going because I had been doing such BS classes, just get me in it. I just want to be like "Tell me about patient care. Tell me about stuff that I really want to learn about."
RESEARCHER: So at this point, you're still really excited about being a nurse.
FELICIA: Yeah. Super pumped.
RESEARCHER: Okay.
FELICIA: I wasn't quite discouraged at that point.
RESEARCHER: No. You were awesome. Still are.
RESEARCHER: Midway through this semester, at what point during the semester did you think that "I'm in trouble"?
FELICIA: After the first test.
RESEARCHER: Okay. So, you didn't do well on the first test.
FELICIA: Yeah. I remember, I thought I knew it so well. That was the hardest part. I went in, didn't say anything to anyone because that's just like code. You don't say like "Oh, I know everything."
RESEARCHER: Right.
FELICIA: You just keep your mouth shut, but I really went in to mentally thinking that I really had it under my belt. Like, I was teaching the rest of my friends. I totally have this. It was such simple stuff.
RESEARCHER: So you feel like you knew it, you just had an issue with applying it.
FELICIA: Yeah. I mean like I did well on all the practice things, all of the ... not HESI questions, but you know the little adaptive quizzy things.
RESEARCHER: Mm-hmm

FELICIA: I was killing those. I was like "I've got this." Like "If this is anything like the test ..."

FELICIA: We were sitting in the silent review, and I just remember that moment, I was like "one, two, one, ten." I was failing. I felt like 50 left to only have one wrong answer. All my friends came out with six or seven wrong, and I was like "13 for me." You know, this is not going well, and it was on really simple stuff like the basics of language or different malpractice or whatever it was. I just remember being like "Oh great. I can't even do the definitions of nursing school."

RESEARCHER: So, you did everything that the university offered, like adaptive quizzing-

FELICIA: Stalking the professors.

RESEARCHER: The ATI?

FELICIA: Yep.

RESEARCHER: Did they have those questions? Getting with your professors when you had questions. You did all of that?

FELICIA: Yep.

RESEARCHER: Up until the first test.

FELICIA: Mm-hmm

RESEARCHER: Still weren't successful. So, what's your plan for the second test? Did you have a different plan, or did you even understand what went wrong at that point?

FELICIA: I think I didn't fully grasp what went wrong until later in the semester. I definitely knew that my studying wasn't application based. I wasn't applying it in the right-

RESEARCHER: Right.

FELICIA: I was doing a lot of second guessing on the exams.

RESEARCHER: Mm-hmm

FELICIA: Which was brought to my attention. I didn't see that on my own time, but then said professor would give me like a written example test, and I'd be able to do it in a very quick fashion and get all the questions I got wrong on the exam right whenever I was just by myself. A lot of anxiety was going on with it. Whenever I took tests, I think there was one ... it was the best test I ever did on. I had computer problems or something, and they put me in a
room all by myself, and I was like "Here we go. I pull out the best grade of the semester by myself after having 30
minutes of technical difficulties."

RESEARCHER: So did anybody in the faculty notice that? That when you were by yourself in a room, you did a lot
better.

FELICIA: Yeah. One professor.

RESEARCHER: Did they offer you to get any accommodations?

FELICIA: That was toward the end of the semester, so they said if I were to come back I should go to the dean ... or
not the dean. Whoever you go to for the evaluation to get more time, but it didn't really help after the fourth exam.

RESEARCHER: Okay. So, you're mid-semester, you're realizing that there's a problem.

FELICIA: Mm-hmm

RESEARCHER: And the one test you were successful on was the one where you're by yourself. So, describe to me
at this point how you felt. Let me clarify that. Nursing students are kind of their own little culture, kind of their own
little type of entity. In the class with your peers, did you feel like you were still included? Did you feel isolated in
any kind of way?

FELICIA: Definitely. Definitely felt isolated.

RESEARCHER: Can you describe that to me? In what way did you feel isolated?

FELICIA: After the first test, they had probably got all As, A minuses. I pulled a C.

RESEARCHER: In your study group?

FELICIA: Yeah, in my study group.

RESEARCHER: How many did you have in your study group?

FELICIA: Eight?

RESEARCHER: Okay.

FELICIA: Yeah. Eight. It was the same eight every single time. Then I was in clinical with them. It was just a tight-
knit group, all the same class periods and sections or whatever. We were doing all of the same things. I was paying
more attention in class than my friends were, just like them texting on their computers or whatever it was. I'm the
first person at the front row, you know, no distractions. I'm doing all of this like, and I still pulled the worst grades. I
was just so discouraged. Then, they'd be like "let's go study together" and everyone would just kind of be like
messing around, laughing about things, or like coming up with really stupid ways to remember things, and I just got
so frustrated. I was like, "This works for y'all, but this is not going to work for me." So, I actually stopped studying
with them because I was getting so frustrated because I felt like I was putting in so much more effort and I was very
serious and very upset because I knew what I really wanted to do was on the line.

RESEARCHER: Right.

FELICIA: No one really got that.

RESEARCHER: Did you voice that to them, though?

FELICIA: No.

RESEARCHER: Did you try to tell them? You just kept that to yourself.

FELICIA: I mean, I told a couple of my closer friends that were in the study group. You know they were like "We
all think we might not have a spot." And I'm like "No, you just don't understand. This is real for me. Y'all are getting
As." They're the type of people who would just be like "Oh my gosh. I feel like I failed." [crosstalk 00:19:55]. You
idiot. Shut up. Leave me be.

RESEARCHER: So when you say you quit studying with them, did you just study by yourself or did you start with
another group? Did you get somebody else?

FELICIA: I'd study by myself. I'd study by myself until I felt like I actually knew it completely and totally, and then
I ... sometimes I would go and be like "Just kidding. I'm going back to my apartment. I definitely don't know it."

FELICIA: I tried to still study with them just to get review because they were better at applying it than I was. Just
having a student ask me different questions, I was like "Dang, I didn't think about that. That'd be a great question."

Some people are just better at imagining what the professors would ask.

RESEARCHER: Yeah.

FELICIA: I just didn't have that imagination.

RESEARCHER: So when you started studying by yourself, trying to make sure you knew everything before you
got back with your group or did review with them, did your test scores improve?

FELICIA: By a point or two. Not drastically, but some.

RESEARCHER: Okay. How was your personal life affected by what you were going through? Did your family
know? Did your boyfriend know?

FELICIA: Yeah.

RESEARCHER: That you were going through this struggle or did you keep it all to yourself?
FELICIA: My fiancé is definitely a punching bag. Just kidding.

RESEARCHER: That's what they're there for.

FELICIA: He's a saint. He's a saint. He was definitely the one who knew them most and just kept like "I have no idea what you're going through" but I love that. I didn't want anyone to be like "I totally get it." I'm like "No you don't".

RESEARCHER: Right.

FELICIA: Sorry, I was just fueling it. It didn't help. He was just like "I have no idea of what you're going through. Just let it out." I would just cry. He'd be like "I have no idea what you're crying about, but ... there, there." You know, he was just awesome. He was like "I know you can do it." He just kept pushing me.

FELICIA: My family is not that supportive. I mean, they'd just be like "You need to work harder" and I'm like "I'm gonna die. I can't."

FELICIA: I was doing really well in clinical I felt like. The clinical portion of it, I really liked. I thought it was just right up my alley. My parents were just like, "Obviously, something is not adding up. Are you really being successful?" I'm just like "I'm telling you the truth."

RESEARCHER: So, not a whole lot of support.

FELICIA: Not support from my family, but I mean they can only give so much of what they have. We're running on low fuel. I mean, yeah. [Fanta 00:22:30] is definitely the biggest support system.

RESEARCHER: Okay. When you knew that you could possibly fail, did you go for any other resources like tutoring? Was that suggested to you? You did go to tutoring.

FELICIA: Yeah. I was going to tutoring right off the back.

RESEARCHER: Okay.

FELICIA: I was just always that kid that always needed the extra credit, always needed the tutoring. I was like, "Why wait? I'm just going to sign up for it first day." I mean, I was always the person who needed it, so I was always the person that went, but then I used to do tutoring and then I ended up going with professors, one on one in their office and just ... God bless them.

FELICIA: I don't know. There'd be professors that I'd meet with just one on one for hours, just like right after class, and I'd have all of my questions and just load them all on my professors.
RESEARCHER: Did you ever have any professors that made you feel like they didn't have time or didn't want to be bothered or was everybody pretty supportive?

FELICIA: Does pharm count?

RESEARCHER: Yes.

FELICIA: Are we talking about that too?

RESEARCHER: Yeah. Your whole experience.

FELICIA: Yeah. What was the question? I heard unsupportive, and I immediately thought of someone.

