

A PHENOMENOLOGICAL STUDY EXPLORING THE LIVED EXPERIENCE
OF STUDENTS WHO HAVE FAILED A NURSING COURSE:
TRY AGAIN OR MOVE ON?

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Abstract

The purpose of this transcendental phenomenological study was to examine the lived experiences of students after failing a nursing course, resulting in the students either sitting out a semester prior to repeating the course or making the decision not to return to a program at all. The central research question for this study was “what are the lived experiences of students who fail a nursing course?” This study retrospectively examined the failure of nursing students to better understand how they processed the event, gained meaning from the experience, and found supportive measures that were useful in moving forward to the next step in their educational journey. The theories guiding this study were Knowles’ adult learning theory and Bandura’s social learning theory, with a nod to Frankl’s theory of meaning making. Participants consisted of 12-15 adult students accepted to an associate degree nursing program in the southeastern United States who failed a nursing course with a D or F. One-on-one interviews and focus small group sessions were conducted in a private conference room at a joint community college center that serves students from three different higher education institutions. Participants were also asked to write a letter of support or advice for a future student experiencing the phenomenon to gain further insight in how they survived the failure, gained meaning from the experience, and were able to move forward following the academic set-back. Data analysis was conducted using van Manen’s thematic analysis to discover the participants’ lived experience following failing a nursing course.

Keywords: lived experience, emotional effect, meaning making, failure, student nurse

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Dedication

I dedicate this dissertation to my family, who makes my life whole, keeps me on my toes, and makes me smile. Their unwavering support kept me going when I was ready to quit. This is also dedicated to my parents, who both quit high school to have me, derailing any educational opportunities they might have had. Both eventually obtained GEDs, but for their decision to take the difficult path to have and raise a child as teen parents, I will be eternally grateful. As any great adventure, this journey has been filled with hills and valleys, highs and lows, stops and starts, but has been so worth the effort. I am so thankful for the opportunity.

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This has been an amazing journey, both frustrating and enlightening, and one I would have never completed without the love and support of so many. First and foremost, my husband Ed has been a driving force and beacon of sanity throughout this process. He pumped me up when I was flat, made me laugh when I was sad, and calmed me when I was having a meltdown. He never complained about the house being a mess, all the take-out meals, hauling books everywhere we traveled, and being ignored in the car because I was always reading a textbook. For my sons Brian and Michael, daughter in law Holly, and grandchildren Peyton, Stellan, and Aria-your support and patience meant more than you will ever know. When I was ready to quit, you guys gave me the energy to go on because I could not conceive disappointing you. You do not know how excited I am for this to be done so I can be fully present in our lives again.

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List of Abbreviations

Accreditation Commission for Education in Nursing (ACEN)

American Academy of Nursing (AAN)

American College Testing (ACT)

American Nurses Credentialing Center (ANCC)

American Psychological Association (APA)

Associate of Science in Nursing (ASN)

Bachelor of Science in Nursing (BSN)

Commission on Collegiate Nursing Education (CCNE)

English as a second language (ESL)

Grade Point Average (GPA)

Get Ready to Initiate a Nursing Degree (GRIND)

Master of Science in Nursing (MSN)

The National Council of State Boards of Nursing for Registered Nurses (NCLEX-RN)

Registered Nurse (RN)

United States (U.S.)

CHAPTER ONE: INTRODUCTION

Overview

Nearly 30-50% of qualified nursing students fail to finish their original program of study; therefore it is imperative that nurse educators learn to predict obstacles and intervene to promote student success (Fagan & Coffey, 2019; Kukkonen et al., 2016; Lewis et al., 2019). Nursing students report leaving school for a multitude of reasons to include financial difficulties, inadequate family support, employment obligations, feeling disconnected from the college, scheduling conflicts, disappointment with the quality of the educational experience, poor grades, and failure to anticipate the academic rigor required in nursing school (Andrew et al., 2015; Bakker et al., 2018; Barbe et al., 2018; DellAntonio, 2017; Donnell et al., 2018; Fontaine, 2014; Freeman & All, 2017; Hamshire et al., 2019; Hoeve et al., 2017; Jones-Berry, 2018, 2019; Kubec, 2017; Kukkonen et al., 2016; Pearce, 2018; Smith et al., 2016). This study examined the experiences of students who failed a nursing course, how that failure affected them, and how they processed the set-back to move forward. Chapter One provides a brief background explaining the historical, theoretical, and social foundations of this study, as well as the personal motivation for wanting to learn more about the students' perception of the lived experience of failing a nursing course. A statement of the problem, the purpose of the study, the significance of the study, and the research questions guiding the study are also discussed.

Background

Predictions of a critical nursing shortage have been discussed in the literature for some time. Due to recent economic recession trends, many nurses have either returned to the workforce, increased hours of work, taken second jobs, delayed retirement, or left jobs outside the hospitals to return to bedside nursing, boosting full time registered nurse employment

numbers from 2.1 million in 2001 to 3.2 million in 2015 (Buerhaus et al., 2017). In response to projections, nursing schools doubled production of graduate nurses during the 2000s (Auerbach et al., 2015). The combination of these two factors resulted in a workforce of 2.7 million full time registered nurses, a 40% increase since 2000 (Auerbach et al., 2015). While these numbers initially sounded promising, examination of the current registered nurse workforce quickly shed light on a continued valid concern.

In 2015 the average age of an employed registered nurse was 44.4 years, with approximately 40% of those nurses being over the age of 50 years (Auerbach et al., 2015). Even though many nurses delayed retirement, a predicted 80,000 nurses are expected to retire in the next decade, creating a shortage of between 300,000 to one million registered nurses within the next ten years (Auerbach et al., 2015; Kubec, 2017; Lewis et al., 2019). Estimates by the Third Global Forum on Human Resources for Health projected that by 2035 a worldwide deficit of 12.9 million nurses will exist (Marc et al., 2019).

Although accredited schools of nursing produce many qualified graduate nurses each year, a worldwide nursing shortage is anticipated to reach an unprecedented all-time high in the next decade as the baby-boomer generation of nurses reach retirement age (Horkey, 2015; Kukkonen et al, 2016; Walker, 2016). With a critical nursing shortage currently looming ahead, schools of nursing are under pressure to educate the next generation of healthcare professionals to ensure continued safe patient care. Another limitation currently lies within the nursing schools themselves. Nursing programs in the United States have an aging faculty, budgetary limitations, and restrictions on the number of students they can admit. A 2019-2020 report from the American Association of Colleges of Nursing reported that nursing programs turned away

80,407 qualified applicants in 2019, citing insufficient qualified faculty, clinical rotation sites, clinical preceptors, classroom space, or budgetary constraints (ACEN, 2020).

Another common barrier is nursing program admission requirements that include meeting specified grade point averages, passing certain pre-requisite courses, and obtaining stipulated scores on standardized entrance exams (Wros & Noone, 2018). Even though nursing schools admit the best and brightest students, retention continues to be a struggle. Current admission practices based on numerical scores derived from grade point averages (GPA) and standardized exam scores are being scrutinized and thought to overlook some potentially talented students who could thrive in the nursing profession (Glazer et al., 2016; Horkey, 2015; Wros & Noone, 2018). A trend toward holistic admission procedures, which examine the candidate's academic, cognitive skills, and social skills such as emotional intelligence, is proposed to increase diversity of students in nursing programs (Talman et al., 2020).

The current registered nurse workforce is 88% female and 76% Caucasian (Buerhaus et al., 2017). Lack of diversity in nursing staff contributes to healthcare disparities for patients (Buerhaus et al., 2017; Glazer et al., 2016). In answer to the 2020 National Patient Safety Goal to reduce healthcare disparities and improve health of underserved populations, nursing programs must take measures to encourage increased diversity of students admitted into their programs (Glazer et al., 2016). Holistic admission practices evaluate students' life experiences and personal attributes in addition to the traditional test scores and grade point average, giving students from educationally and economically disadvantaged backgrounds an opportunity to be considered for admission to the nursing program (Glazer et al., 2016; Wros & Noone, 2018). Studies suggest that patients identify with healthcare providers of similar racial, ethnic, and socioeconomic backgrounds, leading to patients having better healthcare outcomes (Glazer et al.,

2016). Nursing is a complex profession that requires candidates to possess both intellectual and social skills to succeed.

Historical Context

Evidence of nursing shortages has been documented for decades (Janiszewski-Goodin, 2003; Kubec, 2017). The initial nursing shortage in the 1930s was thought to result from a combination of increased use of hospitals for care, more complex patient care needs, and the fact that nurse work hours were reduced (Janiszewski-Goodin, 2003). During the 1940s-1950s some of first organized efforts to meet the increased demand for nurses were the Cadet Nurse Corps program and the creation of approximately 1,300 hospital-based nurse education programs, which used an apprenticeship training to both train nurses and provide patient care for the hospital (Janiszewski-Goodin, 2003; Kubec, 2017). Civilian nurse candidates often attended these diploma programs to receive a combination of formal didactic education as well as hands on clinical training, during which they essentially served as free labor for the hospital. Poor working conditions, low salaries, long working hours, and the requirement that many nurses reside on the hospital grounds spurred nurses to seek other fields of employment (Janiszewski-Goodin, 2003; Kubec, 2017).

Another attempt to remedy the nursing shortage during the 1940s was the increased use of licensed practical nurses and nurse aides to work under the supervision of a registered nurse (Janiszewski-Goodin, 2003). The promise of shorter and less expensive training was thought to be a quick way to add numbers to the nursing workforce. Hospitals relied heavily on the use of lesser trained assistive personnel for the next two decades (Janiszewski-Goodin, 2003). The accelerated two-year nursing education program was first envisioned in 1958 by Mildred Montag as part of a research project for her doctorate degree (Marino-Meyash, 2015). The goals of this

community college program were to supply the workforce with trained nurses in an expedient manner and to diversify the profession by attracting student candidates of both sexes, differing cultural backgrounds, and varying age groups (Kubec, 2017; Marino-Meyash, 2015).

Community college programs produced needed registered nurses in a shorter time and at reduced costs than baccalaureate programs (Kubec, 2017). Janiszewski-Goodin (2003) proposed that the nursing shortage existed not because of an actual lack of nurses, but because of the demand for nurses to meet the complex, technologically intense needs of patients.

Although approximately 65% of nurses currently in the workforce began their careers as graduates of associate degree programs, a national trend in the United States is currently for registered nurses to complete a BSN within ten years of receiving an associate degree (Marino-Meyash, 2015; S. 6768, 2017). In the 1990s, the American Academy of Nursing (AAN) and the American Nurses Credentialing Center (ANCC) sought to identify hospitals that were able to attract and retain nurses, as well as spotlight organizational procedures shared among these facilities termed magnet hospitals (Aiken et al, 2009). This research revealed that magnet hospitals not only attracted and kept nurses, but they had higher patient satisfaction scores, lower rates of nurse burnout, lower incidences of needlestick injuries among nursing staff, and overall better patient outcomes than hospitals that didn't achieve magnet designation (Aiken et al, 2002; Aiken et al, 2009). Magnet hospitals also had common organizational practices that promoted and encouraged professional nursing practice, sought input from nurses in decision making, and was active in investing in the education and expertise of their nursing staff (Aiken et al, 2009). Another significant caveat noted was that while the nurse-to-patient ratios in magnet hospitals were higher than in nonmagnet facilities, the actual cost of having employed more nurses was offset by a significant reduction in lengths of stay and lower use of ICU beds (Aiken et al, 2009).

While the nursing shortage was nothing new, educators were currently challenged to generate changes in nursing curriculum to meet the increased demand for competent registered nurses. This study provided insight for nurse educators to effectively identify at-risk students, to decrease student attrition, offer needed support for students who fail a nursing course, and make innovative changes in nursing curriculum moving forward into the next decade.

Social Context

A significant social consideration when exploring the perils of poor student nurse retention is the continued ability of healthcare facilities to provide safe patient care for an increasingly complex, aging population (Kukkonen et al., 2016). Research indicated a strong correlation between safe nurse staffing, professional nursing excellence, and quality patient care (Aiken et al, 2009; Haun et al., 2018). Decreased numbers of nursing students translated into decreased numbers of nurses to provide patient care at the bedside. Media sources regale the public with tales of poor patient care, medical errors, and adverse patient outcomes, which were often attributed to poor staffing (Lancia et al., 2018). Regardless of the type of nursing program, educators are challenged to identify at-risk students promptly and provide ongoing support measures to improve retention, student success, and ultimately competent nurses to enter the workforce. Of interest for this study were students who navigated rigorous admission criteria, successfully completed general education pre-requisite courses, but ultimately failed a nursing course that requiring them to either repeat coursework or leave the program altogether. Lewis (2018) reported that of all the reasons students leave nursing school, academic failure was the most frequently cited factor.

Theoretical Context

Researchers use theory to provide structure to their work. Theory is the foundation for forming a research question, the methodology used in an inquiry, how collection and analysis of data are performed, and how findings add to or challenge existing knowledge (Bloomberg & Volpe, 2019). Learning theories used in the basic underpinning of nursing education are discussed in this section, in addition to the overall theories driving the study at large. Theories used in this study included Knowles' (1980) adult learning theory, Bandura's (1977) social learning theory, and Frankl's (1946) theory of meaning making. Qualitative research provides a view of socially constructed reality that is complex and dynamic (Glesne, 1999).

Adult Learning Theory

Traditional education of children is accomplished by pedagogy, and is thought to be a teacher centered approach to learning in which knowledge is passively delivered to the learner (Knowles, 1980). Dewey was among the first to propose that project-based learning may be an alternative to traditional classroom learning (Williams, 2017). Adult students are thought to have complex learning needs due to busy lives with multiple personal obligations; therefore, these students should be approached from a perspective that takes these unique needs into account (O'Neil et al., 2009). The primary foundational theory used in adult higher education currently is adult learning theory (Knowles, 1980). Adult learning is thought to promote student-driven active learning, allowing the learner to not only gain knowledge, but to apply what has been learned in real life situations (Knowles, 1980). Andragogy, one aspect of Knowles' adult learning theory, refers to the art and science of helping adults learn, and focuses on the importance of the adult learner in their education (Knowles, 1980). Knowles offered five assumptions associated with adult learners: (a) self-concept, (b) past learning experience, (c)

readiness to learn, (d) practical reasons to learn, and (e) the drive of internal motivation (Knowles, 1980). Curran (2014) noted that adult learners are self-directed and motivated to learn, and learner-outcomes are influenced by teaching styles. Learning activities should be actively and collaboratively engaging. An important feature of adult learning is that it is a self-directed process that incorporates past learning experiences and critical reflection to form new meaning (Curran, 2014; Knowles, 1984; Kolb, 1984). Adult learners bring life experiences to the classroom, having an internal desire to not only learn, but to put what they have learned into practice (Gutierrez, 2018). Taylor and Hamby (2013) encouraged educators to reward deep thought, understanding, and reasoning in students, and proposed that successful adult learners will then aim for achieving those outcomes.

Andrology is currently used in nursing education as the target student population range in age from 17 to mid-50s. This student group of adult learners come to nursing school from a variety of backgrounds. Nursing students can be single, married, divorced, or widowed. They come from all walks of life, varied economic backgrounds, and bring a host of life skills to the classroom (Glazer et al., 2016; Wros & Noone, 2018). This group of students have unique learning needs. However, even with the diverse demographics, nursing students do have certain traits in common. Most nursing students seek nursing education because they have a desire to be there; personal factors led them to nursing. The catalyst for that desire may differ, but students have competed for admission and met multiple requirements to get into the programs (Wros & Noone, 2018). Readiness and practical reasons to learn, whether it be to gain life and career skills, support themselves or their families, or to help others, is present in most nursing students (Knowles, 1980).

Knowles' fifth assumption was of particular interest in this study as I wished to learn more about the student's personal drive and internal motivation in overcoming the failure of a nursing course, and more specifically how that motivation shaped their decision to either return to a nursing program after the failure or move to a different major of study. Nursing students must meet strict admission requirements, maintain an excellent grade point average, and score well on entrance exams to gain a placement in a nursing program (Wros & Noone, 2018). Many of these students have never failed a course before, so failing a nursing course is devastating. The question is then presented: how does that internal motivation as an adult learner influence their decision following the failure?

Even though Knowles' adult learning theory is the primary theory that drove this proposal, a blend of theories used in adult education are relevant in nursing education. Mezirow (1990) proposed transformational learning in which the student experiences a shift in consciousness when they are encouraged to gain new meaning from past experiences. Experiential learning proposes that adults are shaped by the sum of their experiences. Kolb's (1984) experiential learning uses realistic scenarios and hands-on experiences to establish cause and effect relationships (Gutierrez, 2018). Bandura's social learning theory, which is readily used in nursing education, suggests that students learn from observation and imitation of both educators and other students (Bandura, 1977). All these theories have a place in nursing education.

Social Learning Theory

Learning theories provide a conceptual framework and aid in explaining how students acquire, process, recall, and ultimately use information. One only needs to analyze any nursing curriculum to identify a variety of learning theories used as the foundation of nursing education.

One theory that is directly applicable in a nursing education program is Bandura's social learning theory. This theory proposes that students learn from observing and imitating others, which is an important component of any nursing education program. Bandura (1977) determined that learning occurs when educators use a combination of theory, demonstration, practice, and implementation of new skills. Students learned not only from the teacher, but from other students, and in the case of nursing students, from other nurses in the clinical setting. Instructors must be diligent to model meticulous behaviors in the lab and clinical settings if students are expected to practice in kind. An additional aspect of inquiry for this study was how the participant processed and eventually found meaning in the experience of failing a nursing course, so Frankl's theory of making meaning was of interest.

Finding Meaning in Life Experiences

Frankl (1946) believed finding meaning in life to be a basic human motivation and that human beings found meaning from their work, contributions to society, relationships with others, and their ability to persevere through bad experiences. Attempting to cognitively process a negative life experience and view the event in a positive light is characterized as meaning making (Park, 2005). Research has suggested that individuals who are able to find meaning in life experiences live longer, while feelings of life meaningless is associated with negative psychological consequences, such as higher rates of depression, suicide, and substance abuse (Boyle et al., 2010; Kinnier et al., 1994; Krause, 2007; Mascaro & Rosen, 2005; Ungar et al., 2011). Furthermore, personal growth following a stressful life event was often associated with the person feeling closer to God and more confident in their faith (Park, 2005).

Problem Statement

The problem explored in this transcendental phenomenological study was the emotional impact students experienced following failure of a nursing course. Failure resulted in the student having to delay completion of their nursing degree or possibly not returning to the program at all, further contributing to the existing nursing shortage (Elmir et al., 2019; Handwerker, 2018; Harding et al., 2017; Kukkonen et al., 2016). This study examined the lived experiences of students, explored how they eventually assigned meaning to the experience, sought to learn what measures students found helpful in overcoming the experience, and identified the determining factors that motivated them to either return to try the program again, to try a different nursing program, or to change to another plan of study. Determining factors were defined as thoughts, behaviors, supportive measures, or traits that allowed students to move past the experience of failing a nursing course to pursue the next step in their academic career. Abundant research was available describing factors that prevent students from completing their degrees such as being academically unprepared for the rigor of accelerated programs, financial or work obligations, and unexpected family or health related issues (Bakker et al., 2018; Barbe et al., 2018; Fagan & Coffey, 2019; Harding et al., 2017; Hovee et al., 2017). While there was limited research specifically addressing nursing student attrition, there was no research discovered on the lived experience of the students who failed a nursing course and how they assigned meaning to the experience (Hoffman, 2014; Lancia et al., 2018; Lewis, 2018).

Purpose Statement

The purpose of this transcendental phenomenological study was to examine the lived experiences of students following failure of a nursing course, resulting in the students either sitting out a semester prior to repeating the course or making the decision not to return to a

program at all. The lived experience was defined as the emotional toll students experienced after failing a nursing program. The theories guiding this study were Knowles' adult learning theory and Bandura's social learning theory, with a mention of Frankl's theory of meaning. Knowles' (1980) adult learning theory suggests that adult students bring past learning experiences, a readiness to learn, a desire to put learning to practical use, and internal motivation to the classroom. Bandura (1977) proposed that the behavior of individuals is conditioned by social and cognitive factors, and that a person's adaptability and resilience is grounded in their social systems. Frankl (1959) believed that meaning could be found in both negative and positive life experiences, and that by making the choice to react in a positive, optimistic manner during difficult experiences, one can gain understanding and meaning from the experience. Retrospectively examining the failure provided insight regarding how the student was affected by the failure, how they assigned meaning to the experience, and the motivation used to move forward.

Significance of the Study

The purpose of performing research is to understand to develop theory, contribute to existing theory, or improve processes (Moustakas, 1994). Phenomenology encourages the participants to return to the lived experience, provide a comprehensive account of the experience, and share with the researcher what that experience meant to them personally (Moustakas, 1994). Findings from this study support Knowles' adult learning theory, as well as provide added insight for nursing faculty on how to best provide support services for adult students who fail a nursing course. Knowledge gained from this study support Bandura's social learning theory by enlightening us on how these participants navigated a seemingly devastating situation and

learned from it. This provided a valuable model for how nurse educators can effectively help students through this trying time.

Theoretical

Theory is used to interpret or understand a phenomenon. In turn, researchers must decide whether their research challenges or contributes to the chosen theory. This study focused on Knowles' assumption of internal motivation in the adult learner and provides more information about what motivates students to move forward following an academic failure in a nursing course. During interviews and focus group sessions, I sought to not only understand the students' lived experiences of the failure, but learn what factors they found helpful during the experience and whether these factors were the same for all study participants. I explored how participants overcame any feelings of self-doubt or disappointment and were able to decide a path of forward progress in their education. As I learned more about motivational factors used by the participants to overcome the experience, I noted how this study supported Knowles' adult learning theory's assumption of internal motivation in adult learners. Understanding what the participants learned about themselves during the experience can be used by educators to motivate and encourage future students following failure of a nursing course.

Bandura (1977) suggested that individuals learn from observing the behavior or actions of others. Exploring the lived experience of students who have failed a nursing course can provide readers a model for how students overcome the disappointment of academic failure and were able to move forward to the next step in their educational journey. What did they do, what emotions did they experience, how did they rise above the experience? Learning more about this phenomenon will allow nurse educators to better understand the experience from the students' point of view, ascertain how they learned or gained meaning from the experience, and enable

educators to better support students through this trying time. Perhaps offering effective student support following failure would guide students toward positive educational outcomes in the future.

Finally, establishing meaning in life is associated with positive human functioning according to Maslow (1968). Furthermore, finding meaning in life is attributed to well-being, good mental health, and a decrease in psychopathology (Littman-Ovadia & Niemiec, 2016; Routledge et al., 2016). Park (2005) proposed that spirituality is directly linked with coping and is an important component of physical and psychological well-being. The goal of this phenomenological study was to learn more about how nursing students were affected emotionally following failure of a nursing course and how they eventually were able to find meaning, either positive or negative, in the experience. Coping with adverse events, such as failing a nursing course and having to acclimate to a new cohort of student peers, is most often viewed as a negative life experience. This study sought to understand more about how the participants processed this life event to find meaning-what their emotions were, what strengths they discovered, what they learned about themselves. Therefore, the findings of this study either contribute to or challenge Frankl's theory of meaning as it relates to taking negative life events and processing those events into a productive or positive meaning.

Empirical

Research is generally done not only to explore new horizons, but to act as a change agent for improving processes. Scholars perform research to augment current knowledge, improve practice, empower certain populations, or inspire future research (Bloomberg & Volpe, 2019). The need for more nurses is undisputed as nurses are a valuable resource in health promotion, disease prevention, and care of the sick (Messineo et al., 2019). Crow and Bailey (2015)

reported that job openings for registered nurses in the United States would reach 1.05 million by 2022. An estimated 26-56% of nursing students fail to graduate on time, delaying the infusion of new nurses into the profession (Donnell et al., 2018; Guerra-Martin et al., 2017; Lewis et al., 2018). As a result, many schools of nursing are charged with exploring methods to retain nursing students by way of early identification and intervention programs to work toward successful completion of programs (Amsrud et al., 2019; Crow & Bailey, 2015; Glew et al., 2019; Handwerker, 2018; Harding et al., 2017; Lewis et al., 2018; Lewis, 2019). Despite all these efforts, little evidence exists that prove these actions have significantly impacted overall student nurse attrition (Hamshire et al., 2019).

During the literature review conducted for this proposal, limited research was found regarding the lived experience of students who have failed a nursing course. There were studies that speculated why students fail a nursing course, the financial implications of failing a nursing course, and the high stakes environment for student nurse repeaters (Crow & Bailey, 2015; Harding et al., 2017; Lewis et al., 2018). Studies that examined the lived experience of nursing students who have failed a nursing course were even more difficult to locate. Lewis (2019) reported that nursing student repeaters are at higher risk for subsequent failure once they return to the program of study and stressed the importance for added intervention for this population of students. Two studies explored factors and challenges unique to nursing students after a failure and readmission to the nursing program (Handwerker, 2018; Harding et al., 2017). One narrative study examined the lived experiences of student nurses who had failed a nursing course and identified two common themes: (1) how the experience had been an emotional journey for the student and (2) that students often eventually came to the realization that repeating the course was the best thing for them (Lewis, 2018). Nothing was found in the literature review that

further examined how students who failed a nursing course eventually assigned meaning to the experience or what influenced the meaning making process.

