A PHENOMENOLOGICAL STUDY OF THE EXPERIENCES OF COLLEGE GRADUATES WITH CHRONIC ILLNESSES WHO FACED HEALTH THREATS AND INTERRUPTIONS IN THEIR DAILY ACTIVITIES

by

Paula Jeannese Uzuka

Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

Liberty University
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Abstract

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupted their daily activities. The theory that guided this study was Bandura's self-efficacy theory. Bandura defined self-efficacy as what a person understands about their ability to accomplish specific goals. In addition, Leventhal's construct, the common-sense model of self-regulation, provided the substructure of Bandura's theory, illustrating that with the right guidance, individuals can make decisions and manage their own health. An individual can use the theory and model to determine the necessary actions to achieve a goal. Participants in this study included 10 individuals who graduated from college in spite of having a chronic illness that interfered with their daily life activities. The participants were selected through social media outlets and not restricted to a particular school or region of the United States. Data were collected through interviews, timelines, and focus groups. The data were analyzed to explicate and interpret the information through an in-depth examination and coding of the consistency of patterns and events. This research study found that college students who have chronic illnesses can successfully graduate with the support of family, medical staff, and university professors. In addition to the need for support, these students also require a medical diagnosis in order to receive proper treatment and to request accommodations and modifications to their coursework.

Keywords: higher education, chronic illness, disabilities

Copyright Page

Dedication

I dedicate this dissertation to my husband, Prince, who has supported and prayed with me.

To my parents, Pastor Tommie and Pastor Paula Artis, who continued to encourage me to never give up.

To my church family, Greater Vision Worship Center along with my leaders, Bishop Michael Roseboro and Pastor Janice Roseboro, who always reminded me that God is with me and that I would finish strong.

To my children, Joshua and Hannah, the thought of you and the model I needed to be for you helped me to persevere through the hard times.

Acknowledgments

I would like to acknowledge Dr. Gail Collins, my chairperson, and Dr. Tony Ryff, my committee member; without their help and guidance I would not have been able to finish strong.

I would like to acknowledge my professors at Liberty University who helped me to develop all of the puzzle pieces together for what is now my dissertation.

I would like to acknowledge Alpha Kappa Delta Pi, who recognized my hard work through my grades and invited me to be a part of the education honor society.

Table of Contents

CHAPTER TWO: LITERATURE REVIEW....29

List of Tables

List of Abbreviations

Central Research Question (CRQ)

Emotional Support Animal (ESA)

Institutional Review Board (IRB)

Irritable Bowel Syndrome (IBS)

National Center for Education Statistics (NCES)

Sub-Question (SQ)

Temporomandibular Joint Dysfunction (TMJ)

Web-based Respondent-Driven Sampling (WebRDS)

CHAPTER ONE: INTRODUCTION

Overview

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupt their daily activities. College students with long-term illnesses struggle to balance their health and academic work. Nevertheless, there are equally many who have found the key to successful self-care management. Chronic illness is commonly discovered in early educational development in children and follows the student through the duration of a student's high school years. Hence, it is the cause of school absenteeism and even school dropout. This chapter begins with this study's historical, social, and theoretical background. Additionally, this chapter includes the problem, the purpose statement, the significance of the study, the research questions, and the definitions of key terms used in this study. In conclusion, the chapter ends with an overall summary.

Background

According to Allen et al. (2018), health conditions are the leading cause of school absences for 6.8 million students from kindergarten to 12th grade. These students miss about 18 days of school per academic year, while the rate of absenteeism per academic year for students with disabilities increases by up to 50%. The authors found that "frequent school absenteeism has immediate and long-term negative effects on academic performance, social functioning, high school, and college graduation rates" (Allen et al., 2018, p. 1). Knight et al. (2018) added that university students living with a disability had a lower level of determination and only had a 41% graduation success rate, compared to traditional university students whose graduation success rate stood at 51%. Dangoisse et al. (2019) suggested that high school students who have long-term health conditions are most commonly ill-prepared to step into college life’s social and academic rigor. Francis et al. (2018) found that 27% of high school graduates transitioning into the university are chronically ill and that only 16% of college students with long-term health concerns complete their academic program compared to 50% of traditional college students who complete their degree (Davis & Paro, 2020). As a result, there may be negative consequences and unsuccessful completion of their degree programs (Davis & Paro, 2020; Knight et al., 2018).

The National Center for Education Statistics (NCES, 2021b) determined that 14% or 7.3 million students who completed high school and enrolled as undergraduates from 2019 to 2020 reported having a disability. The NCES (2021b) data included young people ages 3 to 21 from 2019 through 2020. The study delineated the following statistics:

> Certain learning disabilities represented the highest percentage of disabilities at 33%, speech disability at 19%, “other health impairment” at 15%, autism at 11%, developmental delay at 7%, intellect issues at 6%, and emotional disturbance at 5%. Also, those with more than one disability at 2%, hearing disability at 1%, and orthopedic disability at 1%. (p. 2)

According to these results, the “other health impairments” include chronic illness, disabilities, and specific diseases such as diabetes and asthma (NCES, 2021b). Chronic illness accounted for the third highest disability and can take three main shapes: advancing, consistent and deteriorating, or intermittent (Rolland, 2019). Although these disabilities are concerns for any university, chronic illness disabilities in the K–12 and secondary educational research data are often excluded and should concern college administrators and lawmakers (Hamilton et al., 2023). The background of this study provides the historical, social, and theoretical contexts to help bring a clearer perspective of the issues surrounding the topic of how students attend college while facing chronic illness.

Historical Context

The historical background of this study substantiated the necessity of implementing disability laws and enactments so that all students may receive an equal opportunity for education. Implemented in 1973, Section 504 of the Rehabilitation Act, as part of the disability discrimination laws, protects people with an impairment—visible or non-visible (U.S. Department of Education, 2020)—and opposes discrimination based on disability. Any institution receiving government subsidies must abide by these nondiscriminatory practices. Furthermore, this Act includes “hidden disabilities,” those ailments that are chronic illnesses such as diabetes, heart illness, and kidney disease (U.S. Department of Education, 2020). Title II of the Americans with Disabilities Amendments Act of 1990 prohibits anyone from excluding persons with a disability from any activities or programs because of their disability (U.S. Department of Education, 2020).

The U.S. Department of Education (2020) confirmed that the mandatory purpose of Section 504 of the Rehabilitation Act of 1973 was to ensure that all “public or private schools who receive federal financial assistance for educational purposes do not discriminate against children with handicaps” (para. 1). Schools must provide these students with reasonable accommodations comparable to their peers. Schools that do not comply may have their federal financing withdrawn (U.S. Department of Education, 2020).

Blanck (2019) reported that students with chronic illness disabilities have ongoing issues such as low energy, unstable medical conditions, emotional weariness, constant medical emergencies, and the inability to stay afloat in academic coursework. Feldman et al. (2020) found that understanding the symptoms of disease factors is vital to understanding chronic illness and the way it affects college students who have a chronic disease. Blanck also noted that disabilities resulting from illnesses are a long-term battle for college students. Chronic illnesses have been an ongoing issue since the mid-1970s and often lead to early death in certain cultures. Lerch and Thrane (2019) noted that society plays an integral part in the way that individuals with chronic illnesses and disabilities are included and how they are treated in the community. However, the events that occur to them are often spontaneous. They come even for those who have adequately prepared but may be a complete surprise for society who may be unaware of the entire process.

Tolleson and Zeligman (2019) reported that health threats are familiar to those with chronic illnesses. Consequently, those experiences often impact individuals' self-identity, their emotional health related to their rights and equity, and call for intervention from lawmakers. Blanck (2019) noted that racial biases and discrimination, erroneous evaluation practices, and untrained teachers resulted in children being labeled with a disability. Blanck (2019) continued that the Education for all Handicapped Children Act restricted discrimination against children with disabilities, allowing all children a proper public education. By 1975, Congress reported that over eight million children did not receive a rigorous education and that one million of that population were not allowed to obtain an education. With such discriminatory practices, other legislation was necessary; consequently, for children in the United States, Congress founded the 1973 Free Appropriate Public Education and the 1975 Least Restrictive Environment legislation.

Stewart and Schwartz (2018) discussed the changes that have allowed educational opportunities for college students with chronic illnesses and how education has become more accessible for people with disabilities. These changes include computer technology and communication programs for the blind and deaf, extended timeframes for coursework submissions, and even a separate exam area. Though correct in concept, the problem remains that some individuals are resistant to identifying themselves with the office of disability services in their college or university, which would allow them to access help when needed (Santos et al., 2019). This resistance may be because a negative stigma or negative label comes with being a chronically ill student.

Blanck (2019) found that in some cases, unethical educational activities persisted, allowing administrators to neglect students with disabilities by creating a phantom waiting list. In other cases, school officials used the student’s disabilities and inability to complete their academic work to establish a form of punishment to remove the students from educational institutions with no formal plans for additional modifications or support. A change is needed so that all individuals have the same opportunity for educational advancement, equal employment, and the ability to live independently. In 1990, Congress enacted the Individuals with Disabilities Act to ensure that every youth in the United States, from age 3 to 21, receives the educational support they need (Blanck, 2019; Conroy & Yell, 2019).

Keenan et al. (2019) discussed how the Americans with Disabilities Act Amendments Act of 2008 impacted the Americans with Disabilities Act and its legal interpretation of it, which meant that educational institutions were required to establish policies and procedures that would determine disabilities and the documentation requirements for disabled students in their institutions. Blanck (2019) shared that though many universities have an office of disability services, there is uncertainty within the student body about the valuable support and opportunities available. However, even if these laws create equal educational opportunities for individuals with a disability, students still need to take advantage of the accommodations that the office of disability services provides. Otherwise, the cycle of college students with disabilities facing health threats and struggling to keep up with college academic work continues.

Lerch and Thrane (2019) implied that society's behavior toward people with chronic illnesses and disabilities is essential to how college students with chronic diseases and disabilities transition into the university and the workplace. Buscher-Towen et al. (2018) discovered that college students with disabilities struggle to fit into society's norms, creating a more significant pressure for those with disabilities to figure out what will work for them to fit in. Additionally, they are concerned about getting their universities more involved in preparing college students to fit into society and the ability to succeed in the workplace with their anticipated employers. Jevons and Lindsay (2018) shared that when students are discouraged due to low course grades, they lose confidence and become reluctant to request the help they need.

Social Context

Knight et al. (2018) determined that many high school graduates progressing to the university reported having a disability, which may impact their ability to be successful in their academic programs. Students with chronic illnesses are just as crucial to the university and the progress of society as traditional college students. Additionally, the increase in academic requirements may also influence students' cognitive and emotional well-being, especially those who have a disability. Meleo-Erwin et al. (2021) found that "disabilities may involve any one or more medical, psychological, physical, sensory, or cognitive impairments and manifest as challenges in various aspects of functioning and daily life" (p. 2). These authors also found significant changes imperative to the individual support systems and resources available to college students and student–teacher relationships. Giroux et al. (2020) found that the academic rigor of college studies is stressful for traditional students; however, there is the additional pressure for college students with chronic illnesses who must create a balancing act between their studies and their chronic health conditions. Hamilton et al. (2023) and Hale (2020) shared that chronic illness is labeled as a disability and that it impacts an individual's ability to perform certain tasks on a day-by-day basis; it also limits energy. Society's modifications to accommodate the missing pieces for those who need them are a proper support for people with disabilities and allows them to accomplish the same goals as others. However, Kaushansky et al. (2017) discussed that other people's responses to individuals with chronic illnesses may negatively affect that community of individuals with chronic diseases and might cause them to shun reaching out to the place with the resources to provide the assistance they need.

Vaccaro and Kimball (2018) concluded that another vital component of the barriers for students with disabilities is that educators and staff are inadequately prepared to support them. They found that many educators and staff had difficulty understanding what disability meant or the laws applicable to students with disabilities. In their study regarding how student affairs specialists, staff, and professors defined a disability, Vaccaro and Kimball shared approaches to students and the necessary accommodations they require. Some university staff participants were unaware of where to direct students for their needed support. Lastly, there was a general agreement that universities were not as prepared for the population of students who were disabled, they had more work to do than they realized, and that the support students needed would require everyone's participation (Vaccaro & Kimball, 2018). Edwards et al. (2022) noted that universities in Australia are still learning what students with disabilities struggle with and the complications connected with staff's ability and behavior about providing the services needed. Cage et al. (2020) found that universities may be unprepared for servicing students with disabilities and that students still need to request the help they need.

Theoretical Context

This research study focused on Bandura’s (1991) self-efficacy theory and Leventhal’s et al. (2016) common-sense model of self-regulation. According to Bandura’s self-efficacy theory, all individuals possess the capability to premeditate their intentions, motivate themselves through attaining their goals, and decide the length of time required to accomplish them. Additionally, Bandura emphasized that competence in one’s abilities will impact their decisions, ambitions, and the amount of investment one is willing to place on the tasks before them. Moreover, it will determine if they can persist through challenges presented through coping mechanisms and their ability to bounce back when facing obstacles (Bandura, 1991).

In an earlier study, Bandura and Cervone (1983) pointed out that self-efficacy is vital to human capability and ambition. An individual’s confidence in themselves or the lack thereof may determine if they are able to overcome chronic illness barriers and academic goals. Schunk and DiBenedetto (2021) shared that self-efficacy is “a motivational construct that can affect choices, effort, persistence, and achievement” (p. 153). Notably, they found that what people believe affects the steps or actions they take and is connected to what one might choose to do, the effort one makes to accomplish that goal, the degree of that effort, and if it can be completed. While working on his social cognitive theory, Bandura et al. (1969) determined that self-efficacy brings about psychological changes affecting behavior and attitude in individuals. The intensity of self-efficacy precisely expresses the total amount of time, energy, and exertion people use to successfully achieve a certain behavior at the onset of a challenging experience (Moran et al., 2021). It also denotes two main principles: efficacy and outcome expectations. Self-efficacy is, in fact, a vital component of self-regulation based on the level of self-efficacy. The lower one’s self-efficacy level is the greater possibility of not accomplishing a certain task or goal.

The common-sense model of self-regulation (Leventhal et al., 2016) illustrates that people with health disparities can perceive when the symptoms of the health threats are present and the developments necessary to treat and sustain themselves. College students with chronic illness disabilities may feel like they are experiencing a constant medical emergency. However, Leventhal's et al. common-sense model of self-regulation may allow them to see it from the viewpoint of healthcare management and, in turn, focus on their academic work more consistently.

Benyamini and Karademas (2019) found that Leventhal's common-sense model of self-regulation is an important structure that brings clarity to the basis of patient and illness determinants that impact the illness adjustments and health outcomes. Also, the common-sense model of self-regulation is an image of the way people understand their health by utilizing common sense to determine certain health threats. It could include their response to their health in a manner that is convincing to themselves. Cannon et al. (2022) determined that Leventhal's common-sense model of self-regulation explained how people can manage their health through a process that helps them look for solutions to solve their own health problems. This model assumes that people are perceptive and are prepared to respond based on their individual belief systems that include cultural and individual beliefs. They create a typical image about their chronic illness because of their symptoms and functions (Leventhal et al., 2016).

Problem Statement

The problem is that many young people with chronic illnesses require special attention but do not have a proper healthcare management plan as they prepare to leave for college (Evans et al., 2017). Because of this, students with chronic illnesses feel forced to drop out of the university and never make it to their college graduation (Giroux et al., 2020). From their educational inception, students from Grades K–12 who have a chronic illness or a disability have a medical record and some may also have an Individual Educational Plan (IEP) that follows them through each grade level. However, when such students commence postsecondary education, those medical or disability records are not transmitted to the university, even though their disability follows them throughout their lifetime. The staff, teachers, counselors, and other special education services offered throughout their K–12 education are not automatically available. Instead, it becomes incumbent that the college students self-report their needs. However, students may not report their disability and if their needs are not reported it may be difficult to be granted accommodations (Yoho, 2020).