RESEARCHER: Well, I mean, when you talk about academic failure, that's any course.

FELICIA: Okay, okay, okay.

RESEARCHER: Not just the Fundamentals course.

FELICIA: Just nursing, got it.

RESEARCHER: Just nursing, in general. So, you've got to look at the whole picture and look at the entire faculty.

So, support-wise, you said pretty much you met with a lot of people that were supportive, spent a lot of time with you. Did you have the opposite reaction of some?

FELICIA: Yeah.

RESEARCHER: Okay.

FELICIA: I felt so. I think they would claim otherwise, but I would definitely say from my perspective, I felt very discouraged.

RESEARCHER: Okay. So, looking back on all of those experiences at the university during that semester that wasn't successful, was there anything you want to point out about it or you remember about it that you want to bring up before I go into, there's one other section I'm going to go into that has nothing to do with that.

FELICIA: Okay. I guess I'd just say specifically in test review, when I was supposed to be learning from my mistakes, I had a pharmacology professor.

FELICIA: I was like "I just don't know how to study for this well. I'm doing a lot."

FELICIA: They were like "Did you start with the drug names?"

FELICIA: I'm like "Dear Jesus. Like what are you? Stupid? I'm not retarded. Please."

FELICIA: I remember hearing that and I was like "Yes, you dumb ass. Yeah. I did know the names."

FELICIA: They were like "Did you focus on spelling?"
FELICIA: I'm like "It's a multiple-choice test. Like, no."
FELICIA: "Oh, well, you're just going to have to find a different way, then."
FELICIA: I'm like, "I just asked you."
FELICIA: I don't know. I just felt like I was at a dead end in that subject specifically. Fundamentals, I was very supportive, I felt like.
RESEARCHER: Okay.
FELICIA: I felt like I was less bitter with Fundamentals, too. Well, in clinical, this is the thing. It's like I felt like I was very successful in the clinical portion of it, and I was doing well compared to some other students. I was like "You trust them with a needle?" You know, like, I'm scared for your patient. I just remember being like "I got this. I got this." It didn't happen right off the bat, but toward the end I was like "I'm doing this." Then my grades were still not ... and it was like "Maybe I'm not doing this."
RESEARCHER: Right.
FELICIA: I really felt good in clinical, as good as I thought I was. Then, just still having failed was really ... it was a lot of second guessing with the clinical aspect of like patient care, like "Did I do C work?" I thought I performed a lot better than that, but I guess the two are very different ... I mean, it's the same course so I just started feeling the two were supposed to be equal, and they weren't.
RESEARCHER: No, they're not.
RESEARCHER: So, how has your life been affected since you were dismissed from nursing school? What aspects of your life did it affect, initially?
FELICIA: My mental stability.
RESEARCHER: Okay.
FELICIA: I pretty much lost all of my friends, which was really hard.
RESEARCHER: Friends that you had made in school-
FELICIA: Yeah.
RESEARCHER: or just friends, in general?
FELICIA: No, no.
RESEARCHER: Everybody.
FELICIA: Every single one of them. My nursing friends, specifically.
RESEARCHER: Really?

FELICIA: Yeah. All my good buddies.

RESEARCHER: I'm gonna talk to them.

FELICIA: All the buddies in my class, yeah. They just don't even talk to me anymore, which is kind of sad. I got kicked out of different group texts because they didn't want to hurt my feelings. I get it. I wouldn't want to be like "You ready to study at Starbucks?" And I'm like "I'll see you there." I was just like; I can't do anything. Then, I was invited to a Christmas party, and they just talked about the professors the whole time and different things they were doing in clinical and I was like "Well, I'm going to go pet my dog." I don't even have a dog, but that's my excuse is that I need to go walk the dog that doesn't exist.

RESEARCHER: Now, just because you're not in nursing school, you feel like an outsider.

FELICIA: Yeah. I just lost those friends completely. I just don't have anything to talk about. That was what you're connected by, so it's hard. It affected my whole mental capability. I was just like second guessing everything. Am I good enough? Am I not good enough? Am I smart enough? What am I made for? Now what am I supposed to do? Because I mean since I was little, I was like "I'm going to be nurse, and I'm going to nurture people."

RESEARCHER: Right.

FELICIA: That was just what I was going to do. Now it's like "Holy. What am I supposed to do? This is not a thing." I was freaked out.

RESEARCHER: What about your family? What did they say? What were their thoughts or reaction?

FELICIA: I think no reaction is probably worse than having a reaction.

RESEARCHER: Mm-hmm

FELICIA: It's not like it was expected, but it was definitely just like "Well, it is what it is." And I was like "Thanks fam for believing in me." I just felt like it was "Oh, here you go."

RESEARCHER: Do you think that was it? That they didn't believe you could do it or was it more of a they didn't want to hurt your feelings or show disappointment?

FELICIA: I think my parents were probably very disappointed because they know I can do better, but at the time I didn't know how to do better. It's kind of an uncomfortable thing to say to me, like "I know you can do better" and I'm like "God, how?" I don't know how. That's the issue.
FELICIA: I guess they were very disappointed, but they were just kind of like "It is what it is." You know, like "Stand back up and keep moving." I was like "I don't know how.

RESEARCHER: Right. On that note, tell me about what you're doing right now.

FELICIA: Okay. In October, I met with a nursing professor to try to see advice on what to do to get back into it because I was, I don't know. I got diagnosed with clinical depression with the semester off, and it was like switching up all kinds of different medications. Now I'm on like #7, that finally worked. Just a side note, did you know that depression medicine can cause suicidal thoughts?

RESEARCHER: Mm-hmm

FELICIA: That is so stupid.

RESEARCHER: Right at the beginning, and especially if you stop them abruptly. Then none of this will go away.

FELICIA: It's just so stupid, but anyways.

RESEARCHER: I know. It's scary.

FELICIA: I just remember being like "Oh, God" because that is so not like me. I'm kind of a sunshine and rainbows kind of person, so I was just scared of myself at a certain point. I was sleeping in my mom's bed, like I felt like a four-year old, and all the while none of my friends even ... I didn't have any friends to turn to because they were all busy with clinical or nursing stuff. So, it was difficult.

FELICIA: So, I went to my nursing professor because I was like "I'm losing my mind, physically. I need to do something" and another professor came in and was like it's not just a year. It's actually a year and a half. I was like "Oh great." So that changed a lot just because I was very discouraged all over again.

RESEARCHER: So why was the year and a half a problem?

FELICIA: The extra semester.

RESEARCHER: Why is that a problem to you, honestly?

FELICIA: I just remember going to talk to my professor. I didn't even tell you this. Crap. We haven't talked in a while.

FELICIA: I was going to talk to her, and I was going through the nursing building and I was like "Oh, God." Everyone was standing outside for clinicals and looked. I was like "I do not miss this." It was the first time I got really anxious. I felt like I was going to throw up. My stomach hurt and I was like "This is not conducive to a good life. All of my Zen just fled my body. I just can't do this."
FELICIA: So, I went to said professor, and I was just like "I think I already made up my mind. I'm gonna see you later." I still was like "I'm going to talk to her about this because I need to know my options." But I think my mind had already been made up in my heart that nursing wasn't for me. I had went in there, and the anxiety that filled me when I just went into the building. I was like "Nope. I can't concentrate on a test. I literally feel ill."

RESEARCHER: Right.

FELICIA: I mean, having a whole semester, six months, whatever it was, off. I went back and I was like "I am nauseous. I cannot do this. I don't even know if this is what I wanted to do." I saw all the supplies closet and I was like "Do I want to do that?" The walk in their office. I was like "Never mind." She's like "What are you coming for?" I was like "Never mind. I don't know. It beats me."

FELICIA: So, we started talking about nursing, and she was talking about how I could either with my classes that I had go into respiratory therapy or PTA. Never heard of either of them. I mean, like, I knew respiratory therapy because they draw the mucous stuff. I was like "Not for me." And then, knew the PTAs because they would always strip me of my patients midway through my assessment.

RESEARCHER: Mm-hmm Take over.

FELICIA: Kind of bothered with both of them right off the bat.

RESEARCHER: Right. But then you get to be that person.

FELICIA: Yeah, great. I was like respiratory therapy is a no go. That was a quick ... I am not extracting mucous from people all day long. I just knew, flat out.

FELICIA: Okay, I've always been a runner. Always been in physical therapy. Have always had stress fractures, planters' fasciitis, name it. I was like "Maybe I'll look into that." Then we started talking. She was like "Go to the admissions first and ask them.'

FELICIA: I went to an admissions person. Finalized that. I just changed my thing today. Walk down the street by myself. They told me the requirements, that you need 100 volunteer hours, all that good stuff. This was November. I'm freaking out because it's due in December, you know.