Many times, students who fail a nursing course are never heard from again unless they return to the program, and even in this instance, rarely does anyone discuss the failure with them. This study gives voice to those students and empowers them by telling their stories. Ideally, this study contributes to current knowledge about student nurse attrition by giving educators a unique perspective of the lived experience of students who have failed a nursing course (Bloomberg & Volpe, 2019). Learning the students' personal perspective will aid nurse educators in providing guidance to students experiencing this phenomenon, in hopes of providing support to find positive meaning in what is often considered a negative experience. In addition, having knowledge from this viewpoint will help educators identify at-risk students prior to failure, allowing them to provide intervention measures. Results will contribute to nursing education by providing educators a new conceptual understanding of the experience, thus influencing change in future educational policy (Bloomberg & Volpe, 2019).

Practical

Addressing student nurse attrition is a crucial component of ensuring safe, quality patient care in the future. The current patient population in the hospital setting tends to be older, sicker, and have a multitude of co-morbidities, providing increased challenges to both the healthcare institutions and the nursing staff providing their care (Green & Turner, 2014; Kukkonen et al., 2016). Student nurses, as well as new registered nurses, are initially very task oriented but lack organization and time management skills. According to Benner (1984), new nurses follow a transition progression through a series of stages-novice, advanced beginner, competent, proficient, and expert. These five levels identify the acquisition of knowledge and skills gained

through nursing experience and portray the steady progression from novice nurse to expert nurse, as each stage builds upon the previous one (DeSandre, 2014; Dracup & Bryan-Brown, 2004; Koontz et al., 2010.) Progressing through these stages requires experience and time on the job, ideally under the tutelage of expert nurse mentors. Competent new graduate nurses must be introduced into the profession before the current experienced, expert nurses are gone, so they may have the benefit of learning from these talented mentors (Lancia et al., 2018). It is vital that educators are proactive about promoting student nurse retention and successful transition into the workplace. This study provided additional knowledge for nurse educators for how to better support at-risk nursing students, hopefully increasing student nurse retention. This one benefit will lead to an increased number of competent nurses in the workforce, which could impact the delivery of safe patient care for years to come. Research indicated the use of well-trained registered nurses contributes to decreased patient adverse events, such as lower mortality rates, fewer medication errors, and overall positive patient care outcomes (Jones-Schenk et al., 2017). Another perk of adequate staffing in healthcare would be increased nurse job satisfaction, which could promote decreased staff turnover and overall financial savings for healthcare facilities (Greene & Turner, 2014).

Another concern is the significant financial implications of student attrition. The United States currently has the highest overall college student attrition rate in the industrialized world, which creates a substantial loss of revenue for educational institutions (O’Keeffe, 2013). Student loan debt is at an all-time high, and students who fail to complete their degrees must often take lower paying jobs, rendering them unable to afford student loan payments. Significant supporting data obtained from an older study by O’Keeffe (2013) reported the following: (1) \$6.18 billion in subsidies were paid to colleges in the US for students who left school after the

first year, (2) \$2.9 billion in State and Federal grants were paid out for students that did not continue after the first year, and (3) the approximated cost of student attrition could cost universities as much as \$36 million per year. These factors alone underscore the importance of finding a solution to student nurse attrition. Decreasing overall student nurse attrition numbers could make a significant impact since colleges would have decreased loss of revenue when students leave school and students would graduate with less student loan debt when they complete their degrees in a timely manner (O’Keeffe, 2013).

Research Questions

A central research question serves to provide a broad focus and statement of the purpose for the research study (Creswell & Poth, 2018). Sub-questions serve to further focus specific areas the researcher wishes to explore (Creswell & Poth, 2018). The central research question and sub-questions were driven from the theoretical framework to direct findings that are theoretically significant. These findings have helped educators better understand the students’ perspective of the experience of failing a nursing course, the impact of that failure on their emotional well-being and on their relationships with others. Finally, this study provided insight about the measures that were helpful in overcoming the trauma, finding meaning in the experience, and deciding about moving on to the next step in their educational journey.

Central Research Question

What are the lived experiences of students who fail a nursing course?

Questions that encourage the participant to relay emotions as they describe an experience are termed feeling questions (Patton, 2015). This central research question provided broad, descriptive data about the lived experiences of students who failed a nursing course. Social constructivism allowed the researcher to use open-ended questions to learn about multiple

realities by examining the lived experiences of the participants (Moustakas, 1994). Goals of this study were to better understand the impact experienced by students who have failed a nursing course, learn more about what measures they found helpful in overcoming the obstacle, and what factors influenced their next move after the failure.

Sub-Question One

What are the challenges (emotional, personal/peer/family relationships, self-confidence, academic, and financial) experienced by students after failing a nursing course?

This question is also classified as a feeling question by Patton (2015) as it encouraged the participant to relive the phenomenon and describe the emotional effects they experienced. A limited number of studies were found that explored the lived experience of student who failed a nursing course. Lewis (2019) reported that nursing student repeaters suffer social, financial, and emotional ramifications in addition to the academic consequences of failing a nursing course, and furthermore are more likely to fail if they return to the program. Two other studies reviewed examined the experiences of nursing students who had failed a nursing course and were readmitted to a nursing program (Handwerker, 2018; Harding et al., 2017). Participants in this study retrospectively examined the experience and described actions or behaviors associated with failing a nursing course.

Park (2013) described how positive changes can occur in social relationships because of living through a stressful event. Loved ones are essential in supporting students following failure of a nursing course. Research suggested that sharing negative life experiences with a significant other can aid in making meaning of the event and result in strengthening of the relationship (Bonanno, 2013; Jayawickreme et al., 2017). This inquiry explored how the experience affected the students' relationship with significant others. In a phenomenological study, the participants

return to, or relive, the experience to provide the researcher a rich description of the experience and what that experience meant to them on a personal level (Moustakas, 1994). This question inquired to the visceral emotions experienced after failing a nursing course.

Sub-Question Two

How do students use the experience of failing a nursing course as a catalyst for personal and spiritual growth?

This question sought to learn more about how the participant navigated this experience. Participants often refer to personal philosophical views that serve as their guide during times of adversity (Park, 2013). Park (2005) stated that meaning making is the attempt to see a negative event in a positive light or “working through” the event. How were students able to process the failure and assign meaning to it? Patton (2015) stated that questions such as this encourage the participant to describe opinions or values that reveal their cognitive and interpretive processes. Park (2013) proposed that individuals undergo a shift in the understanding of an experience in their ability to overcome and assign meaning to it.

Frankl’s (1959) theory of meaning making proposed that attaining meaning is a crucial task of human survival, thus gaining insight to how the students were able to create meaning from this experience was a major focus for this study. Additionally, Frankl (1959) suggested that each individual determines to view any life experience in either a negative or positive light. Negative life events can result in transformative and positive growth based on how an individual responds to the experience (Jayawickreme et al., 2017). Jayawickreme et al. (2017) purported that two types of meaning making are possible as one responds to a stressful life event-lesson learning and gaining insight. Several studies proposed that finding meaning in negative life experiences was directly related to better coping, moved the individual toward overcoming the

set-back, and that meaning making was pivotal to adaptation (Amaral, 2009; Baldacchino & Draper, 2001, Chou et al., 2007; Daaleman et al., 2001; Dunn, 1994; Garcia, 2008; Lethborg et al., 2007; Lustig, 2005; Ruiz, 2002; Thompson, 2007; Yang et al., 2010). This question provided valuable information regarding how the participants survived the failure of a nursing course and eventually learned from the experience.

Sub-Question Three

What was the internal motivation that encouraged students to either return to attempt the program again, try another nursing program, or to move to a different career choice?

This question is also considered a feeling question that allowed the participant to examine what factors influenced their processing of the failure. Bandura's (1977) social learning theory proposed that behaviors are learned by observation of the behaviors and actions of others. Individuals often mimic behaviors, especially positive behaviors, observed in others they look up to (Bandura, 1977). There is no model for how to survive a disappointing set-back, but if an influential person in someone's life navigated an undesirable situation in a positive manner, that observation could be used as a guide for surviving one's own negative experience.

This question also served to gain additional information regarding how the participant overcame the experience and moved on (Patton, 2015). Andragogy is a term that was first introduced by Knowles (1980) to describe adult learning (Taylor & Hamdy, 2013). Knowles (1980) proposed that adults construct new knowledge from the foundation of what they already know and that adult learners bring a vast background of previous learning to their current learning environment. Adult learning is self-directed and incorporates past experiences and reflection to gain new meaning (Curran, 2014; Knowles, 1984). Knowles' (1980) fifth assumption of adult learning is that adult learners have an internal drive or motivation to learn.

This question allowed the study to gain insight about what motivating factors the student employed to move forward in their educational journey. In addition, Park (2013) stated that individuals learn to make positive changes because of experiencing a negative phenomenon.

Definitions

Terms pertinent to the study included:

1. *Student attrition*- the number of individuals who leave a program of study before it has been completed (Barbe et al., 2018).
2. *Student nurse retention*- The number of students who complete the program within 150% of the stated program length (ACEN, 2013).

Summary

In Chapter One, an overview and background detailing the current nursing shortage, the aging of current nurses in the profession, and difficulties that nursing schools encounter in retaining qualified nursing students due to the academic rigor of nursing programs was offered (Auerback et al., 2015; Buerhaus et al., 2017; Horkey, 2015; Janiszewski-Goodin, 2003; Kubic, 2017; Kukkonen et al., 2016; Lewis et al., 2019; Marc et al., 2019; Walker, 2016). Barriers identified that contribute to the shortage of qualified registered nurses included lack of nurse educators, limited number of nursing students that are admitted to programs, strict admission requirements for entrance to nursing programs, and the lack of diversity in nursing school applicants (ACEN, 2020; Buerhaus et al., 2017; Glazer et al., 2016; Talman et al., 2020; Wros & Noone, 2018). A result of the nursing shortage and inability to produce adequate numbers of nursing school graduates is a significant concern for medical facilities to provide safe care for an increasingly complex patient population. The historical, social, and theoretical views for this

study illustrated the inadequacies of nursing school retention and how these shortfalls further impact the current nursing shortage.

Three theories provided foundational support for this project. Knowles' (1984) adult learning theory, specifically the assumption of internal motivation in the adult learner, was supported by the information learned from these participants. Learning how to navigate this difficult time from students who have failed a nursing course reinforced Bandura's (1977) social learning theory by providing a model for how to better support this population of students in the future. Frankl's (1946) theory of meaning making was supported by discovering how students overcame the academic failure and gained meaning from the experience after failing a nursing course.

The problem that drove this study was the current worldwide nursing shortage, and more specifically, reported student nurse attrition rates ranging from 15%-30% or higher in the United States (Handwerker, 2018; Lancia et al., 2018; Lott et al., 2018). The purpose of this qualitative, transcendental phenomenological study was to gain understanding of the lived experience of students who have failed a nursing course, resulting in sitting out a semester to repeat the course or changing their college major altogether. There was little known about the emotional impact experienced by these students or what life meaning they gained from the experience. Ideally, understanding gained in this study will be of assistance to nurse educators in providing support for students who fail a nursing course in the future. Finally, the personal significance, as well as the theoretical and practical implications of the study, were acknowledged.

CHAPTER TWO: LITERATURE REVIEW

Overview

A supply of well-trained professional registered nurses is crucial to the overall promotion of health, prevention of disease progression, and care of an aging population (Messineo et al., 2019). In 2013, the Bureau of Labor Statistics predicted that 1.05 million nurses would be needed by 2022, and in 2015 that number was increased to approximately 3 million nurses that would be needed by 2024 (Crow & Bailey, 2015; Smith-Wachotz et al., 2019). Overall nursing student attrition rates in the United States (U.S.) range between 30-50%, with the largest number of students lost between the first and second years of college (Hoffman, 2014; Lewis et al., 2019). Worldwide student attrition rates currently vary from 9.0% to 59%, indicating that student nurse attrition is a global issue as (Guerra-Martin et al., 2017; Handwerker, 2018; Lancia et al., 2018). While nursing programs are obligated to report program completion rates to maintain accreditation, they are not mandated to disclose attrition rates, nor whether students lost were due to voluntary withdrawal or failure (Barbe et al.; Lewis et al., 2018). Despite stringent admission requirements and more applicants than programs can accept, nursing school attrition continues to be a burden.

A concern related to the overall nursing shortage and poor student nurse retention rates is the ability of healthcare facilities to provide safe, effective care to an increasingly complex population of patients. The average age of registered nurses working in the United States and Canada is in the mid-forties, while the Health Resources and Services Administration predicted that one million registered nurses are expected to retire in the next decade (Auerback et al., 2015; Jewell, 2013; Lewis et al., 2019). These nurses are the seasoned, experienced mentors needed to acclimate newly graduated nurses into the profession. With this generation of nurses quickly

approaching retirement age, there is an anticipated critical shortage of registered nurses in the next decade (Guthrie et al., 2013; Horkey, 2015; Kukkonen et al., 2016; Walker, 2016).

Whether nursing students are traditional or nontraditional, or in bachelor or associate degree programs, educators are challenged to identify at-risk students promptly and provide ongoing support measures to improve retention. Of interest for this review were students who have navigated rigorous admission criteria and successfully completed pre-requisite course work, but ultimately failed a nursing course and were required to either repeat coursework or drop out of the program altogether. Lewis (2018) reported that academic failure was the most cited reason students leave nursing school.

The literature review is a valuable tool used to examine existing research pertinent to a topic and aids in identification of unexplored data, leading scholars toward new research avenues. Knowles' adult learning theory, Bandura's social learning theory, and Frankl's theory of meaning making were used as the theoretical lens that guided this literature review. A review of the literature was conducted to further explore what is known about student nurse retention, what is known about the lived experience of student nurses who have failed nursing courses, and to identify gaps in the literature that may suggest direction for future research. This chapter examined relevant literature available on the financial implications of student nurse attrition, predictors that may indicate a student is at risk, and possible interventions employed to improve student nurse retention.

Theoretical Framework

Theory is an understanding of interrelating concepts that promotes understanding a phenomenon (Corley & Gioia, 2011). Research should be grounded in theory, which explains, or makes logical sense of findings (Krathwohl, 2009). A study either lends support to, modifies,

contradicts, or expands existing theories. Krathwohl (2009) proposed that social scientists use theories to identify significant variables, unify and assimilate findings, and pinpoint opportunity for additional research. The theoretical lens through which this study was examined included the adult learning theory, the social learning theory, and the theory of meaning making.

Adult Learning Theory

The adult learning theory was first described by Malcolm Knowles (1984). Knowles' (1980) theory coined the term andragogy, the art and science of empowering learning in adults, to describe how adult learners differ from children. Adult learners present not only from a variety of ages but arrive to higher education with a plethora of social, economic, and work backgrounds (Grazer et al., 2016; Wros & Noone, 2018). Adult students often have busy lives, jobs, and family obligations in addition to the academic challenges that nursing school presents, therefore require an educational approach that takes these unique needs into delivery of their material (Knowles, 1980). Curran (2014) reported that adult learners tend to be self-directed and motivated to learn, thus suggested active and engaging learning activities be used in their education. Adult learners are expected to plan, execute, and evaluate their own learning in a directed self-learning model (Taylor & Hamdy, 2013).

Taylor and Hamdy (2013) concurred with Knowles and proposed that adults are motivated differently. Knowles' (1980) adult learning theory is based on five assumptions describing adult learners (a) self-concept, (b) past learning experience, (c) a readiness to learn, (d) practical reasons to learn, and (e) the drive of internal motivation. Taylor and Hamdy (2013) added the need to know as a sixth way that adult learners differ from the child learner. Adult students have successfully navigated the transitional years of identity formation, have a solid concept of self, and are responsible for making independent decisions. Many have completed

pre-requisite general education courses or possess prior work experiences that provided learning prior to reaching the nursing program and are proud of their accomplishments. In addition, students who have achieved entry to a nursing program have met rigorous admission requirements, maintained stellar grade point averages, and scored well on entrance exams (Wros & Noone, 2018). They have worked hard to get to the nursing program, so the readiness to learn is apparent in these students. Regardless of their reason for choosing nursing, they have practical reasons to be there, either a desire to learn life or career skills, to be able to support their families and themselves, or to simply help their fellow human beings. These assumptions are often present in nursing students. Adult learners bring a host of life experiences to the classroom, have a genuine desire to learn, and to put newly learned skills into practice (Gutierriz, 2018; Knowles, 1980).

The assumption of particular interest for this study was the adult learners' internal motivation and how that internal motivation was used to help the adult student overcome failing a nursing course and move forward in their educational journey. Failure of a nursing course can be the most serious set-back a student has endured, so understanding their lived experience, the emotions, financial implications, or family issues that occurred because of the experience, is useful in supporting students undergoing the same phenomenon in the future. This study explored not the failure itself, but the emotional and psychological implications of the experience, what the participant learned about themselves from the experience, what supportive measures were useful in helping them overcome the experience, and what their internal motivation was to move forward in their education. The participants' internal motivation to overcome adversity was of particular interest and this study provided a unique model of how an

adult student used internal motivation to move past the failure of a nursing course and either try nursing again or move on to a different career path.

Social Learning Theory

Additionally, Bandura's (1977) social learning theory proposed that a large part of human behavior is learned by modeling, observing, and imitating others. Bandura (1977) believed that learning was achieved using a combination of theory, demonstration, practice, and implementation of learned behaviors, and that students learn not only from the teacher, but from other students as well. Studying students who have failed a nursing course can provide a model for how to survive an academic set-back and move forward to a positive outcome.

Understanding the lived experience of this student population can enable nurse educators to better support students after failure of a nursing course. This study lent support to Bandura's theory as well, as readers will have a first-hand account of the lived experience of students who experienced failure of a nursing course.

Theory of Meaning Making

Another theory relevant in this study was the theory of meaning making as described by Viktor Frankl (1946). Frankl (1946) believed that if a person could find meaning in life experiences that they could survive anything. The theory was used to better understand what the participants learned from their experience. Frankl was a survivor of the concentration camps during World War II and drew strength to endure his experiences from his religious background (Clarke, 2006). Frankl's (1946) meaning making theory, often referred to as logotherapy, was based on the premise that all human beings are driven to find meaning in life. Frankl (1946) proposed that all life experiences have meaning and believed that meaning, and eventual growth, could be found in both negative and positive life experiences (Smith & Liehr, 2018). Clarke

(2006) reported that Frankl taught that each person has the unique opportunity in how they choose to handle adversity. Frankl (1946) felt that making the choice to react in a positive, optimistic manner during difficult experiences gave purpose in life (Smith & Liehr, 2018).

These three theories are applicable in the nursing realm because all individuals, at one time or another, are faced with what they consider a life altering occurrence and will be required to either learn and grow from the experience or let the experience have negative impacts. Students who fail nursing school are often confronting the first major set-back of their young lives. Many have invested time and money maneuvering themselves to get into a nursing program and are devastated when they fail a nursing course.

Related Literature

A literature review provides a valuable method for examining existing research pertinent to a topic and aids in identification of unknowns, leading scholars toward new research opportunities. Interestingly, while nursing programs are required to report program completion rates to maintain accreditation, they do not normally disclose attrition rates (Barbe et al., 2018; Lewis et al., 2018). Accrediting bodies such as the Accreditation Commission for Education in Nursing (ACEN) and the Commission on Collegiate Nursing Education (CCNE) define program completion rate as the number of students who graduate within 150% of the normal program length and set a completion rate of 70% or higher as their target benchmark (ACEN, 2018; Barbe et al., 2018). To operate within these guidelines, nursing programs often have stringent admission requirements and carefully chose applicants that are most likely to be successful. A review of the literature identified what was known about student nurse attrition, and perhaps exposed some areas that warrant further exploration.

Financial Implications of Student Nurse Attrition

The U. S. currently has the highest overall student attrition rate in the industrialized world, creating a substantial revenue loss for educational institutions (Lewis et al., 2018). In 2016 the National League for Nursing reported first year nursing school attrition rates of 13% for bachelors programs and 20% for associate degree programs (Harding et al., 2017). Another study from Texas found that a mere 56% of all nursing students graduated on time (Donnell et al., 2018). Students who must repeat nursing courses extend time spent in college, incur additional tuition costs, and are delayed in starting gainful employment as registered nurses (Crow & Bailey, 2015; Donnell et al., 2018; Kubec, 2017; Lewis et al., 2018). Failure to complete a degree on time not only decreases the number of newly graduated nurses available for patient care but reduces tuition for nursing programs and is an ineffective use of financial aid (Donnell et al., 2018; Harding et al., 2017). A survey of 1,299 nurses found that 62% had college debt, 39% owed up to \$24,999, 23.5% owed greater than \$25,000, and 7% owed greater than \$49,999 (Jones-Schenk et al., 2017). An older study by O’Keeffe (2013) reported the following data: (a) \$6.18 billion in subsidies were paid to colleges in the U.S. for students who left school after the first year, (b) \$2.9 billion in state and federal grants were paid for students that did not continue after the first year, and (c) the approximated cost of student attrition could be as much as \$36 million per year. Even though this data is from an older study, the information is relevant and warrants further investigation. One newer study estimated the cost of remediation, course repetition, and lost income to be \$1.6 million (Lewis, 2019). This is a staggering number that should spur further inquiry into the financial toll that student attrition causes both the students and financial institutions.

An additional financial consideration of student nurse attrition is that of the readmit nursing students who do eventually complete the program of study, first time NCLEX-RN pass

rates are significantly lower than with students who have never failed a nursing class (Crow & Bailey, 2015; Harding et al., 2017). Crow & Bailey (2015) reported that a student who has never failed a nursing course during their program is 3.5 times more likely to pass the NCLEX-RN on the first attempt. Fees to sit for the NCLEX-RN exam are approximately \$400 each time a prospective nurse tests, not to mention costs for travel and possible lodging to take the exam, and the loss of wages if the graduate is not successful during the first exam and cannot continue their job as a graduate registered nurse. Inability to pass NCLEX-RN on the first attempt is a double-edged sword, a financial set-back for the student, prevents them from starting employment as a registered nurse, and negatively affects the reputation of the nursing program since accrediting agencies use first time licensing exam passage rates as a measurement of program quality and success (Crow & Bailey, 2015).

Of concern for this study was how the student was impacted by the loss of scholarship and financial aid assistance when their GPA or completed hours fall below required parameters, as well as the delay in being able to start their career and being able to earn a paycheck following failure of a nursing course. This poses questions that address how students overcome the financial set back, move forward, and find meaning from this negative experience.

Unfortunately, review of the literature revealed very limited current data regarding specific financial implications of student nurse attrition. With student loan debt and college tuition both much discussed in the media, further research is warranted to provide updated data on the financial costs of student nurse attrition.

Future Academic Success and Career Decisions

How did failing a nursing course impact the students' future academic and career success? One study suggested that student nurse repeaters are underrepresented since most

nursing schools are not required to report the number of students who fail and return to repeat a nursing course or differentiate whether student attrition was voluntary or involuntary (Lewis et al., 2018). Typical college courses are two or three credit hours, but most nursing course credit hours can range from four to eight credit hours each. Failing a four to eight credit hour course can have a substantial negative impact on the student's overall grade point average (GPA). If the student returns to attempt the course again, the second grade is normally the grade reflected in the student's final GPA. On the other hand, should the student fail a larger credit hour nursing course and choose not to pursue nursing, the failing grade has a profound effect on their overall GPA. This blow to their GPA has a detrimental effect on eligibility for being accepted into other fields of study, which could significantly limit future career choices.

Another consideration was how failing a nursing course impacts the students' confidence in their academic ability to either enter another field of study or return to attempt the nursing program again. Because of accreditation requirements, nursing schools have strict policies regarding academic failure and repeating nursing courses. Some schools allow students to repeat a course only once or twice, while others do not permit students to return following a failure (Lewis et al., 2018). Students who have failed a nursing course experience shame and self-doubt, putting them at increased risk for subsequent failure in the program (Lewis, 2018, 2019). Lewis (2019) reported that repeat students are likely to pass the course they initially failed only to fail another nursing course later in the program.

This study provided insight regarding how the participants assigned meaning to the experiences they endured and made the decision to either return to the nursing program or move to a different career path. Assigning meaning to a negative event required the participant to search for a favorable understanding of the situation and begin rebuilding toward resolution

(Park, 2013). There was no literature found that addressed how failing a nursing course affected the students' future academic success or career choices. Understanding the impact on future academic and career success experienced by the participants could provide valuable perspectives for nursing educators advising students following academic failure.

Factors Associated with Student Nurse Attrition

There is much speculation regarding factors that allow early prediction of student nurses who are likely to fail. Handwerker (2018) credited previous research findings identifying academic factors associated with student success as possessing a high level reading comprehension, high entrance exam scores, higher scores in science courses, high college GPAs, higher grades in prerequisite college courses, high GPA in high school, a previous college degree, higher grades in nursing courses, never having withdrawn from a nursing course, having a low number of transfer credits, increased levels of faculty support, adequate financial resources, high levels of self-efficacy, and decreased work hours outside of school. Conversely, characteristics placing a student at-risk of failing included: (a) having a low high school GPA, (b) marginal college entrance scores, (c) poor family/peer support, (d) family commitments, (e) lower socioeconomic status, (f) poor faculty support, (g) lower math and reading scores, (h) having failed a college course, (i) working while in school, (j) poor test taking skills, (k) emotional immaturity, and (l) entering nursing for the status of the profession (Crow & Bailey, 2015; Handwerker, 2018; Harding et al. 2017; Smith-Wachotz et al., 2019). Even though a review of the literature revealed conflicting data, there were enough similarities noted to allow educators to identify potential at-risk students that may require intervention to be successful in higher education.