The NCES (2021a) reported that for the 2015–16 school year, 31.3% of students, including 19.4% undergraduate and 11.9% postbaccalaureate students, were identified with some type of disability (Table 311.10). Disabilities in the report included “deafness or serious difficulty hearing; blindness or serious difficulty seeing; serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition; or serious difficulty walking or climbing stairs” (NCES, 2021a, Table 311.10). There are resources available for students with documented disabilities; however, there is a gap in public and obtainable resources for college students with chronic illnesses. Therefore, the problem is that college students on all levels need to be aware of the accommodations and course modifications available to students who have a diagnosed disability and be made aware of how to access these modifications.

Purpose Statement

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupted their daily activities. For the purpose of this research study, a disability was defined as an ongoing ailment that obstructs or interrupts one's ability to accomplish a particular task (Zhao et al., 2019). Theoretically, Bandura's self-efficacy theory along with the support of Leventhal's common-sense self-regulation model contributed to understanding the experiences of individuals with chronic illnesses who have graduated from college.

Significance of the Study

The significance of the study was to understand the experiences encountered by college graduates who have chronic illnesses and the health threats they faced during their college journey. This study provides information for educators and educational institutions as they strive to provide a holistic college experience for their students with chronic diseases. This study contributes to the body of knowledge by providing theoretical significance illustrating the guiding theories of the study, empirical significance highlighting research studies on disabilities, and practical significance for college students who have long term illnesses.

Theoretical Significance

The study's theoretical significance focused on Bandura's self-efficacy theory. Bandura's self-efficacy theory clarified the power of human agency relating to college graduates and their ability to manage their health while attending college. In 2004, Bandura collaborated with Benight to examine long-term health management and symptom awareness. They found that educators who have worked with those with chronic illnesses should focus on the individual's ability to manage their health and concentrate on sustained consistency in their academic coursework (Benight & Bandura, 2004). Bandura and Cervone (1983) believed that every individual possesses the ability to determine and maintain their behavior, actions, and reactions over every conjuncture in their lives. Of course, one's actions can be negative or positive, but their ability to triumph during life's challenges will determine their outcome.

Leventhal's common-sense model of self-regulation complements Bandura's theory by emphasizing that because of human agency, every person can create the necessary steps to be more cognizant of when their health requires their immediate attention and the appropriate response to it (Leventhal et al., 2016). This model and theory could be used to provide a new understanding for students with chronic illnesses who are in higher education and want to manage their health issues to graduate from college.

Empirical Significance

The empirical significance of the study highlighted research studies that focused on different types of disabilities. Santos et al. (2019) measured the educational achievement rates of college students with physical disabilities. In contrast, this study explored how students with chronic illnesses could maintain their health needs while engaging in higher education through college graduation. Singh (2019) found that "college students with disabilities on campus range from 78% visual impairment, 72% hearing impairment, 58% autism, 55% speech-language, 58% orthopedic impairment, 34% traumatic brain injury, 55% with 'other' health impairments, and 47% learning disabilities" (p. 245).

There are many studies on college students with disabilities, especially learning disabilities and physical and mental disabilities (Avellone & Scott, 2017; Chuley, 2018; Chuley et al., 2020; Dangoisse et al., 2019; Fleming, Plotner, & Oertle, 2017). However, empirically this study contributed to the knowledge about college graduates with chronic illnesses, the health threats they experienced, the strategies they used to overcome those threats and ultimately graduate. The findings from this study may provide tools for graduation completion to the office of disability services at colleges and universities, high school graduates transitioning to college, and college students with “invisible chronic illnesses.”

Practical Significance

The study’s practical significance provided a viewpoint from students who have long-term illnesses. Chronic illnesses such as diabetes, asthma, lupus, fibromyalgia, and anxiety disorders are just some of the diseases experienced by college students that cause uncertainty and medical anomalies that interfere with their ability to maintain consistency in their academic work. This research provides vital information and correlation between administrators, teaching faculty, and traditional student populations. These students need more tangible support or guidance to disability accommodations in their studies. This research provides vital information and may prompt open discussions on chronic illness, creating a better relationship between administrators, teaching faculty, traditional students, and chronically ill students, especially in academic and peer support areas.

Research Questions

This study examined the experiences of individuals with chronic illnesses who have graduated from college while facing health threats that often interrupt their daily activities. The guiding theories were Bandura’s self-efficacy theory and Leventhal’s common-sense model of self-regulation. I used this theory and model as the theoretical framework to help answer the research questions.

Central Research Question

What are the experiences of individuals with chronic illnesses who have graduated from college while facing health threats that often interrupt their daily activities?

Sub-Question One

What goals, beliefs, or regimens have individuals with chronic illness found helpful to enable them to complete academic work and graduate from college?

Sub-Question Two

How does having a high level of self-efficacy and a contingency plan allow college students with chronic illness to attain their academic goal of graduating from college?

Sub-Question Three

What modifications and self-management skills do college graduates with a chronic illness use to sustain self-regulation of their chronic illness?

Definitions

1. *Accommodations* – the ability to adjust, modify, or regulate (Zhang & Giles, 2018).
2. *Chronic illness* – a continuing, unending health condition that cannot be cured (Davis & Paro, 2020).
3. *Higher Education* – an educational pursuit at a college or university (Chen, 2016).
4. *Physical Disability* – the loss of motor functions of varying degrees or limitations in movements or activities resulting from deformed limbs, body paralysis, or deformity caused by damaged to the structure or function of body parts (Rajati et al., 2018).
5. *Self-Efficacy* – a person’s belief in their own capacity to perform certain behaviors necessary to produce specific performance accomplishments (Bandura, 1977).
6. *Self-Management* – the ability to control symptoms, medication, health outcomes, and change in lifestyle that follows a chronic illness concern (Matheson et al., 2019).

7. *Office of Disability Accommodation/Services* – is established to make sure that students with disabilities have the education and campus life opportunities as traditional students (Charlotte University, n.d.).
8. *Self-Regulation* – the main factor of human functioning that helps in the search of individual goals (Inzlicht et al., 2021).

Summary

Many young people leave for college with chronic diseases requiring attention and management (Evans et al., 2017). Most of these students need a lifetime of treatment and life adjustments; however, many college graduates with chronic illnesses experience health threats during their college journey yet successfully complete their degree (Spencer et al., 2018). This study focused on the experiences of individuals with chronic illnesses who have graduated from college with diseases like diabetes, asthma, high blood pressure, and cancer that most people cannot see directly (Spencer et al., 2018). Students with chronic illnesses are just as crucial to the university and the progress of society as traditional college students. Students with chronic illness require proper support channels such as family, peers, faculty, financial and health care, guidance, and coursework accommodations to positively impact their community.

CHAPTER TWO: LITERATURE REVIEW

Overview

The theoretical framework provides the study’s analytical approach, including Bandura’s theory of self-efficacy and Leventhal’s common-sense model of self-regulation, concepts, and processes that enlightens the problem of the study. This chapter provides a systematic review of the literature. It highlights the necessity for research, evidenced by the gap in the literature. This section guides the reader through the chapter’s contents and clarifies the phenomenon. It focuses on college students who had various chronic illness disabilities and endured health threats while attending the university but were still able to graduate. Additionally, the research examines the college levels—the undergraduate and graduate level—where most students have reported having a disability, and whether those disabilities have significantly impacted their academic work.

Furthermore, the related literature section provides a review of the current available studies on the definition of chronic illness, being diagnosed with chronic illness, and living with chronic illness. The section on chronic illness in youth in Grades K–12 discusses children who have been diagnosed with chronic illness in addition to how students who have chronic illness transition to college. Next is a discussion on the accommodations needed for college students who have chronic illness and further discussions about disability, diversity, the types of technology available, and how they might benefit students with chronic illness. In addition, the discussion includes how emotional support animals (ESAs) might be helpful to students with chronic illness disabilities. Success stories for students with chronic illnesses are analyzed as well as the connection to how they transition from college and into the workforce. Finally, the chapter concludes with a comprehensive summation of the issue and supportive reasoning for the literature gap.

Theoretical Framework

Bandura's (1977) self-efficacy theory and Leventhal's (1980) common-sense model of self-regulation are the theories directing and framing this study. This section will describe each, its origin, and the theorist who developed the theory and model. The theory and model will ground the outcome and inform the literature in context for in-depth understanding for the reader. In conclusion, this section will demonstrate how this study utilizes and advances the theory and model.

Bandura's Theory of Self-Efficacy

The theory guiding this study is the self-efficacy theory (Bandura, 1989). Bandura's self-efficacy theory reflects individuals' ideas and personal ambition-based on their traditions or ability to decide what to do, how much energy it would require, and how much time they are willing to work at it (Bandura & Cervone, 1983). Bandura (1994) posited that self-efficacy is an individual's confidence in their capability to accomplish a particular task that affects their daily life. One's perspective about their ability to complete a task determines how they approach assignments. Bandura (1982) illustrated that personal prospection "influences thought patterns, actions, and emotional arousal" (p. 122). Individuals' confidence in their abilities impacts how they think, what they believe they can do, and their emotional excitement. Bandura (1977) stated that once individuals have mastered performance abilities that function through personal knowledge and successful self-efficacy experiences, mastery of self-efficacy approaches becomes consistent and adequate.

Bandura and Locke (2003) found that “the higher the instated perceived self-efficacy was, the longer individuals persevered on difficult unsolvable problems before they quit” (p. 2). College students with chronic illnesses must have an increased level of self-efficacy in pursuing their career dreams as they tirelessly struggle to balance their academic work and manage their symptoms or disease. Bandura’s social cognitive theory, a concept that says that humans can make an impact for themselves by themselves, is the approach from which the self-efficacy theory was derived (Bandura & Cervone, 1986). For self-efficacy to succeed, Bandura (1991) argued that the social cognitive theory has several other dimensions that must be at work. The three main factors he pointed out are the self-monitoring function, the self-diagnostic function, and the critical function. In self-monitoring, he shared that individuals examine themselves based on their yardstick using personal beliefs and values, then readjust their actions or reactions according to their importance level. Furthermore, the self-diagnostic function demonstrates that people can examine their activities, conduct, and the context in which they occur and adjust themselves accordingly. This critical process, Bandura stated, involves the basic principles people have built for themselves.

There are three basic themes at work in the social cognitive theory which are forethought, self-reactiveness, and self-reflectiveness. With forethought individuals create a plan and visual model of what they want to accomplish. During self-reactiveness individuals use self-regulation to establish certain behavioral criteria and the criteria to judge themselves. Lastly, self-reflectiveness is a process of self-efficacy that allows them to monitor specific challenges, clarify their thoughts, actions, and beliefs, and deduce the meaning and morality of their accomplishment (Bandura, 2018). Also, Bandura found that humans can inspire themselves and maintain the necessary processes to reach their goals. Self-efficacy theory functions through several factors, such as regulating behavior, making sound decisions, and responding wisely to certain occurrences (Bandura, 1991). Stewart and Schwartz (2018) found that sustaining one's behavior is maintained by predictions and motivations. They continued to discuss that self-efficacy is a tool that determines an individual's performance capabilities to obtain an inevitable result and determined that self-efficacy is the assumption that the possibility of individuals embracing a healthy attitude is contingent upon three expectations: "a life situation that is dangerous, the expectancy that behavioral change will reduce the threat, and that the individual is sufficiently competent to adopt the positive behavior or to quit the negative behavior" (Stewart & Schwartz, 2018, p. 218). Bandura's (1991) self-efficacy theory proposes that through premeditation, people can create convictions about their abilities, assume the repercussion of those decisions, set intentions for their actions, and have a contingency plan to ensure the result they expect.

Bandura (1982) explained that during self-efficacy, there is a transformation in behavior, especially coping behavior. Furthermore, that coping behavior is a "diversity of modes of influence, level of physiological stress reactions, self-regulation of refractory behavior, resignation and despondency to failure experiences, self-debilitating effects of proxy control and illusory inefficaciousness, achievement, strivings, growth of intrinsic interest and career pursuits" (Bandura, 1982, p. 126). Firstly, to elaborate, there are four primary sources of information that impact an individual's self-efficacy: performance attainments, vicarious experiences, verbal persuasion, and a common-allied cause (Bandura, 1977). Secondly, the level of physiological stress reactions is when individuals perceive how vulnerable they are, based on their emotional state. Thirdly, self-regulation of refractory behavior is an individual's ability to utilize confidence to maintain control over their behavior in stressful situations. When individuals remain confident in the face of a threat, they can retain control over the situation. Fourthly, resignation and despondency to failure is experienced when individuals cannot impact conditions and specific events that affect their life, causing them to feel a sense of resignation and despair, and they may end up abandoning the goal or task altogether. Lastly, the self-debilitating effects of proxy control and illusory inefficaciousness are the effect of self-control on self-efficacy and the power one has over daily activities and events for students who have graduated from college with a long-term illness who faced barriers while attending college.

Furthermore, when people use proxy control to avoid the mental strain and stress, they may feel that they need to maintain a level of influence over the person standing in for them (Bandura, 1982). Further, Bandura (1982) added that it may not be as important to focus on the methods utilized as it is to focus on the mastery of the experiences and how that produces consistently successful outcomes. Bandura (1998) conveyed that one of the most valuable concepts impacting individual behavior is the power of verbal persuasion, where people believe they have the confidence to overcome any situation and therefore become self-regulated.

Leventhal’s Common-Sense Model of Self-Regulation

The second theory guiding this study is Leventhal’s common-sense model of self-regulation, based on Bandura’s social cognitive theory (Leventhal et al., 2016). Phillips et al. (2012) determined that Leventhal’s common-sense model of self-regulation implies that individuals are the most effective instrument in solving their health needs, especially when they fully understand their condition and the best solution. McAndrew et al. (2018) discovered that people could regulate their symptoms during a health threat. They can monitor their symptoms based on a previous response to a health threat event and the positive outcome they gained during each event. Leventhal et al. (2016) shared that individuals learn from negative and positive results and can establish a solution to those events as they occur.

Leventhal et al. (2016) described the foundational structure of self-regulation that consists of layers of actions, processes, and developments often started by the disease symptoms. It is how individuals learn to manage their health threats and prepare for present and future occurrences. The common-sense self-regulation model informs this study by illustrating the experiences of college students who have graduated despite chronic illness during their college journey. The evident indications of their health threat, processes, and outcomes they experience guide the phenomenon, allowing individuals to empower themselves through self-monitoring, self-reassurance, and self-management of their disease and college academic work (Leventhal et al., 2016). While much of the literature provides data on various physical, mental, learning, and emotional illnesses, it is hoped that this study will add to the data about college students with long-term health battles who successfully graduate.

NCES (2021b) found that between 2019 and 2020, students who received special education or disability service between the ages of 3 and 21 grew from 6.5 million to 7.3 million. The biggest contributor was learning disabilities accounting for 33%, speech impairment at 19%, other health impairments at 15%, autism at 11%, developmental delay at 7%, intellectual disability at 6%, emotional disturbance at 5%, multiple disabilities 2%, hearing impairment 1%, and orthopedic impairment 1%. It is important to note that the additional health impairments that depict 15% of chronic illnesses are diseases like asthma, heart problems, diabetes, and the like. Of the 423,000 disabled students enrolled in public schools from kindergarten through 12th grade in the 2018–2019 school year, 16% did not achieve their academic goals (NCES, 2021b). The population of high school students transitioning to college campuses has increased (NCES, 2021a). However, the number of college students living with a disability in the "other impairment" category remains a secret unless the students register for disability services.