RESEARCHER: Piece of cake.

FELICIA: So, then I whipped out 100 hours in no time, which was crazy, but then I went to volunteer and got turned down by so many different places. I was so overwhelmed. I wasn't even going to apply to places to volunteer at.
found a therapy clinic to volunteer at. Did inpatient and outpatient. Did 100 hours. I just felt myself totally transform
as a person.

RESEARCHER: So you enjoyed that environment.

FELICIA: It sucked being there at 6 a.m. I was so down. Ten-hour days, every day. I was just like I love this. I am
exhausted, but I really love it. I just felt like I could be myself. I don't know. People that are in the hospital, they
don't want to talk to you. They're in the hospital, you know? It's just really interesting to see people come in and be
like "Hey what's up." You know. I can be totally as myself as I wanted to be, and I have people who really
appreciate that. He wasn't my boss because I didn't work for him, but the head therapist was like whenever you
want, I'm offering you a full-time job. I'm just like "That's crazy."

RESEARCHER: Oh, wow.

FELICIA: I just never had that kind of like ... I don't know. I just felt empowered that someone could see that much
in me by the way I was performing, and I was like "Maybe I'm thriving in this. Maybe this is really good." So, then I
applied and now I'm in prereqs. I'm in medical terminology, which is really fun because they're like "Do you all
know how to use Moodle?" And I'm like "Yes." Like I hate my life. Yeah. It's something.

FELICIA: This is hilarious. I'm in class with people that senior year of high school I gave open house to as a seventh
grader. It's like "Hey. Remember me?" [inaudible 00:35:53]. I'm just kidding.

FELICIA: It's been a lot of fun. It's been humbling. So now I'm in preens for PTA.

RESEARCHER: So how long is that program?

FELICIA: So, it's summer, fall, spring.

RESEARCHER: And you're done?

FELICIA: It's an associates, but yeah.

RESEARCHER: So.

FELICIA: If I get in the first time. They only accept 24 applicants out of the 100 that they get, so I don't really
know. I'm kind of nervous about it.

RESEARCHER: So you're doing prereqs right now and you apply for-

FELICIA: I already applied.

RESEARCHER: Fall?

FELICIA: Applied for summer.
RESEARCHER: Oh, for summer.

FELICIA: So, it's kind of like patio into nursing. You apply before you take that gateway class or whatever they call it. It's kind of like your interview is this PTAB class. A lot of people say it's a make it or break it class. It's really difficult, but if you pass it, you typically get into the program.

RESEARCHER: And you're taking that now.

FELICIA: Yea
APPENDIX L. GWEN’S TRANSCRIPT

RESEARCHER: All right, so I'm going to start out kind of broad and then we will narrow it down going back into what you originally started with. But overall during that semester that you were dismissed and first let's clarify which semester was it in the program?

GWEN: I was in my seventh semester, but I was my second time doing the course semester, which was my clinical courses,

RESEARCHER: Alright, so tell during that semester and this was a semester you're repeating, right?

GWEN: Right.

RESEARCHER: Why do you think you were dismissed?

GWEN: Well, I had the first time I had taken med surge 2 I had dropped the course because I knew that I wasn't going to pass it. And then the second time I failed by, I think it was two or three points. It was very close to me passing the course. So, because I had already taken the course twice I was dismissed from the program because you're not allowed to repeat it. More than that, based on their policies.

RESEARCHER: Can you describe to me how it felt when you realize you had been dismissed?

GWEN: It was the most disheartening thing I've probably ever experienced. I just felt like a failure you know, like you try so hard and to hear the people that you do your your actual clinical portion of you of your studies with. Say like how well you're doing and even hear from the nurses on the floor, how well you're doing but feeling like you can’t apply that to your classroom was I just felt like I wasn't good enough and that I wasn't able to succeed. I didn't know why like in high school, I was valedictorian, I came into college with high ACT scores and a free ride to college, basically based on the scholarships and it was like, why am I failing You know why am I all of the sudden not able to do what I've always been good at doing

RESEARCHER: I'm going to ask you more specific questions about that but now I'm going to take you way back.

GWEN: Okay

RESEARCHER: so, at what point in your life did you realize that you wanted to be a nurse?

GWEN: Um I always knew I wanted to do something in the medical field? My parents are both medical, So I knew that that's just what I always knew I wanted to do. I didn't know what else I would do. So I really I chose nursing because for orientation, they group you by your major And [name deleted], my best friend was was doing nursing and I didn't want to be alone for eight hours on orientation day so I decided to do nursing but once I got into like my
anatomy and physiology courses, even like our like freshman foundation type courses where they talked about
nursing, I knew it was a good fit so that’s why I kind of hung with it because I was like, Okay, this seems like you
know, something I would want to do.

RESEARCHER: So, did you know before that time, like in high school, that you were going to do nursing?
GWEN: No, I was undecided until the day before orientation on my major

RESEARCHER: when you're in high school, did you ever encounter a counselor or sit down and talk with the
counselor about what your what your plans were?
GWEN: Not like specifically majors like they talked to us about like what schools they wanted to go to and which
you know universities and they helped us find like scholarships and things for that but they didn't really have a
whole lot of like that sat down and said What do you want to do when you get there? They were just kind of worried
about getting us there

RESEARCHER: How were your grades in high school?
GWEN: I had 4.4 and I was valedictorian

RESEARCHER: So, you did really well?
GWEN: Yes.

RESEARCHER: So, what made you choose the university that you did?
GWEN: it was the scholarships they offered with the federal funding we have you know here I was already getting
my tuition paid for but [university name deleted] offered me an honors college scholarship that paid the rest of my
tuition costs I had my books paid for a meal plan, my my dorm everything so where my cost was very minimal so I
got because it was free.

RESEARCHER: So, what was the application process like, were you ever worried at any point that you might not
get in?
GWEN: No I wasn't worried I mean I don't want to sound like I'm bragging, but I had seen other people get into
[university name deleted] with much lower kind of scores so I wasn't I wasn't worried about I was more worried
about what scholarships I was going to be able to get from there

RESEARCHER: So, in your pre requisite courses, how did you do on those?
GWEN I did really well there were a couple of them that I struggled in like nutrition, but I think that was my first online course I had ever taken so I think that was kind of the root of that problem. But I did I did well in my prerequisites for sure. But then of course, when I got to clinicals that was a whole new type of learning and everything.

RESEARCHER: Before we get into clinicals, tell me about your study habits in your pre-reqs?

GWEN honestly, I didn't really have to um in high school I didn't really have to study to do well I was one I could just kind of like, look at everything like, okay, you know, and it was kind of the same in my prerequisites. I did not have good study habits. I wasn't one who studied for weeks before the test, you know, like a couple of days before I was like, okay, maybe we need to get together and look at some stuff

RESEARCHER: So, you had a study partner?

GWEN Right? Yep. I pulled a lot of all nighters. That was kind of my studying strategy (laughing). Yeah.

RESEARCHER: So, when you were ready, got accepted to your clinical portion. How did you feel going in? Did you feel like you were ready to start the clinical part?

GWENI did you know I had had nothing but success and any like studies that I had done before then I was worried that I wasn't going to get into clinical just because I knew the program was competitive. Um But once I got accepted, I felt like I was I was ready to handle whatever was coming.

RESEARCHER: Okay, so you're feeling comfortable. You're ready for your clinical. How did you do on your first semester?

GWEN My first semester I did well um still didn't feel like I had to study that much It was a little bit different as far as the amount of like things you had to know where a little bit different I felt, but I still I think I had all A's and B's that first semester of clinical and I think I did well

RESEARCHER: And so, let's talk about your first one med-surg semester, that one was successful?

GWEN Yes.

RESEARCHER: How about the testing? Did you notice any more difficulty in the testing was it still comfortable and basically the same um I did, we had two instructors for our med surge class and one of them was very laissez faire so it was kind of like the more strict professor’s exams I did a little worse on but the one who kind of was laid back his I found his to be easy so it's kind of like I did poorly here and well here and they just kind of balance themselves out in that course.
RESEARCHER: And in your clinical portion, you did well in that?

GWEN Yeah, I did. I confused at first

RESEARCHER: Did you still want to be a nurse?

GWEN Yeah I did um that was our first one in the actual hospital so it was our first kind of taste of what it was like to actually be like an inpatient type of nurse so it was it was still kind of it was scary my first like real semester one because you never really know what to expect from it. Like if they're expecting you to ask questions or just to know all of these things which is impossible you know like I've done nursing I'm like there's there's no way you know that you would know everything your first time in a hospital but and I think that's when I first felt like the immensity of like our responsibility as nurses because when you're actually administering these type of medications in your you've done all your preparation like you know what drugs your giving side effects and everything that’s when you first I first felt like this could hurt somebody if I'm not careful kind of thing so that was it was nerve racking to be in that kind of environment but all went well I was still okay at the end of it

RESEARCHER: Now, with these two successful semesters in clinical, what was your personal life like did you have any dependents or any responsibility, where you working?