Nursing programs have rigorous admission guidelines including set score thresholds on standardized admission exams, high grade point averages, and pre-requisite courses that must be completed prior to beginning nursing courses (Donnell et al., 2018; Lewis, 2018; Lewis et al., 2018; Wros & Noone, 2018). Donnell et al. (2018) reported that reading comprehension scores on entrance exams may be a major indicator of student success or failure in the nursing program, and that grades in anatomy and physiology courses could be a predictor as well. Reading comprehension, writing skills, and basic math skills were listed as vital for success in nursing school (Washington, 2018). Many colleges use a point system to score applicants to ensure that only the most qualified students are admitted. However, a 13-year retrospective multi-cohort study advised that choosing students based on entrance exam scores has a very low incidence of predicting future academic success (Lancia et al., 2018).

Horkey (2015) proposed that educators reestablish candidate interviews, or essays, as a component of the admission process and felt that educators could better select students with personality traits such as self-confidence, self-efficacy, and the ability to embrace the art of nursing. Horkey (2015) further recommended that educators select students with characteristics such as caring, empathy, self-confidence, and self-efficacy, since students who possess these traits were more likely to persist when faced with adversity. There is a growing trend to evaluate social skills in addition to academic and cognitive skills during student nurse selection (Talman et al., 2020). Social skills and emotional intelligence were proposed to be indicative of clinical practice success, academic performance, and retention (Talman et al., 2020). This interesting notion would be critiqued by some as a biased method of selection. Review of the literature revealed conflicting points of view regarding the optimal criteria for accepting potential nursing

students. Perhaps a combination of academic and social skill assessment would indeed lead to selection of a more well-rounded candidate.

Another attrition factor identified in the literature was a conflict in student expectations of the nursing profession. Nursing is often portrayed as exciting, fun, even glamorous, but the reality is twelve to sixteen-hour shifts, working weekends and holidays, and burnout. Many students expected nursing school to be more of a vocational type training and were surprised at the academic rigor involved (Lewis, 2018; Smith-Wachotz et al., 2019). Students new to the nursing curriculum often arrive academically unprepared with poor study and test taking skills, making higher level learning difficult (Harding et al., 2017). Once students begin actual nursing courses, they realized that a chasm exists between what they expected nursing to entail and the reality of what was required to learn and practice successfully in nursing (Hoeve et al., 2017; Pearce, 2018).

A survey of one thousand healthcare major students from the United Kingdom discovered that 42% of the students admitted considering leaving their program at some point and identified three common themes among participants: dissatisfaction with academic rigor, difficulties with clinical placements, and personal challenges (Hamshire et al., 2018). One source reported that many nursing students encounter unexpected emotional challenges when they enter the clinical setting providing hands on care for patients, especially patients that have a poor prognosis, were nearing death, or remind the student of a negative personal experience they have had with a family member (Weurlander et al, 2018). Poor student retention rates were predicted in students that chose nursing for reasons such as job security, status associated with the profession, or expectations of lofty salaries. Higher student retention was reported with students that chose nursing because they were motivated about learning the material, possessed a genuine desire to

help others in need, desired to perform a socially beneficial career, or had a personal medical experience such as a personal illness, illness of a family member, or a family member in the profession (Hoeve et al., 2017; Messineo et al., 2019).

Extensive nursing school orientation (boot camp) was suggested to acclimate new students to the program, as well as additional instruction, online support modules, and ongoing faculty support to aid students in the transition to nursing school (Smith-Wachotz et al., 2019). Washington (2018) reported on a research project, GRIND (Get Ready to Initiate a Nursing Degree), that was implemented during the summer prior to starting fall semester to introduce students to the rigors of nursing school with the goal of increasing retention. Students attended a six-day program consisting of basic APA writing skills, basic math instruction, study and testing tips, training on cultural diversity, introduction to simulation lab, self-care, and nutrition tips, and how to maintain a personal calendar and time management system (Washington, 2018). Several sources proposed focused orientation for nursing students, but this program offered a very structured format.

Researchers also tried to determine if certain prerequisite or nursing courses were predictive of student failure. Findings suggested if a student failed one nursing course, especially a medical/surgical course, they were more likely to fail a second nursing course in the future (Kubec, 2017; Lewis, 2019). Research also indicated that failure in any biology course, such as chemistry, biology, or anatomy and physiology, was predictive of the students failing future nursing courses (Barbe et al., 2018; Donnell et al., 2018; Kubec, 2017; Lewis et al., 2018). These findings proposed that students who receive a failing grade in a prerequisite biology course are more likely to fail a nursing course should alert nursing faculty that these students may be at high risk and require early intervention measures.

One interesting finding was that the student grades in developmental psychology and nutrition/diet therapy, both non-science courses, were predictive of successful completion of the nursing program (Kubec, 2017). The authors disclosed that these courses were developed with input from nursing faculty for nursing students (Kubec, 2017). Data suggesting that a student who failed one nursing course is more likely to fail a second course is not surprising. Rather, this lends support for nursing schools to implement intensive support measures for returning students that have failed the first time to hopefully avoid a second failure.

Students arrive at nursing school from diverse educational, economic, and social backgrounds (Harding et al., 2017; Wros & Noone, 2018). Predictive factors revealed in this review included ethnic minorities, lack of emotional intelligence and resilience, lower socioeconomic status, younger students, older students, students with poor family support, and non-traditional adult students were also more likely to fail to complete the program of study (Andrew et al., 2015; Beauvais et al., 2014; Freeman & All, 2017; Gipson-Jones, 2017; Gratrix & Barrett, 2017; Hamshire et al., 2019; Harding et al., 2017; Harris et al., 2014; Kubec, 2017; Kukkonen et al., 2016; Lewis et al., 2018; Low et al., 2019; Talman et al., 2020). Resilience and emotional intelligence were considered essential traits to thrive in the healthcare environment and were thought to be acquired with reflective practice, storytelling, peer and professional supportive measures, and development of mindfulness and meditation practices (Low et al., 2019). Weurlander et al. (2018) found that when a student is confronted with patient care scenarios that affects one on an emotional level, one needs the opportunity to reflect on those experiences with someone they trust to gain confidence in handling these situations in practice. Pearce (2018) suggested that the nature of being female, the responsibilities associated with being a caregiver (being able to get pregnant and have children, caring for older or sick relatives,

etc.), increased the likelihood of attrition, while Gratrix and Barrett (2017) proposed that male gender was associated with higher levels of attrition. Students who spoke English as a second language (ESL) were more likely to fail the first semester of the nursing program, and interestingly the same study reported that students that had one or both parents born outside the United States was statistically predictive of the student failing the program as well (Barbe et al., 2018; Donnell et al., 2018). This was a discouraging finding since a diverse healthcare workforce is touted as a key component to aid in reducing health disparities and achieving health equity (Barbe et al., 2018; Glazer et al., 2016).

Financial hardships were also found to be a major factor in student nurse attrition. Kubec (2017) reported that 80% of college students in the U.S. must work while attending college. Students who were required to work during nursing school to support themselves or families reported increased stress and a decreased ability to perform to their potential academically, often leading to failure of a course (Gipson-Jones, 2017; Jones-Berry, 2019; Kubec, 2017). A mixed methods study conducted by Grant-Smith and Zwaan (2019) added transportation costs, meals, resources, and childcare associated with nursing school and the required clinical placements as the most significant stressor that negatively impacted academic performance for 53.6% ($n=90$) of their participants. Some students reported being placed in clinical locations further away than expected, sometimes requiring the use of overnight accommodations, as contributing to financial hardship during school, which influenced them to drop from the program (Grant-Smith & Zwaan, 2019).

Conflicting data were obtained regarding student retention among traditional and non-traditional students. One study suggested that non-traditional adult students have an advantage over younger traditional students in qualities of emotional maturity, emotional intelligence, and

resilience, while another source stated that non-traditional students were at a disadvantage because they often must maintain jobs and attend to family responsibilities while attending college (Beauvais et al., 2014; Harris et al., 2014). Crow and Bailey (2015) reported that in 2012, 50% of students in associate degree programs were over the age of 30, while only 16% of students in baccalaureate degree programs were over age 30. Common characteristics of the nontraditional nursing student were identified as: (a) being enrolled in school part time versus full time, (b) being required to commute to campus, (c) male gender, (d) being of ethnic or minority groups, (e) speaking English as a second language, (f) having dependent children at home, (g) having a general equivalency diploma, (h) having required remedial courses prior to entering the program, (i) having prior work/life experiences, (j) having gaps in educational experiences, and (k) being first-generation college students (Crow & Bailey, 2015). As a result of these life factors, the study speculated that many nontraditional students are unsuccessful in nursing programs due to circumstances that were out of their control.

Students who were unsuccessful in nursing were reported to have one of the following factors: (a) 56% scored below the national average on the ACT, (b) 72% had been required to repeat an anatomy and physiology course, (c) 61% had been required to take remedial college math, and (d) 50% had been required to take remedial college English (Harris et al., 2014).

There were abundant, often conflicting studies in the literature identifying students at risk for failure in a nursing program, but none of the studies reviewed made any reference to the lived experience of the student who failed or how they found meaning in the experience. Early identification of potential at risk students is a vital component of promoting their success, but more information is needed to allow educators to know what interventions will be most helpful

for these students so that institutions of higher learning can focus their resources in the most useful areas.

Importance of Faculty Rapport

Promoting a sense of inclusion and belonging to the school of nursing, as well as the nursing profession, can be of benefit to student retention and success (Jack et al., 2017). Another common finding in the literature was how student perception of belonging and rapport established with faculty was a significant influence. Vincent Tinto is credited with developing a theory of student progression in higher education that suggests faculty engagement and social involvement with students to be a major factor in student retention (Andrew et al., 2015). Three sources proposed faculty support from the beginning of the program may be the single most effective factor in student success, and encouraged nursing advisors to work diligently to help new students acclimate both socially and academically to the program by providing assistance with study skills, test taking skills, use of computer technology and simulation equipment, stress reduction, and connection to available resources (Amsrud et al., 2019; Hamshire et al., 2019; (Smith-Wachotz et al., 2019). Turner and Thompson (2014) surveyed a sample of 30 students regarding their college experience and reported that 67% cited lack of activities to engage freshmen students, 57% conveyed they had no interactive relationship with their instructors, and 53% relayed inadequate academic services and support. This data proved significant, especially since the students surveyed all successfully graduated from the program, but still designated these factors as obstacles that caused them difficulty. Gratrix and Barrett (2017) identified the relationship between student and instructors as a core component to student success and encouraged colleges to increase faculty training in student mentoring, reward faculty who are motivated to mentor students, and ensure faculty availability for student interaction. Fontaine

(2014) recounted a study that found retention rates in one nursing program increased from 61% to 71% following the implementation of a program that included early student interventions including extensive advising and counseling for nursing students.

Several sources disclosed evidence linking teacher emotional support to student motivation and engagement, as well as the ability to develop and improve educational competence (DellAntonio, 2017; Fontaine, 2014; Gratrix & Barrett, 2017; Hamshire et al, 2019; Hoffman, 2014; Kubec, 2017; Lewis et al., 2019; Low et al., 2019; Ruzek et al., 2016; Smith, et al, 2016; Talman et al, 2020; Weurlander et al., 2018; Williamson et al., 2014). A sense of connectedness with academic faculty was reported to positively influence both socialization and learning, and students expressed increased comfort learning from faculty they had formed relationships with (Ebert et al., 2019). The same study reported that students preferred learning via in person encounters with faculty in the company of student peers, and further expressed concern that reduction in funding was negatively impacting universities' abilities to support face-to-face learning (Ebert et al., 2019).

Faculty qualities that promoted student retention included maintaining open communication, providing a relaxed, supportive learning environment, mutual respect, positive rapport, offering a safe, nonthreatening classroom, enthusiasm about the content being taught, and being available to students (Hoffman, 2014). Common themes identified by students in one source included a desire for more face-to-face time with nursing faculty, instructors who can help link theory to practice, increased time in the nursing lab or simulation lab, the importance of peer connectedness with fellow nursing students, more welcoming clinical environments, consistent supportive mentors, and a decrease in online instruction (Ebert et al., 2019).

Furthermore, students who had experienced positive relationships with their teachers showed greater academic achievement, intellectual growth, personal development, increased motivation, enhanced academic self-confidence, and persistence in degree completion (DellAntonio, 2017; Gratrix & Barrett, 2017; Hamshire et al., 2019; Hoffman, 2014; Low et al., 2019; Talman et al., 2020; Weurlander et al., 2018; Williamson et al., 2014). Another interesting study suggested that educators that maintain high student expectations also promote student autonomy and motivation, and that motivated students are more cognitively engaged, eager to learn, possess pride in their achievements, and are self-confident about attaining their goals (Rubie-Davies et al., 2015).

Along with developing and maintaining a rapport with nurse educators, the student must develop this same rapport with other nurses that mentor them in their educational journey. One study explored the relationship between the nurse mentor's behaviors and the professional growth and learning of nursing students and suggested that the nurse mentor's behavior was a crucial element in the student meeting learning outcomes (Raso et al., 2019). The study stated that clinical faculty model how a nurse ideally should behave in a real-world working environment, and cited repetition of outdated practices, a decrease in caring ability, and a loss of human values as behaviors that not only undermined the students' learning but discouraged them from pursuing the profession (Raso et al., 2019). Weurlander et al. (2018) suggested that educators were viewed as role models for students, especially when navigating emotionally difficult situations, and that the lack of providing supportive measures during negative events creates a "hidden curriculum" which contradicts the very caring, empathetic nature that the program purports to have. These sources were a wonderful affirmation that faculty engagement and support are key factors to student success, but none of them addressed the student lived

experience following a failure, and only four addressed the importance of faculty support either following a failure of a nursing course or upon return to attempt the program of study following a failure (Handwerker, 2018; Harding et al., 2017; Lewis 2018, 2019).

Family, Intimate Partner, and Peer Support

One would surmise that having the support of family and peers during nursing school would enhance student success, and one source even proposed that support from family and friends, along with personal determination, were key factors in students' decisions to continue in nursing school (Hamshire et al., 2019). A review by Andrew et al. (2015) found intimate partner support had a notable influence on student progression and further stated that lack of partner support was cited as the main cause of attrition in about a third of mature-age female students. The study went on to state that having a supportive partner boosted coping ability and aided nursing students in negotiating the demands of college, household duties, and family responsibilities (Andrew et al., 2015; Hamshire et al., 2019; Kubec, 2017; Low et al., 2019). Crow and Bailey (2015) stated that associate degree nursing programs are comprised of many nontraditional students who had work and family responsibilities while attending nursing school, thus may experience challenges out of their control, that nursing programs should take these factors into consideration when adopting progression policies that adversely affect this population of students. One interesting caveat discovered involved female nursing students who suffered lack of support from their male partners became less tolerant of this behavior as they progressed in the program. This was attributed to experienced personal growth, gained self-confidence, and increased assertiveness (Andrew et al., 2015). Data from these sources reinforced the importance of family support in student success.

Meaning making alters the way one appraises or understands a situation, and students who fail a nursing course often experienced stress related growth as they work through the process of discovering meaning in the failure (Park, 2013). One area this study strived to explore was how social and family relationships changed or developed following the student failure. As mentioned in the previous section, students who fail a nursing course are not permitted to move forward to the next semester with their cohort of peers that relationships have been formed with. This was yet another loss the students experienced. One of the first comments students make when learning they have failed a class is *what will my mother/father/spouse think?* Not only was the student devastated, but was immediately concerned about what others were going to think. The studente fear the worst scenario. Lewis (2019) wrote that following the failure of a nursing course the student undergoes a grief like experience that is both an emotional and spiritual challenge, and that the support from family, faculty, and peers was critical in helping the student overcome the event.

Park (2013) suggested that positive relationship changes could be experienced following a stressful event, such as added supportive behaviors, becoming closer with loved ones, development of added patience, realignment of priorities, and enhanced coping behaviors as people attempted to make meaning of the negative event. This study examined how the students' relationships were or were not changed with friends, school peers, family members, and their significant other. How both positive and negative relationship dynamics affected the students' meaning making, or processing, of the failure was of interest.

Professional Peer Integration

During the literature review process one interesting factor associated with student nurse dissatisfaction and attrition was revealed. As mentioned in an earlier subheading, many students

encounter emotionally taxing situations in clinical situations that they are often ill equipped to process. It is imperative that students have faculty and nurse role models present to guide them through these difficult emotional situations. A role model is described as a positive example or a member of the profession that is worthy of emulation (Perry, 2009). Having a mentor to confide in during these experiences and demonstrate how to navigate the emotional side of nursing is a vital part of nursing education (Weurlander et al., 2018). Researchers proposed that students have added support and opportunities to discuss these experiences to confidently handle similar care issues in the future (Jack et al., 2017; Weurlander et al., 2018).

Several sources reported student attrition based on issues with clinical placements. Hamshire et al. (2018) recounted that just under half of all nursing students in their study ($n=735$) had considered leaving the nursing program at one time or another and stated that feeling socially and academically integrated into the clinical placement site made them more likely to stay the course. Students who felt secure and supported by their clinical mentors exhibited more confidence, less stress, and enhanced learning in the clinical setting (Smith-Wacholz et al., 2019). Conversely, exposure to poor role models in the clinical placement had an adverse effect on student learning, led to negative feelings about the nursing profession, and gave students the opportunity to consider the type of nurse they did not want to be (Jack et al., 2017). Student dissatisfaction with their clinical placement can accelerate a student's decision to leave the profession (Jack et al., 2017). A secure, caring clinical environment is essential for student learning (Birks et al., 2018; Jack et al., 2017).

Not only are nursing faculty responsible for integrating students into the academic culture, but they are also tasked with acclimating them into the clinical workplace during clinical rotations as well. The well-known catch phrase *nurses eat their young* describing lateral

violence from older, experienced nurses toward younger, new nurses was first coined in 1986 (Colduvell, 2017). It was surprising however to find accounts in the literature of student nurse encounters with this phenomenon. One source reported that exposure to bullying in the clinical environment had physical, emotional, and mental adverse effects for vulnerable students that were essentially guests in the clinical facility, and that both educational institutions and healthcare facilities must be responsible for management of this issue (Birks et al., 2018).

Often this behavior does not get reported formally so it is difficult to determine the actual incidence, but this study suggested greater than 50% of nursing students have experienced some sort of workplace bullying in their clinical placements (Birks et al., 2018). Some of the reported abusive behaviors reported by students included verbal abuse in the presence of patients or other staff, being reminded of their inferior standing in the workplace, being belittled or embarrassed, name calling, being sexually harassed, being forced to perform clinical skills outside their scope of practice, having doors shut in their face, being excluded from staff break room or restroom, eye rolling, being ignored, and being told they were not wanted on the unit (Birks et al., 2018; Ebert et al., 2019). Astoundingly, the same study reported that nursing students from non-English speaking cultures were at higher risk for bullying in the workplace and that many harassing behaviors were perpetrated by fellow nurses (Birks et al., 2018). This behavior was often not addressed due to beliefs that the occurrences were an expected method of putting students in their place or because the students were hesitant to report incidents because their faculty member was in a position of limited power to do anything about the issue (Birks et al., 2018). As a result, the students felt unsupported by both the professional nurses they sought to join and the nursing program (Ebert et al., 2019).

Students identified the following traits as helpful for clinical mentors: supportive, willing to teach, takes time to explain things, welcoming, patient, kind, having a solid knowledge base, willing to share experiences, passionate about the profession, and willing to spend time with them (Ebert, 2019; Jack 2017). Negative nurse mentor traits cited by students included negative staff attitudes, staff viewing students as a burden, and staff that preferred to complete tasks themselves instead of allowing students opportunity to do them, and further stated that many of the disgruntled staff were experiencing assignment overload due to staffing shortage and generalized lack of time (Ebert, 2019; Jack et al., 2017). Educators must be aware of potential student bullying in the clinical setting and must incorporate teaching of skills for students to recognize and navigate these behaviors during their clinical placements. Because what I learned in this literature review, early discussion on workplace behaviors will be implemented into clinical readiness teaching with my students in the future.

While reviewing studies regarding student dissatisfaction with clinical placement, one study really stood out. In some countries such as Australia, the United Kingdom, and New Zealand, there are nursing standard statements included in yearly nursing license renewal for professional registered nurses, one of which requires existing registered nurses to “teach and support nursing students in clinical placements” (Anderson et al., 2018, p 231). Researchers in the study interviewed fifteen registered nurses regarding the requirement and found that some of the nurses were not aware of the nursing standard, and that the participants had mixed feelings about the professional development standard. The Australian nursing standards for registered nurses state that licensed nurses are responsible and accountable for supervision of nursing activity, will foster a culture of safety and learning, engagement with health professionals,

sharing of knowledge and practice, and contributing to developing other professionals (Anderson et al., 2018).

In the study, certain themes emerged when nurses were asked about supporting student nurses in the clinical setting. Even though participants admitted that mentoring students added to their already busy workload, they stated that providing guidance to the students was the right thing to do and they had a sense of responsibility to do so (Anderson et al., 2018). Interestingly, most of the participants interviewed were unaware that supporting the next generation of nurses was a requirement according to their licensing agreement but voiced that they took on the extra responsibility of mentoring students because they felt they were doing the right thing (Anderson et al., 2018). Participants stated that providing guidance to student nurses should be an individual choice, that nurses mentoring students should not have a full patient load assignment, and that nurses should have the right to decline mentoring a student (Anderson et al., 2018).

Assessing the Toll

Failing a nursing course affects the student on multiple levels. The failure of a course results in a student being removed from their original cohort to sit out for a semester, then join another already established cohort to continue the program. They lose the support of peer relationships they have formed in their original cohort and are thrust as a lone student into another cohort in which students have already bonded together. Another aspect to consider is that the student must procure additional financial means for extended time spent in higher education. A degree that was expected to take two years in the case of an associate degree, will now require three or more years to complete. Finally, students that qualify for admission to nursing programs often have excellent grade point averages and many have been awarded scholarships that were dependent on maintaining a stellar grade point average. Failing a nursing

course negatively affects their grade point average and may even result in the loss of these financial awards.

This study provided insight on the lived experience of students who have failed a nursing course, and more importantly how that experience was processed by the individual; how they assigned meaning to the experience, either positively or negatively. Frankl (1946) proposed that meaning is unique and individual to each person, and that each human being has the freedom to choose how they master adversity. This study examined how the participants' internal drive helped them overcome the immediate distress experienced following the failure and learn more about what happened as they processed the phenomenon. More information is needed about what meaning participants assigned to the experience, what factors encouraged or discouraged them in deciding what to do next, and what methods were used to move past the experience. Frankl (1946) wrote that enduring the struggle and suffering negative occurrences ceased once the individual finds meaning in the experience. Research was needed to learn more about the internal motivation and supportive factors that encouraged participants to see failing a nursing course in a different light and find the courage to move forward in whatever path they chose.

Identification and Intervention

Proactive academic support services assist students with access to college services, as well as promote positive attitudes toward learning (Ebert et al., 2019; Hamshire et al., 2018; Pearce, 2018; Smith-Wacholz et al., 2019; Williamson et al., 2014). As noted in an earlier subheading, a multitude of factors have been discovered that could potentially put a student at risk for academic failure, therefore institutions of higher learning should be proactive about providing early and frequent supportive measures to give these students the best possible chance of graduating. One Australian study reported that some universities, especially those with

students from educationally, linguistically, and culturally diverse backgrounds, should use early identification of students to provide targeted supportive interventions, and went on to propose students most likely to need added support as those with lower GPAs, literacy and language skill deficits, older, female gender, and those born overseas (Glew et al., 2019).

Early academic advising establishes a personal connection with the student and may help intervene with factors that lead to student attrition, such as financial difficulties, poor motivation, poor student/institution fit, poor social integration into the college atmosphere, and poor preparation for college life (Ebert et al., 2019; Hamshire et al., 2018; Pearce, 2017; Williamson et al, 2014). One source identified nursing student repeaters often return to successfully complete the initial course they failed only to fail a later nursing course, so early intervention strategies are crucial for this population of at-risk students (Lewis, 2019). Academic advisors do much more than complete student schedules. They track student progress, promptly recognize areas of weakness, assist with personal stressors, promote student coping strategies, serve as liaison for access to college support services, and form positive relationships with students which may impact student self-confidence and persistence (Gratrix & Barrett, 2017; Lewis, et al., 2019; Mooring, 2016; Williamson et al., 2014). Students typically identified as being high-risk, those that are undecided, first-generation college students, and those from minority/ethnic backgrounds, often require significant support to successfully navigate higher education (Williamson et al., 2014).

An older article reported on a study that examined the effects of an enriched retention intervention program, the Northern Nevada Nursing Retention Program, that instituted educational learning plans, peer tutoring, mentoring services, learning communities, a comprehensive orientation program, workshops for test anxiety, and academic, personal and

career counseling services (Fontaine, 2014). Several nursing programs have created either mandatory or voluntary student support programs and peer mentorship programs where new nursing students are aligned with senior level students who have been successful in the program. Others have some variation of a student support course (Bridge to Success), a comprehensive nursing specific orientation day, or a three-day nursing “boot camp” (Freeman & All, 2017; Gratrix & Barrett, 2017; Harris et al., 2014; Kinney et al., 2017; Walker, 2016).

Several studies reported that tutoring was a substantially advantageous intervention for at-risk students. Washington (2018) recounted tutoring in math, writing, cultural diversity, and study/test taking skills to be very beneficial to students participating in the GRIND program and relayed all students in the program scored 100% on dosage calculation proficiency exams following participation in the program. Students who accessed student support tutoring were more likely to complete the program of study and could even experience a positive impact on financial, emotional, and social well-being during the program (Glew et al., 2019; Lewis, 2019). Another source stated that students who regularly participated in tutoring sessions and study groups had higher pass rates, lower attrition rates, and overall increased satisfaction with the nursing program (Guerra-Martin et al., 2017). Regardless of the type of intervention provided, overall student retention rates increased with the implementation of any method of student support. Findings from my research contributed insight regarding which measures students found most helpful following failure of a nursing course.