Leventhal et al. (2016) redeveloped Bandura's self-regulation theory into the common-sense self-regulation model, focusing on various positioning related to the clear understanding and knowledge of one's acute and long-term health symptoms and concerns (Leventhal et al., 2016). There are three basic themes at work in the social cognitive theory: forethought, self-reactiveness, and self-reflectiveness. With forethought individuals create a plan and visual model of what they want to accomplish. The self-reactiveness is aided by self-regulation, by which individuals establish certain behavior criteria and use that to judge themselves. They engage in self-reflectiveness through self-efficacy by monitoring specific challenges and clarifying their thoughts and actions, beliefs, and the meaning and morality of their accomplishments (Leventhal et al., 2016).

Bandura's theory and Leventhal's model were used in this study to advance the understanding of how individuals with chronic illnesses successfully graduate from college while facing health threats that often interrupted their daily activities. The remaining sections of this chapter provide an overview of the empirical literature that explains what life is like for college students with a disability, observes chronic illness as a disability, examines the life adjustment necessary for students who have chronic illness and endure health threats, and the long-term maintenance for having a long-term illness.

Related Literature

The related literature section will illustrate the current knowledge of college graduates with chronic illnesses who face health threats and interruptions in their daily activities. Furthermore, this section will help bridge existing expertise with the information from this study and help frame the argument on the importance of this study. It will also demonstrate how this study can fill the gap and support the idea that more research is necessary.

Defining Chronic Illness

What is chronic illness? How is it defined? Why is it important to understand it in the context of the phenomenon? Davis and Paro (2020) defined chronic illness as “a disease that is persistent over time, results in an overall decrease in quality of life, and includes conditions such as asthma, diabetes, and cancer” (p. 15). It also includes fibromyalgia and mental health illnesses like depression. Moe and Berg (2022) described chronic illness as an illness that lasts for prolonged periods of time and could be the effect of “genetic physiological, environmental, and behavioral factors. Including functional impairment, relapse risk and other health complications, as well as social, psychological, behavioral, and biological factors” (p. 721).

Furthermore, Whitehead et al. (2018) utilized the World Health Organization’s definition of chronic illness as an illness that necessitates continuous health management for years and includes an extended list of health conditions like heart disease, diabetes, asthma, HIV/AIDS, depression, and schizophrenia. The NCES (2021a) does not list chronic illness as a disability. It is listed under “other” with a footnote listing long-term diseases (Table 204.30). The most significant reported disability was learning disability, while the number of students with chronic illnesses is still unreported. Other disabilities listed were orthopedic or mobility impairment, speech or language impairment, learning, mental, emotional, or psychiatric condition. The NCES (2021a) confirmed that there are as many as 7.2 million students with disabilities who receive disability services. These students had a disability that negatively affected their academic coursework and required additional academic support and other available resources (NCES, 2021a).

Mullins et al. (2017) found that diseases that used to be fatal like diabetes are now chronic and require a lifetime of care and commitment. The results of such care and commitment are based on the outcome adjustment “events that are observed during a study to document the impact that a given intervention or exposure has on the health of a given population” (Ferreira & Patino, 2017, p. 5), and is based on the condition of the disease, its features, and the “particular illness uncertainty and intrusiveness. Illness uncertainty relates to one’s difficulty or inability to understand the meaning of illness-related events and has been associated with negative adjustment outcomes” (Ferreira & Patino, 2017, p. 5). Mullins et al. (2017) shared that certain diseases have spontaneous occurrences and fluctuate, which may cause more confusion for the individual with chronic illness.

Moriña (2021) shared that “other impairment” is an invisible or hidden disease. She researched and reported that in 16 articles, there were 1,432 students with such disabilities in higher education. Most choose to keep their disability a secret, which adds to the underrepresentation of chronically ill college students living with disabilities, as they prefer to downplay their illness in front of others. She also found that it puts more pressure on the student to hide from their disability. Syma (2019) defined invisible illness by the Invisible Disabilities Association definition as “symptoms such as debilitating pain, fatigue, dizziness, cognitive dysfunctions, brain injuries, learning differences, mental health disorder, hearing and visual impairments” and includes diseases such as diabetes and other chronic illnesses (p. 113).

Hendry et al. (2022) found that invisible illnesses present a different level of barriers and social challenges, especially regarding the support college students with chronic illness need. Also, they determined that maneuvering through social conditions can be difficult as it is assumed that they are limited in successfully achieving certain goals such as in relationships or reaching certain levels of maturity. Their research revealed that college students with chronic illness are at a higher level of uncertainty and may experience more

> discrimination, isolation, and anxiety especially in the social context and the lack of visibility of invisible disabilities and, thus the ability to “pass” as not having a disability can make it more challenging for both the individual and others to understand the disability. (Hendry et al., 2022, p. 146)

Although chronic illness has been defined, it is just as important to observe how individuals manages their diagnoses.

Diagnosis of Chronic illness

According to April et al. (2021), receiving a diagnosis is one of the most important occurrences in a patient’s illness experience. Individuals with a chronic illness typically experience a time of consistent symptoms and struggles before finally being diagnosed. However, a diagnosis gives patients a sigh of relief to have a name put to what they have been experiencing for a long duration. April et al. (2021) and Oris et al. (2019) found that the severity of the diagnosis determines how well the individual may feel they can manage their disease. Often individuals view their identities based on their chronic illness diagnosis and on who they are presently, the friendships and other memberships they have; this was found to be true particularly in patients newly diagnosed with cancer. Furthermore, they found that chronic illness impacts a person’s perspective of themselves and their individual duty in their society. Also, as a chronically ill individual, they often feel the need to bargain with themselves about whether to identify with a disability status (Atakere & Baker, 2018; Palmer-Wackerly et al., 2018). Kirk and Hinton (2019) found that when young people are diagnosed with chronic illness at younger ages, they are able to readily adapt over time to the changes they experienced. They studied 21 young people, aged 8 to 18 who had been newly diagnosed with multiple sclerosis (MS). Most participants felt like their life was interrupted by the fleet of symptoms, a changed identity, a negative impact on their personal relationships, and a change in their eventual life story. However, Kirk and Hinton noted that because of their youth, they established "strategies to manage their condition and identities in order to incorporate MS into their current and future lives, which required continual illness and identity work in response to changing symptoms, social context, and relationships" (p. 216) and self-management of living with their chronic illness.

Living with a Chronic Illness

Though underrepresented, students living with a disability at the university level should benefit from their education in the same way as the main population of enrolled students in higher education. There are various types of disabilities that need specialized support and educational assistance (World Health Organization, 2021). McCarthy et al. (2021) studied college students with chronic pain illnesses and found that they struggle with daily activities, social peer involvement, and relaxation activities. These factors can be a barrier to how much they can accomplish during the time of their chronic pain, level of intensity of the pain, and location of their pain (Clauw et al., 2019; Hadi et al., 2019).

Brown et al. (2020) shared that it may be difficult for students with chronic illness to make social activity plans, develop interpersonal relationships, and manage stress levels. McCarthy et al. (2021) discovered that there is a stigma attached to a college or university student living with a disability. The stigma is associated with the ability of the people around them to understand when their symptoms increase, and the question of whether there is a clear understanding of their illness is a determining factor on whether to share the information about their disability. There was also a common misunderstanding among their peers about why the individuals living with a disability could not participate in specific activities. Additionally, participants of the McCarthy et al. study shared their avoidance of sharing about their illness and making others feel uncomfortable. Furthermore, they noted that one event in the life of an individual who is living with pain (or a disability) could cause a ricochet of events, such as extreme pain, impacting whether they could attend scheduled activities like group projects and study sessions.

According to Kirp (2019), less than 60% of undergraduate students living with a disability complete their academic programs successfully. At the same time, Kirp reported that less than 40% of these students who attend community colleges ever finish. More importantly, Pyle and Wexler (2021) concluded that “students with disabilities are among the most at risk for dropping out and continuously perform below their subgroups, warranting immediate intervention. Dropout prevention is a national concern” (p. 287). Surprisingly, in a study by Knight et al. (2018) their analysis confirmed that college students with visible disabilities showed a more promising ability to complete their degree program compared to students who did not have a disability or the disability was not visible. In a research study by Santos et al. (2019) it was revealed “that 96% of university and college classrooms have students who are disabled” (p. 16). Students who are living with a disability that is not visible have many barriers that may prevent them from requesting accommodation. They struggle with identifying as a student with a disability and often feel that there is not enough time between academic work and disease management to even connect with the institution’s office of disability services, which in turn may impact their graduation rate (Santos et al., 2019).

In the United Kingdom, Toller and Farrimond (2021) discovered that students who are living with a chronic illness comprised the largest disability population within the universities, accounting for approximately 10% of students who reveal their disability to the university. Wilson and Spencer (2022) surveyed 200 university students in the United Kingdom who had a long-term illness and discovered that there was a lack of understanding about chronic health conditions. There was also a lack of understanding about the requirements of multiple symptom management, medical care, the struggle with convincing the university faculty and staff of their needs, juggling academic responsibilities, and the participation in university social environments. In addition, they discovered that 70.5% of these students look for support from their family members and 63.5% sought support from their healthcare providers, whereas only 23% endeavored to receive support from the university. As aforementioned, there was still the common issue that students who have chronic illnesses did not see themselves as disabled (Grimes et al., 2019; Spencer et al., 2018) or seek accommodations for their disability (Santos et al., 2019).

Garcia-Gonzalez et al. (2021) discovered at least six limitations for university students who are living with a disability:

> learning barriers, the teaching style of teachers, lack of support or lack of adequate equipment, obstacles in their assessment, barriers in accessing information regarding support resources in case of disability, and barriers due to lack of support on behalf of the staff. (pp. 580–581)

Without proper university support, students are negatively affected. Bê (2019) shared that it may be difficult for individuals with these limitations to label their illness as a disability, causing a constraint in additional resources and support from universities and staff. The lack of persistence and support services customized to the needs of college students who are disabled is still a constant issue (Fleming, Oertle, & Plotner, 2017; Herbert et al., 2020).

The NCES (2024) illustrated essential facts and figures of students who identified as disabled in the 2021–2022 school year. Among those numbers, students with a chronic illness were categorized under “other health impairment.” It is important to note that “other health impairments” include “limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes” (NCES, 2024, p. 3, Figure 2).

Furthermore, Coutinho et al. (2021) conducted a study and examined other studies about college students who have a disability and another where the level of anxiety was tested from college students with chronic illness. The study that they conducted analyzed a sample of 115 university students who were identified to have a disability and 232 traditional university students and found that students with chronic illness “presented higher levels of anxiety and experiential avoidance and lower levels of quality of life” (Coutinho et al., 2021, p. 1035). They also reviewed another study of over 92 college students whose level of anxiety was related to a chronic illness and found that they often presented with increased amounts of stress, which in turn resulted in decreased amounts of quality of life. McEwan and Downie (2018) reported that the mental health conditions that impacted those students included in their study were anxiety, depression, bipolar disorder, psychosis, and schizophrenia. From a mental health perspective, Waynor et al. (2018) and Yanos (2018) expressed the adverse stigma attached to having multiple health issues and, more importantly, a mental health disability’s effect on one’s educational attainment. Johnston et al. (2021) observed the psychosocial aspect of university college students who have chronic illness and their experience adjusting to college life. They found that these college students' adjustment outcome was less when compared to traditional students who are healthy. Anxiety and depression impacted those students and caused a ricochet effect of dangerous behavior impacting their ability to self-manage their illness.

Self-Management

Wang et al. (2021) looked at patient empowerment and self-management through the health locus of control framework. There are three health locus of control frameworks. The first is the internal health locus of control which means that individuals feel that they have a specific amount of control over their health condition based on their attributes and actions. Second, the powerful health locus of control means individuals think they have precise control based on their healthcare team. Lastly, chance health locus of control means that individuals feel they have a certain amount of control based on fate. Regardless of the level of health locus of control, it will impact their ability for self-care. Marton et al. (2021) observes health locus of control from an internal and external dimension where the locus of control is coming from either within the person (with their own behavior) or from an outside force to the individual. The higher the external locus of control, the lower the possibility that the patient wants to be involved in the decision-making process. The higher the internal locus of control impacts the patient's involvement (Russo et al., 2019).

Furthermore, Kesavayuth et al. (2020) and Galvin et al. (2018) found that the locus of control has two main factors—expectancies and the value of a reinforcement—both of which are specific to a person in certain situations and can be applied to a diversity of health-related behaviors and events but are capable of changing along with a person's health experiences. In addition to the main factors of the locus of control is that the locus of control is highly linked to self-efficacy with the understanding that people can act a certain way and that their behavior change will allow them to accomplish their desired goals. Drago et al. (2018) discovered that locus of control is highly linked to academic achievement, especially with internal locus of control. In addition, locus of control begins at early childhood involvements and blossoms at puberty (Gupta et al., 2018).

Mora et al. (2019) noted that self-management for individuals with chronic illness is difficult. Young people learning to provide self-care for their chronic disease are not only learning to balance their healthcare requirements but also “developing a sense of identity, emotional stability, becoming independent, and planning for the future” (Mora et al., 2019, p. 581). Each person must have strategies to impact their behavior, lifestyle, and emotions positively. Owning the responsibility for one’s ailment means knowing and collecting all the information about the illness. Furthermore, creating a strategy on how to approach the symptoms is one of the first steps of self-management. The long-term maintenance of chronic illness is never definite. It is a constantly ongoing process that sometimes overlaps. Each person has to face it head-on and learn to balance these processes to the point that allows them to fully take care of themselves and commit to their goals successfully.

Yeoh et al. (2018) stated that there are chronic care model frameworks used as an organized model whose principles are beneficial to people with chronic illness. The chronic care model framework includes three levels: (a) Level 1: a partnership with patients, family, their physician care team, the healthcare team, the community, (b) Level 2: policies, and (c) Level 3: finance. The results of the implementation of the model were better healthy behavior, improved quality of life for patients, and medication adherence. Araujo-Soares et al. (2019) determined that self-management of chronic illness can be very complicated and includes a full commitment of individual treatment plan, a change in health behavior, and a partnership with healthcare providers. Also, a mediation to confront risk factors and behavior change is necessary to have an efficient self-management of one's health condition.

Coutinho et al. (2021) expressed that "chronic illness can negatively impact one's daily routines, level of dependence and interpersonal relationships and are linked to pain, discomfort, and uncertainty about the future, which can prompt feelings of anxiety, helplessness, isolation and despair" (p. 949). He shared that some patients with chronic diseases like diabetes use experiential avoidance—trying to refrain from specific thoughts and even body symptoms—as they attempt to be involved in meaningful activities. Seçer et al. (2020) explained experiential avoidance as the following: when an individual does not want to be connected to certain personal experiences and utilizes specific processes to change the form or recurrence of the events and the environment for which it happens, even if it may hurt them. They discovered that experiential avoidance can be looked at as a self-protective strategy and a predictor of patient functioning depending on the way it has been applied. In addition, Coutinho et al. (2021) studied patients with chronic cardiac illnesses and found that they had a lower level of experiential avoidance and were able to implement coping strategies so that they could sustain their life with specific lifestyle changes and reported a better quality of life.