GWEN When did I start working (addressed to herself) I don't think I started working until it was probably before my my fourth semester of clinical so I don't think I was working at this point I was still I had my scholarships and things like that I was getting a little bit of help from my mom still but I don't I don't think I'm pretty sure I wasn't working at that point either

RESEARCHER: Alright, so let's move into med/surg 2, and talk about going into that semester, do you still feel confident and comfortable

GWEN yes

RESEARCHER: Tell me, in that semester, where you realize there may be a problem?

GWEN After the first test was probably when I felt the most kind of shaken and I know at my university the semester that I started med/surg 2 the university had had a very poor NCLEX pass right so they were really kind of you know cracking down I guess you could say that that first test was nothing I had ever experienced you know and once you're in your fourth semester clinicals you don't really expect to have too many to have too many surprises but that first test I mean I think I bombed it and a lot of the students that you know I had been in classes with had also kind of bombed it so yeah that first test was when I kind of felt that we were on shaky ground I guess you could say
RESEARCHER: So, what did you, after that first test you saw the results, what did you do?

GWEN: Um I got together with my study group

RESEARCHER: Did this seem to be everyone's consequence on the first test?

GWEN: Did it seemed like everyone had trouble so we were all kind of shocked that you know the way that we had been studying previously in other semesters wasn't working in this one I don't think I changed my study habits too much I might have done a little bit more after the first test but it was probably after the second test

RESEARCHER: Okay, so you got together with your study group. So, what was the plan at this point?

GWEN: I think we were still kind of all shocked at that point I don't I don't think we changed too much of our study habits after the first exams we were like okay like now we kind of know what to expect on it so we'll we'll kind of know where to kind of narrow our focus but I don't think we did anything like special like didn't spend extra time or anything like that we were just like okay we know kind of where to focus your time

RESEARCHER: Did you enlist any help outside of your study group, Like, did you go talk to your faculty member?

GWEN: No I did not Yeah do not

RESEARCHER: Did you feel like that was an option?

GWEN: Um we always were told it was an option but the level of like I guess comfort wasn't there like I didn't feel like going in and speaking to them would have given any different result kind of thing

RESEARCHER: So right now, y'all are all kind of in panic mode and you go into your second exam. How did that go?

GWEN: I think we bombed that one as well and it was like we know the information and everything but for some reason it just was not carrying over. Like when we got to these exams it was just like we had no idea I think at that point is when we were like, okay, maybe we need to try, you know, to study more. I had to I think at that point we still were just kind of like in shock and I still didn't reach out to any faculty. I don't think I ever did, and I think we were just all just trying to figure out how, like, where the disconnect was kind of We had gone to class and it was just like we would study the things they were telling us to study. But for some reason, like, when we got to the test, it was like new information, you know,

RESEARCHER: For this semester, how is it going clinical?

GWEN: I think clinical is we're still good. I never really had too much too much trouble with my clinicals.
RESEARCHER: What about time management? Was there a variance between time management and expectations from the first two semesters where you were successful, to this semester?

GWEN: I was always awful at time management I still am. I did semester that my first attempt at my fourth semester clinical is when I joined my sorority, so that probably did take up more of my time then I was also working by that point, so it was kind of like when I did study was like I would get home and I didn't work too much I think I was working at a bar at that point so I would work Friday Saturday Sunday nights, so I still had like my weekdays and everything but studying was always at that point was kind of a backburner thing like I would do what I had to do I would go to class get errands done. And then when I got home I was like, Okay, now I can study a little bit kind of thing but I always felt overwhelmed kind of looking at the material so it was more of like I would look at it kind of get over and go, okay, we'll do this tomorrow you know, kind of thing and when it got to where it was like two or three days before the test, it was like, okay now let's crack down and try to learn you know two weeks' worth of information

RESEARCHER: so, your study habits were pretty much still the same

GWEN: yes

RESEARCHER: so, if you talk about your study group, was everybody pretty much in the same situation as you, did the faculty at any time intervene and say hey we have these resources available if you need extra help or

GWEN: that semester when everybody was kind of panicking about failing we were just I just felt like we were constantly being beat down by our faculty like they were just anytime we would have a bunch of people fail an exam they would say, you know like it was never that it was a problem with with the teaching methods or the test it was always our fault. You know, like y'all aren't studying and as well I'm putting enough emphasis on this. So, it was very creating an environment where it was like an us against them kind of situation. The more we kind of like made comments or said that, you know, we were all kind of struggling, the more it was it was our fault that we weren't performing well, and that we weren't going to make it if we if we were performing lowly on these test, and so, there was never like, here is something that can help you. It was always, you need to be better kind of thing.

RESEARCHER: so, this is a semester you weren't successful in this class. So, you had to repeat?

GWEN: I dropped it. Yes. Dropped, I dropped him because I knew I was I had no chance of bringing my grades up to pass.
RESEARCHER: Okay, so let's go into the repeating semester. Oh, yeah. How far into this semester that you dropped?

GWEN: the fourth exam was right before the drop date? So, I decided that I would see how I did on the fourth exam. And then from there, I would decide if I was going to continue with it or drop it.

RESEARCHER: Okay, so you're in this you're repeating this semester. How did you do on that first exam going in?

GWEN: the first exam? I think I did. Okay. I didn't do as well as I had wanted to. But I don't think it was, you know, as bad of a failure as the first one from the last semester.

RESEARCHER: And so, in this one you're not with your original study group. Was there anyone that you knew in the new study group?

GWEN: my best friend, we decided we were going to drop it together. So, I just had her.

RESEARCHER: you guys were still together?

GWEN: Yes. It's also had my main you know, study partner with me at this point.

RESEARCHER: All right. Um, did your study habits stay the same?

GWEN: we definitely decided that we were going to try to, you know, buckle down and really get into studying and everything.

RESEARCHER: What about personal life is still pretty much the same, the same responsibility?

GWEN: Yep. Same responsibilities

RESEARCHER: Still working in the bar two to three nights a week?

GWEN: I believe so. I think, at that point I might have switched to the daycare I was working at and at the daycare I would work Monday through Friday, two to six, so about four hours a day. I think I'm not 100% sure it was I would have had clinic goals and things like that. But I think they had arranged for me to kind of go after clinicals but yeah I was still working still in the sorority, got engaged that semester. (laughing) a lot of different things going on.

RESEARCHER: Um, so at what point in this semester did you realize okay I'm not gonna make it?

GWEN: I was always kind of borderline like it was I would do a little bit cardiac is not my thing. And that was the second test I remember that that was the second so that put me down but then the third test I did a little better on the fourth kind of brought me down again, it was GI, and I hate GI. So, I was always kind of right on the border. So, when it came down to the sixth exam, which was neuro, which is what I ended up going into, I did really well. So, for the final I had to make a really high score to pass the course because I was still on that border. And I knew at that
RESEARCHER: So, um, you realize that this semester wasn't going to be successful? So, I'm kind of back to that very first question I asked your second question I asked you, tell me at this point now that we've talked all through, how did it feel to know that you were dismissed from the program

GWEN: it was I didn't know what I was going to do. At some point during that semester. I had kind of looked at other nursing programs to transfer to, but they all wanted me to start over from the start of my clinicals and that was not an option I was not doing it all over again. I was actually approached by my clinical faculty who is also one of the course teachers who kind of ask me the same question you know, like what are you going to do and I remember crying that because it was for like my evaluation I my clinical evaluation She was telling me how good I was in clinicals you know, what are you going to do? And I just kind of looked at her I don't I don't know. And she asked me if I considered going to LPN school and at that point I was furious. you know, so that that's what kind of motivated me to even do the appeal because I was like no I have not like that's not my plan I'm not you know

RESEARCHER: so that was my next question so you your plan was you were going to appeal this dismissal and so how did that work out?

GWEN: so, I had to write a letter explaining why I felt like I was…I should be considered like to be let back into the program. We had the opportunity to go in front of like the appeal board you didn't have to, but I figured I had to because you I mean, it shows you're serious about wanting to get back in so I was I sat at a table with about 10 to 12 faculty members that I had had throughout most of the programs. Some of them didn't even, you know, I had never had before. And I was asked several questions that, you know, where I felt degrading, they had asked me about me working in, you know, and just they weren't. It wasn't like they were even asking questions to get answers. It was kind of like they were asking questions just kind of tell me why I was here in the first place.