Gaps in the Literature

Upon review of the literature, several strengths were readily apparent. Researchers have identified certain factors, such as having taken remedial general education classes, having difficulty in biological sciences courses, English as a second language (ESL), being of a minority

ethnic culture, belonging to a lower socioeconomic status, being a nontraditional students or having failed another nursing course, that can predict a student may be at-risk (Abel et al., 2013; Andrew et al., 2015; Barbe et al., 2018; Beauvais et al., 2014; Donnell et al., 2018; Harding et al., 2017; Harris et al., 2014; Hoeve et al., 2017; Kinney et al., 2017; Kubec, 2017; Lewis et al., 2018; Messineo et al., 2019; Mooring, 2016; Pearce, 2018; Williamson et al., 2014). Previous studies have also shown that admission criteria may need to be reevaluated to examine the entire student, not just grade point average, and that supportive measures, regardless of the type, have positive effects for students (Amsrud et al., 2019; Ebert et al., 2019; Fontaine, 2014; Freeman & All, 2017; Gratrix & Barrett, 2017; Hamshire et al., 2019; Harris et al., 2014; Hoeve et al., 2017; Jack et al., 2017; Kinney et al., 2017; Lancia et al., 2018; Lewis, 2018; Lewis et al., 2018; Lewis et al., 2019; Mooring, 2016; Pearce, 2017; Smith-Wacholz et al., 2019; Walker, 2016; Williamson et al., 2014). Although these contributions to the existing knowledge base are enlightening, there is still much that is not known.

Since nursing programs are limited in the number of students they can admit, most studies in the literature consisted of relatively small numbers of participants that have been predominantly female and lack diversity (Smith et al., 2016). Additionally, many study participants contributed on a voluntary basis, and there have been limited comparison studies done. To better generalize findings that are truly representative of all nursing students, developing clear criteria for recognition of at-risk students and conducting a comparison study among different schools, with specific interventional strategies by trained faculty members, would be useful. There is also inconsistency in types of nursing programs, so any differences in program makeup would have to be explained and accounted for in the research.

There were a few studies examined the financial implications associated with student nurse attrition (Crow & Bailey, 2018; Donnell et al., 2018; Harding et al., 2017; Jones-Schenk et al., 2017; Kubec, 2017; Lewis et al., 2018; Lewis, 2019; O’Keeffe, 2013). Since colleges have limited dollars to spend on recruiting and retaining students, it is important for educational institutions to be confident they are spending resources in a method where they are most beneficial to both the students and the college. Even though academic failure was the number one reason for student nurse attrition, research revealed other reasons students leave the nursing program, such as realizing that nursing is not the career for them, family obligations, financial difficulties, or health reasons (illness, pregnancy, etc.) that were often not disclosed in the literature (Kukkonen et al., 2016). Perhaps additional inquiry could be useful in developing strategies to help students that are facing failure due to life events other than academic reasons, to aid in increasing the number of nursing graduates. Only one study was uncovered that examined nursing students that were successful academically but failed the practicum portion of their training (McGregor, 2007).

There was essentially no research available that explored the students’ perception of the experience after failing a nursing course. Questions left unanswered include: (a) what was their experience when realizing they had failed; (b) how did they tell their families and friends; (c) what supportive measures were in place, or need to be in place to help these students endure the heartache of failing and to navigate the emotional journey to either return to try again or to give up their dream of becoming a nurse; (d) how did students eventually find meaning in failing a nursing course and what factors influenced their decision to either return to attempt the course again or to choose another major altogether; and (e) what types of support measure did they need when they returned to the program?

Summary

This limited review of the related literature pointed out what was known, as well as shed some light on what still needs to be explored regarding student nurse attrition. Research has shown that failing a nursing course results in a detrimental effect on the students' grade point average which can affect the students' scholarships and financial aid, which further contributes to increasing student loan debt (Crow & Bailey, 2018; Donnell et al., 2018; Harding et al 2017; Jones-Schenk et al., 2017; Kubec, 2017; Lewis et al., 2018; Lewis, 2019; O'Keeffe, 2013). When students repeat courses, projected graduation and entry into the workforce is delayed, which in turn causes the student to incur further student loan debt. Colleges were also negatively impacted by poor student retention both financially and by maintenance of standards for accreditation (ACEN, 2013; O'Keeffe, 2013).

A plethora of studies were discovered describing factors associated with student nurse attrition, which provide educators insight on students that may be at high risk for failure. Failure in certain general education prerequisite courses, such as chemistry, anatomy and physiology, or biology, and medical/surgical nursing courses were predictive for a student to fail a nursing course in the future (Barbe et al., 2018; Donnell et al., 2018; Harding et al., 2017; Kubec, 2017; Lewis et al., 2018; Washington, 2018). Other studies described students of ethnic minorities, students from lower socioeconomic backgrounds, students that spoke English as a second language, students with one or more parents born outside the United States, and students lacking emotional intelligence as being more likely to fail a nursing course (Barbe et al., 2018; Donnell et al., 2018; Gipson-Jones, 2017; Kubec, 2017; Lancia et al., 2018; Lewis et al., 2018; Low et al., 2019; Talman et al., 2020). These findings prove frustrating for researchers who believe creation of a diverse nursing workforce would help alleviate health disparities and encourage equity in

healthcare delivery (Barbe et al., 2018). Contradictory data were uncovered regarding gender differences and predictive variations among traditional versus non-traditional students about student nurse attrition (Andrew et al., 2015; Beauvais et al., 2014; Harris et al., 2014).

Student financial hardships, such as students working while attending nursing school, incurring travel expenses to attend school or clinical placements, and students responsible for financial support of dependent children or spouses while attending college, were all listed as factors contributing to increased risk of the student failing a nursing course (Gipson-Jones, 2017; Grant-Smith & Zwaan, 2019; Hamshire et al., 2019; Jones-Berry, 2019; Kubec, 2017). Finally, supportive relationships, with both family members and faculty, were reported as having a positive impact on student success and persistence (DellAntonio, 2017; Fontaine, 2014; Gratrix & Barrett, 2017; Hoffman, 2014; Low et al., 2019; Raso et al., 2019; Ruzek et al., 2016; Smith et al., 2016; Talman et al., 2019; Turner & Thompson, 2014; Williamson et al., 2014). Research has provided much information to guide educators in recognizing students at increased risk of failing, as well as identifying behaviors that teachers could implement to increase the chances of student success (Amsrud et al., 2019; Ebert et al., 2019; Fontaine, 2014; Freeman & All, 2017; Gratrix & Barrett, 2017; Hamshire et al., 2019; Harris et al., 2014; Hoeve et al., 2017; Jack et al., 2017; Kinney et al., 2017; Lancia et al., 2018; Lewis, 2018; Lewis et al., 2018; Lewis et al., 2019; Mooring, 2016; Pearce, 2017; Smith-Wacholz et al., 2019; Walker, 2016; Williamson et al., 2014).

After perusing the literature, several gaps in existing research were identified. Several studies proposed that student nurse attrition is affected by unrealistic student expectations regarding the rigor of the program of study or the actual work of nurses, and further suggested colleges need to adjust admission criteria and procedures to attract students that are a better fit

for the programs (Hoeve et al., 2017; Horkey, 2015; Lancia et al., 2018; Lewis et al., 2018; Pearce, 2018; Talman et al., 2019). Additional inquiry is needed to determine what admission processes may aid in choosing students that are more likely to stay the course of the demands of preparing for the nursing profession.

There was nothing in the existing literature exploring the student's lived experience following the failure of a nursing course. More information is needed to understand how the failure affected the student's relationships; did the stress eventually strengthen or disrupt relationships and did that influence how the student found meaning in the experience? What support measures did the students feel would have been helpful to them during this experience? Did their life philosophy or spiritual background contribute to their ability to find meaning in the experience? What factors influenced their academic and eventual career decisions following the failure? There were no studies found that addressed these questions, which could be pivotal in assisting nurse educators know how to better support students following a failure in a nursing course. Research indicates that care by properly trained registered nurses is associated with lower patient mortality, reduction in medication errors, and overall positive patient care outcomes (Jones-Schenk et al., 2017). It is up to faculty to transform the face of student nurse attrition and make a difference for the next generation of nurses.

CHAPTER THREE: METHODS

Overview

The purpose of this qualitative transcendental phenomenological study was to examine the lived experiences of students after failing a nursing course, resulting in the students either sitting out a semester prior to repeating the course or making the decision not to return to a nursing program at all. For the participants in this study, lived experiences were defined as the emotional and physical tolls students experience after failing a nursing course. There was no research that gave a voice to this student population. Faculty emotional support provided during difficult times in the student's education can be instrumental in the student learning from the experience (Weurlander et al., 2018). Understanding the students' perceptions of failing will help educators learn to better support this student demographic, possibly influencing them to return to school to continue their education at some point (DellAntonio, 2017; Gratrix & Barrett, 2017; Hoffman, 2014; Kadlec & Rowlett, 2014; Williamson et al., 2014).

Chapter Three provides specific information regarding the research design and research questions used in the study. The research setting, participant demographics, recruiting methods, specific procedures used to conduct the study, and the role of the researcher were also explained in detail. Data collection techniques employed in the study, one-on-one interviews, participant letters, and focus group interviews, along with data analysis procedures were clarified to allow replication of this study in other settings with different participants. Finally steps to establish trustworthiness and address ethical considerations were discussed (Patton, 2015).

Research Design

Qualitative inquiry was chosen for this study to better understand the personal emotional and psychological account of students who have failed a nursing course, their personal

motivation to move past the failure, and how they gained meaning from the experience (Moustakas, 1994). Qualitative research allows gathering of data directly from the participants to aid understanding and communication of their lived experiences (Bloomberg & Volpe, 2019; Patton 2015). Quantitative inquiry would provide data on the number of students who have failed a nursing course, or correlations between certain life experiences and failing a nursing course. To understand the lived experience of the participants experiencing a particular phenomenon, qualitative inquiry is warranted (Moustakas, 1994). Qualitative inquiry uses purposeful sampling of participants to study real-world situations while allowing data to emerge during personal interviews to gain insight into the phenomenon being studied (Bloomberg & Volpe, 2019; Patton, 2015).

In qualitative research, the researcher is the primary instrument, gathering data directly from the participants to explore their personal perspective of the experience (Bloomberg & Volpe, 2019). Qualitative inquiry uses in-depth personal interviews, direct observations, and document analysis to identify patterns or themes in the data to determine what was meaningful to the participants (Creswell & Poth, 2018; Moustakas, 1994; Patton, 2015). The researcher provides a thick description of the data to first understand, then communicate, the participants' lived experiences to the reader (Bloomberg & Volpe 2019; Patton, 2015).

Phenomenology is used in qualitative study when the researcher seeks to gain a deeper and fuller meaning of the participants' experiences (Morse & Field, 1995). German philosopher Edmund H. Husserl first used phenomenology to study how people explained and experienced events through their senses to bring added dimension in understanding the human experience (Moustakas, 1994; Patton, 2015). He believed that to understand a phenomenon the experience must be described, clarified, and understood (Patton, 2015). Van Manen (1997) described

phenomenology as a mode of inquiry that is descriptive, engaged, reflective, and interpretive that strives to describe and interpret meanings in a rich, deep way. Phenomenology allows identification of themes detailing what an experience meant to participants (Creswell & Poth, 2018; Moustakas, 1994; Patton, 2015). Phenomenological inquiry explores the significance, structure, and essence of a lived experience for a person or a group by obtaining descriptions of the experience from first-person accounts (Moustakas, 1994; Patton, 2015; Van Manen, 2015). A phenomenological design was appropriate for this study to better understand how failing a nursing course affected students and how they navigated the experience, so that nurse educators would be able to guide students through this experience in a more thoughtful and supportive manner in the future.

Scholars desiring to study the meaning of life experiences often choose the transcendental phenomenological approach. In transcendental phenomenological study, the researchers must set aside any prejudgments about the phenomenon in a systematic and disciplined process known as *epoche* (Moustakas, 1994). Transcendental research approach does not focus on fact, but seeks to discover the direct insight, meaning, and essence of an experience (Moustakas, 1994). Transcendental phenomenological research goes beyond the physical, striving to explore what an experience meant to the persons that endured it, in hopes of providing a description of the phenomenon that will help others better understand the event (Moustakas, 1994). The transcendental approach was appropriate for this study because the goal was to learn how failing a nursing course affected the participants, the meanings derived from the experience, and the internal motivation used to move forward after the experience with the purpose of allowing nurse educators to guide future nursing students through this difficult time in their educational journey.

Research Questions

Research questions for this study are as follows.

Central Research Question

What are the lived experiences of students who fail a nursing course?

Sub-Question One

What are the challenges (emotional, personal/peer/family relationships, self-confidence, academic, and financial) experienced by students after failing a nursing course?

Sub-Question Two

How do students use the experience of failing a nursing course as a catalyst for personal and spiritual growth?

Sub-Question Three

What was the internal motivation that encouraged students to either return to attempt the program again, try another nursing program, or to move to a different career choice?

Setting and Participants

The purpose of this section was twofold. First, a rich description of the site was provided to allow the reader to visualize the setting. Second, criteria for participant selection were explored to allow the reader to better understand the participants' background in relation to the study needs.

Setting

The city of Greenfield (pseudonym) reported a population of 16,404 for 2018, which was down 2% from the previous year, and resides in the southeastern United States. The population at the time of the study was 70.8% White, 22.2% Black or African American, and 7% identified as other. The median age of residents was 40.3 years, with 94.69% reported as English speaking

and 1.77% citing Spanish as their primary language. Education completion rates reported for this city were: 31.20% high school, 22.25% some college, 7.27% associate degree, 17.93% bachelor's degree and 8.03% graduate degree, with most students that completed college identifying as White (Pepannres, 2018).

The Higher Education Center of Greenfield (pseudonym), a joint community college center that serves students from three different higher education institutions in the city of Greenfield, was the site for hosting interviews and focus group meetings for this study. This site was chosen for student meetings because it was a neutral space used by several local colleges, provided ample private conference room availability, secure parking, and students were familiar and comfortable with the environment. Campus security was provided on site to allow for safety of participants. The facility was open to all adult education majors, and offered the latest technological advances for student use, regardless of which school they attend. A senior facility administrator was on site, as well as directors from each individual school who presides at the facility.

Initial participants were selected for this study using a purposive sample of students from two associate degree nursing programs in Greenville. One program, Greenfield State College (pseudonym), is a small state funded college. The other program, Oak Grove Tech (pseudonym), is a private college. Greenfield State College accepts between 38-48 applicants per year and graduates one cohort of students in May of each year. Oak Grove Tech, residing in the same small town of Greenville, accepts a cohort of 12-24 students three times per year, with students graduating in December, May, and August of each year. Program directors from both schools of nursing gave consent to allow posting of informational flyers concerning this study in common student gathering areas for recruiting participants. Both colleges present programs with similar

curriculum design and clinical experiences. Students attending both colleges had a virtually identical demographic make-up.

Participants

Thirteen participants were selected for this study using a purposive sample of students from two associate degree nursing programs in Greenville. One program, Greenville State College, is a state funded college with the other, Oak Grove Tech, is a private college. As previously stated, both colleges presented programs with similar curriculum design, clinical experiences, and student demographic. Purposeful sampling, a key factor in qualitative inquiry, provided an intentional sample of participants that could best represent the research problem (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). Qualitative inquiry often employs purposeful sampling to select information rich participants to study specific questions (Patton, 2015). For this study, target participants were students who had experienced the same phenomenon: failing at least one nursing course. Selection criteria for this study consisted of students accepted to an associate degree nursing program in southern New Hampshire (pseudonym) who had failed a nursing course with a D or F, resulting in the need to either sit out a semester before repeating the course or withdrawing from the major of study altogether. All participants were required to be 18 years of age or older and there were no ethnic or gender restrictions.

Researcher Positionality

Motivation for this study was grounded in a genuine love of nursing; the good and the bad. Nursing is a tough profession and certainly not for the faint of heart. After being a bedside nurse for twenty-six years prior to becoming a nurse educator, patient care and management aspects of nursing were well known to me. The decision to become a nurse educator was spurred

by a passion for shaping the next generation of nurses. Over the years, I have experienced increasing frustration when bright, caring students successfully navigate grade point average requirements, entrance exams, and prerequisite courses to gain admission to a nursing program, only to fail the first semester of nursing school. Many of these students have a nurse's heart, which is something that no educator can teach in a classroom. These are the students who would go forward in the profession and thrive, ones that would make a difference in the lives of their patients. Losing those students haunts me, both as a nurse and an educator, because unfortunately that passion is not found in all students that go on to be successful in the program.

Interpretive Framework

Based on background, education, and assumptions, each researcher brings a deeply rooted personal philosophy to the research project. In constructivist inquiry, I seek to understand realities from the perspective of participants who experienced it (Bloomberg & Volpe, 2019; Moustakas, 1994). An assumption of qualitative research is that rich data can be obtained directly from participants who have lived through a phenomenon of interest, and that data received allows the researcher to describe, understand, interpret, and communicate those findings to others (Bloomberg & Volpe, 2019). I became directly involved with the participants by using open ended questions to learn their personal reality. Based on my personal background as a nurse educator, I see student failure as a sad, but often necessary reality. Some students are simply not ready to move forward in the program of study. The constructivist paradigm was used as the interpretive framework in this study to understand how failing a nursing course affected the participants emotionally, what supportive measures they found helpful following the failure, and how they eventually assigned either positive or negative meaning to the experience.

Nurse educators must understand the lived experience of students when they fail a nursing course to provide proper guidance and support during this time. Students need added academic and psychological support as they work through the disappointment of failing, as well as continued intensive support if they decide to return to the nursing program (DellAntonio, 2017; Fontaine, 2014; Gratrix & Barrett, 2017; Hoffman, 2014; Kubec, 2017; Ruzek et al., 2016, Smith et al., 2016; Turner & Thompson, 2014; Weurlander et al., 2018). Considering the current worldwide nursing shortage, educators must implement effective practices to encourage student success (Horkey, 2015; Kubec, 2017; Kukkonen et al., 2016; Lancia et al. 2018; Walker, 2016). When a student is lost from their original cohort, that seat often remains empty for the remainder of the program (Donnell et al., 2018; Lewis et al., 2018). Failure to complete nursing school is a dream unfulfilled for the student and current student nurse attrition rates are a tragedy, both for the students involved, as well as for the patients that desperately need their care. This study was important to aid nursing instructors in understanding the lived experience of students who have failed a nursing program, and to provide insight regarding possible interventions that may be helpful in avoiding student nurse attrition. Information gleaned from this study provided insight on how to best support students as they overcome failing a nursing course to continue a chosen career path, whatever that path was.

Philosophical Assumptions

The researcher's role in qualitative research is to be open and aware of personal biases and assumptions regarding the topic under investigation (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). During this study, I was both an insider, as a nursing educator, and an outsider, as someone who has never personally experienced this phenomenon. Acknowledging how my personal beliefs and assumptions may affect the research is a process termed reflexivity

(Bloomberg & Volpe, 2019). It was my hope that my role as a concerned nurse educator who sincerely desires to help students would be an asset to the study. I remained flexible and transparent to participants as an insider in the phenomenon being studied and conveyed my genuine interest in understanding how they found meaning in the experience and were able to move forward to return to the program or pursue another field of study (Bloomberg & Volpe, 2019; Creswell & Poth 2018). Moustakas (1994) encouraged researchers to use *epoche* or bracketing, which is a process of setting aside personal assumptions about the subject, to experience the phenomenon transcendently, or in a new, fresh way.

Ontological Assumption

Ontological assumption examines how the researcher perceives and approaches the identified problem (Moustakas, 1994). The known reality was that some students fail, an undisputed fact. In most cases, this failure was a devastating event for the student who had worked so hard to get into a nursing program. When considering the students that experienced this phenomenon, failure presented multiple realities. Failures had varied causes. Some were academic, while others were due to illness or family responsibilities. Most students were devastated, but others who began this career path and realized that nursing was not a good fit, may consider failure of a nursing class a relief. The only way to understand the students' reality was to learn from the students themselves. What were their experiences? How did it affect them emotionally? What measures did they find helpful in overcoming the experience?

Epistemological Assumption

The epistemological assumption in qualitative research is the expectation that the researcher will get close to the participants to learn first-hand, subjectively what the phenomenon meant and how it affected them (Moustakas, 1994). The researcher learns the subjective reality

from the person involved in the experience. I have seen from an objective standpoint how failing a nursing course affects students, but I yearned to know more, from their point of view, to better understand the experience. To accomplish this, I attempted to decrease the distance between myself and the individual participants (Krathwohl, 2009). I strived to have the participants see me as a doctorate student who desired to learn from their experience in hopes that it would make me a more effective educator to students experiencing failure of a nursing course in the future and to provide guidance for other nurse educators to do the same. I am known in the community as a nurse educator and may have taught some of the participants in the past. As a student researcher I had to be transparent with my role in this study and ensure participant confidentiality.

Axiological Assumption

With axiological assumption the researcher readily makes their personal values and biases that could influence the study known to the participants (Moustakas, 1994). The most influential assumption brought to this study was the belief that nursing educators do a poor job of guiding students through the failure of a course. I knew we can do better. In higher education educators tend to be proactive about recruiting students and frequent advising of students prior to and during the nursing program, but promptly drop the ball when they experience a failure. By the time final grades are posted and failure of a course is confirmed, most faculty are gone for the semester and are unavailable to counsel students through the process.

Researcher's Role

The primary researcher assumption in this study was that schools of nursing do not provide adequate supportive measures for students who have failed a nursing course, either prior to the failure and especially not following the failure. I have frequently witnessed the distress

students undergo when failing a nursing course. This has been a personal area of frustration and discontent as a nursing faculty member and as a parent who had an adult child fail a nursing course in the past. An additional factor for consideration in this study was that some of the participants may have known me as a former professor in their program of nursing. I was transparent in my role as a student myself, wanting to better understand the needs of students who have experienced failing a nursing course (Bloomberg & Volpe, 2019). Hopefully, data gathered in this study gave voice to this student group and provided insight on how to better serve students in this situation in the future. These potential personal biases could be viewed in a positive light, since I was genuinely interested in the participants' experiences and possessed a personal connection to the phenomenon. By using *epoche* to set aside preconceptions and prejudices, I assumed the role of human instrument in the study and allowed the data gathered to emerge as it was perceived by the participants, thus perhaps allowing me to see the phenomenon with new eyes (Moustakas, 1994; Patton, 2015).

Reflexivity is defined as being actively aware of your personal role in the research process and how it could impact the researchers' subjectivity and assumptions during the research project (Bloomberg & Volpe, 2019). Bloomberg and Volpe (2019) proposed that the researcher's role as both insider and outsider is a key important aspect of the study's trustworthiness and is regarded as an asset in qualitative inquiry that adds both enrichment and credibility to the work. One of the best methods for acknowledging the researcher's role during a study, and one I personally employed, was to keep a researcher's reflexive journal (Appendix J) to provide an ongoing record of the assumptions, thoughts, and questions throughout the study (Bloomberg & Volpe, 2019; Moustakas, 1994). Remaining transparent with personal

assumptions, questions, and thoughts during the study was a critical component toward providing an accurate account of my role as the researcher.

Procedures

In this section, steps used to conduct the study were outlined in hopes that future researchers could replicate the study in other locations with other participants. Permissions, Institutional Review Board (IRB) approval steps, recruiting of participants, data collection methods and analysis plans by data source, and how the study achieved triangulation were discussed.

Permissions

Procedures necessary to conduct the study began with applying for and receiving IRB approval (Appendix A) (Creswell & Poth, 2018). Following IRB approval, a pilot study was conducted with a panel of three to four individuals who completed individual interviews, a focus group interview, and were asked to compose a letter of support to a future nursing student experiencing the same phenomenon to determine if planned procedures and questions were clear and appropriately worded (Creswell & Poth, 2018; Patton, 2015). The individuals for the pilot study were recruited by an informational flyer posted on social media and at the two nursing schools requesting interested candidates to contact me for more information.

Recruitment Plan

Once the pilot study was completed, the process of securing study participants was started by placing informational flyers at Greenfield State College and Oak Grove Tech, as well as posting and sharing on social media. The informational flyers (Appendix B) and recruitment letters with the attached screening survey (Appendix C and D) were also distributed by email to directors of two area associate degree schools of nursing asking that the directors forward the

study information to perspective participants.

From the pool of initial participants, snowball sampling was used to obtain other relevant participants to contribute to data collection until data saturation was reached (Patton, 2015). Snowball sampling allows the researcher to start with a small group of participants that meet study criteria, then ask those participants to suggest or recommend others who have experienced the same phenomenon and may offer added perspective to the study (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Patton, 2015). Through snowball sampling students from other schools of nursing other than Greenville State College and Oak Grove Tech were able to express interest in participation. In all cases, consent was be obtained from each student prior to participation in the study.

As part of the screening survey potential participants were asked to provide preferred contact information, phone, or email, for further communication. Potential participants were notified by email (Appendix E) whether they had been chosen to participate in the study or not. For individuals who met the criteria of being 18 years of age or older, having failed a nursing course with a D or F, resulting in the need to either sit out a semester and repeat the course or transfer to another college major of study, a purposive sample of 13 participants were chosen. Written consent (Appendix F) was obtained individually from each participant prior to beginning interviews.

The purpose of the study, data collection procedures, analysis methods, intentions for use of findings, the researcher's role and intentions, the right to quit the study at any time without penalty, and security measures to be taken to safeguard data were discussed with each potential participant (Creswell & Poth, 2018; Krathwohl, 2009). While conducting research, I maintained transparency by disclosing intentions and gaining informed consent (Patton, 2015).