Coping Strategies

Garcini et al. (2022) observed the coping strategy and impact of spirituality on life adjustment to chronic illness and its positive outcome on their well-being. They discovered that spirituality might increase the social and psychological adjustment to chronic illness. Choi and Hastings (2018) and Das et al. (2018) found that spirituality and religion had a positive impact on management, especially with Type 2 diabetes and schizophrenia. In fact, spiritual practices affect an individual’s ability to keep up with their follow up care and have resulted in positive health outcomes. “Religious faith, meditation, prayer, and religious service are used by African Americans with Type 2 diabetes to cope with stressors caused by diabetes” (Choi & Hastings, 2018, p. 97). Lopez-Martinez et al. (2018) examined coping strategies, such as flexible goal adjustment and acceptance of life adjustment with chronic illnesses. They also observed a dual-process model of coping, which explains how people who have chronic illness arrange their goals that might be limiting them because of their chronic disease. The dual process model coping strategies are assimilation and accommodation. Assimilation is a coping strategy where an individual is highly determined to meet specific goals by adapting life situations to their own choices. At the same time, accommodation is a coping strategy that uses flexible adjustment of individual goals to situational limitations. Lopez-Martinez et al. also noted that acceptance is a significant factor in flexible goal adjustment. Acceptance, they explained, is when one realizes the obligation to endure a chronic illness while being able to maintain themselves when there is a health threat.

Health Threats

Spencer et al. (2018) found that young people with chronic diseases, aged 12–24, account for 60% of the population of students in public institutions in the United States, while 5.2% are enrolled in higher education. They shared that “the impacts of constant (and disruptive) medical intervention pose a threat to established identities, which become reworked as individuals adjust to and live through multiple crises” (p. 627). One issue is that some individuals may not experience these threats or may not look at them as a threat. Therefore, some normalize these threats in everyday life, especially those who have early exposure to treatment services and intervention. Spencer et al. (2018) found that many college students with chronic illnesses worked hard to mask themselves as wholly healthy and tried not to associate themselves with anything that had to do with an illness. However, when the health threat begins to present itself, it becomes challenging to balance the transition of college life, academic work, and health management. McEwan and Downie (2018) found that some other experiences that may become a limitation for those with a chronic illness are the inability to request help, the inability to transition into university campus life, and the lack of academic accommodation based on their educational learning needs. Spencer et al. (2018) ascertained that many students with invisible health conditions like chronic illnesses intentionally tried not to be grouped with students who are disabled. Many students interviewed by Spencer et al. (2018) found it troubling to deal with constant invading health intrusions and the issues surrounding their ability to protect their disability status.

Spencer et al. (2021) also shared findings from interviews that highlighted how participants took up discourses of the (hard-working, diligent) self to discursively position themselves as “health conscious and in control. This positioning was maintained by separating the controlled self from the uncontrollable body” (Spencer et al., 2021, p. 357). Furthermore, students with chronic illnesses have unpredictable bodies, but the management of their symptoms comes from past stigmatic experiences and how they handle their social relationships. When these students study their condition and symptoms, abide by the treatment prescribed by their healthcare team, and adjust their lifestyles to adapt to campus life, they can succeed in their academic goals. In another study, Hughes (2016) found that some health threats common to college students with chronic illness include exhaustion from their condition, tiredness from medications, stress, and anxiety. They also shared that those students had difficulty submitting assignments on time or getting to their classes. It was found that the thought of falling behind and failing the coursework only to have to retake the course and pay for it again caused an increased level of anxiety and depression. Furthermore, Hughes mentioned that the required deadlines, especially the 80% attendance requirement and penalties for non-compliance, added to their stress levels.

Spencer et al. (2018) observed how students with chronic illnesses shuffle their symptoms along with health threats while in the university. They studied 16 college students in Australian universities with chronic diseases and realized that, because most chronic conditions are invisible, most students tried to put themselves in a hidden position; however, this became a significant challenge whenever they had health threats and needed accommodations. Students often had to provide proof of their health status to get the assistance they needed. In turn, they felt ostracized and left out, and therefore, had an increase in anxiety and depression—causing the population of students to be underrepresented. The study discovered that if individuals know about their illness earlier in life, they can manage their health threats while transitioning to the university because their symptoms and health management are more normalized.

Katon (2022) noted that people with chronic illnesses experience stressful scrutiny and procedures that may cause depression, although it depends on how the individual identifies with their situation. They have to decide whether the occurrence is a threat or whether they can handle the problem. In addition, Katon found that once people start to feel that sense of depression, they may lose the energy to comply with their medication or other healthcare management necessities. When this occurs, the possibility of worsening of their conditions happens. Furthermore, certain levels of depression, in turn, may cause an increase in physical symptomatic health threats. However, when depression and anxiety are treated early on in their lives, individuals can more readily handle their illnesses and be able to transition into college life more easily. When they have health threats, it is less of an emergency. It is important to note that many youths in K–12 are diagnosed early in life with chronic illnesses and should have a better handle of their disease, treatment, and care when they graduate from high school, and if they are afforded the same opportunities and rights that they enjoyed in their K–12 experience, the likelihood of their college success is possible.

Chronic Illnesses in Youth in Grades K–12

Daly et al. (2022) found that one fifth of K–12 students have chronic illness, which may affect their academic activity and achievements, behavior, and psychological wellbeing. Lee et al. (2019) conducted a study of 2,351 high school students in Korea. They found that 42.5% had chronic physical illness. They also noted that there was a positive link with life goals, positive self-esteem, and peer relationships. Though goal setting can be positive, it was found to be limited in youth chronic physical illness. The higher the self-esteem and positive peer relationships, the more they strive to meet their life goals. Blackwell et al. (2019) discovered that "although children with chronic illness have lower parent-reported general health, their life satisfaction appears comparable with that of peers without chronic illness. Additionally, they determined that chronic illness does not preclude children from leading happy and satisfying lives" (p. 1).

Ahn and Lee (2016) found that some people struggle with chronic illnesses when diagnosed at an early age while others do well with healthcare management. They also observed adolescents and peer relationships and ascertained "that the development of peer attachment and self-concept issues may be disrupted and in conflict with the demands of complex chronic illness management or disability" (p. 301). Further, Lozano and Houtrow (2018) concluded that self-management support for adolescents and children with complicated chronic illness is necessary.

Self-management support includes support from medical staff, community, caregivers, and parents. Also, high school students commonly rely on family members for help and support in adjusting to independent adults who need to learn to handle everything by themselves. Feldman et al. (2020) shared that “high social support has been associated with better physical functioning, decreased disease-related morbidity and mortality, better self-management of disease symptoms, and higher treatment adherence among adults with various chronic health conditions” (p. 267). They observed that it might be a struggle for new college students to create the social support needed. They found that the less social support college students with chronic illness have, the more there was an increase in pain and other symptoms.

Feldman et al. (2020) maintained that students with GI conditions had a low level of psychosocial results such as low levels of stigma, increased levels of depression and anxiety, and low rates of self-esteem and self-efficacy. Luyckx et al. (2018) found that the processing of a person’s identity commonly happens during the late teens and early 20s, usually when the youth is transitioning into or through college. While the young person may be considered a child, they are also transitioning into adulthood. There are two transitional periods of the child to maturity: from what is supposed to be normal to the life of a disabled person. Becoming independent adults is necessary if they are ever to be successful in their transition as a college student.

The Admission Process

There are significant challenges in college students’ entering into college life, especially during the admission process. The medical regimen necessary for college life is a definite challenge to people entering the university, especially individuals with disabilities, who may encounter admission barriers such as required examinations like the SAT and ACT. Ray et al. (2019) determined that the writing requirements for the examinations were burdensome and that students with disabilities were unable to “generate advanced plans to organize their ideas but often compose text that had limited ideas and was poorly organized” (p. 1509). Davis and Paro (2020) found that first-year college students with chronic illnesses have a higher need for assistance through social, physical, and emotional limitations. Rababah et al. (2019) shared that students also experience the stress of college academic responsibilities, establishing new relationships, financial concerns, change of living environment, lack of sleep, and peer pressure.

In addition, the students’ challenges included not graduating on time, dropping out of the university, student loan debt, inability to find work in their specific field, anxiety, and stress in their academic performance. Davis and Paro (2020) also discovered that if high school counselors are adequately educated on the resources to support those students, they could be an essential resource for students who will transfer to college with a disability. These researchers also shared that high school counselors could be the interventionist who help prepare students in the transitioning programs created for high school students planning to go to college. However, it was found that underrepresented students were not benefiting from these programs.

In the United States, universities are allowed to accept whomever they want but have specific admission criteria, most of which they have made available on their institutional websites. Students may often be offered admissions while still attending high school, especially in their junior and senior year. However, some universities continue to struggle to make admissions and environment diverse and available to all and to include students who have hidden disabilities who fear rejection if they decide to reveal their disability (Mahlangu, 2020). Additionally, Davis and Paro (2020) found that students with chronic illnesses are more often presented with outstanding “anxiety, body image, attendance, self-identity, and future plan” concerns than traditional college students (p. 1) and the need to request accommodations when it has to do with college preparedness and college readiness.

Transition to College for Students with Chronic Illnesses

Yssel et al. (2016) discovered that, unlike traditional college students, college students who have disabilities have to juggle transitioning into college life, academic coursework, and accommodations. Andreou et al. (2021) shared that universities need to implement policies that will make it possible for college students with disabilities to have equal opportunities to connect with their peers, staff, and faculty. Additionally, these students must have the ability to plead their case with the office of disability services as well as make their disability known to faculty. Nachman and Wilkie (2021) observed that community colleges specifically serve the greatest number of students with disabilities compared to 4-year university college or universities. Flink and Leonard (2018) and Nachman and Brown (2019) found that there is no research explaining why more disabled students attend community colleges than 4-year universities. Furthermore, they discovered some policies and processes are imperative for providing equal and appropriate environment for college students with disabilities. Five areas of focus for colleges to provide to students living with disabilities are the following: “the entrance process, accommodation, technology, service animals, and ESAs (emotional support animals) and the exit process. These domains give context to disabled students’ transitions into, during, and out of community colleges” (Andreou et al., 2021, p. 44).

Cruger (2018) determined that most students are previously diagnosed with a disability before transitioning to college. He conducted a study that tested students with a learning disability or ADHD and found that they had never requested college support. More importantly, this population of college students has a great chance of “failure or under-performance in their first few years of college" (Cruger, 2018, p. 92). He also found that college students who have the guidance of a physician who assesses their risk, motivation, and family support have a better successful outcome. Golan et al. (2020) found that the number of college students who have a disability and who request testing extension accommodations has grown in recent years. Approving accommodations requires official documentation from a medical doctor who shows the person's diagnosis, and it will establish the type of adjustment necessary. For testing accommodation, there is a time extension on most occasions.

Many chronically ill students are not entirely prepared for college and therefore suffer from a "lack of transition readiness, avoidance, coping and ultimately disregards for their health care management" (Dattilo et al., 2021, p. 125). Huang et al. (2022) determined that most students who are shifting from high school to college experience an impossible number of factors that may induce pressures, making it hard for them to adapt to their environment. Oftentimes students transfer their dependence from the family to another college student, and Huang et al.'s analysis showed that mostly male students depended on their peers as their family support. Feldman et al. (2020) shared that "high social support has been associated with better physical functioning, decreased disease-related morbidity and mortality, better self-management of disease symptoms, and higher treatment adherence among adults with various chronic health conditions" (p. 267). The authors observed that it might be a struggle for new college students to create the social support needed. They also found that the less social support college students with chronic illness had, the more there was an increase in pain and other symptoms. Feldman et al. (2020) maintained that students with gastrointestinal conditions had a low level of psychosocial results like low levels of stigma, increased levels of depression anxiety, and low rates of self-esteem and self-efficacy.

Chu et al. (2020) shared that when university students who have chronic illness come down with infections, it usually takes a long while before they recover. In addition, they struggle with fatigue, issues with their thinking, and the inability to sleep. They miss their classes, work, and socialization, cannot do self-care, and their ailments worsen with heightened stress or activities. Ravert et al. (2017) found that colleges must recognize what college students who have chronic illnesses experience and consider their health threats and the resources required to adequately assist. These authors further reported that self-monitoring is a vital tool for self-management and intervention for their condition. They conducted a study where 180 people were surveyed over a period of 9 weeks, 122 of which admitted to having a health threat within the last day. These individuals affirmed the need to know the potential symptoms for their chronic illness and the type of event that may affect their condition while on campus.

Cass et al. (2021) observed that a college student's level of self-efficacy and self-control determines how they retain information related to their health and their ability to modify their behavior based on it. The authors observed wellness courses taken by entering college students with a disability and the impact the course had on the adjustment of a student's behavior. Their study discovered that college students valued their health as the second most crucial life aspect. Spencer et al. (2018) found that young people with chronic diseases, aged 12–24, account for 60% of the population of students in public institutions in the United States; however, only 5.2% of college students who have chronic illness are enrolling in higher education. They shared that "the impacts of constant (and disruptive) medical intervention pose a threat to established identities, which become reworked as individuals adjust to and live through multiple crises" (Spencer et al., 2018, p. 627). One issue is that some individuals may not experience these threats or may not look at them as a threat. Therefore, some normalize these threats in everyday life including while they are entering and transitioning into the college process.

Accommodations in College for Students with Chronic Illness

Many illnesses, especially those that last long, may not initially be known or seen unless the individual starts to complain about specific symptoms. Even then, it may not be immediately noticeable. Blanck (2019) shared the importance and the impact of the Americans with Disabilities Act of 1990 and the Individuals with Disabilities Education Act (IDEA) of 1990. Both laws give individuals with ailments and diseases the same opportunities and resources as every other student. These laws stipulated that one should receive modifications and accommodations that allow them to be treated as traditional students. Both acts are continuously progressing, and although they may not be exactly where they ought to be, the two pieces of legislation have been a gift to the community of persons living with disability. Nevertheless, students must register and ask for accommodation to use both resources.

NCES (2020) reported a program called Education/Teaching of Individuals with Orthopedic and Other Impairments, established to give direct guidance and instructions for those who teach orthopedic conditions and those students categorized under “other impairments” disabilities. The program helps to create individual teaching plans, teaching and supervision, counseling, as well as other policies and laws.

Dangoisse et al. (2019) emphasized the common themes in the literature about university students who have chronic illnesses struggling to adjust to college life. Chronic illnesses are long-term diseases and require a lifetime of adjustments. Many people do not like to admit that they have to recognize whether or not they have a long-term illness that challenges their daily life. They also struggle with coming to terms with reporting, asking for accommodations from the office of disability services at their university, and feeling unprepared for other people’s responses. White et al. (2018) determined that adjusting to a chronic illness is never about trying to get back to the place one was before being diagnosed, but more like looking at oneself in a new way. Adjustments, White et al. found, can be categorized into general or illness-related modifying efforts. These tasks include managing personal relationships, balancing psychosocial behaviors, and initiating and controlling the mental image of oneself. Kristjansdottir et al. (2018) reported that a successful outcome means individuals have to adjust their aspirations based on their chronic condition and present situation.

Bakula et al. (2019) acknowledged that medical treatment for chronic illnesses improved tremendously. Therefore, the anticipated outcomes for many people, especially college students, were more favorable. They found that young adults in college who live with chronic illnesses experience a struggle while transitioning from adolescence to young adulthood and may end up with a non-adaptation to psychosocial outcomes, depression, anxiety, and even poor quality of life. Moreover, the struggle is determined by how difficult the adjustment is, based on factors affecting their illness. These factors include the initial identification of the disease, the demands from treatment, regression of the disease, doubt about the future of the disease, health threats, and personal relationships (Dekker & de Groot, 2018). Bakula et al. (2019) shared that “adverse psychosocial outcomes result from an affected individual experiencing, perceiving, and anticipating an adverse social reaction” (p. 612). The individual’s perceived stigma-related illness, an illness with shame or disgrace attached to it, then affects their behavior associated with university activities. Students with disabilities can better prepare themselves for activities on campus if universities make the accommodations and resources more visible and easily accessible. This is especially important to have on their institution’s website (Costello-Harris, 2019).