I had told him that I thought I had anxiety and at some point during that the repeating semester I had been prescribed Adderall for you know, like, and I felt like it had helped. It was kind of late in the semester when I had got on it. I talked about so I remember my psych teacher when I was talking about my anxiety be in like, you know, like nodding her head. I mean, I was like, Well, of course she understands you know, kind of thing. So, I felt that the meeting did not go well at all. And the main person who was asking me questions had never had me in a class or
clinical or didn't even know who I was. And just the way that she was asking questions, and everything was it was I
left that meeting feeling like it was not going to happen, but I was not going to get approved for this appeal.
So, when I got the letter saying that I did get approved for the appeal, but there were all kinds of stipulations. I had
to quit my job I had to, they made me quit my job. Yeah, I had just I did turn in a letter signed by my employer,
stating that I had turned in a two week notice and that I was no longer going to be working, I had to go to
counseling. They made me go to counseling, which I felt helped, but I was still upset about the fact that they've
made me go to counseling. So, I had to do a minimum of four meetings with a counselor
RESEARCHER: throughout the semester, first semester, or
GWEN: I think I just had to have four total because I did them all in the summer and then a couple was the semester
I'd started. What were my other stipulations I had to be present for every class because I did miss a lot of class that
second that repeated semester because I just was like I went to class the first semester and that didn't work. So
maybe if I stay home and study during the time that I wouldn't been in class, maybe that'll help you know. So that
was kind of a strategy point too so I had to be present for every class if I missed any classes, I had to have a medical
excuse or another
RESEARCHER: How did that make you feel that they were telling you that you can't work I mean, how is that
going?
GWEN: I was infuriated because I was I was kind of like, who were they to tell me that I can't work you know, other
students can work and I get that I'm at a position that not all students are at but if I need to work then I need to work
you know, at that point, I had moved off campus I was responsible for rent payments and and at that point my
scholarships were out so I was having to take out student loans to To pay for school and everything and my books
and all of that. So, it was I was just kind of like, well, now I can go to school, but I can't live, you know, kind of
thing. So, I ended up getting another job after I quit that one. But that's not the point. Another job, that was kind of it
was another bartending job. So, it was very few days a week, but it was bartending, you're able to get a bunch of
money in like a day or two. So, I just kind of did that and didn't tell them that I was working
RESEARCHER: from that point on. How did it go from there?
GWEN: I think I started working again, in about October of that semesters. I wanted to kind of test the waters at that
point. I had found two other girls that were in my sorority who were repeating the class for their second time.
And [name deleted] was much older than me, not much, I say much older but she's a couple years older than me.

She had gotten like a pre-med degree before she decided she was going to do nursing, so she had kind of been through school before and we actually found that we were both going to counseling with the same guy. And so, we were like, we're going to get together, and we are going to do this, like, we're going to pass this course. So, I really feel that [name deleted], unlike my best friend, who I've known forever, you know, she was one that didn't care, if she hurt my feelings, she was going to tell me what I needed to do. And she was going to tell me that we knew that we needed to study and, and we were in the same sorority, so she knew what they were expecting of us. And she was like, we're going to tell them, and we don't care. You know, like, we have got to get through this. I really feel that she was a big turning point to that and the fact that I was pissed off at the College of Nursing and I was like, I'm going to show you all that I can do this, you know, and that semester we kicked butt I think I made like close to 4.0 in that course that I think you know, it was the only course I was taken so that probably helps you that it was my soul kind of focus but we would are my studying strategies I think changed then the most because we would we would go to class we will go to either of our apartments and we would study while we have learned that day.

And then like we would have specified day on this day, we were going to do this on this day we were going to do that. And I felt like that gave us a lot of success in that course.

RESEARCHER: So, no problems from then.

GWEN: Nope, nope. And then I went into my final semester, and we kind of stuck to our same, you know, strategies and no problems there either was after that was kind of smooth sailing.

RESEARCHER: So, you graduated, you passed the NCLEX

GWEN: I did the first time and 75 questions. Yeah, I did after the Dean of nursing told me I would not pass I did. Yeah, we were having like a good question and answer session because I have the dean come in for a question and answer session every semester for her to just kind of not answer any real questions or make any big changes. But just like make them feel, I guess if they're letting us be an advocate they should, and it doesn't matter.

So, at that point she had she had asked a question about if anybody was getting married after graduation. And so, I raised my hand and there were a couple others. But I sat in the front because at that point, I had moved to the front of the classroom, like I am here, and we're learning, you know, so she asked me when I was getting married, and we were graduating in May. And my wedding was June 4,
because I was supposed to graduate in December. And that's when we had planned the wedding for, so she says to me, she said she, she laughed at me. And she said, is it too late for you to change your wedding day? And I said, Absolutely. It's too late for me to change my wedding date. And she said, because there's no way you're going to pass the NCLEX. If you're getting married in June I said, Okay. So, I was just more fuel to the fire.

RESEARCHER: is there anything else that you want to add after going over all of this to this interview that you think we missed? You wanted to clarify, I mean, we can do it later but anything of the top of your head, um,

GWEN: I just think overall like, Yes, I had some issues as a student like my studying habits where we're not where they should have been, as I understand that I had fault in, in the struggles I had IN nursing school but also just the environment that we were in, in nursing school, you know, only had one instructor that I felt really cared about whether we succeeded or not. So, when you're going into a program where you know, everything you do is going to be scrutinized and if you mess if you make one misstep, you know that it's going to affect you down the road. You know, it puts you almost setting up for failure. I feel like no matter how good of a student you are, like it's still it's hard going to school and trying to succeed in that kind of environment.
APPENDIX M. HEIDI’S TRANSCRIPT

RESEARCHER: Okay. So, I'm gonna ask you two broad questions and then we'll kind of go back and forth between what you told me on those. We'll always kind of roll back to what you said in the beginning. Why do you believe you were dismissed from the program?

HEIDI: Because I didn't meet the goal. I didn't pass.

RESEARCHER: Okay but elaborate on that. That's the technical reason you were dismissed. Think about more on a personal level, why do you believe ... not them personally against you, not like that, but overall.

HEIDI: Last February I had surgery and then the second week of school, this past semester, my grandfather suddenly passed away. And I failed a couple tests because of that.

RESEARCHER: Did you talk to anybody -

HEIDI: No.

RESEARCHER: ... at school about that? So, nobody knew?

HEIDI: My clinical instructor knew.

RESEARCHER: No other faculty?

HEIDI: No.

RESEARCHER: Okay. Can you describe to me how it felt when you found out you were dismissed?

HEIDI: I felt like a failure. It was hard.

RESEARCHER: Okay. Failure how?

HEIDI: Like I wasn't good enough or smart enough.

RESEARCHER: All right. So, we're gonna get back to that. Now I need to take you way back. Why did you choose nursing as a career?

HEIDI: I started out going to med school and then I did ... wanting to go to med school. And quickly decided that wasn't for me. And so, I started looking in the medical field of what else and-

RESEARCHER: Why do you think that wasn't for you?

HEIDI: Because I was gonna have to take more chemistry and I was not doing well in chemistry.

RESEARCHER: I Did you have anybody in your family that was a nurse? Or had you had any experiences with a nurse in the past that made you kind of gravitate towards that field?

HEIDI: No.
RESEARCHER: It was just something that you thought would keep you in the medical field, it wasn't necessarily your lifelong dream.
HEIDI: Right.
RESEARCHER: ... of being a nurse? Okay. At what point during school, I'm talking middle school, high school, did you realize you wanted to be in the medical field?
HEIDI: High school.
RESEARCHER: Okay, did you-
HEIDI: I did allied health for four years in high school.
RESEARCHER: Explain that to me, because not every school has that.
HEIDI: It's a program that your core classes, like your biology, is more medical based than just regular science. And you have different electives that you can take that are medical.
RESEARCHER: So, you had some sort of guidance, if you wanted to be in the medical field, there was stuff you could gear towards-
HEIDI: Yeah, as a senior I did-
HEIDI: ... CNA and I was certified as a CNA right out of high school.
RESEARCHER: How did you like being a CNA?
HEIDI: I didn't. I didn't work as a CNA.
RESEARCHER: You never worked; you just got the certification? Okay. What did you not like about it?
HEIDI: I didn't like that you did just dirty work.
RESEARCHER: How did you perform on those sciences courses in high school?
HEIDI: Really well.
RESEARCHER: Really well?
HEIDI: A's.
RESEARCHER: Okay, so you were comfortable, never struggled with those courses?
HEIDI: No.
RESEARCHER: You're in high school, you know you want to be in the medical field, what was the next step after that, after you graduated? What did you do?
HEIDI: I went to (university name deleted) thinking I was going to med school.
RESEARCHER: Okay, and how many semesters did you do that?