Data Collection Plan

The qualitative researcher spends extensive time in the field collecting data from multiple sources to provide a thick, rich description of the phenomenon being explored (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Moustakas, 1994). Van Manen (1997) proposed that study of unique human experiences cannot produce the empirical generalizations often sought in quantitative research. Bloomberg and Volpe (2019) described the time spent in qualitative research as “prolonged engagement” and believed it to be a critical factor in describing the lived experiences of participants. Data collection methods used in this study were one-on-one interviews, email follow up of any additional thoughts the participant wanted to share the week following the initial interview, a letter of support for a fellow student experiencing the failure of a nursing course in the future, and focus group interview sessions (Bloomberg & Volpe, 2019, Creswell & Poth, 2018; Moustakas, 1994; Patton, 2015).

Individual interviews were scheduled after written informed consent was obtained. Each interview was semi-structured and approximately 60 minutes in duration. Interview proceedings were audio taped with two devices for transcription accuracy, and I made brief notes during the process regarding thoughts, additional questions, or mannerisms observed that could provide clarification when evaluating the transcripts (Creswell & Poth, 2018; Krathwohl, 2009). At the conclusion of the individual interviews, each participant was asked to write down any thoughts that surfaced over the following week because of the interview discussion and email those thoughts to me to include for review. Each participant was also asked to compose and email a letter of support (Appendix H) to a future student who has just failed a nursing course. This letter was for my eyes only as a document for examination. Focus group sessions were scheduled to allow participants to discuss their experiences in a small group setting. Data

transcription was done within two to three days so that interviews were fresh in my mind. Completed data transcripts were sent to each individual participant to member check prior to writing a report of conclusions (Creswell & Poth, 2018; Patton, 2015).

Patton (2015) proposed that interviewing and observing are fully integrated approaches used in qualitative inquiry, and that even if the researcher uses primarily interviews to collect data, each interview is an opportunity to collect data by observing the participant. Recording what participants say is crucial, but mannerisms, expressions, and body language can reveal nuances that add depth to their story. Observational protocol was incorporated into field notes under a separate heading labeled objective data as a reminder to record the participants' body language, expressions, etc. during the interview and focus group sessions (Creswell & Poth, 2018).

Individual Interviews (Data Collection Approach #1)

Krathwohl (2009) stated that the aim of an interview was to focus less on the interviewer and more on what the respondent discloses. For interviewing to be successful, a rapport that allows a comfortable rhythm of conversation must be established between the interviewer and the participant (Creswell & Poth, 2018; Krathwohl, 2009). Interviewing is the gold standard of data collection in qualitative inquiry, and more specifically in phenomenological research, the interview is an informal, interactive process aimed at evoking a comprehensive account of the person's experience of the phenomenon (Moustakas, 1994; Patton, 2015). Interview questions should be descriptive, interpretive, or theoretical in nature and encourage the participants to provide rich descriptive information (Bloomberg & Volpe, 2019).

Interviews and focus group sessions for this study were conducted in a small, private conference room at the Higher Education Center of Greenfield, a joint community college center

that served students from three higher education institutions in Greenfield. This site was chosen for student meetings because it was a neutral space used by several local colleges, provided ample private conference room availability, secure parking, and an environment familiar to students from the area. All interviews were audio recorded in their entirety, using a Sony digital audio recorder as well as the recording option on a personal I-phone 8, and researcher field notes were taken during interviews (Creswell & Poth, 2018; Krathwohl, 2009). All questions were open-ended to encourage in depth discussion. Interviews were of 60-minute duration, one-on-one, face to face encounters using a semi-structured format (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Krathwohl, 2009).

Individual Interview Questions

1. As we formally begin our discussion, please introduce yourself to me, as if we just met one another. CRQ
2. Please describe how you think your personal philosophy or beliefs influence your ability to cope with adversity. SQ2
3. Describe how you normally handle or have managed difficult experiences in your life. SQ2
4. Tell me about your decision to apply to nursing school. What were the factors that led you to nursing? SQ3
5. Describe when you first realized that you were in danger of failing a nursing course. CRQ
6. What was your initial reaction when you realized you had failed the course? SQ1
7. Describe the experience of disclosing the news to your family and their reaction to the situation. SQ1

8. What type of support system did you have during that time, and how did they influence your ability to cope? SQ2
9. Describe the range of emotions you encountered in the weeks following failing the course. SQ1
10. Describe what internal motivation led your decision about how to move forward with your education. SQ3
11. Tell me about the struggles you have experienced since failing a nursing course. SQ1
12. Describe how you eventually assigned meaning to the experience and what that meaning was. SQ2
13. How do you think your personal belief system affected how you found meaning in the experience? SQ2
14. Tell me what you learned about yourself as a result of failing a nursing course. Describe any positive outcomes you experienced as a result of this experience. SQ2
15. Tell me about a role model in your life that influenced how you overcame the academic set-back. SQ3
16. You have given me a lot of great information in our conversation, and I really appreciate you taking your time to help me with this project. One final question... What else do you think would be important for me to know about the lived experience of failing a nursing course? CRQ
17. In closing I would like you to compose a letter of advice/support for a future student who is experiencing failure of a nursing course. What would you say to them about what they are going through? Take some time to think about it and send your letter to me by email within the next week. CRQ

Question one was a basic knowledge question designed to establish rapport and allow the researcher to get to know the participant a little better (Creswell & Poth, 2018; Patton, 2015). This encouraged the participant to disclose background and demographic information (Patton, 2015). Following the tenants of epistemological assumption, this question allowed the researcher to lessen the distance between themselves and the participant being studied to better understand the participant's unique perspective (Lincoln et al., 2011).

Questions two and three were designed to ascertain the participants' value systems by asking them to describe their personal philosophy and how those beliefs guide them during difficult times. Park (2013) described two levels of meaning-global meaning, the general view of situations, and situational meaning, which is generated at the onset of a stressful event and influences how the individual processes with the specific experience (Krok, 2015; Park 2013). According to the axiological assumption in social constructivism, the researcher used open-ended questions to openly explore and honor the role of the participant's values in the experience being studied (Lincoln et al., 2011). Meaning making occurs when one searches for a more favorable understanding of a difficult situation to rebuild and adapt (Frankl, 1959; Krok, 2015; Park, 2013). This question helped identify character strengths and internal motivation that influenced how the individual copes with difficult life events (Knowles, 1980; Park et al., 2004).

Question four was considered both a knowledge and a feeling question, depending on the answer provided by the participant. Patton (2015) described a knowledge question as one that inquires about information, while feeling questions as those that elicit emotions as the participant describes their experience. Nursing school candidates with character traits of self-confidence, self-efficacy, the ability to embrace the art of nursing, caring, and empathy tend to be more successful in nursing school (Horkey, 2015; Talman et al., 2020). Conversely, if the student

chose nursing with visions of job security, social status associated with the profession, or expectations of high salaries poor retention rates were found (Hoeve et al., 2017; Pearce, 2018). If the participant chose to attend nursing school because of job stability, good income, or high demand for nurses this could have been a basic knowledge response. On the other hand, if the participant chose nursing because of a profound experience in their past, this could very well elicit an emotional response.

Question five was a knowledge-based question that sought to understand when and how the participant realized there was a possibility of failing the nursing course. Frankl (1959) believed that meaning is achieved by the ability to persevere through adversity. Viewing a negative life event as a turning point can be an opportunity for learning about oneself and a catalyst for stress-related personal growth (Jayawickreme et al., 2017). This question was added to learn when the participants first admitted they were in jeopardy and how they reacted to the knowledge.

According to Patton (2015) when a researcher seeks to understand the emotions associated with an experience, they use feeling questions such as questions six through nine. Ontological assumption seeks to discover the participants' view of their experience (Lincoln et al., 2011). Question six was chosen to learn more about the participants' personal philosophical viewpoints that guide them during negative life events (Park, 2013). Park (2013) used the term *benefit-finding* when describing how individuals learn to make positive changes because of experiencing stressful situations.

Questions seven and eight provided insight on the participants' family and peer support system during and following failing a nursing course. Positive changes can also occur in social relationships, such as with family or friends becoming closer and more supportive, as individuals

attempt to make meaning of a stressful situation (Park, 2013). Question nine was chosen to examine the emotional journey the participant experienced in the weeks following the failure. Coping with negative life events requires meaning making which “involves searching for a more favorable understanding of the situation and its implications” to adapt and move forward (Park, 2013, p 40). Human beings experience an uncomfortable sense of loss of control and predictability following an adverse event and must work through the event to cope and eventually gain meaning (Park, 2013). These questions examined how relationships developed with friends, family, and their significant other following the failure of a nursing course.

Questions 10 and 11 are experience and behavior questions that were used to enlighten the researcher on the participants’ actions or behaviors associated with the experienced phenomenon (Patton, 2015). Following the ontological assumption, the researcher explores the multiple realities of the study participants to identify themes in the data (Lincoln et al., 2011). Question eleven sought to learn more about the hardships the participant experienced following the failure. Financial implications of failing to complete a program of study on time are well documented as both students and colleges incur additional debt or loss of revenue when a student does not complete on time (Jones-Schenk, et al., 2017; Kubec, 2017; Lewis et al., 2018; O’Keeffe, 2013). Questions that encourage participants to describe the shift in understanding of an experience sheds light on how they overcame the event and eventually were able to assign meaning to it (Park, 2013).

Questions 12 through 14 can be categorized as opinion or value questions and draw reference from axiological assumption since they explored the role of the participants’ values in coping with failing a nursing course (Lincoln et al., 2011). These questions were used to explore the cognitive and interpretive processes the participants used as they processed failing a nursing

course (Patton, 2015). The internal motivation to succeed, the fifth assumption according to Knowles' adult learning theory, was explored with these inquiries (Knowles, 1980). These questions were used to learn more about the participants' personal drive to overcome the academic failure and how they arrived at a decision about their future educational path. According to Frankl's logotherapy, gaining meaning is a critical task of human survival, so understanding how the participants were able to create meaning in their experience was of major interest in this study. During the process of assigning meaning to a difficult situation, the individual undergoes a change in understanding of the phenomenon and their ability to overcome the situation (Park, 2013). Park (2013) further proposed that religious beliefs directly influence the ability for an individual to cope with difficult situations and assign positive meaning to them.

Question 15 was added to allow an opportunity for the participant to give a final tidbit of insight about the lived experience of failing a nursing course and served as a closing summation of the interview (Patton, 2015). Often as an interview progresses, the participant will recall something of value to add to their previous comments (Patton, 2015). This provided an opening for the participant to clarify or expound on earlier data.

Individual Interview Data Analysis Plan (Data Analysis Plan #1)

Phenomenological research uses significant statements and meaning units to explore the essence of the lived experience of the participants (Bloomberg & Volpe, 2019). In this study, recorded interviews were transcribed verbatim within two to three days of each interview, and transcripts were emailed to participants for member checking. Notes were taken during the interview to record the participants' mannerisms and emotions. Once all interviews were completed, they were read and reread for recognition of recurring words, phrases, or themes within the data (Moustakas, 1994). All interview content was entered into participant files in the

Qualitative Data Analysis Software NVivo which provided for ease of sorting, filing, and moving data once codes and themes were identified. NVivo was useful for discovering the number of times a phrase or word was used in the data. A total of sixteen codes were initially isolated from repeated reading of the transcripts, after which relevant data from the individual interviews was copied and pasted into a file for each of the codes. Coded data was then clustered into three theme files. Data was synthesized to create sub-themes to describe the texture of the lived experience of the participants (Moustakas, 1994). Relevant quotes were used under each sub-theme to support the descriptions of the participants' lived experience.

Document Analysis (Data Collection Approach #2)

Document analysis includes collecting data from written or visual artifacts such as letters, memos, personal journals, photos, text correspondence, or blogs (Bloomberg & Volpe, 2019). For this study participants were asked to compose a letter of support to a fictitious future student who has failed a nursing course (Appendix H). Participants were asked to email these items to me within a week of the individual interview for document analysis. Examining these documents allowed further understanding regarding the impact failing a nursing course had on the participants emotionally and psychologically. Examining these types of documentation essentially took the participant back to the time of the experience.

Document Analysis Data Analysis Plan (Data Analysis Plan #2)

In this study, participants were asked to compose a letter of support for a future student that may be experiencing the phenomenon of failing a nursing course. They were asked to email the letter to me within one week of their interview. Once all letters of support were received, they were studied to detect recurring words, phrases, or themes (Moustakas, 1994). Data from the letters were entered into a support letter file in the Qualitative Data Analysis Software NVivo

to discover the number of times a phrase or word was used. Data were copied and pasted into a file for each of the codes. Coded data was then clustered into three theme files. Data was synthesized to write the sub-theme section Support for Others. Relevant quotes were used to illustrate the words of support these participants felt would be beneficial to a future student experiencing the failure of a nursing course.

Focus Groups (Data Collection Approach #3)

Focus groups allow a researcher to interview multiple participants that have experienced the same phenomenon (Bloomberg & Volpe, 2019). Group discussion provided participants an opportunity to discuss and react to one another's comments, uncovering ideas and reactions that may not have been mentioned in one-on-one interview sessions (Creswell & Poth, 2018; Krathwohl, 2009; Patton, 2015). For this study, all participants were invited to join in focus group sessions containing five to six participants per group to discuss prior interview questions and to tell their stories about how they were affected by failing a nursing course. The plan was to ask questions (Appendix I), and as data were revealed, to ask additional questions depending on the group responses, to delve deeper into the participants' lived experiences and to gain additional information that may not have been revealed in private interview sessions. Focus group sessions were conducted at the Greenfield Higher Education Center as discussed in the interview section.

Focus Group Questions

The focus group session started with a personal introduction and a brief recap of the reason the study was being done. Interviews are conducted in phenomenological research to capture the participants' perspective by gaining access to their feelings and emotions regarding the lived experience (Bloomberg & Volpe, 2019). Focus group questions included:

1. I am so pleased you could join me today to help me learn more about an experience you all have in common. Qualitative researchers examine areas in need of modification-they provide a glimpse into the world of others allowing others to understand the experience (Morse & Field, 1995). As a nurse educator, one of my frustrations was that I feared students were not adequately advised and supported following the failure of a nursing course. It was important for me to learn more about the details of your experience to change the way we support students who fail a nursing course in the future.
2. Please introduce yourself and tell us a little about yourself. CRQ
3. Please describe your motivation to study nursing. SQ3
4. Tell me what was different about nursing courses from other courses you had taken previously. SQ1
5. Was nursing school different from what you expected and how so? SQ1
6. Tell me about any supportive interventions that were offered to you during the semester that you failed. SQ1
7. Describe your personal/family responsibilities during the time you attended nursing school. SQ1
8. Describe supportive measures you think would have been helpful following the failure. CRQ
9. Explain how your family or friends supported you during that time. SQ2
10. Albert Bandura, a Canadian American psychologist that did extensive work in the field of education, coined the social learning theory, which proposes we learn by modeling behaviors, attitudes, and reactions of those around us (Bandura, 1997). Tell me about the

one person that was most influential in supporting you emotionally and how did that support influence or help you. SQ2

11. Malcolm Knowles, an American adult educator, studied how adults learn differently than children, and proposed that adult learners have an internal motivation to learn (Knowles, 1980). How do you think your personal beliefs or internal drive influenced your ability to move forward in your education after this experience? SQ3
12. Viktor Frankl, an Austrian psychiatrist, philosopher, and Holocaust survivor, founded the theory of meaning making, which proposed that the ability to find meaning in life's experiences, especially negative life experiences, is instrumental to well-being and good mental health (Littman-Ovadia & Niemiec, 2016). Describe how you gained meaning, or what you learned about yourself from this experience. SQ2

Questions for the focus group session were very similar to the ones asked in the individual interviews but chosen to promote discussion among the group members and spur memories that were not discussed in the one-on-one sessions. Following a brief introduction and focus of the study, question two sought to acquaint group members with one another and establish a common bond among participants. Researchers are encouraged to open the interview process with a question that grants participants the opportunity to share demographic and background information. An epistemological assumption refers to how something is known, as well as the relationship that exists between the person and the known phenomenon (Lincoln et al., 2011). Epistemology provides a bridge to lessen the distance between the researcher and the participants, which enables better understanding of the participants' lived experience (Lincoln et al., 2011; Patton, 2015).

Patton (2015) described questions that are meant to encourage the participants to express

emotions as they relay their lived experience as feeling questions. Question three was added to learn more about the internal motivation that led the participant to consider nursing as a career. Research indicates students that enter nursing school because of an emotionally satisfying experience or a genuine desire to practice the art of nursing in the service of others are often more fulfilled with the profession than students who were drawn to nursing because of employment stability, social status, or promise of lofty salaries (Hoeve et al., 2017; Horkey, 2015; Pearce, 2018; Talman et al., 2020). This question shed light on the participants' internal desire to study nursing.

Questions four and five were chosen to ascertain the students' expectations versus the reality of nursing education. These questions established the participants' background, learned about any differences in expectations and reality, and more importantly showed how they overcame those challenges. Knowledge gained from these questions addressed the participants' internal drive and motivation to succeed as described in Knowles' (1984) fifth assumption of the adult learning theory. Bloomberg and Volpe (2019) proposed that focus groups foster a complete and revealing understanding of issues, thus this setting was the perfect opportunity to learn more about the participants' expectations and how they were motivated to rise to the challenge of nursing school.

Question six was chosen to determine if any type of supportive measures were in place during the time the student was struggling but had not yet failed the course. Did the student know they were in peril, or did anyone reach out to help before failure was a certainty? Question seven was used to elicit more information about the participants' personal and family responsibilities while they were in nursing school. Bloomberg and Volpe (2019) encouraged the interviewer to gain the participant's view of their experiences and emotions. These questions

qualify as both knowledge and feeling questions since the researcher gained both information about the participant and gained insight into their emotions regarding the experience (Patton, 2015). Phenomenological research seeks to understand the multiple realities of the study participants and to identify patterns or themes in responses (Lincoln et al., 2011; Moustakas, 1994). Following the ontological assumption, the researcher explores multiple realities of the study participants to identify themes in the data (Lincoln et al., 2011). Since the same life event is often perceived differently by each individual, these questions provided rich data to compare among group members.

Patton (2015) advised that when researchers sought to recognize the participant's emotions associated with the lived experience that feeling questions should be used. Discovering the participants' personal view of the experience is the goal of ontological assumption (Lincoln et al., 2011). Question eight allowed the participants to elaborate on supportive measures they feel may have been helpful if offered during the experience.

Questions nine and 10 were included to further explore whether relationships with family and peers changed or deepened following failure of a nursing course. Park (2013) reported that relationships could be strengthened following a stressful event. Support of family and friends was instrumental for the student overcoming an academic set-back, but I propose that the added support from faculty would be influential in how the student proceeds following the failure as well. Multiple studies discovered in the literature review provided evidence that a positive rapport between the student and faculty contributed to overall student retention, degree completion rates, greater academic achievement, intellectual growth, personal development, and increased motivation (DellAntonio, 2017; Fontaine, 2014; Gratrix & Barrett, 2017; Hamshire et al., 2019; Hoffman 2014; Kubec, 2017; Lewis et al., 2019; Low et al., 2019; Ruzek et al. 2016;

Smith et al., 2016; Talman et al., 2020; Williamson et al., 2014). A personal bias spurring this study was that nurse educators can do a better job of supporting students following failure of a nursing course.

Park (2013) proposed that religion or worldview beliefs influence how an individual copes with adversity, and the ability to take what is first thought to be a tragic event and turn it into an opportunity for growth is often found in individuals with religious or spiritual beliefs. These negative experiences can even be viewed as turning points or an occasion to gain wisdom or new insight in their lives (Jayawickreme et al., 2017). Question 11 provided information about the participants' spiritual foundations to either support or oppose existing research findings.

According to Frankl (1959), finding meaning in life is a basic component of psychological health and well-being, and failure to do so can lead to depression, increased rates of suicide, and substance abuse (Littman-Ovadia & Niemiec, 2016). The ability to reason and create meaning is "viewed as the fundamental process that makes us human" and that being able to construct meaning is essential to adaptation in adverse situations (Bonanno, 2013, p 150). Question 12 provided valuable data about how the participants processed failing a nursing course and were able to eventually find meaning from the experience.

Focus Group Data Analysis Plan (Data Analysis Plan #3)

Statements and meaning units are used to investigate the essence of the lived experience of participants in phenomenological research (Bloomberg & Volpe, 2019). In this study, focus group interviews were transcribed verbatim within two to three days of each interview, and transcripts were emailed to each participant in the group for member checking. Notes were taken during the interview to record the participants' mannerisms and emotions. Once all focus

interviews were completed, they were analyzed for recognition of recurring words, phrases, or themes (Moustakas, 1994). Focus interview data were entered into focus group files #1, #2, and #3 in the Qualitative Data Analysis Software NVivo which allowed me to sort, file, and move data into previously identified code and theme files as described in the individual interview analysis section. Themes were synthesized into sub-themes to describe the essence of the lived experience (Moustakas, 1994). Applicable quotes were used under each sub-theme to support the descriptions of the participants' lived experience.

Data Synthesis

Moustakas (1994) proposed that phenomenological research derives evidence from first-person accounts describing lived experiences. Data analysis in phenomenology uses significant participant statements, units of meaning, and descriptions of the essence of the experience to gain understanding of the phenomenon under study (Bloomberg & Volpe, 2019). The Modified Stevick-Colaizzi-Keen method described by Moustakas (1994) was used for data analysis, which began as soon as data was available and continued as the study progressed. Moustakas (1994) taught that transcendental phenomenology challenges the researcher to study the phenomenon with an open mind to gain new knowledge from the participants' lived experiences.

Epoché is used before data analysis to allow the researcher to bring to light their own personal feelings and experiences on the phenomenon to limit biases during the research project (Creswell & Poth, 2018; Moustakas, 1994). I practiced *epoché*, to put aside all preconceived notions regarding the topic, allowing data to emerge as the participants reported it (Creswell & Poth, 2018). While I had experienced failure of a nursing course as a nurse educator and a mother of a nursing student, I had not experienced failing a nursing course personally. I was, however, passionate to learn more about the participants' perspective of this experience to

provide better supportive interventions for students experiencing this academic set-back. The Modified Stevick-Colaizzi-Keen method encourages the researcher to connect with, or essentially become one of the participants, to better understand the lived experience (Creswell & Poth, 2018; Moustakas, 1994).

Data analysis for this study began with creation and organization of file folders according to participant and date of encounter so that all data from each individual session was readily available (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). Each interview was transcribed verbatim and sent to the participant for member checking confirmation. Transcendental phenomenological reduction occurs when the researcher can consider the phenomenon with an open mind and consider it from the perspective of the participants (Moustakas, 1994). Once organized, I read through all data making notes, or memos, throughout the process, to get a general overview of entire dataset (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Moustakas, 1994). During horizontalization, each participant statement was considered relevant and of equal value as units of meaning were identified (Moustakas, 1994). The data was reread a second and third time to begin identifying initial emerging themes in the data and notations were made of any missing data or data that required further clarification (Krathwohl, 2009).

All interview data was entered into participant files in the Qualitative Data Analysis Software NVivo which provided for ease of sorting, filing, and moving data once codes and themes were identified. NVivo was useful for discovering the number of times a phrase or word was used in the data. Bracketing was accomplished by reading and rereading data to reveal similar patterns that were coded for categorization (Creswell & Poth, 2018; Krathwohl, 2009; Moustakas, 1994). Data were classified into codes that relayed the participant's experiences describing the essence of the experience. A total of sixteen codes were initially isolated from

repeated reading of the transcripts, after which relevant data from the individual interviews was copied and pasted into a file for each of the codes. Coded data was then clustered into three theme files. Data was synthesized to create sub-themes to describe the texture of the lived experience of the participants (Moustakas, 1994). Relevant quotes were used under each sub-theme to support the descriptions of the participants' lived experience.

It was imperative that the participants' experiences were told as they were experienced, not how the researcher may have expected the story to unfold. Each category was described clearly, since categories or their descriptors eventually became headings later in the study (Moustakas, 1994). Themes, sub-themes, and meanings were then established to develop textural description and significant statements regarding the experience under study (Creswell & Poth, 2018; Moustakas, 1994). The textural description, describing what happened, and the structural description, describing how the phenomenon was experienced, were combined to construct the essence of the phenomenon (Creswell & Poth, 2018; Moustakas, 1994). Table 2 was then created to collect and organize codes to aid in identifying themes.

Trustworthiness

Lincoln and Guba (1985) proposed that trustworthiness, or level of confidence in the data of a qualitative study, is vital in establishing the worth of the study findings and encouraged researchers to establish protocols and procedures throughout the project to ensure that readers can trust the findings. The trustworthiness of a research study encompasses credibility, dependability, confirmability, and transferability of the findings. In 1994, Lincoln and Guba added authenticity as another option for measuring of trustworthiness in qualitative research (Connelly, 2016). Failure to demonstrate trustworthiness in research negatively impacts the integrity and ability to use the research findings (Connelly, 2016).

Credibility

Credibility is the confidence that research findings represent actual information gained from the study participants (Korstjens & Moser, 2018; Lincoln & Guba, 1985). Traditional methods used by researchers to promote credibility include prolonged engagement, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy, and member-checking (Lincoln & Guba, 1985). Credibility for this study was initially established by transparency of the researcher's background and personal interest in the phenomenon, especially since many of the participants knew me as an educator in the area (Patton, 2015). Participants were briefed that my role in this study was solely as a student driven by a genuine concern for providing better support to future students experiencing the phenomenon.