Chronic illness is a long-term condition that needs prolonged healthcare management. Chronic illness becomes a threat to university students as well as the department of disability accommodations and faculty. Some primary human resources, staff or faculty who are fully informed or trained on disability accommodations, are needed for college students with chronic illnesses to persist and graduate successfully. Hughes (2016) conducted a study at an Australian university where higher education students who are disabled were identified either through their admission information or through enrolling in the disability support unit. The students who identified as disabled primarily had mental health illnesses. These authors looked at how illnesses were labeled and found that there is no pattern of consistency or transparency as it relates to the determination of disabilities and the demands that these illnesses, especially chronic illnesses, and the availability of resources required from the university. Allen et al. (2018) determined that people with long-term illnesses, such as a chronic illness, do not spend adequate time with their healthcare team to manage their health conditions regularly and adequately, more specifically, actions such as the following:

> Taking medication, understanding their condition(s), its symptoms and making appointments, activities like diet and exercise, personal care, companionship, reassessment of personal expectations and capabilities, personal identity, contingency plans, coordination such as negotiation in the ways in which work is done (including what, by whom, how and why, and advocacy). (p. 2)

In addition, these authors found that individuals with various social networks have better control of their chronic illnesses than those without them. They discovered that several main factors impact a patient’s ability to care for themselves: having adequate information about their disease, knowing that they have support, sustaining peer and family relationships, and ensuring their connections with their health services. Ai (2021) supported the idea of emphasizing that those with chronic diseases have up-to-date knowledge of their condition, a current account of their health history, a contingency plan for health threats, and the information needed to improve their lifestyle. If people cannot be genuine about their condition and what is required to care for themselves, it becomes difficult to properly manage their health. People must ultimately be involved in the healthcare management of their disability, while the university must learn to diversify its policies for students who have chronic illness to enjoy success in their daily lives.

Disability and Diversity

Meeks et al. (2021) stated that colleges must diversify their student population, education, campus life, and resources available. They expressed that diversity in college campuses is compulsory based on their policies of anti-discrimination and diversity statements. Meeks et al. conducted a study that included 141 schools for medical students of which 98 had 64 programs that had disability disclosure constructs and 34 that did not have disclosures. Leake and Stodden (2020) observed disability as an element of diversity amid students with disabilities in higher education and shared that there is diversity as in the kinds of challenges college students who have disabilities face. They found that this population of students is not of high importance in higher education and that students with disabilities in the university “are not included in the diversity initiatives conducted by many institutions of higher education to foster greater understanding of and connection between diverse student subpopulations” (Leake & Stodden, 2020, p. 400). Not only should there be a diversity of initiatives but a diversity in the types of technology that is made available and is beneficial to these students.

How Technology Might Benefit Students with Chronic Illness

Shin et al. (2020) discovered that technology and chronic illness is essential to each other. They discovered the necessity of telehealth for outpatients using mobile phones. They also found that patients often struggle with complex self-care strategies. Technology such as video conferencing is another method that influences patients' ability to communicate with medical staff and their caregivers for additional trainings, guidance, and close monitoring. Varsi et al. (2019) observed computer use with patient self-management programs. They looked at two main programs, one which includes educational intervention and psychological interventions and another one that focuses on patient self-management including emotion, cognitive, and behavioral functioning through computer use. These interventions, similar to mobile and web-based interventions, have been very effective. The need met is two-fold in that it increases patients' self-management and frees up time for medical staff. Harerimana et al. (2019) observed that there are telehealth applications that allow patients with certain multiple chronic illnesses and health issues to be closely guided by their healthcare team and can be very helpful and effective. This system is set up at the patient's home. It is a two-way system of electronic communications that the patient answers while related education information has been created by the healthcare team. The information is then submitted by the patient and a nurse case manager responds based on the data received from the patient. The tool of technology is effective, but there are also other tools like emotional support animals that may be helpful for students who have chronic illness.

How ESAs Might Be Helpful for Those with Chronic Illness

Emotional support animals (ESAs) and service dogs may be helpful for those with chronic illness. However, there is a difference between ESAs and service animals. Schoenfeld-

Tacher et al. (2017) defined a service animal as an animal that provides support based on a person’s disability; the dog requires training by a professional, is assigned to one person, and the individual can only utilize dogs or miniature horses. On the other hand, ESAs provide support for a person’s mental health disability; there is no required training for the animal, which may a type of animal other than a dog, and in most cases the person is usually the owner of the pet.

Kirnan et al. (2022) found that the number of college students needing ESAs have increased on college campuses. Universities have prepared for students who are visually and physically disabled who may need wheelchairs or wheelchair ramps or other physical assistance devices, but they are highly unprepared for students with mental health chronic illness requiring ESAs or companion animals. Rodriguez et al. (2019) conducted a survey of 154 people, 97 of whom had a service dog and 57 who were on the waiting list for one, but all of whom had a psychosocial chronic illness. Their survey confirmed that patients with service dogs had experienced increased social–emotional and academic work performance improvements, especially for individuals with substantial disabilities and chronic illness.

Hoy-Gerlach et al. (2019) found that the use of ESAs has increased most especially in the United States and that they are effective as a non-invasive, non-medicine psychological rehabilitation for mental health recovery. ESAs must be recommended by a mental health provider who feels it is essential as a “necessary therapeutic agent to alleviate symptomology of mental health conditions by providing written documentation, a letter, similar to a prescription” (Hoy-Gerlach et al., 2019, p. 200). These authors further stated that after receiving this document an individual can use this animal while traveling and for housing. The animals are allowed to be brought into places where animals are not allowed. It is important to note that there are “legal protections for individuals who need an animal due to a debilitating chronic health issue but they are addressed within disability related laws, rather than federal health or mental health legislation" (Hoy-Gerlach et al., 2019, p. 202). ESAs are considered to be an accommodation and many universities are creating animal-assisted, stress-reduction programs to help reduce the stress and anxiety levels for their students. In fact, Ferrell and Crowley (2023) found that this program is being offered in over a thousand universities in the United States. Furthermore, Pendry et al. (2018) found that not all persons who request permission to have an ESA get them from a healthcare provider; some are using the internet or even providers that they do not know to get the necessary letter. ESAs are beneficial but they have their share of challenges, especially dogs that constantly bark, have not been house-trained, or have a history of aggression towards other people.

Success Stories for College Graduates with Chronic Illnesses

McEwan and Downie (2018) conducted a comparative analysis of three types of college students. They compared graduation success rates of students with mental health disabilities, learning disabilities, and traditional students. Their study demonstrated that traditional students and students with learning disabilities had a higher graduation rate compared to those with mental health disabilities (McEwan & Downie, 2018). However, Fleming, Plotner, and Oertle (2017) discovered statistical validation that college completion rates of students with disabilities were much lower than their traditional student counterparts. Wang et al. (2021) observed through a patient empowerment lens that when chronically ill patients feel empowered, empowerment becomes a tool that encourages self-management. When these patients feel empowered, they become a vital part of the decision-making process for their health, and they choose to change to a healthier behavior all on their own without being forced by the healthcare provider and are able to graduate successfully and transition out of college into the workforce.

Transitioning out of College and into the Workforce

Vidacek-Hains et al. (2016) found that there is a need for educated adults who are living with disability in the workforce. Therefore, this group must be a valid part of students who are admitted and successfully graduate from the university. Bouchard and Nauta (2018) discovered that though there are limitations and lack of control over career choices for working adults who have chronic conditions, they are still able to find rewarding jobs. They examined short-term career outcomes and found that there is “a presence of a discrepancy between a student’s real versus ideal career aspirations, their educational persistence intentions and their leadership aspirations” (Bouchard & Nauta, 2018, p. 395). In other words, college students who have chronic conditions may have a false sense of a dream career or a career where leadership and persistence is based on whether they obtain health benefits or that they have to lower their career standards based on their health conditions. On the other hand, Ficten et al. (2011) researched 182 college graduates who had disabilities and 1,304 who had no disabilities who attended technical and community colleges. They determined through research outcomes that both nondisabled and disabled college graduates had almost the same outcome results of two thirds of the students: 14% were successfully working, 30% were doing further studying, and fewer than 3% were still looking for a job or were unemployed.

Bonaccio et al. (2020) discovered that workers with disabilities were given a bad reputation despite receiving average, above average, and excellent job performance ratings. Additionally, they were found to be equally dependable on their work as traditional workers. Lindsay et al. (2018) determined that individuals with disabilities were able to manage in the workplace by calculating when to reveal their disability and only revealing it if it became absolute necessary due to an increase in their symptoms, the kind of job they were doing, or their comfort level with the company. Furthermore, Lindsay et al. found that companies that hired individuals with disabilities had an increase in revenue, gained competitive advantage, and improved in the areas of turnover and retention.

Summary

Bandura's theory of self-efficacy and Leventhal's common-sense model of self-regulation guided this study. The related literature section provided a clear definition of chronic illness and the experience for which individuals are diagnosed and living with chronic illness. Furthermore, it observed chronic illnesses in youth in Grades K–12 and the onset of chronic illness for young adults and its impact on their transition from high school to college. Also, the empirical literature in this chapter examined the accommodations needed for students to be successful, their chronic illness disability, the types of technology that may be available, and how ESAs may be helpful. Lastly, success stories for those who graduate and how they transition from college graduate to the workplace were analyzed.

Based on the review of the empirical literature, there is a plethora of research studies on college students who have learning disabilities as well as physical and mental disabilities. Universities and colleges are equipped to properly support them. The gap revealed that more research is needed on college students who have chronic illness disabilities, their experiences, and the support they require from the university to finally complete their degree program and be successful. This study contributes to the data concerning college students who have chronic illnesses, endured health threats, used strategies to help them conquer those threats, graduated from college, and entered the workforce.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who are students and those who graduated from college while facing health threats that often interrupted their daily activities. This chapter illustrates the qualitative method chosen for this study and its reason. Furthermore, this chapter includes the research questions, research design, settings and participants, the researcher's positionality, the procedures, the site permission and recruitment plan, the data collection plan, and a discussion on the trustworthiness of this study. In addition, this chapter concludes with a summary.

Research Design

The phenomenological research study design characterizes the significance of a lived phenomenon and is the design used for this study (Creswell & Poth, 2018). This research design section discusses the research method and the reason it was chosen. It also discusses the research design, which is a phenomenological design. Furthermore, it examines the research approach, which is a transcendental approach.

Research Method

I used a qualitative research method that allowed me to observe the phenomenon firsthand. Creswell and Poth (2018) defined qualitative research as a specific approach to research that takes the study to the place where individuals are experiencing the problem. In addition, Aspers and Corte (2019) determined that qualitative research focuses on processes, activities, occurrences, and situations and concentrates on different data collection methods for analysis. Qualitative research is best for this study because it brings the researcher up front and close to the participants and the phenomenon being studied. Once I chose to conduct qualitative research and realized an issue worth examining, I decided on the study's most appropriate design for the phenomenon.

Research Design

Moustakas (1994) shared that a phenomenological study's characteristics center on the experience of the phenomenon and less on perceived assumptions. His focus directed phenomenological understanding to self-experience and observations of how things happen. He reported that phenomenology demonstrates the experiences where they exist, move, and are. The phenomenology study he suggested refrains from making assumptions and concentrates on themes clearly and innocently. Additionally, it composes either a query or problem that directed the investigation to acquire conclusions that provide the groundwork for more research and thought.

The phenomenological study guides the research to the core of the issue affecting the individuals within a group and then the data are synthesized to represent that group. The collected information then explains the queries that respond to the "what and how" (Moustakas, 1994, p. 74). This research study focused on the living experience of human beings. Though I may have a connection to the study, based on this approach, the focus does not include my own experience but concentrated on others' experiences. Froneman et al. (2017) concluded that in-depth interviews and journals in most phenomenological design research allow participants to fully expose their emotions without additional pressures.

Research Approach

Though there are various types of phenomenology, this study used a transcendental approach. Moustakas (1994) explained that transcendental phenomenology allows the researcher to establish the problem, remove their own related experience, and collect information from the people encountering the problem. The data are then analyzed and categorized into thematic phrases. A summary of their experiences and the context for which they are experiencing them concludes it. Moustakas (1994) affirmed that the transcendental approach provides a more orderly process that provides a firm grounding with proper instructions and procedures for gathering, composing, and arranging information. He ascertained that transcendental phenomenology is the one method that rests on understanding human experience and broadening opportunities in a firm methodic system of realities. Furthermore, he shared that previous phenomenological findings are viewed as if they had never been seen before. Phenomenology attempts to eradicate prior knowledge, assumptions, experiences, or understanding and realign the focus to a broad, fresh view. The focus is not on the information found in books but mainly acquired from individual participants.

Research Questions

The research questions guided the study and demonstrated the central theme of the research. Making inquiries about some of the characteristics of the problems faced by the students with chronic illness revealed the underlying causes of the discussed experiences. The questions brought attention to the gaps in the research on this theme and encouraged more research in this area of education.

Central Research Question

What are the experiences of individuals with chronic illnesses who have graduated from college while facing health threats that often interrupt their daily activities?

Sub-Question One

What goals, beliefs, or regimens have individuals with chronic illness found helpful to enable them to complete academic work and graduate from college?

Sub-Question Two

How does having a high level of self-efficacy and a contingency plan allow college students with chronic illnesses to attain their academic goal of graduating*?*

Sub-Question Three

What modifications and self-management skills do college graduates with a chronic illness use to sustain self-regulation of their chronic illness?

Setting and Participants

The setting and participants section brings the reader into the context and environment of the lived experience of the participants. It included details about the chosen location, setting, and reasoning behind the selection to use social media to recruit participants. Settings and participants are a vital part of the study as they allow one to draw purposeful conclusions from the data (Dikilitas & Griffiths, 2017). Furthermore, this section explains essential features of the participants and their demographics.

Setting

Due to the nature of this study and the Family Educational Rights and Privacy Act requirements in place at public universities, I was not able to recruit my participants from a specific university. With this in mind, I selected social media platforms to recruit my participants. Therefore, this study does not have a particular site. Social media platforms allowed participants who had graduated from multiple universities to participate in the study. The social media platforms I used were Clubhouse, Facebook (Meta), Instagram, Twitter, the Alpha Kappa

Delta Eta forum, and Web-based Respondent-Driven Sampling to recruit participants.

Participants

The individuals who participated in this research were college graduates and one college student who graduated the semester after I interviewed them in 2024; all of the participants had a chronic illness or disease that caused them to struggle with their academic coursework for a minimum of 2 years or more. They may or may not have requested disability support from the office of disability services. I collected data from 10 participants who varied in age, gender, and ethnicity. This diversity provided a broader array of data for the analysis.

Researcher Positionality

Gary and Holmes (2020) stated that the researcher’s position illustrates the stance of the proposed study. Kimball and Thoma (2019) shared that the positionality statements reveal the inspiration for the research theme. My disability story may allow students who have chronic illnesses and have graduated to connect to their own chronic illness or disability experiences. This study focused on the problems the participants faced and became a representation to display their issues and transform their lives. Individuals may realize the areas in their life that created a wall to their progress and assisted them in initiating self-awareness and motivation to change certain habits that allowed them to find a balance in their academic coursework. Additionally, this study used theories that realized the differences between the nondisabled and the disabled and focus on how the data from this study may contribute to society while being careful of any derogatory labeling of the participants (Creswell & Poth, 2018).