HEIDI: I went for two years.

RESEARCHER: So, you're in premed at (university name deleted), right-

HEIDI: I was actually a kinesiology major.

RESEARCHER: And that was something that you could do for premed?

HEIDI: Yeah.

RESEARCHER: Okay. So how did you do during that time, grade wise?

HEIDI: I did pretty good. I was making B's and C's.

RESEARCHER: And at what point did you decide, "This is not for me," and why?

HEIDI: After the second chemistry.

RESEARCHER: So, chemistry was like the deal breaker?

HEIDI: Oh, yeah.

RESEARCHER: "I don't want to do this anymore"?

HEIDI: Oh, yeah.

RESEARCHER: Okay. We talked about you deciding to go to nursing, what made you choose the university that you did? Or was there another choice prior to them?

HEIDI: I knew that (university name deleted) had a really good nursing program, but we also know a family friend that has a daughter and she tried to get into (university name deleted) like five times and never got accepted. I took the [entrance exam] and applied, not thinking I was gonna get in, and my mom was really the one that made me apply, 'because I wasn't gonna apply. I was just gonna wait a couple semesters, but she said to apply. So, I applied and ended up getting in on the first try.

RESEARCHER: Probably due to your science background, I would imagine, and your grades. You did well on the HESI then?

HEIDI: Yes.

RESEARCHER: Okay. Academically, you're moving along, grades are good, you feel comfortable in a science-based degree. So, let's start with your very first semester, your clinical semester. How'd you feel going in?

HEIDI: Very intimidated.

RESEARCHER: Why?
HEIDI: It was very fast moving, a lot of material, and a lot of skills. I just didn't expect the ... I guess the degree of how fast it would move.

RESEARCHER: Which is typical of a fundamental semester, but tell me about ... talk about the skills, what do you mean? The skills, did you not like them or were they more difficult that the academic portion?

HEIDI: The skills were, for me, a lot easier than the academic portion, 'cause I'm a bad test taker.

RESEARCHER: Okay, now you're gonna have to elaborate on that. What do you mean?

HEIDI: I get really bad test anxiety. And I second guess myself and choose the wrong answer because I talked myself out of the right one.

RESEARCHER: Have you ever talked to anybody at the university at this point about your test anxiety?

HEIDI: No.

RESEARCHER: You didn't seek any outside help for getting so anxious during an exam?

HEIDI: No. I'm on anxiety medicine, but ...

RESEARCHER: Okay, and you were on anxiety medicine-

HEIDI: Mm-hmm

RESEARCHER: ... during that semester? Did you work at all?

HEIDI: I nanny.

RESEARCHER: Okay, how many hours?

HEIDI: During the school year? Maybe ... 15 a week.

RESEARCHER: Going back to your CNA certification, although it doesn't give you core nursing knowledge, it does give you knowledge of the medical field, the hospital environment. Do you think that that extra knowledge going in, which is not typical of a bachelor's nursing student? Normally they go in with nothing, no expectations. Do you think having that extra knowledge and having been kind of a premed student, did that affect the reason you were overthinking your tests or possibly-

HEIDI: Yes.

RESEARCHER: ... looking at things differently? Okay. 'Cause a lot of times when people say they overthink in a test, I can usually revert it back to having more knowledge than an average student, because that's just what you do. Because you've been in that environment and you kind of go, "Well ..." Instead of taking yourself back to a basic level.
RESEARCHER: All right. During your first fundamentals clinical semester, at which point in the semester did you realize that you might be in trouble? And which course was it?

HEIDI: It was pharmacology. After the third test, I think.

RESEARCHER: And were you using the resource that the university offered, to help you when you realized you were struggling a little bit? Or did they offer any resources for you?

HEIDI: I went to tutoring.

RESEARCHER: Did that help?

HEIDI: A little bit. But for that class, I just didn't study it enough. I put a lot of my attention into the fundamentals class and not into pharmacology.

RESEARCHER: During this semester, you were successful in fundamentals and you weren't successful in pharmacology?

HEIDI: Right.

RESEARCHER: So, at this university, you have to have completed pharmacology to move on?

HEIDI: Right.

RESEARCHER: Okay. So, tell me about the clinical portion of that fundamental’s semester. How did you feel about the nursing profession at this point?

HEIDI: I liked it. I liked being able to help others and give them maybe the only smiling face they would see that day. I found out that when I went into clinicals that I thought I would be really scared to do the skills on the patient, but once I started doing it, it wasn't a problem. I just did it.

RESEARCHER: Okay, so you felt comfortable in that environment? You're still feeling like this is what I want to ... definitely what I want to do?

HEIDI: Yeah.

RESEARCHER: Okay. Your next semester, and you're just taking pharmacology? Were you working or still as a nanny or ...?

HEIDI: Nanny.

RESEARCHER: Okay, same amount of hours, basically?

HEIDI: Yeah.

RESEARCHER: All right. So how did you do on pharmacology this semester?
HEIDI: A lot better than I did the first time.

RESEARCHER: Okay, was it more because you were familiar with what you were going to be up against, or did you change your study habits?

HEIDI: I studied more, and I knew how the tests were.

RESEARCHER: Okay. Back to the study question, in fundamentals, did you not have a study group? Or were you-

HEIDI: Yes, but not ... I had a study group, but I didn't really like it.

RESEARCHER: Okay. Why?

HEIDI: I felt like the people in the group were just a lot different than me, and-

RESEARCHER: How so?

HEIDI: Their personalities were a lot different than mine, and I didn't really mesh with them. I just felt like-

RESEARCHER: They were more outgoing or interested in different things than you?

HEIDI: A lot of them knew each other already and so I just kind of felt like the outlier.

RESEARCHER: Did you feel like that in your clinical group?

HEIDI: Yes. First semester.

RESEARCHER: All right. Do you think that affected you in any way during the semester in your studies or-?

HEIDI: Probably-

RESEARCHER: ... anything like that?

HEIDI: Yeah, probably in my studies, 'because I didn't really have anybody to go study with.

RESEARCHER: Okay. And when you were taking pharmacology the second time, that kind of took you away from that core group that you started with, your cohort, and moved you into another cohort. Was that group of students, were they accepting and-?

HEIDI: Yes.

RESEARCHER: Okay, so you felt more comfortable with them? Okay, good. How did you do with study group in that one? Did you have a study group then?

HEIDI: We did. Study group was a lot better. I felt like I learned more in study group the second semester than the first.

RESEARCHER: Was there students there that you think were more like minded and had personalities more-

HEIDI: Yes.
RESEARCHER: ... like yours? Okay. You're successful in pharmacology, you're with a group that seems to be a better fit for you, right?

HEIDI: Mm-hmm (affirmative).

RESEARCHER: And you're moving to med-surg 1-

HEIDI: Mm-hmm (affirmative).

RESEARCHER: ... correct? All right. Tell me about how you felt going into med-surg 1.

HEIDI: It was a lot of community hours. It was a lot of schedule stuff and we only had class one day a week.

RESEARCHER: Wow.

HEIDI: So, it was-

HEIDI: ... kind of culture shock.

RESEARCHER: And that's the semester you do your med-surg, OB, MP-

HEIDI: No, that's third semester. Second semester is mental health and community class-

RESEARCHER: So, all your classes were just on the one day and then everything else was clinicals?

HEIDI: Yeah.

RESEARCHER: Okay. And were you successful in that semester? Or was that this past semester?

HEIDI: That was this past semester.

RESEARCHER: Okay, so what went wrong there, do you think? And at what point did you say, "Oh, crap. I'm not doing well"?

HEIDI: I think it was after the second test. The drop date was the day before the third test, I think. And I contemplated dropping the second fundamentals class and staying in the community class, but I was so close to passing that I said I would just bust my butt and get it done. And ended up not being able to.

RESEARCHER: To pull it up?

HEIDI: Yeah.

RESEARCHER: So, tell me, let's go back to your grandfather, those first two tests, and you said that nobody knew about your situation except your clinical instructor. Did they recommend at any time for you to possibly ask the other faculty to offer you more time or extended time to take a test?

HEIDI: No.

RESEARCHER: No. Was it a lack of study time or even when you studied, you weren't able to concentrate?
HEIDI: Both. The second test was on a Monday and my grandfather passed away on the Saturday, so we spent from the Monday before the test all the way to when he passed in the hospital. So, I would go to school and then go straight to the hospital, and we had family come in from out of town.

HEIDI: And it was trying to feel like I needed to be with my family, but also know that I needed to be doing something else.

RESEARCHER: Okay, so with this dismissal ... So, you felt, in this semester, was it just the med-surg course that you struggled with?

HEIDI: Yes.

RESEARCHER: Everything else you were okay in, or would've been okay in?