Prolonged engagement, the researcher's lasting presence during interviews, was used to build trust and obtain rich, focused data from the participants (Korstjens & Moser, 2018; Lincoln & Guba, 1985). Prolonged engagement and persistent observation were achieved by conducting all interviews personally, transcribing each interview verbatim using direct quotes from participants, then conducting member checks following each data transcription to ensure that the participant's experience was an authentic and true representation of their lived experience (Bloomberg & Volpe, 2019, Creswell & Poth, 2018; Lincoln & Guba, 1985). By engaging directly with each participant, trust was established and a thick, rich description to answer the primary research question was provided (Creswell & Poth, 2018). A professional demeanor and neutrality were maintained with participants during interviews, allowing the participants' stories to emerge without input or influence.

Triangulation, or using multiple methods of data collection, was accomplished by conducting private, individual interviews, letters of support written to a future student

experiencing failure of a nursing course and small group focus discussions (Bloomberg & Volpe, 2019; Korstjens & Moser, 2018; Lincoln & Guba, 1985). Member checking, allowing participants to verify transcribed interviews for accuracy, was done to ensure the collected data reflected the participants description of the lived experience (Korstjens & Moser, 2018; Lincoln & Guba, 1985).

Negative case analysis was provided by open discussion of any outliers, or data that contradicts or does not fit the similar data patterns that emerged during analysis (Bloomberg & Volpe, 2019; Lincoln & Guba, 1985). Triangulation for contradictory data is important since qualitative research explores real-world phenomena and inconsistencies may merely offer further opportunities for study (Patton, 2015).

Transferability

Transferability is the ability to transfer research results to other settings or other participants and is achieved by the researcher's lush description of the data (Korstjens & Moser, 2018). The goal of research is to allow readers to apply the findings into different situations (Connelly, 2016; Lincoln & Guba, 1985). Data was collected until saturation was achieved, allowing a rich, thick description of the phenomenon as it applied to this group of participants (Lincoln & Guba, 1985). This study told the story of these participants while noting that these findings may not be representative of everyone's experience (Connelly, 2016). A detailed audit trail (Appendix K) was created to record each step of the research process in chronological order to include what was accomplished, when it was done, and the results obtained to aid future researchers that may wish to replicate the study in another setting (Lincoln & Guba, 1985). Readers can then determine if these findings could be applied to other participants experiencing the same life experience.

Dependability

Dependability reflects to what extent data findings were taken directly from the participants and derived from the data, not the researcher (Connelly, 2016; Korstjens & Moser, 2018). Lincoln and Guba (1985) proposed maintaining a detailed process log of all aspects that occur to demonstrate stability of collection measures and conditions during the study.

Dependability was assured by keeping a detailed audit trail of all steps employed during the study (Korstjens & Moser, 2018; Lincoln & Guba, 1985). Keeping comprehensive records of interviews, data analysis, emerging themes, coding methods, rationale, and data interpretation provided a clear picture of the entire study. Finally, all procedures were reviewed by the dissertation committee.

Confirmability

Expert peer review was used to validate data collection methods, data analysis techniques, and researcher interpretation of the findings (Bloomberg & Volpe, 2019; Lincoln & Guba, 1985). Employing a fresh set of eyes to examine the study enlightens the researcher to inconsistencies that may skew interpretation of the data (Patton, 2015). Allowing an external audit to be conducted by an expert colleague not involved in the study provided confirmability that conclusions are substantiated by the data and do not reflect bias by the researcher (Connelly, 2016; Lincoln & Guba, 1985). Journaling by the researcher also provided a clear pathway of the researcher's thoughts, assumptions, and questions that arose during the process (Appendix J).

Ethical Considerations

Researchers must remain cognizant of any potential ethical considerations that may arise at any time during a study and plan accordingly to safeguard the integrity of their participants and the data collected. Prior to beginning research formal approval was obtained to proceed with

the study from Liberty Institutional Review Board (Appendix A). Once a list of potential participants was composed, written information regarding the purpose of the study, how findings would be used, the researcher's role in the study and assurance of confidentiality for potential participants was provided so that potential participants could determine if they wished to participate (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Krathwohl, 2009). Once participants were chosen for the study, written consent was obtained from each prior to beginning interviews. The purpose of the study, data collection procedures, analysis methods, intentions for use of findings, the right to quit the study at any time without penalty, and security measures to be taken were carefully explained (Creswell & Poth, 2018; Krathwohl, 2009). I was clear, honest, and transparent in disclosing intentions and gaining informed consent (Patton, 2015). Participants were also provided my personal contact information and encouraged to initiate contact in the event of any problems or concerns (Creswell & Poth, 2018; Krathwohl, 2009).

Confidentiality was preserved by assigning each participant a pseudonym for identification during analysis and reporting of data (Patton, 2015). All hardcopy data was stored in a locked file cabinet inside a locked office during the study and for five years after the study was completed (Creswell & Poth, 2018). Security for electronic data was accomplished by storing on a portable storage drive device kept in a locked cabinet inside a locked office (Bloomberg & Volpe, 2019). The computer used for the study was in a locked office and password protected (Bloomberg & Volpe, 2019). During individual interviews, participants were assured of privacy in a dedicated conference room to encourage honest discussion, and each interview was audio-recorded for accuracy of transcription (Creswell & Poth, 2018;

Krathwohl, 2009). Participants were asked to verify and confirm transcribed data prior to its use in the study (Creswell & Poth, 2018; Krathwohl, 2009).

Summary

The purpose of this qualitative transcendental phenomenological study was to gain an understanding of the lived experiences of students who have failed a nursing course, resulting in sitting out a semester to repeat the course or changing their college major altogether. There was little known about the emotional impact experienced by these students, the internal motivation they possessed to move forward after the failure, or what life meaning they gained from the experience. Chapter Three provided a closer look at the research design, procedures used to gather data, the setting, the participants, the criteria for participant selection, and data analysis measures used in the study (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Krathwohl, 2009). Ethical and trustworthiness measures were explained, as well as my personal role in the study (Bloomberg & Volpe, 2019; Creswell & Poth, 2018; Krathwohl, 2009). It is the hope that understanding gained in this study will be of assistance to nurse educators in providing support for students who fail a nursing course in the future.

Recognizing students as human beings with diverse backgrounds and abilities, instead of impersonal faces in the crowd or numbers on a spreadsheet, is crucial to helping them embrace the college experience. Considering the worldwide nursing shortage, it is imperative that educators pinpoint practices to encourage student success. Failure to complete nursing school is a dream unfulfilled for the student and reported attrition rates are a tragedy-both for the students involved and for all the patients that will desperately need the care of competent, skilled nurses in the future. It is up to faculty to transform the face of student nurse retention and make a difference for the next generation of nurses.

CHAPTER FOUR: FINDINGS

Overview

This goal of this transcendental phenomenological study was to examine the lived experiences of students following the failure of a nursing course, resulting in the students either sitting out a semester prior to returning to the program, attempting another program, or making the decision not to return to nursing at all. Lived experiences for this study were defined as the emotional and physical tolls students experience after failing a nursing course. The research questions driving this study were: What are the lived experiences of students who fail a nursing course? What are the challenges (emotional, personal/peer/family relationships, self-confidence, academic, and financial) experienced by students after failing a nursing course? How do students use the experience of failing a nursing course as a catalyst for personal and spiritual growth? What was the internal motivation that encouraged students to either return to attempt the program again, try another nursing program, or to move to a different career choice?

A better understanding of the students' lived experience after failing a nursing course will prove instrumental in helping educators better support students during this stressful time in their educational journey (DellAntonio, 2017; Gratrix & Barrett, 2017; Hoffman, 2014; Kadlec & Rowlett, 2014; Williamson et al., 2014). Chapter Four provided a more detailed description of the participants in both narrative and tabular form, allowing readers to understand background of the individuals. Pseudonyms were used to maintain confidentiality of the participants and reflect their cultural background. Results collected from semi-structured individual interviews, focus group interviews, and letters of support to students that may experience the failure of a nursing class in the future are reported in Chapter Five. Moustakas' (1994) phenomenological reduction

was used to identify themes, which are presented in the form of narrative themes and chart formats. Responses to each of the research questions are explored and a summary provided.

Participants

Knowledge gained from participants is the very essence of phenomenological qualitative research. A total of 13 participants between the ages of 18-60 were interviewed for this study, with two additional candidates omitted due to not meeting inclusion criteria. Nine of the participant group for this study worked as registered nurses. Four participants were enrolled in a nursing program, three of which were projected to graduate in May of 2022 and one other slated to graduate in May of 2023. None of the participants interviewed for this study decided to pursue a career path different than nursing. Eight participants learned of the study from the informational flyer posted on Facebook, with an additional five participants obtained from snowball sampling. The sample consisted of 12 female participants and one male participant. Participants lived within an hour commute of the interview center, represented three local associate degree nursing programs, and all identified as Caucasian.

Table 1

Student Participants

Student Participant	Age Range*	Highest Degree Earned	Failure Year/ Graduation Year	Practice Area
Amy	>36	BSN	1999/2017	Nurse educator
Brandon	30-35	BSN	2004/2005	Stay at home dad
Brenda	>36	MSN	2017/2018	Nurse administrator
Brittany	25-30	ASN student	2018/2022	Student
Celeste	18-24	ASN student	2020/2022	Student

Felicia	>36	BSN	2017/2018	Nurse educator
Grace	>36	BSN	2011/2013	Patient care
Laura	18-24	ASN student	2020/2023	Student
Lily	25-30	BSN	2011/2013	Patient care
Megan	25-30	ASN	2014/2016	Patient care
Nicole	>36	MSN	1998/2000	Nurse educator
Pamela	>36	BSN	2017/2022	Student
Susan	30-35	BSN	2009/2012	Patient care

* Stated age range is at the time of the interview.

Description of Participants

This section provides detailed information about each participant in the study.

Pseudonyms and age ranges were used to protect the privacy of the participants. Information describing the participants' spiritual beliefs and further nursing education were also provided.

Amy

Amy, recruited by snowball sampling, was >36 years of age and failed a medical/surgical course in 1999. At the time of the failure, she was married and had a small child. Following the failure, she was so devastated that she did not attempt nursing school again for 16 years, after she had raised her son. She identified as a Christian and believed those spiritual beliefs were instrumental in her eventual journey back to the nursing profession. She reported that her marriage failed shortly after she was unsuccessful in the nursing program and that she did not have any real support system at home during that time. She not only successfully completed her

ASN degree in 2017, but has since completed her BSN as well. She was employed as a nurse educator.

Brandon

Brandon, recruited by the researcher, was in the 30–35-year age range but was 19 years old at the time of his failure of a nursing class. When the failure occurred, he was single, lived at home with his parents, and had no children. The class he failed was maternal child health nursing. He did return to nursing school the next year and graduated with his ASN in 2005. His nursing specialty was stated as critical care nursing, although he has taken the last 10 years off to be the primary caregiver for his children. He completed a BSN and denied any spiritual affiliation. He reported that his parents, particularly his dad, was his primary support system after the failure.

Brenda

Brenda, recruited from social media, was in the >36-year age range and reported that she was a single mother of three young children at the time she failed a nursing class. She went back into the program the following year, completed her ASN, and has obtained a BSN and an MSN since that time. She identified as Christian and stated that her belief system was vital in her recovery following the academic set-back. She serves in nursing administration at a local long term care facility and would like to eventually teach nursing. She stated that her faith and her family were the supporting factors that allowed her to overcome the failure and continue her education.

Brittany

Brittany, recruited from social media, was enrolled in her last semester of a local ASN program at the time of the interview, with projected graduation in May 2022. She failed two

medical/surgical courses, in 2018 and 2020 respectfully. She was in the 25–30-year age range and was the single mother of two small children. She was raised in a Christian home but didn't claim any spiritual or religious beliefs. She stated that her motivation came from her personal grit and determination, as well as her family's unrelenting support of her finishing her degree so that she could provide a more secure future for her children.

Celeste

Celeste, recruited from social media, failed a medical/surgical nursing course and was completing her last semester of a ASN program. She was slated to graduate in May 2022. She was in the 18-24 age range and married with no children. She stated that she was completely devastated after failing the class because she had never failed anything before, that she withdrew from everyone, and cried for weeks. She relayed that not only did she mourn failing the class but grieved losing the peers she had formed relationships with during the program. She credited her personal stubbornness and the support of her husband and parents as her motivation to return to the program. She did not claim a particular spiritual affiliation but stated that after about a year and a half, she was beginning to realize there was a bigger meaning and maybe she simply was not ready to assume the responsibility of being a nurse at that time.

Felicia

Felicia, also recruited by social media, was in the >36-year-old age group and failed a medical/surgical course. She was married and had one grown child. She stated she was incredulous when she found out she had failed the course, that she had never failed anything before, and she experienced a grief type reaction following the failure. She completed her ASN and went on to complete a BSN. Felicia admitted that she continues to struggle with anger regarding the way the situation was handled by the school she attended. She identified as

Christian and credited her faith and the support of her spouse and best friend as the determining factors for her returning to continue her education. Her background was in critical care nursing, but she now works as a nurse educator.

Grace

Grace, recruited by snowball sample, failed a medical/surgical course, and obtained her ASN in 2013. She stated that she does not plan to pursue additional nursing education. She was in the >36 years age range and was married with three children while she was in nursing school. She works in direct patient care at a local hospital. She stated that her husband was her biggest support during the time following the failure, and even though she is a registered nurse now, she has never disclosed that she failed a nursing class to her co-workers or friends to this day because of feelings of embarrassment. She was of the Christian faith and believed that God is in control of all things, always. She stated that this belief was her solace when she recalls that time in her life.

Laura

Laura was recruited by snowball sampling, was in the 18-24 age range, single, lived at home with her parents, and had no children when she failed a nursing course. She failed pharmacology and a medical/surgical course in 2020, after which she applied to an ASN program at another college. She was projected to graduate in May 2023. She stated that she was aware that she was struggling in the courses at the previous school, sought help from academic support, but was unable to pass the courses. Laura added that the faculty culture at her new college was entirely different and so much more positive than her first college. She believed this was a big factor in her success in the new program. She credited her mother as her strongest

support system and relayed that she decided to try another nursing program because she loved helping others and truly believed she was meant to be a nurse.

Lily

Lily, recruited from social media, was in the 25-30 age range and at the time she failed a nursing course she was single, lived at home with her parents, and had no children. In 2011 she failed a pharmacology course and went on to graduate with her ASN. Since that time, she completed her BSN and works in direct patient care in a local facility. She denied any spiritual affiliation, and stated that although she had a small, solid family support team, that she preferred to process things internally before talking them out with others. She described failing a nursing course as like processing a death-that she literally passed through the stages of grief in following the experience. Lily denied any religious or spiritual beliefs but relayed that the experience was a personal growth process for her and that she learned much about herself because of having the experience.

Megan

Megan, recruited by snowball sample, failed a medical/surgical course in 2014 and returned to complete her ASN in 2015. At the time the failure occurred she was single, lived at home with her parents, and had no children. She was in the 25-30 age range and had no plans to further her nursing education when interviewed. She worked in direct patient care in a community setting. She denied any spiritual/religious beliefs and named her parents and her then boyfriend (now husband) as her support system during that time. She stated that she was humiliated by the failure but that her parents never gave her an option of quitting. She felt she had come too far, so she should try to finish the degree.

Nicole

Nicole failed a medical/surgical course in 1998 and returned to complete her ASN in 2000. Recruited from social media, she was in the >36-year age range and at the time of failure reported she was married with two small children. Nicole has since completed a BSN and an MSN and works in nursing and patient education. She did not have a support system at home at the time, so the failure hit her particularly hard. Her sense of support and motivation to continue with her education came from her spiritual philosophy and a firm belief that everything happens in its own time, in the timing of her Creator. In retrospect she relayed that having to sit out of school freed her up to be available to care for a sick family member at the time. She stated she never would have had the opportunity to care for the family member if the failure had not occurred, so feels it happened for a reason.

Pamela

Pamela, was in the >36-year age range, recruited from social media, married, and had two teenage children. She failed a medical/surgical course and was in her final semester of a ASN program at the time of the interview. The second failure occurred because of a life-threatening health event which rendered her unable to finish the semester. Pamela stated that her family and her instructors were her biggest support system. She was a devout Christian and reported that her conversations with God are what got her through tough times. She reported the experience broke her spirit at the time, but that it also taught her humility, empathy, and opened her eyes. Pamela was very excited to complete her degree and begin her career caring for others.

Susan

Recruited by snowball sample, Susan failed a medical/surgical course and finished her ASN in 2012. She was in the 30–35-year age range and at the time of the initial failure was single, lived at home with her mother and siblings, and had numerous family duties that she felt

took away valuable time she could have used for studying. When she reentered the program, she was single and lived alone, which she stated was instrumental in her eventual success. She had obtained her BSN and worked in direct patient care at a local facility. She stated that she was so devastated by the failure that she lost a vast amount of weight and became physically ill. Susan said this was probably the lowest point of her life. She denied any spiritual affiliation but said that looking back at the experience retrospectively, perhaps she was not “in the right space in her mind at the time” she first attended nursing school. She stated that she had just turned 18 years old at the time and feels she did not have the maturity to handle nursing at that time in her life.

Results

The purpose of this phenomenological study was to learn more about the lived experience of students who have failed a nursing course, resulting in the student deciding to either return to the program, choose another program, or pursue a different field of study. The following results were obtained from performing semi-structured individual interviews and focus group interviews, as well as information learned from letters of support each participant composed for a student who would find themselves experiencing the failure of a nursing course in the future. Themes were identified using NVivo software for data analysis.

Table 2

Theme Development

Codes	Themes	Sub-themes
Shock and denial	Emotions	Reaction to failure
Anger		Deciding to move forward
Grief reaction		Return anxiety
Coming through the storm		

Anxiety

Fear

Spiritual beliefs	Motivation	Belief systems
Personal beliefs		Personal traits
Personal attitudes		Making meaning
Reflection		Family support
Finding meaning		
Family support systems		

No one to reach out to	Support	Support offered
Faculty		Support needed
Peers		Support for others
Lack of discussion		

Emotions

A surprising aspect of conducting interviews for this study was the raw emotion displayed by each participant regardless of the time elapsed since the failure. Felicia offered, “I literally experienced every emotion on the gamut. I went through the whole myriad. I still get angry when I think about it-angry at my teachers, angry at myself, just angry and devastated.” All participants became emotional when recounting their story and eight of the participants shed tears during their interviews.

Reaction to the Failure

Although participants described their reaction to the failure in different words and reported a variety of emotions, a pattern to their stories emerged. Initial reactions to the failure

ranged from shock, disbelief, anger, and denial. Amy reported, “I was just very hard on myself. I was just very, very angry. I wanted to crawl under a rock and hide.” Pamela stated, “I’m telling you, that’s a tough thing to feel. The word, the only word to describe how I felt at the time is inadequate. Sometimes I wondered if the tears would ever stop.” “Depression, it was just nothing but depression. I was despondent,” Brandon offered. Many of the participants voiced during the time after the failure they experienced a grief type reaction and likened it to losing someone or something very precious to them. Megan noted, “I was crushed-total devastation.” Even though some of the participants knew they were at risk for failing, they still held hope they would prevail in the end, so were destroyed when they knew the truth.

Deciding to Move Forward

At some point following the failure the participants reached a point where they had to decide to move forward-either get a job, pick another major, or choose to go back and attempt the nursing program again. Findings from the interviews showed that this process not only followed varying timelines, but that the participants made decisions based on different reasons. Felicia said, “In the end I had a choice-I could either go back or I could head in another direction.” Amy relayed, “I became mad and stubborn, and if I had cooled off and had someone talking to me, I would probably have come back that following year. But I shut everybody out.” “You can’t stop just because things are tough. You have to keep going. I didn’t want my kids to see me give up when things got tough,” stated Brenda. “You have to choose to move forward. You have to choose every day to keep going,” she added.

Return Anxiety

An unexpected finding in this study was the level of anxiety and fear students experienced when they returned to the nursing program. Three participants described returning

to the program as causing almost a post-traumatic stress disorder (PTSD) type effect on them. Amy expressed, "It was 20 years later, and I still had anxiety, still had the fear that I was going to fail again. These girls that jump back in; I don't think I would have had the bravery to do that." "It definitely humbles you. It humbles you to your soul. If it hadn't happened to me, I would have never had that understanding. Nobody knows except the people that have been there," Pamela offered. Lily stated, "There's definitely that feeling of being an outsider when you come back. No one prepared me for how I was going to feel when I walked in that room and was the new kid joining a group that had already bonded." This is an excellent opening for instituting supportive measures for students who are readmitted to the nursing programs.

Four participants specifically mentioned test anxiety as being a major hurdle when they returned to the nursing program. Brittany reported, "I constantly, to this day, question myself every time I sit down to take an exam. It's always in the back of my mind-I've failed this before. I'm sweating bullets." One participant even shared that she required medication for anxiety when she returned to school because of the failure. Celeste concurred, "I'm so nervous going into exams now. Exam reviews-I despise exam reviews. I know they're supposed to be beneficial, but I'm so...I've had such bad experiences with them. I catch myself being so nervous that I can't pay attention to what the instructor is saying."

Motivation

Knowles' (1984) adult learning theory proposed that adult learners possess internal motivational factors that lead them to seek knowledge. Participants in this study were asked what belief systems or personal traits they felt motivated them to move forward following the failure. I was particularly interested in discovering how the participants found meaning in the experience, what that meaning was, and what belief or personality trait led them to that meaning.

Grace summed it up, “I think it all boils down to a choice. I’ve always felt like you can accept things for what they are, or you can work towards what you want them to be. I think that played a role in my decision to go back to school. I just always kept my eye on the prize.”

Belief Systems

Many participants mentioned their spiritual beliefs and faith in God as instrumental in guiding them through this difficult time in their lives. Nicole offered, “For me personally, my belief in God was the strongest asset and got me through those tough times. I’m a firm believer that everything happens as it should, even if we don’t like it. Even when you’re in the biggest storm of your life, you’re in that storm for a reason.” Brenda expressed a similar belief, “Going back to my belief in God. You go through things you don’t understand. But there’s a greater story, a greater meaning, even if it’s not what you wanted.” Susan stated the experience “Deepened my spiritual relationship with God. It made me a better nurse.” I especially enjoyed Pamela’s perception of her experience. “I believe sometimes God lets us go through hard times so that we will call on Him. Maybe he misses us a little bit. When things are going good, sometimes we don’t call on him so much as we should.” This was just a brief synopsis of many quotes along the same theme that reinforced the importance of spiritual beliefs in helping students overcome the academic setback.

Personal Traits

Laura expressed an insightful view on her experience, “I think everything we go through makes us the person that we are, whether it be good or bad, we just have to draw out the best parts.” Are there personal traits that make a student more likely to return and try again? Amy state, “I tend to be a stubborn person. I think maturity wise, it’s better that I did this at an older age. God knew the plan.” “Perseverance,” Laura said, “I learned that I can dig my heels in, no

matter the setback, and I'm going to have a better outcome." Megan added, "Usually when something happens, I'm one to just push through it. I don't think there was ever a point I was just going to quit. I mean I wanted to, but it wasn't an option." Even if the participant denied having a religious affiliation, there were still personal beliefs that things happen for a reason. Brittany stated, "I'm not trying to sound Christian, but God didn't put me in this position just to have me fail. If it's in my heart to do it, I'm going to keep trying until I get it done."

The Importance of Having a Team

When participants were asked how the failure affected their relationships with family and peers, the majority reported that their families were amazing support. Felicia offered, "My husband was my rock, my sounding board, my strength. If I hadn't had him, I would never have made it through that time." Celeste shared that her most supportive people were her husband and her father. "My dad, he's the first person I call over anyone else. He was the one to push me to get good grades. I just did not want to tell him. I was so afraid of him being disappointed, but he was my biggest motivator to come back," she relayed. "My parents were supportive through it all. They supported whichever decision I would have made," added Brittany. "I lost the Promise Scholarship when I failed, so we had to figure out the financial aid situation, but they were not angry or upset," stated Laura. "They were like ok, this happened, and we're going to work through it," she added. Ten participants stated that their families were nothing but supportive and were so instrumental in them getting through the experience. Lily added, "My support system is small, but very strong."

Sadly, three of the participants did not have a positive support system in place when they failed. They verbalized that not having someone in their corner during that time made the experience so much more difficult. Amy reported, "There wasn't any support. I don't think my

husband at the time knew what to say.” “I felt like I was a disgrace to my mother,” Susan stated. “The one person that did support me was someone I worked for, not a family member,” she added. Nicole quietly shared, “My husband at the time said, ‘yeah, I didn’t think you had it in you-I knew you couldn’t do it’ and other things, that looking back, were really hurtful. Not supportive at all, but very demeaning.” Two participants shared that their marriages ended in divorce soon after the experience. Both of those ladies stressed that their faith is what got them through. Would the outcome of the marriages have been different if the participants had not failed or were they destined to fail regardless of the women’s educational outcome?

Making Meaning

Frankl (1959) believed individuals can find meaning from both positive and negative experiences, and the ability to learn from seemingly negative experiences was crucial to personal growth. This study sought to learn more about how the participants gained meaning from their experiences. Regardless of the participants’ age or background, everyone interviewed admitted growing and learning more about themselves because of the experience. Laura explained, “The meaning I attached to it was that it’ll make you stronger. The experience pushed me to do better. At the time I didn’t see that, but now I do.” Lily added, “I could have done without the whole experience, but I really don’t think I would be what I am without that. Now if someone tells me they’re struggling, I can say so was I, but I turned it around, and you can too. It made me feel like I could inspire someone else. The thought of inspiring someone else inspired me.”