Interpretive Framework

I selected a transformative framework for this study as part of my interpretive framework. Creswell and Poth (2018) said that a transformative framework must be intentional in its movements that attempt to revolutionize the participant's life as it relates to where they reside. In addition to the transformative framework, I will use disability theories as secondary support. Creswell and Poth (2018) explained that this framework allows a disability viewpoint whose aim is to represent the difference in humanity.

Moreover, though I share the participants' experiences, I observed their experiences with fresh eyes. This viewpoint allowed me to set aside my related experience and focus on what their life, work, and university happenings have been. I was intentional in my efforts to move forward from an insider's point of view with people experiencing the same phenomenon.

Philosophical Assumptions

Almasri and McDonald (2021) believed that philosophical assumptions play a pivotal role in the structure of the ideologies and the principles related to the research and how they assist the examiner in establishing the issue and gathering and evaluating the data. This section discussed three philosophical assumptions: ontological, epistemological, and axiological. Creswell and Poth (2018) shared that these assumptions will substantiate the research study. Philosophically it is assumed that the experiences of college graduates with long-term health conditions have experienced barriers to completing their academic work successfully.

Ontological Assumption

The ontological assumption explained whether the surroundings are the same in all the living experiences of the students and a specific, clear idea of how they understand things in the world (Gharebaghi & Mostafavi, 2016). Chuley (2018) claimed that "how we think about disability and impairment and the terminology used to represent people with disabilities is value-laden, politically imbued, and socially constructive" (p. 25; see also Chuley et al., 2020). Although the participants were college graduates, their context and environment differed. More importantly, how they view their illness and its effect on their studies was vital. From an ontological standpoint, though observation is essential, a focus on the realities of each participant brought more impressive knowledge to the direction of the study.

Epistemological Assumption

Epistemological assumption means that the researcher tries to remove as much distance as possible from themselves and the participants to have an upfront view of the experiences (Creswell & Poth, 2018). Willig (2019) describes epistemology as being "concerned with the nature of knowledge, its possibility, its scope, its limits and the processes by which it can be acquired" (p. 187). Additionally, epistemology addresses questions about what characterizes actual knowledge about what can be known, how we can acquire knowledge, and how certain we can be about its validity or truth. I examined the data by distinguishing each participant's interview, timeline, or focus group from all other participants and each individual's experience. I cited specific excerpts from the data and personally connected with participants as partners in their experiences.

Axiological Assumption

Peers (2018) suggested that axiological assumption is what individuals do and how. The axiological assumption focuses on the significance of the experiences and the interpretation of the experiences. Moroi (2021) noted that axiology focuses on the value that the investigator assigns to the diversity of aspects of research such as the participants and data. Creswell and Poth (2018) shared that axiological assumption says that "research is value-laden and that biases are present concerning the researcher's role in the study context" (p. 21). In other words, within an axiological assumption, every individual is very important and deserving to share their experience. More importantly, individuals who have a disability have much to contribute to society.

Researcher's Role

My role in this research was to gather and interpret data on the lived experiences of the phenomenon from participants with a chronic illness disability who had struggled to complete their college academic coursework. I felt like it was important to share a bit of my story leading up to this study. As a young person excited about going to college, I packed my bags and headed to college at Northeastern University in Boston, Massachusetts, only to find that my parents had not completed the financial aid package. Worried about what to do, I ended up in the university nurse's office with severe chest pain. Never sick before this period, I was diagnosed with diabetes and high blood pressure. The university arranged with my parents to pick me up for my medical withdrawal. Going home with my newly "don't eat and don't do" list of things and troubled about what to do about my college education from that period to the present, and several degrees later, such traumatic health emergencies continue to persist. My grades suffered for years and so did my health as I tried to continue through community college.

This past year was the first time in my education that I recognized my chronic illness as a disability and registered with the office of disability services. This positioning was both a place of frustration and hope that maybe my college days would have looked a little different; however, it is not too late to support my peers in similar situations. I received an insider's view of the daily lives of each individual's health management, coursework management, jobs, other responsibilities, and disabilities. My role was to view the experiences as an outsider who had learned of the experiences for the first time. And lastly, my related experiences did not influence any of the data collected.

Procedures

It is important to have established procedures so that each step taken can be easily replicated. The outline of the necessary site permissions along with the recruitment plan and approval letter available in the appendices gives a visual of what everything should look like to support these sections. Before the beginning of this study, I applied for Institutional Review Board (IRB) approval. After acquiring IRB approval (Appendix A), I solicited participants and sent out an information sheet to each of them.

Permissions

I sought IRB approval before the beginning of my study. The first step after I acquired IRB approval was to conduct a pilot study using one or two individuals to practice and test my data collection methods. The pilot study was conducted using two participants who met the criteria needed for participation. I have learned through the pilot study that it is difficult for participants to share information about their health. In addition, another observation was the difference in time zones when scheduling interviews. I waited over an hour for the participant to log on, not knowing they were in a different time zone than I was. I ensured that moving forward with every interview appointment I included my time zone and requested the correct time zone of the participant. After the pilot study, I began to recruit participants for this study.

Recruitment Plan

The recruitment plan for my study was to utilize social media platforms, snowball sampling, and the Web-based Respondent-Driven Sampling method (WebRDS). WebRDS allowed me to select a small number of individuals from a sample pool of the total population of college graduate participants who endured a chronic illness during their post-high school education. Since I was only able to acquire one participant through WebRDS, I then turned to snowball sampling, which allowed me to acquire two more participants. Naderifar et al. (2017) characterized snowball sampling as “a convenience sampling method commonly used when it is challenging to access subjects with the target characteristics. In this method, the existing study subjects recruit future subjects among their acquaintances” (p. 2) until there is a data saturation to satisfy the study. I used snowball sampling by asking the selected participants to help me recruit other individuals from their pool of friends and family who might be interested in also becoming a participant in this study. When they thought of others, I asked them to provide me with their contact information so that I could send them the recruitment flyer.

Next, I began recruiting by posting the social media recruitment announcement (Appendix B) on my Facebook page; I also placed recruitment flyers (Appendix C) on other social media sites. The remaining seven participants were recruited through social media platforms. In addition, the flyers for social media platforms (Appendix B), such as Facebook (Meta) Clubhouse, Instagram, and Kappa Delta Pi, were posted on chat forums designated for such bulletins.

As I received responses from the social media postings, I emailed those interested individuals a recruitment letter (Appendix D) that contained additional information about this study. This recruitment letter also contains a screening survey (Appendix E) so that I could verify that those individuals met the participant criteria for this study. After I reviewed the screening surveys, I contacted those individuals I chose as participants. This email (Appendix F) contained an attachment with the information sheet (Appendix G), which detailed information about this study including the risk and benefits of participating in the research and the awareness that participation in the research was entirely voluntary. These recruitment methods yielded nine participants but were not enough to meet the study minimum, so I used snowball sampling to acquire one additional participant. After I sent the information sheet and a request for availability for a time and date for their interview and the participant filled out the timeline of events, which needed to be completed and sent back to me prior to their interview, I conducted the interview.

Data Collection Plan

Creswell and Guetterman (2019) explained that qualitative data collection should include at least five actions in data collection, various sampling approaches, and the participants and site information. Additionally, one must identify the diverse types of qualitative collection data, the process for documenting the data, and any issues of moral significance that might need some time for reflection and deliberation. Using broad-spectrum questions, I collected data through timelines, individual interviews, and focus groups, which allowed for the triangulation of the data.

Timelines

Blenkinsopp and Mazzetti (2012) discussed the timeline data collection approach and communicated that participants would initiate the timeline with specific events experienced in life and based on the research theme. Andriansen (2012) found timelines allow the researcher:

> To ask about important events in life. Depending on the type of life story we want the interviewee to tell, the interviewer can open with different questions. When interviewing the [participants] I asked about the important events in life. These turned out to be when they received the first animals (as kids 5–7 years old), when they married, had children, were divorced, and so forth. I marked these events with different colors and times parallel to the timeline. By asking about important events first, we can take time to explore when and how these events unfold, how and if they are related and affect each other. (p. 43)

After sending the information sheet, I asked the participants to fill in the timeline information, using a template which was provided to them, to share about significant events in their life, starting from grade school through university. These timelines provided information about when their illnesses began and the primary health events that occurred throughout their life through university graduation. I emailed each participant the timeline instructions before their scheduled interview, and they returned it to me via email prior to their interview. It took each participant approximately 30 minutes to complete. At the conclusion of their interview, we discussed their timeline and annotated it during the discussion.

Timeline Instructions (Appendix H)

The primary purpose of the timeline was to increase access to the participant's in-depth narrative. Each participant wrote out certain life events. After the individual completed the timeline, I annotated it as they discussed the life events with me until a story has formed.

Timeline Data Analysis Plan

Analyzing the timelines helped me to gather a deeper understanding of what my participants experienced as they navigated through their college education. This data collection method allowed me to focus on significant occurrences that provided a trail to the beginning of the health threats in the lives of the participants and what may have led to them becoming disabled. Using Blenkinsopp and Mazzetti's (2012) timeline guidelines, I presented an analysis of the timeline data by combining each of the lifetime events into a story format. Then I analyzed the data from the timelines by following Moustakas (1994) horizonalization, removing the unnecessary statements, and creating the preliminary codes with the remaining statements. I also allowed the participants time to member check the final story for accuracy.

Individual Interviews

Jentoft and Olen (2019) concluded that interviews are a data collection method to display "other people's views, descriptions, and perspectives on the themes that are addressed" (p. 182). They further stated that this method takes the researcher deeper into the participant's experience. Because of the phenomenon of this study, it was necessary to understand the problem from an insider's point of view.

The individual interview data collection strategy is a standard method for researchers using a phenomenological approach. Moustakas (1994) stated that the purpose of the interview is to induce a complete exhaustive account of the individual's experience of the phenomenon. Jentoft and Olen (2019) defined interviews as gathering and compiling information to magnify another person's perception and mindset on a particular subject matter. They continued to describe the interview as a method to access someone's knowledge and emotions on how they feel about a related topic. An interview put me in an intimate position with the participant to fully experience their struggle, pain, or thoughts. It brought me into the real-world environment so that I understood the emotions and experiences of the participants as they shared their thoughts.

The use of the Zoom platform as a face-to-face meeting for interviewing allowed me to create an opportunity to connect to the participants personally so that they felt comfortable and safe with their participation. I prepared the interview questions to be flexible enough to get the information needed to answer the research questions. I conducted the interviews using Zoom since it is a common platform with which to conduct a personal individual interview. I used Zoom's video/audio-record feature to conduct the individual interviews so that I did not miss pertinent information from the participant; the recording was used to provide a written transcript that participants could check for accuracy.

I took notes while conducting the recorded interview with each participant. The interviews were conducted online on a day and time most convenient for the participant. An online appointment calendar, calendly.com, was used for participants to schedule their time. The interview questions related to the central research question (CRQ) and the sub-questions (SQ) are as follows:

Individual Interview Questions (Appendix I)

1. If money and time were no object, what would you be doing right now? (Ice breaker)
2. Please provide a short description of activities that you need to do each day because of your health condition. SQ1
3. Briefly, provide a short description of a day when you are experiencing a health threat. CRQ
4. How did you become aware that you have a chronic illness? CRQ
5. What type of chronic illness or disease do you have? In your own words, describe your condition. SQ1

For all the remaining questions, I would like you to think back to the time you were in college as you answered each question.

6. Did you regularly take medications to manage your health conditions while you were in college? If so, did you experience side effects that interfered with your ability to be successful in completing college assignments? If so, how did you manage these side effects? What medications did you use during your college journey to manage your condition, and what were their side effects? SQ3

7. Were you enrolled as a full-time or part-time student? What was your course load at your college or university? SQ1
8. Did you live at home with your parents, as a residential student, or on your own? What responsibilities did you have with these choices? Please explain. SQ1
9. Explain how a chronic illness or disability affected your employment status in college. CRQ
    a. If you worked, what type of work did you do? How many hours did you typically work each week? Was this considered a full-time or part-time position? SQ1
10. Please describe your need for assistance with activities of daily living. (For example, did you need physical therapy or have a nursing aide help you get dressed daily?) SQ2
11. What specific activities must you do daily to start your academic activities? Please explain. SQ3
12. Please list the type of family, medical, and emotional support you had to help you manage your illness. SQ1
13. In what ways did you manage your chronic condition and your university coursework? SQ1
14. What type of support did you have at the university? From staff? Peers? Roommate? SQ2
15. What is an office of disability accommodations? Were you registered there? Why or why not? Please explain. SQ3
16. What assistance or modifications did you request from the office of disability accommodations? SQ3
17. How often did you request a special accommodation from the faculty in your courses? Was the assistance they allowed enough? Please be as detailed as possible. SQ3

18. List the struggles you experienced with any of your lessons. What were your grades in those courses? CRQ
19. What were the factors affecting your success in your coursework? SQ2
20. How would you have felt about having a senior student mentor to provide support, guidance, and accountability for your coursework and managing campus life? SQ3
21. How do you feel about the story that was developed through the timeline, and did it reflect what you wanted to share?

The rationale for these questions was to have a deeper look at the experiences of each participant and to observe the strategies they used to complete their degree viewed through Bandura's (1991) theory and Leventhal et al.'s (2016) theoretical model. The reasoning for Question 1 is supported by Wolgemuth et al. (2015), who stated that participants experience a two-fold emotional reality in that participating in an interview can be stressful and painful. On the other hand, it can be therapeutic and healing to themselves and others who would hear their experience. Questions 2 and 3 brought great value to the study by allowing the participant to indulge in "self-reflection on values and self-care and producing varying responses, including: causing consciousness, evolving perspectives, identifying misalignment, and considering changes" (Lim et al., 2019, p. 1).

Questions 4 and 5 expressly provided a voice for those who do not have one (Hutchinson et al., 1994). Furthermore, these questions allowed me to examine their decisions when faced with health threats and how that helped them prepare for the next one. Additionally, I discovered whether their decisions involved reaching out to the disability support department for support or if they managed alone. Questions 6 to 9 highlighted the participants substantial experiences in college life with chronic illness (Charmaz, 2008; Roberts, 2020). Questions 10–17 requested details on the type of support the participants needed to complete their daily activities and coursework (Brinkman & Kvale, 2015). The focal point of Questions 18 and 19 was to align with the sequence of questioning and prompt them for queries about their coursework and grades (Roberts, 2020). Lastly, Questions 20 and 21 were closing questions about a possible campus mentorship program and a reflection on the timeline (Rubin & Rubin, 2012).

Individual Interview Data Analysis Plan

The individual interview data analysis plan began with the collection of data from the audio recording collected during the Zoom interview. The data were transcribed and given to the participants to provide feedback on the transcripts and to check for accuracy of the information they had provided. After receiving the member check transcripts from each participant, I followed what Moustakas (1994) called horizonalization, a process where all data have the same level of importance. During horizonalization, sentences that were not relevant were removed, allowing the remaining statements to be the preliminary codes of the phenomenon.

Focus Group

Nyumba et al. (2018) revealed that using focus groups is an excellent option in the data collection process and may be the best choice if it will provide the most desirable amount of data if the participants have similar characteristics to each other, time availability is restricted, and the interviews are not yielding enough information. Dindle et al. (2021) determined that focus groups enable researchers to gather individuals from various demographics and are beneficial for both cost and time for the researcher. I selected two individuals for the first focus group, three individuals for the second, and five individuals for the third focus group discussion, ensuring that all participants were included. Since the participants had already completed an individual interview with me using Zoom, I again used the Zoom platform as I held the focus group meetings.