HEIDI: Yes.

RESEARCHER: How has this dismissal affected you in your personal life?

HEIDI: I feel like it's made me grow in myself and that part of my problem was that I would compare myself to others in the class and think that I wasn't smart enough, and that probably had an impact on not making it, because I was telling myself negative things and that resulted in a negative outcome.

RESEARCHER: Okay. What about your family? Has there been a supportive environment there during this whole process?

HEIDI: Yes. I didn't think that my parents would be as supportive as they were. I thought they would think that I was a failure and that I wouldn't make it in life, but they haven't.

RESEARCHER: So, they're still very supportive. Okay. So, what are your plans moving forward?

HEIDI: I'm mostly likely applying to [name deleted] and gonna go there for my RN.

RESEARCHER: That's their bachelor's program? They have a bachelor's-

HEIDI: Yeah.

RESEARCHER: ... program there? That's the new-

HEIDI: It's the [name deleted].

RESEARCHER: Okay. I'll take that out.

HEIDI: Oh-
RESEARCHER: All right, so if you could sit down and write a letter to a student who is thinking about going to nursing school, just tell me, what would be one of the main things you would want to say to them, before they start it?

HEIDI: Believe in yourself. Study every day. And get a support group of your peers that will help you along the way.


HEIDI: Now I need a Kleenex.

Follow-up Questions

RESEARCHER: Do you feel like working as a nanny took time away from your studies?

HEIDI: no

RESEARCHER: Where were you able to study while at work or did you study?

HEIDI: No, I didn’t
APPENDIX N. SAMMIE’S TRANSCRIPT

RESEARCHER: I'm just doing two just in case one fails. All right. Why do you believe you were dismissed from your program? Your personal belief.

Sammie: Because I failed out. But why did I fail out?

RESEARCHER: Yeah. Why do you think you failed out?

Sammie: The materials. I think the material was too broad for a beginner student. I really think that the material needs to be broken up a little more. You throw clinicals in on top of that, you're taking away three days of basic studying just for fundamentals. I think that's a huge problem because not just for myself, but for other people that when clinical starts at the eighth week, everybody starts to decline. It's just too much information and then you throw on top of that the clinical that takes away-

RESEARCHER: That's a component.

Sammie: Yeah.

RESEARCHER: As we move along, we'll break all that down in a minute. But I want one more broad question before we break everything down. Can you describe to me how you felt when you found out you were being dismissed from the program?

Sammie: Devastated. Still devastated.

RESEARCHER: All right.

Sammie: It's a huge ... For me personally, I've been in school for six years. Just to be dismissed, you have nothing left to fall back on. It's very depressing. It's hugely depressing. (became emotional)

RESEARCHER: We'll go ... And don't do that. (referring to her tears)

Sammie: Well, it's new. I just found out.

RESEARCHER: I know.

Sammie: Everybody starts school-

RESEARCHER: It's good to talk about it, too. So now I'm going to take you way back and then we'll also get to what you just told me again. When did you decide you wanted to be a nurse?

Sammie: Oh. Always. Since I was ... High school, I guess.

RESEARCHER: Do you have people that are in the medical field or nurses in your family or it's just something that you personally wanted to do?
SAMMIE: I originally wanted to be a veterinarian. I was raised on a farm. I took care of a lot of sick animals.

At the time, financially I couldn't go to school. I took up MA (medical assistant) school and did that on my own.

That's when I became into the medical field.

RESEARCHER: Did you ever have any family members that you had to care for or...?

SAMMIE: I take care of all my family. I've been a MA since '94 I think.

RESEARCHER: Caregiving is kind of in your blood.

SAMMIE: Yeah.

RESEARCHER: Something that you love today.

SAMMIE: I did internal Medicine for 20 years. Hospice for 20 years. Just kind of just like-

RESEARCHER: The natural flow of things. All right. When you were in high school and you said you've always known you wanted to be a nurse. When you were in high school, did they do anything to help you? Did you ever meet with a counselor that said, okay, you need to take these courses so you can be more successful in a science-based career?

SAMMIE: No.

RESEARCHER: No?

SAMMIE: I'm 49 years old. They didn't have that back there.

RESEARCHER: I know.

SAMMIE: I went to [name deleted] high school. So, no, we didn't have those kinds of options.

RESEARCHER: Why did you choose the university that you did?

SAMMIE: Because I wanted a better education. I really thought [university name deleted] would be a better education for me.

RESEARCHER: Why?

SAMMIE: I don't know. I just really... One is being a [religious affiliation deleted] school and I'm [religious affiliation deleted]. I wanted that foundation and my religion and with the school on top of that. I just really thought that it was a better school. It's a small school function. I don't function well large group areas. [university name deleted] and [university name deleted] they're big classes. I don't do well with that.

RESEARCHER: Did you feel like your religion was a part of your education at that university?

SAMMIE: No. No.

RESEARCHER: So that aspect or that thing-
SAMMIE: It's just a name.

RESEARCHER: That thing that drew you to them wasn't really, there. Wasn't really a part of it. All right. When you applied to this school, what ... Were there any concerns about, oh, I may not get in because of... Did you have any of those thoughts?

SAMMIE: No. I didn't ... I guess 'because I did well at [college name deleted].

RESEARCHER: What do you mean by, well? So, you took your prereq's there.

SAMMIE: I did. I was on the Dean's list a few times. A B honor roll. But I think one general biology class, I think with my first C that I had over there. For now, it's ... At the [college name deleted] I have a 3.1. With the [university name deleted] I have a 2.66

RESEARCHER: So, you had a good GPA going in.

SAMMIE: Yeah.

RESEARCHER: Was there any doubt that you wouldn't be successful?

SAMMIE: No, not until I got into the patho part of it. That's when trouble really started declining for me.

RESEARCHER: In your pathophysiology class ... Is that what you're talking about?

SAMMIE: Mm-hmm

RESEARCHER: Did your study habits have to change or were they the same? You were successful at [college name deleted]. Did you carry those same study habits with you?

SAMMIE: Mm-hmm

RESEARCHER: Did you have to adjust them at all when you started-

SAMMIE: A lot.

RESEARCHER: ... seeing yourself not doing well?

SAMMIE: Yeah.

RESEARCHER: What'd you do?

SAMMIE: It was pretty straightforward. [college name deleted] ... they were pretty straightforward with basically what you have to know rather than basically this is your PowerPoint. I'm gonna read you a PowerPoint. Then you'd have to figure it out for yourself. My first year with patho, that was my doing. So, I can't ... I took it three times. The first one, I really don't count. That's simply because my son's best friend ... He was like my own child to
me. I've had him since he was two years old in my house. He was killed the weekend of my first exam. So, I was planning his funeral the weekend of the first exam. So, mindset that semester, I really wasn't ...

RESEARCHER: Did you let anybody know that you were going through-

SAMMIE: Actually, I had emailed [faculty name deleted] about trying to postpone it. Because it's not quote unquote a blood relative, it's not excusable.

RESEARCHER: He knew that this child ... He lived with you ...?

SAMMIE: After that email. But second semester, third semester, it was more ... I had to learn what it is they were looking for. The why.

RESEARCHER: Was it the same instructor each time you took it?

SAMMIE: I had [faculty name deleted]?

RESEARCHER: [name deleted] is the same instructor all three times?

SAMMIE: All three times.

RESEARCHER: Was there another option of another instructor that you could have had or that was the only person teaching it?

SAMMIE: He was the only one.

RESEARCHER: Wow. You were accepted into the clinical portion. You're ready to start your first clinical semester. How did you feel going into that semester?

SAMMIE: Very optimistic, hopeful, nervous, scared I guess like everybody else. Not knowing what to expect 'cause you hear all the horror stories that come along with it.

RESEARCHER: So, two weeks in, how did you feel then after you knew your schedule?

SAMMIE: Overwhelmed, right off the bat. Overwhelmed. You're given 15 chapters to read in the first week. To me that's impossible. You can read it. But you're not comprehending nothing. That's the thing. You're reading it but you're not comprehending it. That's a huge problem because you can come back and ask me. Well, I remember reading it, but I don't remember what it was talking about.

RESEARCHER: So, did that ... Learning your schedule and realizing, oh my Gosh, I've got all this stuff I have to do. How did that factor into your home life because who-

SAMMIE: I had none.

RESEARCHER: Who did you have at home that you had to care for it at that point? Was there anyone?
No. My fiancé actually moved in with me the first year of clinicals which was [date deleted]...

This past. He moved in with me so he can take care of everything. There was no home life. There's no family life.

There's no nothing.

Did you feel like you had a good support system though, if you needed to vent or complain?

Oh yeah. [friends name deleted] heard a lot of tears. My mom and [fiancé’s name deleted], my fiancé. Yeah.