Celeste explained how she interpreted the failure by saying, “I think it happened to possibly prevent other things from happening. I just thought maybe I wasn’t ready. In this career you have people’s lives in your hands. Maybe I would have gone in the hospital and done something wrong and ended up hurting someone.” “Those failures did not define who I am.

They didn't define who I am as a nurse. I'm a good person either way, and I'm a great nurse. It was just a bump in the road," Susan replied. Amy added, "Well, it was a learning experience that I didn't handle very well. It gave me grace to be a little bit more open minded. It made me a stronger person." Felicia relayed her journey to understanding as "I've changed and grown a lot. When I was younger, I didn't handle negative situations very well at all. I guess somewhere along the way I grew up a little. You can't stop just because things are getting tough. You have to keep going."

Nicole reflected on her spiritual support system when she said "It's all in God's timing. It became plain and simple to me why I failed. I understood the purpose of why I couldn't be at school the following semester. It was a blessing. It deepened my spiritual relationship with God and made me a better nurse." Pamela's unique response revealed her faith: "Maybe God was trying to keep me from being too big for my britches. Maybe he wanted me to have some humble-maybe he did; but I'm telling you, it broke me down. If that's what it took to build me back up, then maybe that's what I needed. Once you go through something like that, it opens your eyes. I thank God every day."

Support

Another aspect of the experience explored in this study was supportive measures that were offered to students during the failure and support services they felt would have been helpful during that time. These findings will be useful for nurse educators when guiding students experiencing a failure in the future. Finally, participants were asked to compose words of support for a future student going through the same experience in the future to discover what their advice would be to someone going through the same trial.

Support Offered

When asked about what types of support measures were offered during the semester the participant failed, the most common answer was none. It was very disheartening that these students did not feel there were options for assistance when they were struggling. Brandon stated: “I had asked for advice and was told to read my book. There was no help.” “I did seek help about what to do differently and was told to make time to study with a group. That doesn’t always work-I had a small child while in nursing school so my time to study was when he was in school or at night when he was asleep,” Brittany offered.

During a focus group session when asked about support offered, Felicia said “No, I didn’t have anything when I was there.” Brenda concurred, “No, there wasn’t anything. Nope.” Megan explained: “We had an academic counselor we had to see. We had to do this plan of improvement with short-term and long-term goals, and discuss how we studied, but they just kind of gave up at one point, especially after COVID, they just quit trying.” Celeste noted, “We would go over our tests if we failed; we had to meet with our instructor, and they would offer study tips, but as far as actual interventions, no.”

Support Needed

When the question was posed asking what type of supportive measures would have been helpful, both during the semester failed and during the time following the failure, the participants had some great suggestions. Brenda and Brittany replied in unison, “Anything! Anything would have been helpful.” Celeste concurred, “Any kind of support, from any teacher. Any teacher at all.” Laura added, “An email, a letter, or coming up in person to ask what can I do to help you? Any of that would have been great.” “Anything to help a person to push forward as long as they’re willing to do the extra work. I think just anything-if you see a student struggling, then

reach out a hand before they get so far down that they can't get back up," Pamela replied.

Participants agreed that serious students would make time to attend tutoring sessions if they were offered and that they needed actual test taking and study strategies. They also stated that learning how to dissect questions and learning why answer choices were or were not correct were most helpful. Clearly these participants did not feel supported by their instructors during this very stressful time in their education. Again, this is an area nursing schools could add interventions in the future.

Participants were also asked about support that would have been useful following the failure. Brenda stated: "Even as much as somebody answering the phone would have been helpful. It was like I was completely shut off; I was shunned. It was like I was a reject or a terrible person, and I'm not. Once you failed, they didn't care. If I'd had one person show that they cared, it would have made such a difference." Felicia added: "The way we were notified was just...our lives were falling apart in that moment, and no one cared. It was just another day to them."

"Afterward, it would have been so helpful if someone reached out and said, 'hey here's where we are and here's where we need to go next,'" Lily stated. Megan agreed: "I would have loved to have a plan, even a packet, that says ok you just got this news, but this is what you do next. It's really hard to think when you're at that low." She continued, "Someone to personally reach out, whether it's an email or text saying, 'hey how are you doing, do you need anything, is there anything I can do?'" Grace interjected, "It's like they don't talk about it. I don't feel like it's ever talked about. I don't think they want to talk about it because they don't want to address it. I mean your instructors don't want you to fail either. I didn't know what to do because no

one ever talked to me about it. Nobody was there, no one answered the phone or answered emails.”

Susan recalled that one instructor reached out following her failure with instructions about what to do next and assurance that she “was going to be a good nurse one day.” She said that this small gesture meant the world to her at that time. Another participant relayed that the largest support system he had after he failed was two other students that had previously failed and were in the class he would be joining when he returned. Brandon stated, “They gave me courage to try again. They were supportive, they helped me learn how to study better-they’re the reason I came back honestly.” Perhaps nursing faculty avoid having these difficult conversations because it’s uncomfortable for them as well? Also, grades are often posted at the end of the semester when faculty have left for break. These are possible suggestions for improvement for nursing faculty in the future.

Support for Others

An encouraging finding in this study was the support and compassion participants had for one another, for students returning to resume their education following a failure, and for students that may walk this same path in the future. In focus group sessions, through no planning on my part, there was an interesting mix of participants. In each group there were two students who had experienced a failure several years prior and two students who had experienced a failure more recently and were still in nursing school. As one participant was recounting her experience, Amy spoke up, “I feel so sorry for her. I knew just any minute she was going to start crying. I’m thinking she’s in the thick of it and I can just remember the anxiety and worry-the constant fear.” The compassion shown in the group sessions was overwhelming. As the meeting facilitator I needed to be there, but I almost felt like I should step out and let them talk.

The participants also were very vocal about the anxiety they experienced returning to the nursing program and what a struggle it was to mesh with a new cohort of students. Most agreed that some sort of reintegration assistance would be very useful to students returning to the program. Brittany explained, “You don’t want to stand up and tell everyone you failed.” “Something at the beginning of the semester-just acknowledgment that you’re back and they’re available if you need anything would be really comforting,” Brenda offered. Pamela concurred and added, “I think it would have been really helpful for faculty of that particular course to have been a little more involved with me when I returned. And maybe to offer some type of work or activities to do in the time you are out of school to keep up, work on time management or test anxiety.” Continued interaction during the time the student is out of the program could alleviate some of the feelings of being abandoned by the program.

Participants in this study were asked to compose a brief letter of support for a student experiencing the failure of a nursing course in the future. Responses contained heartfelt words of compassion, encouragement, and sustenance. Lily explained, “Do not let one moment define your future. You will get through this. The same drive and determination that got you started in the first place can be used for motivation and integration at this junction. We are responsible for our own destiny, and it is up to each of us how we handle the mountains that come our way.” “You are a masterpiece! A masterpiece that required some polishing. Your rough edges will be smoothed out and your future will be more beautiful than you ever imagined. You only fail when you stop trying,” added Nicole.

Outlier Data and Findings

One unexpected finding or theme that did not align with specific research questions was the struggle students had transitioning from general education courses to nursing courses.

Celeste noted, “I don’t think I expected the intensity. The questions are different, the teaching is different. You have instructors that help you along the way, but a lot of it is self-taught, and it’s not like that in your general classes.” “I had no point of reference going into it. I knew it was going to be hard, but I had no idea how time consuming it was going to be,” added Brittany. All participants expressed that nursing school was like nothing they had ever encountered before. How can colleges better prepare students for the rigor of nursing school?

Another interesting finding was the level of discomfort and anxiety participants experienced when they returned to a nursing program following the failure. As a nurse educator, I had noted student difficulties in these areas, but honestly did not realize the scope of the problem. Lily shared, “That’s a strange spot to stand in-when you come back. You have to find your place again.” Brittany explained, “You’re constantly, like to this very day, questioning yourself every time you sit down to take an exam. It’s always in the back of your head-I might fail this. I failed before. Every exam is so stressful.” “Exam reviews? I despise exam reviews! I know they’re supposed to be beneficial, and they are, but I’ve had such a bad experience with them. I would almost label it like PTSD, because I have a little freak out when I have to do them now,” Celeste added. “I think there should be some type of...something during that in between time. Like ‘these are your problems and what can we do to make you better before you come back’. Interaction during that off time would be so helpful,” reported Brenda. Findings from this study reinforce the need for nursing schools to recognize and intervene in these areas to promote student success.

Outlier Finding #1

Schools of nursing have admission criteria that prospective students must meet, some of which include overall grade point average and grades earned in certain required general

education courses. During the interview process, participants were asked how nursing school differed from other courses they had taken previously, and the answers were surprising. Many general education courses have grading scales that differ from grading scales used in the nursing program even though the program is in the same college as the general education courses. “In my general education classes, the grades were different. If you scored a 72% on an exam in chemistry, it was a C. In nursing school that would be a F-you had to have above 78.5% to pass a nursing exam,” Laura reported. Nodding in the affirmative, Susan agreed, “General education classes do not prepare you for nursing school. My general education classes were easy-I didn’t have to study and still got good grades.”

“I realized quickly that I had no idea how to study for nursing exams. There was so much material, and the questions! They weren’t normal questions. Nursing questions are higher level-you have to apply the material to patient scenarios. I didn’t know how to do that,” Megan explained. “Same with me,” concurred Lily, “I didn’t have study skills that worked in nursing school, and I had never failed anything before. I didn’t know how to study, but I learned! I learned.” Every participant relayed that they arrived in the nursing program unprepared for the rigor, and that by the time they figured out how to study, they were already in jeopardy of failing. These findings can be used by nurse educators to guide students to study resources early or perhaps provide test taking workshops to prepare students for navigating higher level exam questions.

Outlier Finding #2

One participant that was currently enrolled in nursing mentioned the fear and anxiety experienced when she returned to the program following the failure. Her statement opened a whole new dialogue in the group regarding those feelings. As a result of the passion exhibited

during that discussion, the question was posed in the following two focus group discussions. The responses were overwhelming. Participants reported being very uncomfortable joining a new cohort of students they didn't know, the feeling of not fitting in, of everyone knowing they had failed, of having to face the same instructors, and the general fear of failing again, knowing that they had one more chance to make it before being dismissed altogether.

This was not an area the study sought to examine, but it posed an interesting avenue for possible future exploration. Lily shared, "There's definitely the feeling of being an outsider when you come back. Don't get me wrong, people are encouraging, but no one ever said, 'hey let's talk about how you're going to feel when you walk in this room and you're the new kid'." "It's very humiliating because you think everyone knows that you failed," added Grace. This population of students obviously needed additional support, not only academically, but emotionally when they returned to the program.

Research Question Responses

This section provides short and direct narrative responses to the central research question and the sub questions using the themes described in this chapter. Appropriate direct participant quotes were used to provide support for response to the research questions.

Central Research Question

What are the lived experiences of students who fail a nursing course? This study supported Frankl's (1959) theory of meaning making. The participants interviewed in this study experienced a devastating academic failure followed by stages of a grief-like response as described by Kubler-Ross (1969). Felicia stated, "You go through all those stages, you know the Kubler-Ross stages? Right down the line." Each participant interviewed navigated the experience by drawing strength from their support systems, whether family, life partner, or their

faith in God ultimately being in control of everything. “For me personally, my belief in God is the strongest and gets me through those tough times. I’m a firm believer that everything happens as it should, even if we don’t like it at the time,” added Brenda. Furthermore, this study lends support to Knowles’ (1984) adult learning theory assumption of internal motivation in the adult learner. Brenda stated, “For me, I think my internal drive, honestly, made all the difference.” Brenda also relayed that the fact that her three children were watching her was a motivator. Felicia concurred, “I wasn’t going to let this get the best of me. I just pushed myself. I said I can do this.” Interestingly, all participants in this study did eventually return to a nursing program.

Sub-Question One

What are the challenges (emotional, personal/peer/family relationships, self-confidence, academic, and financial) experienced by students after failing a nursing course? Findings from this study sustain the belief that failing a nursing course presents a multitude of challenges for the nursing student. Besides the obvious delay in academic progress and the possibility of lost scholarships, the failure was a blow to the students’ self-confidence. Megan stated, “Everyone sees you get knocked down.” Susan added, “I feel like it was one of the worst times of my life.” Participants described grief like reactions including shock, anger, denial, depression. Felicia summed it up, “Shock, anger, numbness-you go through all those emotions. Like a grief process.” Lily concurred, “I let it throw me on the ground and knock the breath out of me.” Where family and peer relationships were concerned, most of the participants in this study expressed nothing but overwhelming support and love from their families during the process. Only three participants had negative experiences and lack of support from those closest to them

at the time, but they found the motivation to continue either in other relationships or in their faith.

Sub-Question Two

How do students use the experience of failing a nursing course as a catalyst for personal and spiritual growth? When presented with this question, each participant admitted they had indeed experienced personal growth, with many participants reporting strengthened personal relationships with their primary support system as well. Brenda said, “I think everything we go through makes us the person that we are, whether it be good or bad, we just have to draw out the best parts.” “It took me until I finally got established in my RN role, then I could look back and say, hey this was ok, I did learn about myself. I can look back now and see that it made me a stronger person,” added Megan. Participants relayed that although the experience was crushing at the time it occurred, in retrospect they were able to see that their journey to becoming a nurse unfolded exactly as it was meant to. “I can see now how it was a blessing.” Nicole expressed, “Again back to it’s all in God’s timing.” Brenda added, “It deepened my spiritual relationship with God. It made me a better nurse too.”

Sub-Question Three

What was the internal motivation that encouraged students to either return to attempt the program again, try another nursing program, or to move to a different career choice? When participants were asked what motivated them to go back, most reported that their initial reaction after learning of the failure was despair and they just wanted to give up. After given some time to process the experience, every participant in this study made the decision to try again. Lily stated, “I feel like I had already started this, and it was start something else from scratch or go back and finish. Why wouldn’t I try to finish?” Brittany added, “I wanted to do better for my

son. I remember someone making a comment to me ‘if you don’t go back, you’ve already failed.’ They meant it to be a motivator and it was.” Felicia concurred, “If I had quit then, I would have let them win.”

Summary

Chapter Four discussed findings gleaned from descriptions of the lived experiences of students who have failed a nursing class, resulting in the student being required to sit out a semester before deciding to either return to the program, choose another program, or consider another career path altogether. Participants were described both as a group and as individuals, using pseudonyms to protect privacy. By participating in individual interviews, focus group interviews, and a letter of support to a future student who has failed a nursing course, participants were encouraged to describe the lived experience following failure of a nursing course. Primary themes identified in this study included emotions, motivation, and support. The emotions theme revealed the sub-themes of reaction to the failure, deciding to move forward, and anxiety upon returning to the program. Motivation exposed sub-themes of belief systems, personal traits, family support/motivation, and making meaning. Support uncovered sub-themes of support offered, support needed, and support for others.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this phenomenological study was to describe the lived experiences of students who failed a nursing course. Failure of a nursing course resulted in the student either sitting out a semester to attempt the course again, attempting another nursing program, or discarding the dream of a nursing career and choosing a different educational field. Chapter Five contains an interpretation and summary of the findings, responses to research questions, and the study's findings in relation to the literature reviewed in Chapter Two. The study's theoretical, empirical, and practical implications, delimitations and limitations, and recommendations for future research were also explored in this chapter.

Discussion

The purpose of this section was to discuss the study's findings gained from the themes that were developed. The subsections to be explored include interpretation of findings, implications for policy or practice in the discipline, theoretical and empirical implications, limitations and delimitations, and possible recommendations for further research.

Interpretation of Findings

This transcendental phenomenological study explored the lived experience of nursing students following failure of a nursing class. Participants described their experiences by answering semi-structured questions in individual interviews and small focus group interviews, and by writing letters of support to a future nursing student having the same experience. Data were transcribed verbatim and sent to each participant for member checking. Stevick-Colaizzi-Keen's method of data analysis identified three main themes as emotions, motivation, and support.

Summary of Thematic Findings

Thematic findings in this study included emotions, motivation, and support. Sub-themes under emotions were reaction to the failure, deciding to move forward, and anxiety upon return to the program. Guiding the motivation theme were the sub-themes of belief systems, personal traits, family support, and meaning making. For the third theme, support, the sub-themes consisted of support offered, support needed, and support for others having the same experience.

Emotions Experienced. When exploring any lived experience, a variety of emotions come to light. Regardless of the amount of time that had or had not elapsed since the failure, the interview questions in this study took the participants back to that time in their lives and caused them to recall an emotional experience. Several participants described the interviews as therapeutic in allowing them to recall and verbalize their feelings. As stated in Chapter Four, participants described experiencing the full gamut of emotions and likened it to a grief type response. Participants came from a wide range of ages and attended three different schools of nursing yet had similar accounts of their experiences. One interesting finding was that no matter the time since the failure or the age of the participant, there were tears and raw emotional responses during the interviews. The experience elicited strong emotions when recounting that time.

Emotions described by the participants included shock, disbelief, anger, denial, shame, bargaining in the form of pursuing academic appeals, and finally depression. Megan described it as “total devastation.” Some participants relayed the experience “humbled them to their soul” or completely “took the fight out of them”. I honestly believe that breaking down is part of the process of being able to get back up. A commonality among many of the participants was the overwhelming support and strengthening of the relationships with their spouses, families, or

friends. Participants expressed fear of disappointing their loved ones as one of the most crushing thoughts after they learned of the failure, but most named the support of their loved ones as their main motivation to move forward. At some point each participant emerged from the emotional storm and had to decide about their future academic plan. All the participants in this study eventually returned to nursing, but a surprising discovery was the anxiety and fear they experienced when returning to the program. This is an area that could be a topic of further study to provide nurse educators valuable information to ease the transition back into the program and provide the proper follow-up these students need to be successful.

Motivation to Try Again. Knowles (1984) proposed that adult learners hold an internal motivation to learn. What motivates an adult nursing student to move forward following the failure of a nursing course? Responses from participants in this study fell into three categories: personal traits they possessed, the support of their family and friends following the failure, and their personal or spiritual belief system. One participant proposed that failure and returning to the program afterward was the hardest thing she had ever done in her life, while another stated her internal drive to finish what she had started pushed her forward after the failure. Several participants relayed that they had children at home that were a strong motivation for trying again. One stated that she had the drive to do better for her children, while another was concerned about the example she would set for her children if she quit. Personal traits participants described included stubbornness, maturity, perseverance, drive, grit, strength, and the belief that one oversees their own destiny. Findings from this study supported Knowles assumption of internal motivation to learn because these adult learners found the motivation to continue their education and eventually become successful.

Motivation was also derived from the support of family and friends. Many were driven by the fear of disappointing their loved ones if they had given up. Most of the participants reported stories of how their spouses, parents, and other family members gave them overwhelming support following the failure, especially during the time immediately after the failure when they were unable to support themselves. Even though most family members were upset about the failure or worried about the financial implications, they remained stalwart in their support of the participants. Two participants reported unsupportive spouses and marriages that ended soon after the failure. Implications from the descriptions during the interviews were that the support from their families was a huge motivating factor in them having the courage to try again.

Finally, participants voiced motivation to continue their education was bolstered by their spiritual beliefs. Brenda stated, "I think everything we go through makes us the person we are, whether it be good or bad, we just have to draw out the best parts." Her statement reflected Frankl's (1959) theory that each person has the choice when something bad happens to turn it into a positive by turning it into an opportunity for personal growth and meaning making. Another participant proposed that gaining maturity and the passage of time allows one to gain perspective on life experiences. Numerous participants expressed that their belief in God and the belief that everything happened for a reason that is often not understood at the time as their solace during that time in their lives. Participants admitted that with some time they all did gain a sense of meaning from the experience, with most stating that they weren't ready at the time.

Support. Participants unanimously felt unsupported prior to, during, and after failing a nursing course, which was very disappointing to hear. When asked about support offered prior to failing, participants mentioned exam remediation, but stated that these were not helpful

overall, mainly due to the anxiety and inability to concentrate because they were in danger of failing. They also expressed that they arrived in the nursing program having no idea how to study for nursing exams. This is an avenue identified as a need for nursing students that justifies further study-assistance in making the transition from general education courses to nursing courses was a common complaint from the participants and from nursing students in general.

Participants all reported lack of support during the time when the failing grade was received. Participants explained that they felt “shunned” after the failure. When asked what would have made that time easier, the participants in this study reported that it would have been so helpful to have someone from the program reach out to guide them through the process. One participant suggested a faculty member to be responsible to counsel students at this time and perhaps assemble a packet with clear instructions walking students through the process of what to do next. Felicia voiced she felt no one wanted to have the conversation because it was uncomfortable for faculty as well. Two participants admitted that they did have a faculty member reach out to them following their failure and how reassuring it was at the time.

When discussing support for others, letters of support to a future nursing student experiencing failure of a nursing course was the only data collection method in mind. The letters participants composed to a future nursing student were a treasure. They were compassionate, heartfelt words of affirmation. The letters expressed that an academic failure is not an expression of self-worth and does not define you as a person. Participants acknowledged the difficulty of the experience, the grieving that would follow, and the encouragement of following your dream to try again. As Nicole stated, “You only fail when you stop trying.”

One unexpected finding that occurred during the focus group sessions was the support these participants had for one another. Focus groups sessions were scheduled with times

announced for participants to attend as they could. In each of the groups there was an interesting mix of ages and time elapsed since the failure. The encouragement and empathy participants showed for each other and the stories were noteworthy. Is this possibly another source of support we should explore for students who fail a nursing course? The participants who had previously weathered the storm several years ago were so kind and inspiring for the participants who were still in a nursing program.

Implications for Policy or Practice

Findings from this study provide practice recommendations for stakeholders such as colleges, schools of nursing, and nurse educators who work with nursing students in any type of nursing program. Successfully guiding students through this difficult time should be a priority for nurse educators. This section of the paper explored how findings from this study can be applied to policies and practice in nursing education.

Implications for Policy

This study yielded policy implications for institutions of higher learning in general and specifically schools of nursing. A primary implication noted in this study was the need for more research about the needs of this population of students so that colleges and universities can channel resources to ensure student success. Student attrition rates are closely followed by accrediting agencies, so spending limited retention dollars in a manner that is most effective is imperative. By studying the lived experience of students following the failure of a nursing class, nursing programs can better understand the needs of students, both prior to and following academic failure. Nurse educators can facilitate policy change regarding how students are handled when a failure occurs. Best practices can be developed to assist the student with clear instructions, counseling, financial aid assistance, identification of weaknesses, and guidance

through the emotional trauma following the failure. Standards can be established for mentoring returning students to promote academic success. Not only could this enhance student retention rates but may also positively impact the existing nursing shortage when schools are able to retain and graduate qualified new nurses into the profession.

Implications for Practice

The Third Global Forum on Human Resources predicted that by 2035 there would be a deficit of 12.9 million nurses (Marc et al., 2019). Findings generated from this study may be useful to nurse educators in other schools of nursing. Student nurse attrition rates suggested that 30-50% of qualified nursing students never complete their original program of study (Fagan & Coffey, 2019; Kukkonen et al., 2018; Lewis et al., 2019). This is not only a loss of revenue for the school but a potential loss of a nurse in the workforce. Findings from this study cultivated awareness for nurse educators to recognize the difficulties, difficulties outside the immediate academic arena, that students experience when they fail a nursing course. If nurse educators receive training regarding how to meet all aspects of student needs during this time, it would be beneficial for the student, the school, and the nursing profession in general. When educators are proactive about intervention and guidance during this time, more nursing students may be retained in the programs, possibly leading to more competent nurses in the workforce, impacting the safety of patient care.

Theoretical and Empirical Implications

This section expounds on the theoretical and empirical implications of this transcendental phenomenological study. The theoretical framework of this study was based on Knowles' (1984) adult learning theory, Bandura's (1977) social learning theory, and Frankl's (1946) theory

of meaning making. Theory is used to interpret or understand a phenomenon. Researchers must then decide whether their research challenges or contributes to the chosen theory.

Adult Learning Theory

Knowles' (1984) adult learning theory proposed that adults learn differently than children. Adult learners possess an internal desire to learn and incorporate life experiences into their learning (Knowles, 1984). The five assumptions associated with adult learners are self-concept, past learning experience, readiness to learn, practical reasons to learn, and the drive of internal motivation (Knowles, 1980). The fifth assumption of a student's internal motivation was of interest for this study. I sought to learn more about the motivational factors participants used to overcome academic failure and readily saw how these findings support Knowles's adult learning theory's assumption of internal motivation. Implications from this study confirmed that this sample of adult learners were driven by their internal drive to finish the degree they started. These findings not only lend support to Knowles' theory but can be useful to nurse educators to motivate and encourage future students following failure of a nursing course.

Social Learning Theory

Bandura's (1977) social learning theory suggested individuals learn from observing the behavior of others. By examining the lived experiences of students who have failed a nursing course a model for how students overcome the disappointment of academic failure and were able to move forward to the next step in their educational journey could be established. There is no model for how to fail, but by having exposure to others that have experienced the same academic set-back, students could have a model for how to survive the disappointment and an example that this painful situation is just one moment in time and that better things are coming. Nurse educators could also benefit by better understanding the experience from the students' point of

view and know how to better support them through this time. Offering effective student support following failure may be used to guide students toward positive educational outcomes in the future. This study did not specifically support or challenge Bandura's theory but was affirmation for how his model can be used to institute better procedures for guiding students during this process.