Focus Group Questions (Appendix J)

1. What was your illness during college? And how long did it take you to complete your degree?
2. Think of your experiences as a college freshman. What comes to mind first? CRQ
3. What were your strengths during your college years? CRQ
4. What were your limitations? SQ1
5. What were your academic strengths and weaknesses during your college years? SQ1
6. In your opinion, what could have made your sophomore year of college better? SQ2
7. How was your overall health during your first year of college? CRQ
8. How did it change over the 4-to-5-year college period? CRQ
9. What advice would you offer a college student just coming from high school who has a chronic illness? SQ3
10. If you struggled, at what point did you feel you needed to reach out for help for your academics? SQ2
11. When did you need to reach out for help for your health? SQ3
12. Who did you reach out to for support for your academics and your health? SQ1

This study was specific to the experiences of college students. Each question was aligned with specific timeframes in everyone’s life and aimed to jog their memories of important events that may have occurred but may or may not have been affected by a health threat. The essential part of the focus group’s query was that each of the chosen participants has graduated or were in their junior or senior year in college, and the questions were vital to the process of that success.

Focus Group Data Analysis Plan

Creswell and Poth (2018) determined that the data analysis process for a focus group allows the participants to provide feedback through a member-checking process. In this process, I gave them a transcript of their part of the focus group to check for accuracy. Then I analyzed the data from the focus group by following Moustakas' (1994) horizonalization, removing the irrelevant statements, and creating the preliminary codes with the remaining statements.

Data Synthesis

Moustakas (1994) determined that once each data collection process is complete, the organization begins; thus, I placed all the information in front of me. Using Moustakas as a guide, I synthesized the data by reading and studying the preliminary codes derived from each data collection method. While rereading the whole data set, I derived the final codes and identified the significant statements to be used when I interpreted the data as a whole. Then the important words were clustered into ideas of the phenomenon, ensuring that each account was clear and concise. Lastly, I integrated what is, the how's of the experience, and interpretations into an extended discussion of the experience.

Moustakas (1994) described the essential analysis processes for phenomenological study: *epoché*, horizonalization, phenomenological reduction, imaginative variation, and synthesis. The first step, *epoché*, illustrated my thoughts and biases about the phenomenon. Secondly, I created a list of all statements from each participant's knowledge of the phenomenon and developed an index from these statements, not allowing one idea to have significance over another, described as horizonalization. Thirdly, avoiding any repetition of the statements in a process referred to as phenomenological reduction, I created the final codes and from these the themes were derived. Then I created a table of theme development showing the final codes, themes, and their associated subthemes. This table is included in the results section of Chapter Four. Fourthly, I wrote descriptions detailing the participants' experiences, focusing on both what they experienced and how they experienced it, and I used their exact words as examples described by Moustakas as an imaginative variation. Lastly, I notated what Moustakas (1994) referred to as synthesizing the meaning and essence of the participants' experiences, encompassing both the "what" and "how" aspects, into an extensive section in Chapter Four discussing the themes and subthemes that emerged from data analysis. This section emphasizes the importance of the participants' shared experiences, incorporating both what they experienced and how they experienced it.

Trustworthiness

Lincoln and Guba (1985) shared that trustworthiness in a qualitative research study is similar to validation in a quantitative research study. It is pertinent that the research has value, is laden with experts in its field of study, and is displayed throughout the writing and thorough investigations to ensure trust by its reader. Trustworthiness in research lacks personal opinions from the researcher. It is information that can be easily replicated and referenced by others. The reader can rely on the information provided through credibility, transferability, dependability, and confirmability.

Credibility

Lincoln and Guba (1985) explained that in creating trustworthiness research, credibility is naturally comparable to "internal validation, external validation, reliability, and objectivity" (p. 255). They concurred that triangulation, member checks, and prolonged engagement are three ways to prove the credibility of a qualitative research study. Moreover, they shared that triangulation is a method to diversify the resources, procedures, and approaches to support the theme. I used triangulation by using three different data collection methods that included interviews, timelines, and focus groups. There is also evidence of triangulation of data as I reported my findings in Chapter Four where all data sources and participants' voices were shared throughout the theme's development section. Lincoln and Guba (1985) shared that the member checking process is a way that a researcher allows the participants to check their transcriptions for accuracy. After the transcription of participants' interviews and their part of the focus group was complete, each participant received a copy of their information to check for accuracy. I also used prolonged engagement to ensure that my research was credible. Creswell and Poth (2018) expressed that the more connection the researcher creates with the participants, the more exposure they have to make relevant decisions about what information is pertinent to the study and what is not. Furthermore, prolonged exposure to the participants allowed me more opportunity to experience the context and culture in which the individual participants in this study resided. I communicated by text, email, phone calls, Zoom, and Microsoft Teams with participants, which allowed us to build a more personal relationship.

Transferability

Lincoln and Guba (1985) define transferability as a process where the researcher provides thorough information about the data and findings of the research and allows others to use it in other contexts and ensures that it can be repeated. Creswell and Poth (2018) expressed that "detail can emerge through physical description, movement description, and activity description" (p. 263). It is best practice to use an audit trail, located in Appendix K in the appendix section. The audit trail is a way to document the significant task that were completed during this research study so that it might be possible for another researcher to replicate this study.

Dependability

Lincoln and Guba (1985) described dependability as when an individual creates consistent and reliant study results. It makes a study capable of development and adjustments and, more importantly, repeatable. Dependability is the synonym for reliability, meaning that the researcher created authenticity with the research. I demonstrated dependability through a peer review. by asked individuals with doctorates or well-versed in qualitative methodology to review my findings. The two individuals who reviewed my findings felt that what I wrote was good and that there were no changes needed.

Confirmability

Lincoln and Guba (1985) demonstrated that confirmability relates to the quality of the information and analysis of the entire research development. In the natural view of the research, confirmability allows one to see the data impartially and understand that the data are valuable. My reasoning for performing this research was that I was plagued by several medical health threats throughout my education. However, I bracketed my assumptions and biases, setting them aside in order to look at the phenomenon with fresh eyes as if I have never experienced them before (Moustakas, 1994). Additionally, I requested a final review of my findings from my chairperson and committee member.

Ethical Considerations

There are many ethical considerations for qualitative research. Creswell and Poth (2018) discussed six ethical concerns: before an individual starts conducting the study, at the beginning of the study, during data collection, the analysis, reporting, and publishing of the data. Before beginning the study, I requested approval of this study through the Liberty University IRB. Next, I shared the purpose of the study with the selected participants, making them aware that their part in the study was entirely voluntary. After they agreed to participate, I sent them the research information sheet before collecting any data. Creswell and Poth (2018) confirmed that boundaries and limitations for sensitive areas concerning the participants are necessary.

Before collecting data, I built trust and provided caution when dealing with the participants and other sensitive areas relating to them. When analyzing the data, I was cautious not to be biased towards any positive or negative responses of the participants and protected their privacy by assigning them pseudonyms. Moreover, I ensured complete transparency and honesty when reporting the data. I considered different ways of sharing and adequately protecting the data. For privacy, I used pseudonyms in place of participants' names and pseudonyms for the names of any colleges or universities referenced by participants. All data retrieved were saved on a thumb drive, placed in a passcode-protected locked box, and maintained there for 3 years. The potential risk to participants pertained to emotional or stress factors from reliving the events they experienced; however, the benefit was that the information gathered would further add to the resources available to colleges and universities in their effort to help students experiencing chronic illness while in college.

Summary

This phenomenological study examined the experiences of individuals with chronic illnesses who were college students or students who had graduated from college while facing health threats that often interrupted their daily activities. Transcendental phenomenology is the qualitative research method I used. The data collection methods for this study included timelines, interviews, and focus groups, which are tools that allowed me to get the most information for this study. The data collection from individual interviews was through documentation using audio-recording in the Zoom or Microsoft Teams features. Next, during the focus groups, I used a member-checking process. This process used the data transcripts, allowing each individual to verify the information they provided, checking to see if any information was missing, and providing additional feedback from what they had read. Then, the timeline analysis examined the life events of each participating individual. During the data analysis process, I looked for patterns and relationships within the data to display the findings.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupted their daily activities. This chapter includes the findings of the collected data from the study such as participant descriptions, data in narrative themes, tables, and research responses.

Participants

There were 10 participants selected for this study, nine who graduated with a bachelor's degree, one who graduated with an associate degree, and several who had returned to the university for a graduate level degree. They all met the criteria of having a chronic illness. Eight of the participants were female and two were males. There were seven African Americans and three Caucasians. None of the participants had chronic illnesses that were physically visible. Six of the participants needed 4 years to graduate with their undergraduate degrees, one participant took 5 years because he had to add an additional year due to his health, one participant who took 2 years to complete their degree program as they graduated with an associate degree, and another who will graduate in 2024 with her master's degree but had previously attended college for 13 years because she attended college part-time. There were five participants who entered college when they were 18, two at 21 years old, one at 25, one at 45, and one who did not state their age when entering college. All information is displayed in Table 1.

Table 1

Research Participants

Participants	Was your illness physically visible?	Age when chronic illness began?	The number of years needed to graduate from college?	Age when they entered college?
Tisha	No	17	4	18
Lana	No	28	4	45
Lori	No	22	4	18
Jonie	No	19	4	21
Lisa	No	16	4	18
Laci	No	23	2	18
James	No	17	5	21
Stephanie	No	21	13	25
Marie	No	18	4	18
Joseph	No	60	4	26

Tisha

Tisha, a passionate nursing school graduate, was determined that no matter what life had dealt her she would become a nurse at all costs. Pregnant at 17, newly diagnosed with Lupus and in her last year of high school, she had already planned to become a nurse and was already accepted into a local university. Baby in tow and off to day care, she never missed a class, though she struggled with her health and battled to get through her courses. She had informed her professors of her health condition, and they were very supportive, and she was able to keep her GPA at a 4.0. She had always wanted to be a nurse and every course was exciting for her, which gave her the passion to push forward, which was very similar to the next participant.

Lana

Lana was an older student who was in a rocky marriage with two children, one of whom was a baby. She had the overwhelming responsibility of caring for her elderly mother, who had recently suffered a stroke. She also held a full-time job as a college counselor, a very strong Christian who enjoyed attending church and had many responsibilities there. Additionally, church was also the place where she fainted, was taken to the hospital, and was newly diagnosed with Type 1 diabetes. Having Type 1 diabetes meant that she would have to watch her diet, wear an insulin pump, and constantly monitor her blood sugars. Her advisor suggested that she live by a very strict schedule for her health, academics, and other responsibilities. Determined to complete her degree in science information technology, she struggled in her course once and received a C but never allowed it to happen a second time. From that time on and with the support of her professors, she kept and graduated with a 4.0. Though there has been a pattern of chronic illnesses that may seem familiar, my next participant suffered with a mental health chronic illness.

Lori

Lori is married and has chronic anxiety and depression. She believes it is hereditary because her mom also has depression. She works in the radiology healthcare field, has a bachelor’s and master’s degree, and has gone back to school to complete her PhD. She experiences side effects from her anxiety and depression medications but was determined not to fall behind in any of her coursework, and she did not.

Jonie

Jonie is a married student who has children and a full-time job. She has irritable bowel syndrome (IBS) and hypertension chronic illness for which she was required to have physical therapy for the IBS. The side effects of her disease were physical in that when her IBS would flare-up, her stomach would swell as if she were pregnant. She was very comical about the side effects of her disease of having to run to the bathroom often or drive all the way home because she refused to go to a public bathroom. However, her symptoms did not prevent her from completing her assignments on time and completing her degree.

Lisa

Lisa is preparing to leave the United States to do a fellowship in South Korea for a year. In 2016, when Lisa was 17, she was diagnosed with ankylose spondylitis which causes inflammation in a person's joints, and she also has osteomyelitis. She is in constant pain and has to schedule her day based on the amount of pain she may be in. She did not struggle in her academics and was resilient in her ability to keep her grades up and maintain control of her coursework through to her graduation.

Laci

Laci is married with three children and has multiple chronic illnesses. She has struggled to keep a full-time job and manage her health. She has diabetes, hypertension, and other autoimmune disorders that can affect her ability to walk and even her speech at any given time. She had a rough time keeping up with her academic work and constantly had to request modifications in order to pass her courses.

James

James was diagnosed with temporomandibular joint dysfunction (TMJ) about 25 years ago when he was about 17 years old. He has suffered with high blood pressure and TMJ, which causes him to have severe headaches and destabilizes him to the point where his entire day is shut down. Though he is married now, he was not married during the time of his diagnosis. His chronic illnesses impacted his ability to complete his academic studies and he was in constant need of requesting adjustments to his coursework and often found himself retaking some of his courses because of his poor health.

Stephanie

Stephanie is 70 years old, has been married for 52 years, has four children, 11 grandchildren and one great grandchild. She was 25 when she began her undergraduate degree program and suffered many hospitalizations during that time but was never diagnosed with anything. She is a retired government worker, is in a master's degree program, and will graduate next year. Stephanie is the only participant who has not yet graduated from her current degree program; she was selected as a participant since she already completed her bachelor's degree earlier. It was later in life, she was unsure of her age, when she was diagnosed with hypertension, heart disease, and diabetes. Since Stephanie has learned how to manage these diseases, her chronic illnesses do not affect her academics.

Marie

Marie is 28 years old. She was born with club feet, and at age 8, she started having anxiety related to being bullied at school and started pulling out her hair. Prior to that she observed her first-grade teacher having a heart attack in front of her in the classroom, which increased her anxiety. She was finally diagnosed with trichotillomania, a disease that causes the feeling of pulling out one's hair. Also, she was diagnosed as bipolar with anxiety, ADHD, Hashimoto's thyroid disease, and arthritis. It was very difficult for her to manage her chronic diseases as she was not mature enough to clearly understand them, and it was hard for her parents to believe in mental health diseases because of their spiritual beliefs. Despite her health challenges, she has graduated with a bachelor’s degree, a master’s degree, and a doctorate. She holds a good job in behavior health and recently got married.

Joseph

Joseph was fortunate not to have any chronic illnesses during his undergraduate years. His chronic illness began in his older years and recently while he was in his master’s degree program. He was diagnosed with gout in his late 60s, and though he has managed to keep it under control most of the time, he still has flareups from time to time that limit his movement and cause him intense pain. Joseph is married with children and grandchildren. He was a full-time pastor for many years and just recently retired a year ago.

Results

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupted their daily activities. This section includes the findings based on data that resulted in the major themes, subthemes, and responses to the research questions. Each interview was transcribed from the Zoom video recording using the transcription app Otter. A thorough review and thematic analysis of each interview transcript, timeline of events, and focus group were conducted. The review allowed me to become more familiar with the data.

Theme Development

While coding the data, the major themes and subthemes were naturally developed to better understand the data. There are five major themes and 10 subthemes. The major themes are support, management skills, accommodations, activities, and coursework. The eight subthemes are university, chronic illness, medications, work, grades, assistance, disability, flare-ups, anxiety, and children. The theme development is displayed in Table 2, which displays the key words that were used by the participants to identify the major themes and their respective subthemes.