RESEARCHER: At what point in that semester ... So that first semester ... You'll have to refresh my memory here.

In that first semester, did you ... So, you had to repeat this first semester?

This last Fall, I had to repeat.

RESEARCHER: All right. So, at what point in that very first semester-

Third.

... did you realize you might not possibly make it?

Probably the third exam.

Third exam? had you-

But I pushed forward because I was ... My [average] grade was a 78.

You were really close.

It was that teeter moment. I felt like I can push it to make it. That's why I stayed in it. To push

Forward.

Did you have a study group-

No.

that you were with now? No. You studied-

Wee, I studied with a couple people unsuccessfully. I'm not a big fan of ... I'm an older. I'm 49.

Studying with these young'uns, 19, 20, 21-year-old. My boyfriend didn't call me today. Hey, what'd you do? I don't have time. I don't want to be associated with that. I need somebody serious. [friends name deleted] We ended up

having separate classes 'cause we used to study all the time together

Have different schedules.

Right.
RESEARCHER: In that semester you ... It wasn't just fundamentals, you weren't successful in, or was it fundamentals and another course?,

SAMMIE: I gave up on ... I ended up dropping fundamentals because of clinicals. I couldn't deal with it anymore. I was done. My mindset was I was done and over it. I purposely did not even remotely attempt pharm.

RESEARCHER: Can you elaborate on what you mean by because of clinicals?

SAMMIE: I hated it.

RESEARCHER: Did you ... What did you hate about it?

SAMMIE: The instructor.

RESEARCHER: So, it wasn't the patient care or ...?

SAMMIE: oh, no.

RESEARCHER: You still want it to be a nurse at this point?

SAMMIE: Oh, yeah. To me that comes naturally because I've done it for so long working in internal medicine. But as far as instructor wise, was not helpful at all. You would ask a question for clarification and I'll give you an example of one. We had gone over wound care in a lecture class prior to going into clinical day. I had a patient. She was an overweight patient. I was cleaning her up.

SAMMIE: She was super nice. Everybody on the floor talked about it that she was nothing but a troublemaker. Me, I'm kind of used to them kind of people. I just blow it off. I did the patient care of tending to her needs of everything that she needed. It didn't matter what she said. I was there to help her all day long that day. I was ... She had to go to the bathroom. I was cleaning her up and everything. when I rolled her over, she had a bed sore. When she had that bed sore, I’m saying Stage two. According to the book, I'm saying Stage two. I go and get the instructor because I have to verify for my paperwork 'cause this is what you're grading me on. She jumped all over me about it because I should know this.

SAMMIE: I'm telling you what it is. I just need you to verify it to make sure I'm seeing what I'm supposed to be seeing. If this is what it is. Got in huge trouble over that because I should have known. I should not have to be asking her a question. I should know how to treat it. She ended up calling in the charge nurse. The charge ... She was questioning the charge nurse about the wound care as to what they were going to do it. The quote unquote she told her she said, I am not a wound care nurse. I do not do that.
Sammie: The wound care nurses. The charge nurse told the instructor that and said that we don't fool with that. The wound care nurse comes in and takes care of that. My ... What do I do? There were several incidents of that scenario.

Researcher: So, you just really didn't feel like you were being supported or ...?

Sammie: Not at all. Not at all. When you go into the lab and you listen to the breath sounds on the dummy, you're given 15, 30 minutes for this lab class. I'm not comfortable with that. I'm not comfortable with sitting here saying that you have crackles in your lungs. I hear it one time in the lab. I'm no expert at what this sounds like. If I hear it, I'm coming to you to clarify, to make sure I'm hearing and calling it the correct way. But to be criticized about it. That I should know this. I don't think that's right. You're teaching me. If I knew it, I wouldn't be here.

Researcher: You tell me that you went ahead and dropped fundamentals. You're still in a different course. You ended up repeating the semester. Correct?

Sammie: Mm-hmm

Researcher: Let's move into this next semester.

Sammie: [identifier deleted] semester.

Researcher: What did you ... Going into that semester, what were your thoughts on what am I going to do different?

Sammie: My thoughts? My thoughts were I was going to be a little more sociable. Instead of in my own little eggshell.

Researcher: Did that ... That didn't happen.

Sammie: I'm still ... I'm not a very sociable person that get out and ... But part of it's me is because of the age difference. You think a 50-year-old person with a bunch of teenagers ... It does work.

Researcher: Do you think that that affected your studies or your performance in this semester?

Sammie: No. No because they actually did lecture classes a little different, the fall. First semester in lecture rooms, you just sat wherever you wanted to. This semester they put you in your clinical groups. So, your clinical group had to sit next to each other. That made it to where you were more talkative.

Researcher: Interactive?
SAMMIE: Yeah. To your clinical group and you get to know them much more than just at clinical. That kind of made it a little easier in that aspect because at that point everybody started opening up a little more into the semester. I did better overall grade wise.

RESEARCHER: Why do you think that is? Why do you think he did better?

SAMMIE: I think it's because I already knew the material and knew somewhat how to break it down rather than it being my first semester. I kind of already had it and I already had my notes from the previous semester. But...

RESEARCHER: So, what do you think happened this semester?

SAMMIE: As to why I didn't pass?

RESEARCHER: Right.

SAMMIE: Just because I...Not failure on my calendar.

RESEARCHER: Oh yeah.

SAMMIE: I didn't pay attention to my calendar.

RESEARCHER: So that's...You think it was more time management towards the end?

SAMMIE: Yeah. That kind of goes with the broad studying issues. I have literally two, three-inch binders...

Three-inch binders filled with nothing but notes and it's test one, test two, test three, tests four. It's literally that big.

RESEARCHER: You didn't feel like you had or gave yourself enough time to focus on the exam you needed to focus on?

SAMMIE: Right.

RESEARCHER: When you start feeling like you're in trouble and you possibly need some help outside your own methods, did you seek any of the university's resources or did they offer you any resources that you thought might have helped you be more successful?

SAMMIE: No. They offered...They would mention tutor classes with other students. I'm not another student kind of person. I'm a private student. I don't like to be in with a whole bunch of people.

RESEARCHER: That make sense.

SAMMIE: I'd rather be a one on one.

RESEARCHER: So, if you would have been offered a one on one tutor, that probably would have been a better option or something?
SAMMIE: Right. I think so because not everybody is group friendly. I just don't like to be around a bunch of people that I don't know and that I'm not comfortable with. That's just my perspective on that. I know that they offered pharm. They offered it but the one girl that did it I actually emailed her. But she never followed through on when to set up a time to get together. She would ... The schedule of her coming in for tutoring was just ...

RESEARCHER: They ... So, the resources were kind of limited as far as you're concerned.

SAMMIE: Yeah.

RESEARCHER: All right. So, this failure ... I hate to keep calling it that because I hate that word.

SAMMIE: Seems like I keep hearing that word a lot lately.

RESEARCHER: A lot lately.

SAMMIE: Just call it dismissal.

RESEARCHER: So how did this dismissal affect you and your family and your goals that you had set for yourself?

SAMMIE: Wow.

RESEARCHER: Is there going to be ... What is it going ... How is it going to affect you? Is it going to affect you psychologically, financially ...?

SAMMIE: Financially, it hit really hard. I been in school six years now. Been with the [university name deleted]... Like I said earlier, I've accumulated in the three, four years I been with the [university name deleted], a $40,000-dollar debt that I've never had before. It's put a lot of strain 'cause you can't really work when you're in clinicals. So financially you only have ... I thank God I have my family and my fiancé to take care of things.

RESEARCHER: So, you did work at all?

SAMMIE: I didn't work at all. I gave up my job so I can just focus on school. It's really hard because you ... Actually financially, you distance yourself from your family because all you're doing is studying. I never did master or comprehend how some people can study just a few hours and still have a family life because that certainly wasn't me. It was almost dad gum nearly 24 hours of nonstop studying.

RESEARCHER: What are your plans moving forward?

SAMMIE: I'm going to [college name deleted] I'm applying for another school.

RESEARCHER: So, you're still going to pursue nursing. Not giving that up.

SAMMIE: I'm not gonna give it up. As hard as it is and as much as I want to, I'm still going to push forward.

RESEARCHER: Is there somebody or something in your life that is motivating you to push forward?
Sammie: My kids.

Researcher: Okay. Okay.

Sammie: My daughter told me that it doesn't matter how long it takes you to get or how you get it as long as you get it. That just kind of plays in my mind. She told me that when I failed out.

Researcher: Is there anything that I didn't ask you that you think is important to know about your whole experience?

Sammie: Nothing.

Researcher: Okay. It's okay to say no.
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VITA

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