Theory of Meaning Making

Frankl (1946) believed finding meaning in life experiences to be a basic human motivation and that finding meaning in negative experiences enhances one's ability to persevere. Processing a negative life experience and seeing the event in a positive light is characterized as meaning making (Park, 2005). As mentioned in Chapter One, research has suggested that individuals who are able to find meaning in life experiences live longer, while feelings of life meaningless is associated with negative psychological consequences, such as higher rates of depression, suicide, and substance abuse (Boyle et al., 2010; Kinnier et al., 1994; Krause, 2007; Mascaro & Rosen, 2005; Ungar et al., 2011). Personal growth following a stressful life event is also associated with the person feeling closer to God and stronger in their faith (Park, 2005).

Park (2005) suggested that spirituality is linked with coping and is a vital component of physical and psychological health. The goal of this study was to learn more about the emotional lived experience of nursing students following the failure of a nursing course and how they were able to find either positive or negative meaning in the experience. One goal of this study was to understand more about how participants processed this seemingly negative life event to find meaning-their emotions, strengths they discovered, what was learned. Findings from this transcendental phenomenological study added confirmation to Frankl's theory of meaning making since all participants interviewed admitted to experiencing personal growth and spiritual

affirmation because of working through the academic set-back. A few participants that were still in nursing school relayed that they were still working through the failure, but all participants admitted realizing that the failure occurred for a reason, and they had learned from the experience.

Limitations and Delimitations

Limitations are possible weaknesses in the study that were outside the control of the researcher (Theofanidis & Fountouki, 2018). One potential limitation for this study was that all participants were from the same geographical area. Although the sample represented three different ASN programs, all the programs were within a 50-mile radius of one another. Even though informational flyers were sent to numerous schools of nursing and posted on social media in hopes of attracting students from a wide range of ASN programs, the respondents were from a relatively small geographical area. Another limitation identified was the similitude of the sample. The sample for this study were all Caucasian, with 12 female participants and only one male participant. While this sample is somewhat reflective of the local nursing demographic, the goal was to attract more male and minority participants to ascertain if their experiences were perceived the same or differently. Due to limited response from participants outside the general geographical area and from diverse populations, the study was continued. Finally, there were a few potential participants that expressed interest but were unable to participate in the study due to personal time constraints. Delaying the study completion may have attracted additional participants, but this was not a certainty. Since they were of the same demographic as the participants used in the study, there was no indication that results would have been different.

Delimitations are boundaries the researcher used to define the guidelines of the study. Inclusion criteria for this study included that participants must be over the age of 18 years, had to

have attended an associate degree nursing program, and had to have failed at least one nursing course. The decision to accept only participants over the age of 18 years was made to attract only adult college students. The delimitations requiring the participant to have attended an ASN program and to have failed at least one nursing course was chosen because this study specifically sought to learn more about how the participants navigated that lived experience. A transcendental phenomenology approach was used to better understand the lived human experience. Phenomenology is used when the researcher seeks to learn the reality of the individuals that experienced the phenomenon (Krathwohl, 2009).

Recommendations for Future Research

This study could be duplicated in multiple locations with a similar size participant pool, but with a more diverse participant group consisting of a mixture of genders and multiple ethnic backgrounds. Knowing if associate degree programs in other locales elicit the same types of student responses and how those colleges assist students in navigating the experience would aid with confidence in transferability of the results of this study. It would also be interesting to learn if participants from other ethnic backgrounds and the male gender have similar thoughts on the experience, what types of supportive measures they received, what the motivating factors were for them to continue their education, and what meaning they derived from the experience. Finally, a comparison study about the ability to gain meaning between students who identified as Christian and those who did not have a faith-based affiliation-how does spiritual belief affect how a student recovers from a major academic set-back-may be of interest. Since these potential studies would be exploring the lived experience of the participants, researchers could use phenomenological research consisting of individual interviews or focus group sessions to gather information from participants. Surveys would gather answers to specific inquiries, but

interviews and focus group discussions would allow collection of rich descriptions of the participants' experiences and needs.

Recommendations for Stakeholders

Additional inquiries that could be explored in future research came to light during this study. More information about what supportive measures students found helpful or think would have been beneficial to them during and after failing the class would be very useful to nurse educators. Although each student navigated the situation in their own way, enough commonalities were discovered that may give nurse educators tools to assist future students. Participants described feeling “shut off”, “shunned”, or like they “were a terrible person” when asked about the time following the failure. Others stated they felt like the faculty “didn’t care” or that a student failing “was just another day to them,” when this was very much a major event in the student’s life.

When asked what measures would have been helpful immediately following the failure, the participants offered several suggestions that could easily be implemented into most nursing programs. The overwhelming responses involved communication-someone to reach out, either my email, letter, or phone, just to check on them and guide them through the next steps in the process. Several of the students mentioned that no one wanted to talk about what to do if you failed, leaving them feeling adrift following the failure. One participant added that she was sure having those discussions was uncomfortable for faculty also. Suggestions offered included having a set protocol for what to do if a student experiences a failure and to ensure that faculty were available after the semester was over to counsel students through this difficult time.

Participants were asked to identify interventions they felt could be beneficial to nursing students in the future. The transition from general education courses to nursing courses was

reported to be difficult and all participants relayed that they were ill prepared for the intensity and rigor of a nursing program. One of the participants stated that an extended orientation process prior to entering the program would be beneficial to transition success. Several participants also relayed that having someone from the nursing program stay in touch during the time they were out of the program and even possibly having work assigned during that time to help develop study and test taking skills would have been very useful.

Two unexpected findings presented in this study were the degree of anxiety and stress students experienced when they joined another cohort of students to attempt the program again, and how supportive other students who had experienced a failure in the past but went on to be successful were to students who were currently going through the experience. All participants passionately expressed the need for some type of reintegration assistance for students joining a new cohort after the failure. Participants reported generalized anxiety, feeling like an outsider, and test anxiety when reentering the nursing program. Interventions suggested by the participants included test taking workshops, time management training, study strategies, assistance with understanding rationale for exam items missed, and continued support for all readmitted students from faculty, especially the faculty in the course they failed.

Finally, after witnessing the compassion and support shown to participants from other individuals who had experienced the same phenomenon, offering peer support might be explored with future research. Knowing what interventions worked and what interventions did not would be valuable when counseling students during this difficult time. Should nursing programs institute a mentoring program for readmitted students to help integrate them back into the program and ease that anxiety? Would providing access to a trained volunteer peer mentor who had failed a nursing class in the past and eventually completed a nursing program be beneficial to

a student that is just now walking this path? These potential interventions warrant additional investigation.

Conclusion

This study was undertaken because of a personal interest in helping students who have failed a nursing course find their way back to academic success, whether it be in nursing or in another field of their choice. Regardless of the time frame, participants viewed the experience as devastating at the time it occurred and expressed a grief like process following the failure. The most profound emotional takeaway from this study was that no matter the time that had passed since the event, emotions are still very raw when discussing the failure. Rarely was an interview conducted without tears from the participant. Asking the interview questions caused reflection of the events, and many participants relayed that the process was therapeutic-just being able to talk it out, especially in the focus group sessions, was instrumental in them assigning meaning to the experience. This reflection is often overlooked and can be very cathartic in promoting personal and spiritual growth as meaning is discovered through the experience.

Another finding was how the support of family and peers was instrumental in bolstering the internal motivation to move ahead after the failure. Participants reported both negative and positive relationship encounters, but one point was clearly noted-those positive relationships were vital in the ability to regroup and move forward. Many participants expressed how the experience strengthened their relationships with their support persons, with only two participants voicing that their troubled relationships failed after the experience. After failing a nursing course, a student not only faced emotional challenges, but experienced a blow to their self-confidence, their planned academic journey was derailed, and often are thrust into financial hardship due to the loss of scholarships and anticipated income. Students who have failed a

nursing course experienced shame and anxiety when they returned to the program, putting them at increased risk for subsequent failure in the program (Lewis, 2019). Lewis (2019) reported that repeat students are likely to pass the course they initially failed only to fail another nursing course later in the program. These are legitimate difficulties and deserve supportive measures that are often lacking. Participants verbalized that support, any kind of support, during that time, would have been beneficial and very welcomed. This should be a lesson learned to encourage nurse educators to move past being uncomfortable counseling students at this time and provide them the guidance they need by having those difficult conversations, with the goal of moving the student toward a positive academic outcome whichever field they choose to study.

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APPENDICES

Appendix A: Institutional Review Board Approval

August 13, 2021

Deborah Tonelli
Shanna Akers

Re: IRB Exemption - IRB-FY20-21-1003 A Phenomenological Study Exploring the Lived Experience of Students Who Have Failed a Nursing Course: Try Again or Move On?

Dear Deborah Tonelli, Shanna Akers,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification

of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: Informational Flyer

A Phenomenological Study Exploring the Lived Experience of Students Who Have Failed a Nursing Course: Try Again or Move On?

- Are you 18 years of age or older?
- Did you fail a nursing course (with a D or F) in an associate degree nursing program, resulting in the need to either sit out a semester before repeating the course or transfer to a different major?
- Did you fail a nursing course (with a D or F) and not return to complete a college degree?
- Are you interested in helping nursing faculty learn how to better support students who have failed a nursing course?

If you answered yes to these questions, you may be eligible to participate in a research study.

This study seeks to gain a better understanding of the lived experience of students who failed a nursing course. Participants will be asked to meet with the researcher for a one-on-one recorded interview lasting approximately 60 minutes to retrospectively examine the experience, participate in a recorded focus group, which will also take approximately 60 minutes, with others who have experienced the same phenomenon, and compose a letter of advice/support, which should take approximately 20 minutes, for a hypothetical student experiencing the same phenomenon in the future. Each participant will be asked to review a transcript of their interview responses to ensure accuracy prior to the data being used in the study, which should take about 10 minutes. The researcher hopes to understand how students processed the event and how they eventually assigned meaning, either positively or negatively, to the experience in hopes of giving a voice to this population of underrepresented nursing students. Those who complete all data collection methods will be entered in a raffle for a chance to win a \$25 Walmart gift card at the conclusion of the study.

The study will be conducted at Greenfield Higher Education Center
1234 Main Street
Greenfield, NH 12345

Deborah Tonelli, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Appendix C: Recruitment Letter

June 23, 2021

Dear Recipient:

As a graduate student in the School of Education at Liberty University, I am conducting research to better understand the emotional lived experience of students who have failed a nursing course. The purpose of my research is to gain insight on how students processed the failure and eventually found meaning in the experience. I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older and meet one of the following criteria:

- Graduated with a nursing degree after failing a nursing course with a D or F, resulting in the need to sit out a semester to repeat the course, then returned to complete the program
- Did not complete a nursing degree after failing a nursing course with a D or F, but completed a college degree in another field of study
- Failed a nursing course with a D or F and did not return to complete a college degree

Participants will be asked to attend one private recorded interview session lasting approximately 60 minutes, compose a letter to a future student experiencing an academic failure in nursing school, which should take approximately 20 minutes, and attend a 60-minute recorded focus group session. Each participant will be asked to review a transcript of their interview responses for accuracy prior to the data being used in the study, which should take about 10 minutes. Names and other identifying information will be requested as part of the study, but the information will remain strictly confidential.

Potential participants may contact me by phone, text, or email to learn more about the study.

A screening survey is attached to this letter/email. Interested candidates should complete the screening survey and return it by email to the above email address. Candidates will be notified via email regarding their eligibility to participate in the study. Once selection is confirmed, a consent document, which contains additional information about the study, will be emailed to each potential participant. Please sign the consent document and return it to me at the time of the interview.

Those who complete all data collection methods will be entered in a raffle for a chance to win a \$25 Walmart gift card at the conclusion of the study.

Sincerely,

Deborah Tonelli
Doctoral Candidate, Liberty University

Appendix D: Screening Survey

1. What is your age?
 - a. Under 18 years
 - b. 18-24 years
 - c. 25-30 years
 - d. 30-35 years
 - e. Over 36 years
2. Have you ever attended an associate degree nursing program?
 - a. Yes
 - b. No
3. If you attended an associate degree nursing program which statement best describes the outcome of that program?
 - a. Graduated with a nursing degree without ever failing a nursing course
 - b. Graduated with a nursing degree after failing a nursing course with a D or F, resulting in the need to sit out a semester to repeat the course, then returned to complete the program
 - c. Did not complete a nursing degree after failing a nursing course with a D or F, but completed a college degree in another field of study
 - d. Failed a nursing course with a D or F and did not return to complete a college degree
4. Does any member of your immediate family work or teach in nursing education locally?
 - a. Yes
 - b. No

5. Please list your preferred method for me to contact you and provide the needed information to reach you.

6. Please indicate your preference of day and time for interview scheduling.

Tuesday _____ Thursday _____ Friday _____

2pm _____ 4pm _____ 6pm _____

Saturday _____ 10am _____ 2pm _____

Sunday _____ 2pm _____ 6pm _____

7. Please indicate your preference of day and time for focus group session.

Thursday _____ Saturday _____ Sunday _____

2pm _____ 6pm _____

Appendix E: Participant Acceptance/Rejection Letters

Dear John,

I am excited to inform you that you meet inclusion criteria needed to participate in my research study. Please complete the consent document attached to this correspondence and return it to me by email at your earliest convenience so that we may get your interview session scheduled. I look forward to working with you and very much appreciate your willingness to share your thoughts with me. Don't hesitate to contact me if you have any questions about the consent.

Kindest regards,

Deborah Tonelli

Dear John,

I wish to thank you for your interest in my research study. I am sorry to relay that based on the study inclusion criteria, I am unable to include you at this time. I appreciate your willingness to share your experience with me. Best regards to you.

Deborah Tonelli

Appendix F: Consent

Consent

Title of the Project: A Phenomenological Study Exploring the Lived Experience of Students Who Have Failed a Nursing Course: Try Again or Move On?

Principal Investigator: Deborah Tonelli, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, previously accepted into an associate degree nursing program, and failed a nursing course with a D or F, resulting in the need to either sit out a semester before returning to the program and repeating the course, transferring to a different major of study, or not returning at all to complete a college degree. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to examine the lived experiences of students after failing a nursing course, resulting in the students either sitting out a semester prior to repeating the course or making the decision not to return to the program at all. The goal is to better understand the emotional toll students experience after failing a nursing course and how they eventually assign meaning, either negatively or positively, to the experience.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in a one-on-one interview lasting approximately 60 minutes to discuss your experience. Interviews will be audio-recorded for data transcription accuracy.
2. Participate in a small focus group session lasting approximately 60 minutes with 5-6 other participants who have experienced the same phenomenon. Groups will be formed at the convenience of participants/researcher. These focus groups will be audio-recorded. You will not be asked to disclose your name or any identifying information during your part of the focus group, unless you desire to do so.
3. You will be asked to compose a brief letter of advice to a future student experiencing failure of a nursing course, which should take about 20 minutes. These documents will be for my use only and will not be shared with any other person. Please email your letter to the researcher within 1 week of completing your interview.
4. Each participant will be asked to briefly review the transcript of their interview and focus group responses to verify accuracy (10 minutes).

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study; however, during the focus group interview, you may benefit from participating in a collaborative conversation with other students who have failed a nursing course.

Benefits to society include providing nursing faculty a better understanding of the emotional impact a student experiences after failing a nursing course and provide faculty with information to better support nursing students that fail a nursing course in the future.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Individual interviews and the focus groups will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted. Any hard copy data will be shredded or burned.
- Interviews and focus groups will be recorded and transcribed. Recordings will be stored on a locked cabinet in a locked office for three years and then erased. Transcribed data will be stored on a password protected computer for three years then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. Participants will not be required to disclose their names during focus group interviews unless they wish to. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study, however participants who complete the study will be entered in a drawing for a \$25 Walmart gift card.

What are the costs to you to be part of the study?

There should be no cost to the participant other than gas for transportation to the interview site.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Deborah Tonelli. You may ask any questions you have now.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix G: Interview Questions

Introductions, background, purpose of the study, why it is important will be given

1. As we formally begin our encounter, please introduce yourself to me, as if we just met one another.
2. Please describe how you think your personal philosophy or beliefs influence your ability to cope with adversity.
3. Describe how you normally handle or have managed difficult experiences in your life.
4. Tell me about your decision to apply to nursing school. What were the factors that led you to choose nursing?
5. Describe when you first realized that you were in danger of failing a nursing course.
6. What was your initial reaction when you realized you had failed the course?
7. Describe the experience of disclosing the news to your family and their reaction to the situation.
8. What type of support system did you have during that time, and how did it influence your ability to cope?
9. Describe the range of emotions you encountered in the weeks following failing the course.
10. Describe what internal motivation led to your decision regarding how to move forward with your education.
11. Tell me about the struggles you have experienced since failing a nursing course.
12. Describe how you eventually assigned meaning to the experience and what that meaning was.

13. How do you think your personal belief system affected how you found meaning in the experience?
14. Tell me what you learned about yourself as a result of failing a nursing course.
Describe any positive outcomes you experienced as a result of this experience.
15. Tell me about a role model in your life who influenced how you overcame the academic set-back.
16. You have given me a lot of great information in our conversation, and I really appreciate you taking your time to help me with this project. What else do you think would be important for me to know about the lived experience of failing a nursing course?
17. In closing I would like you to compose a letter of advice/support for a hypothetical future student who is experiencing failure of a nursing course. What would you say to them about what they are going through? Take some time to think about it and send your letter to me by email within the next week.

Appendix H: Participant Letters

I would like you to compose a letter of support and advice to a student who has failed a nursing course. Having experienced this event first-hand, you are in a unique position to provide valuable insight to another person that is experiencing this very same dilemma. Please complete a brief note sharing your kinship with this experience, how it affected you, how you overcame the experience, what meaning, if any, you gained from failing a nursing course, and what you learned about yourself as a result. Please send your one-page typed letter within a week of completion of your interview.

Appendix I: Focus Group Questions

1. Please introduce yourself and tell us a little about yourself.
2. Please describe your motivation to study nursing.
3. Tell me what was different about nursing courses from other courses you had taken previously.
4. Was nursing school different from what you expected and how so?
5. Tell me about any supportive interventions that were offered to you during the semester that you failed.
6. Describe your personal/family responsibilities during the time you attended nursing school.
7. Describe supportive measures you think would have been helpful following the failure.
8. Explain how your family or friends supported you during that time.
9. Albert Bandura's social learning theory proposes that we learn by modeling behaviors, attitudes, and reactions of those around us. Tell me about the one person that was most influential in supporting you emotionally and how that support helped you.
10. Malcolm Knowles studied how adults learn differently than children and proposed that adult learners have an internal motivation to learn (Knowles, 1980). How do you think your personal beliefs or internal drive influenced your ability to move forward in your education after this experience?
11. Viktor Frankl's theory of meaning making proposed that the ability to find meaning in life's experiences, especially negative life experiences, is instrumental to well-being and good mental health (Littman-Ovadia & Niemiec, 2016). Describe how you gained meaning, or what you learned about yourself as a result of this experience.

Appendix J: Researcher's Reflexive Journal

<u>Dates:</u>	<u>Entries:</u>
11/28/20	<p>Personal assumptions going into this study:</p> <ul style="list-style-type: none"> • student nurses who fail a nursing course do not receive the emotional support they need once grades are posted. In my personal experience faculty are uncomfortable dealing with them after the failure • students who fail a nursing course are devastated; is this the norm? Perhaps students that are in nursing to please someone else and not because they truly want to be a nurse, are relieved to have failed. • Students who fail will find meaning and growth in the experience; does this always happen or do some remain bitter?
06/03/21	<p>Proposal defense today revealed some potential biases I may bring to the study because of my position as a nurse educator. I will need to take special care to assure participants of my intentions in this study, and that I am conducting this study in the role of a student, not a nurse educator. I need to be cognizant during interviews to keep my personal views to myself to prevent leading or influencing the participants in any manner. It may prove difficult for me to stick to my "script" as I am curious about how to better help these students and I love to talk.</p>
09/13/21	<p>Participants are starting to respond to the posting-exciting!!</p>
10/05/21	<p>I realized dealing with the participant's emotions during the interviews might be uncomfortable. I must be prepared to deal with strong emotions that are recalled when they describe their experiences</p>
10/06/21	<p>Very emotional interview-the participant cried almost the entire time; I am saddened that this experience had such a negative effect on this participant's confidence and self-esteem. I need to remember to remain objective and not let the mother bear in me come out because I feel protective of these participants</p>
10/07/21	<p>Transcribing interviews takes a lot of time but being able to listen to the conversation multiple times allows me to pick up additional information and remember gestures exhibited by the participant. I did not to take notes during the interviews so I could immerse myself in the responses</p>
10/08/21	<p>I interviewed Nicole today. Although I have known this individual in a professional capacity for years, I never knew her personal background. I learned a whole new part of her history today; even though the failure occurred in 1998 her emotions were still raw when recounting the experience-surprising;</p>
10/09/21	<p>Big day of interviews. Now I have three interviews to transcribe-yikes! Busy day-don't think I want to stack interviews again-my brain is overflowing.</p>
10/27/21	<p>I'm getting so much information. I can't believe that no matter the time since the failure, the participants still have such raw emotions when talking about the experience. It's interesting how so many of the participants describe the experience like a death and processing the time afterward as almost a grief response-denial, anger, bargaining, depression, and acceptance (Kubler-Ross, 1969). Several participants have also admitted that talking about the event with others has been "therapeutic" for them.</p>
11/04/21	<p>The participants chose their group interview dates, so the combination was totally random, but there were two nurses that had experienced failure of a nursing</p>

	course 10 or more years ago and two participants that had experienced recent failures and were still in nursing school trying to get their degrees. As the conversation progressed the experienced nurses were so empathetic and nurturing to the younger participants.
12/02/21	Taking a much-needed break to digest all this data.
01/10/22	Starting what I hope is my last semester. I have a new fire to get this done.

Appendix K: Audit Trail

<u>Dates:</u>	<u>Entries:</u>
08/27/21	Screening surveys and informational flyers sent to potential participants (Brenda, Brittany, Cindy, Celeste, Deidra, Hannah, Nicole, Lily, Pamela, Felicia, and Megan); site permission obtained from L. Moten
08/30/21	Screen survey received from Brenda, Celeste, and Lily; all met inclusion criteria
09/02/21	Consent/acceptance letters sent to Brenda, Celeste, and Lily
09/12/21	Completed consent received from Brenda and Deidra
09/13/21	Screening survey sent to Laura; devised a filing system and flow sheet to track sending and receiving of screening surveys, consents, reminders, acceptance letters, interview scheduling, etc. Each participant has a file that contains all study documentation.
09/17/21	Consent received from Celeste and Lily; screening received from Laura and Nicole; consent sent to Laura and Nicole
09/22/21	Reminder email sent to Brittany, Hannah, Megan, and Pamela; screening survey and informational flyer sent to Pamela, Felicia, and Megan
09/25/21	Screening survey received from Felicia; consent and acceptance letter sent to Felicia
09/28/21	Consent received from Felicia and Laura; screening survey received from Pamela;
10/03/21	Screening survey received from Megan; consent and acceptance letter sent
10/05/21	Interview with Laura
10/09/21	Scheduled individual interviews with Brenda and Felicia, then met with them again after lunch for a small group focus interview session #1. Sent transcripts for member check to Celeste and Nicole.
10/11/21	Member check ok'd and letter of support received from Celeste; consent received from Pamela; transcribed Brenda and Felicia's interviews
10/12/21	Interview transcripts sent to Brenda and Felicia for member checking; interview with Lily; member check received from Nicole
10/13/21	Four potential participants identified by snowball sample; informational flyers and screening surveys sent to Amy, Grace, Rhonda, and Susan; member check received from Felicia; transcribed Lily's interview
10/15/21	Interview transcript sent to Lily; screening survey received from Amy; consent and acceptance letter sent to Amy
10/16/21	Member check and letter of support received from Lily; screening survey received from Susan; verified criteria for inclusion, acceptance letter, and consent to Susan; flyer and screening survey sent to Brandon-survey received same day
10/24/21	Member check received for focus group session Felicia and Brenda
10/25/21	Screening survey received from Brittany; consent and interview with Brandon
10/27/21	Consent and interview for Susan
10/28/21	Screening, consent, and interview with Grace; letter of support from Brandon
10/30/21	Member check received from Susan
11/02/21	Consent and interview with Brittany; interview transcribed and sent for member check
11/03/21	Reminders sent for two focus group meetings set for 11/4 and 11/7; member check received from Brittany

11/04/21	Consent and individual interview with Amy; focus group session #2 with Amy, Celeste, Laura, and Susan; support letter received from Susan.
11/05/21	Focus group #2 transcribed; copies sent to all interviewed for member check
11/07/21	Focus group #3 with Brittany, Lily, Megan, and Pamela; focus group #2-member check received from Celeste and Susan; member check for individual and focus interviews and support letter received from Amy; support letter received from Brittany; reminders sent to Brenda, Grace, and Nicole for letters of support
11/08/21	Nicole, Brandon, and Grace were unable to attend any of the 3 focus group sessions; letter of support received from Nicole; focus group #3 interview transcribed; files closed/complete for Amy, Celeste, Felicia, Laura, Susan, and Nicole.
11/10/21	Focus group #3-member check sent for review
11/11/21	Letter of support received from Brenda
11/12/21	Member check for focus #3 received from Brittany
11/13/21	Member check for focus #3 received from Lily and Pamela; individual interview member check received Pamela
11/15/21	Member check for focus #3 received Megan
11/20/21	Files closed/complete for Brandon, Pamela, Megan, Lily, Grace, Brittany, and Brenda
01/19/22	Starting to write Chapters 4 & 5 intros, participant description.
01.20/22	Participant table completed
02/06/22	Individual and focus group interview data entered in NVivo; letters of support also entered; preliminary analysis for coding done
02/07/22	16 initial codes identified; overlaps noted; started moving interview data into code files
02/09/22	3 themes identified as emotions, motivation, and support, 3-4 sub-themes in each; interview data files moved into theme files