Table 2

Theme Development

Keywords	Subthemes
Major Theme: Support	
chronic illness, mentor, assistance, Bible college, people, university, affect, priority, modifications, office, medication, struggle, enrolled, support, experience, coursework, activities, side effects, disability accommodations, accommodations	University
medication, students, day, chronic illness, semester, feel, people, immunocompromised, year, doctor, living, compromised, class, flare, helpful, terms, responsibilities, masks	Chronic illness
Major Theme: Management Skills	
coursework, manage, medication, student, disability, question, affect, exercise, remember, activities, residential, pain, academic, university, modifications, college, chronic illness, disabled, courses, day	Medications
support, day, diagnosis, work, live, years, college, body, chronic illness, medications, diagnosed, doctor, flared, complex regional pain, hours, needed, west Texas, professors, seizures, classes	Work
Major Theme: Accommodations	
moved, bowel movement, day, coursework, felt, health, experience, blood pressure, walk, point, lived, dance, working, manage, affected, nursing, call, hypertension, IBS, grades	Grades
coursework, chronic illness, working, classes, support, diabetes, insulin, mentor, manage, felt, assignments, college, disability, stress, helped, type, assistance, diabetic, pump, semesters	Assistance
Major Theme: Activities	
work, people, anxiousness, anxiety, dissertation, manage, talk, coursework, patients, medication, anxious, antidepressant, support, school, therapists, day, dealing, life, chronic illness, disability	Disability
lupus, nursing program, feel, chronic illness, flare-ups, support, manage, sick, health, young school, pregnant, student, activities, medications, question, rheumatology, condition, compliant, college	Flare-ups
Major Theme: Coursework	
bipolar, medication, good, college, ADHD, hard, activities, hour, manage, graduate school, anxiety, classes, shaved, chronic illness, hair, question, people, plans, focus	Anxiety

Keywords	Subthemes
chronic illness, manage, gout, support, coursework, child, accommodation, work, affect, experienced, assistance, side effects, activities, disability, years, undergraduate, condition, college, feel, employment status	Employment

Major Theme: Support

Support is described as the vital assistance that many of the graduates received during their college journey. The participants received support from their family, roommates, peers, and professors, and their support gave the participants the additional strength they needed to move forward in their academics and in the challenges they faced with their health. There are two subthemes that compose the major theme of support; they are (a) university and (b) chronic illness.

One commonality that all of the participants except for two shared was the ability to maintain their coursework and support system. Fortunately, every participant was a diligent student and was driven with passion to complete their coursework. Some of the participants shared the types of support that they used while in college. During a focus group, Marie responded,

> I reached out to the academic support office, and I did go to the health clinic on campus at times when I needed help with my physical health. Other than that, I did not go to the doctor for my physical illnesses, such as sicknesses that would come and go.

Stephanie expressed in her interview that at the university

> we tried to encourage one another. And if I missed the night of homework assignment, I could call on somebody especially my classmates to give me the information that I needed to make sure my classwork was up to date.

Also, during the interview Lisa shared, “I think in terms of family support, my mom has been the most helpful, supportive, and understanding.” On the other hand, in her timeline of events, Lana did not have the support she needed. She said,

> Because I learned how to manage things on my own, I pretty much do everything on my own. There was my daughter who helped me, but I had to help my mom because I was her caretaker. But for the most part, I did a lot of stuff on my own.

Laci suggested in the focus group that students “should learn who their support systems are, before starting at the university, to ensure that they will be able to provide the help they need when they require it.” She stated that when she got really sick at the university she did not know whom to contact so she reached out to her academic advisor who connected her with a disability counselor.

Subtheme: University. The first subtheme from the major theme of support is university. This study’s focus was to examine the experiences of students. In the focus group, one of the questions asked, What were your academic strengths and weaknesses during your college years? James answered that his strength in the university was the fact that he was in a field that he loved (microbiology), but his weakness was that he did not like his math or physics courses. When asked during the focus group what advice would she give to a student who had chronic illness just starting at the university, Stephanie shared, “I would tell them not to be afraid and to try to push past the fear of having a chronic illness and enjoy their college experience.” Also, Lisa shared in the focus groups that she felt drawn to her majors in anthropology and educational studies. Furthermore, Lana shared in her timeline of events that at the university “her classes had to be modified because of stress and diabetes.”

Subtheme: Chronic Illness. Chronic illness is a term not commonly used but can be common in different ethnic and racial groups. When I initially made social media announcements about chronic illness, no one responded; it was as if no one knew what I was talking about. After I followed the announcement with a definition of what chronic illness was and listed examples of different chronic illnesses, I started to get a few responses. Chronic illness is definitely not something that is worth bragging about, but surely something that needs to be discussed. I didn't realize until after my research how prevalent it was in higher education. How is a solution found for a problem if no one talks about it and it is really recognized as a problem? This study found that it is a problem among college students.

At the age of 18, while in his last year of high school, James shared in his timeline of events that he was struck by a strange feeling of dizziness, and he passed out. He started throwing up and fell to the ground. He said, "I ended up being taken to the hospital and I also failed my exam. I thought it was a minor illness, but I ended up being diagnosed with a chronic illness, TMJ." Lisa shared during her interview:

> I was running cross country and playing lacrosse when doctors put it down to just "growing pains" and asked me to do some physical exercises with ankle weights and said I would be fine. However, using ankle weights was not the answer and soon I was officially diagnosed with Ankylosing Spondylitis.

In the focus group discussion, Marie shared:

> I tried to get an ADHD diagnosis during college so that I could get accommodations for extra time on test and assignments; however, the evaluation was $100, and I could not afford that as a college student. I felt I needed help the whole time because others were getting accommodations, but I could not get accommodations without the evaluation.

During her interview Lisa said:

> But like there were times when I felt like I couldn't focus on class because people weren't wearing masks, and they were coughing, and I just like couldn't focus and now I'm having a bad day, and I was just stressed out.

Laci shared during her interview when discussing her struggle with chronic illness and attending classes at the university, "I would just find myself lost, staring off and unable to focus on anything." Tisha shared that when she was 17 years old, she became pregnant. While receiving prenatal care, she noticed that she had blood in her urine. The doctors ran lots of tests, ruled out any infection, and finally she was diagnosed with the chronic illness lupus. During her interview, Lisa complained that "I had a massive flare-up because I was like it is hurting to breathe, and I couldn't sleep through the night because I was in so much pain for like 6 months before being properly diagnosed." Dealing with the symptoms of diseases and learning to balance the coursework load is not easy and is why many college students who have chronic illnesses must have the skill of managing their responsibilities.

Major Theme: Management Skills

College students with chronic illness who successfully graduate learn to develop management skills to help them manage their health issues, coursework, and work responsibilities. Participants were asked, In what ways did you manage your chronic condition and your university coursework? Stephanie responded, "Through the grace of God, keeping my priorities in order, and keeping the right perspective, I was able to have a balanced life." Jonie shared through her interview that "my mom and sister would come from far. I had migraines and vertigo during that time and my mom would keep her bags packed to come and help me." Tisha shared in her timeline that she did not have much support from family but found support through her fiancé and disease support group, which helped her manage her responsibilities. Lori said, “I made time to get on the treadmill in my garage, and at work in between patients I made sure to get walks in. I made a routine for myself which helped me to manage my responsibilities.” It is a juggling act to find a balance between one’s health and academic work, but the responsibility to manage the necessary medications is also vital.

Subtheme: Medications. The subtheme medications is an integral part of managing one’s health. The participants had to endure the side effects of those medications. Participants were asked the following interview question: Did you regularly take medications to manage your health conditions while you were in college? How did you manage the side effects of those medications? Laci shared through her interview that “I was on a lot of pain medications and so it made it harder to focus on my coursework because I had a hard time staying awake.” Lisa said that “as long as I am able to function without severe pain, I usually can balance my academic work without much stress.” James maintained in his timeline of events:

> The right side of my jaw muscles became tight and painful. I could barely see clearly from my right eye and my jaw was partially locked and caused me great pain to speak or express my feelings. I visited various experts, but they all ended up giving me cortisone shots. The shots helped ease the nerves and muscles around my jaw and right side of the face; however, it was far from a normal function.

Lana said during her interview:

> I have a diabetic pump that automatically pumps insulin into my system. I have to make sure that I don’t lose connection with the internet because if I do the pump will cease to administer insulin. I also have to ensure that my clothing is adequately proportionate to the pump.

In her timeline of events Lisa shared that in 2016, “I was diagnosed with ankylosing spondylitis and tried various medications. However, in 2017 I started on a medication (biologic) and started feeling better and was able to start playing sports again.” After the initial start in the university and after learning to manage their basic responsibilities, some college students have to support themselves financially. For many students that may mean finding a job.

Subtheme: Work. Some students received financial support from their families, while others, especially the participants in this study, kept a job during their time at the university. Working while attending college is not an easy decision, but some of the participants did so because they needed to financially support themselves. Tisha, who was a teen mom and was attending nursing school, held a part-time certified nursing assistant job, working 32 hours a week. Lori shared in her timeline of events that she graduated with her associate degree first and began working in the healthcare field while she continued her college education. During her interview, Lana shared, “I was working full time and going to school full time and there were days that I had to take off because I was stressed out and had stayed up all night to get my assignments in on time.” Often working, attending college classes, and managing one’s health means someone may not be able to complete all of the tasks that need to be done, thus, necessitating a request for accommodations.

Major Theme: Accommodations

Accommodations provide options for students with a chronic illness who may struggle getting their coursework submitted on time. One of the queries important to this study was to know if the participants received accommodations or modifications for their courses and if they registered with the office of disability services. Five participants mentioned during their interview or in their timeline that they received accommodations or modifications in their coursework, whereas the other five participants shared that they did not register with the office of disability services, nor did they request any modifications. Joseph shared in his interview that his university did not have an office of disability services during his undergraduate years. Tisha also shared that "when you're young like that, you get a diagnosis, you really want to be normal. So, I've never been that type of person that wanted to like use my illness as an excuse or anything like that." However, James found that his illness was so debilitating that his only option was to request accommodation and that meant that some of his courses had to be taken again because he had received failing grades in them.

Subtheme: Grades. One main observation I noticed with all the participants was that they were very academically driven. They were driven for knowledge, and it manifested in their grades. Whatever may have been happening in their lives, they refused to allow it to affect their ability to get their coursework in on time. When asked in her interview if she struggled with any of her coursework during her health conditions, Lana answered,

> Once I modified how many classes I was taking, I got all A's, before that I got one C and that was a wake-up call to me, because I'm a perfectionist. I figured, I'm paying all this money, I need to do well, but when you have a heavy workload, you can't do that, because you have so many deadlines, so many papers to write, and so many assignments.

During her interview, Lisa exclaimed, "I was a straight A student except for one A minus freshman year." Joseph shared in his timeline of events that he did not struggle with his academic work and that he continued to earn 100s and 99s. And though he had major responsibilities as a married man with four children and had even loss two children-one by miscarriage and another died a few days after its birth- he did not allow it to distract him from his studies.

Subtheme: Assistance. Another subtheme under the major theme of accommodations was assistance. Participants shared whether or not they required physical assistance with activities of daily living. James shared in his interview response, “I don’t remember needing any assistance. All I remember is that I made sure that I took my medication.” Another participant, Jonie, said in her interview that “she didn’t need assistance with activities of daily living, but that she did need physical therapy.” Often people with chronic illness may shy away from asking for the assistance they need because of pride.

Major theme: Activities

All participants were asked to provide a short description of activities that they needed to do each day in order to complete their academic work. Tisha shared ,

> One thing is to use my CPAP daily, I get at least 7 hours of sleep per day, and I am supposed to walk at least 5 days a week for 30 minutes, but I do it about twice a week.

Lisa responded,

> I have to do physiotherapy stretches which take me about 15 to 20 minutes every day. Also, I have to exercise every day to keep my joints mobile. Also, I take supplements and vitamins every morning, and injections once a week.

Subtheme: Disability. Only some of the participants in this study registered at the office of disability services. Some participants, like Stephanie, Joseph, and James, attended a college that did not have an office of disability services. Other participants like Tisha, Lana, Lori, Jonie, Lisa, and Laci did not feel that their illness was a disability, and they decided that they would speak with their professors for any extensions they may have needed. Lisa shared in her interview that it was not until the COVID pandemic that she recognized her illness as a chronic illness and that she had new physical limitations with which she had to come to terms. Lastly, Marie attempted to register with the office of disability services, and it did not work out because she had difficulty getting properly diagnosed, especially with insufficient funds for the specific exam she needed, which resulted in her requesting extensions for her assignments from her professors as well. More research like this study is needed so that college students with chronic illnesses can realize that their illness is a disability, and they are able to request the support they need, especially when they experience a flare-up.

Subtheme: Flare-ups. Health threats, duly named flare-ups by the participants in this research study, refer to chronic illness occurrences that are not planned but can be debilitating. In the focus group Lisa shared “so all my junior year was kind of spent recovering from the flare-ups.” Jonie, when asked during her interview to provide a short description of a day when she experienced a health threat or was having a flare-up, replied, “I had such an IBS flare-up that I had to call EMS [emergency medical services] because I was in horrible pain in my belly and was throwing up.” All the participants were asked during their interviews if they suffered from health threats; the way participants dealt with them was based on whether they had a contingency plan. Not having a secondary plan meant that everything—their coursework, employment, and health responsibilities—could be brought to a complete halt. Laci did not have a backup plan and had to deal with each health threat differently. Stephanie, Lana, and Tisha, who had parental responsibilities, always had a contingency plan as they could not risk the repercussions that could happen if one was not in place. Marie shared in her interview that during a bipolar episode flare-up she could spend thousands of dollars that she really did not have to spend, and before getting married, she would also have inappropriate sexual behaviors with strangers, depression would set in, and she would struggle with suicidal ideations.

Major Theme: Coursework

The last major theme is coursework. The amount of coursework college students have is based on whether they are going full-time or part-time. Academic advisors ensure that students have the proper courses according to the academic program they have chosen. However, college students with chronic illnesses may have to modify those courses if they become overwhelming. All college students would like to graduate on time and with their peers, but managing a chronic illness sometimes means that their time in the university may be extended. It may also indicate that they may have to continue their college journey at another time. James and Lisa mentioned in the focus group that some of their weaknesses were math and physics. Tisha shared in the focused group that her weakness was science, whereas Marie said in the focus group that her weaknesses were " the amount of time it took her to do her readings as well as math and science." These weaknesses may be the cause of some of the anxiety that some of the participants experienced.

Subtheme: Anxiety. Mental health diseases are chronic illnesses that affect many college students. Lana shared in her interview, "I did see a therapist at one point because a lot of personal stuff that was going on. So, I did seek the help of a professional counselor. Yeah, that helped me out a lot." Marie shared in her research timeline of events that between the ages of 18 and 22 while in the university she had suicidal ideations and attempted to commit suicide several times after experiencing many traumatic events.

James also stated during his interview that "the early part of college is when I started to manage my illness. I struggled, and I remember failing a few courses because I was not in the right mental and physical state." Lori explained in her interview,

> I did at one point try an antidepressant. I believe it was Paxil, maybe something that starts with a PE but anyway, a very low dose of that and when I would take that, it made me very tired. I got a lot of headaches from it, but I always have headaches and I do attribute some of that to anxiousness because of the clenching and like the facial tightness and the muscle tightness that happens when you’re anxious.

Subtheme: Employment. Often times it is necessary for college students to work to help offset some of the cost of a college education. In addition, there are different types of college students. There are young students who are transitioning direct from high school, students who are married and have children, and students who are single parents; based on their family obligations, many students may have to work. It is very difficult to work and attend college, especially when it is a full-time job. Over half of the participants in this study, including Lana, Lori, Jonie, Lisa, Laci, Stephanie, and Joseph were married with children. Tisha was the only participant who was a single parent and had to have a full-time job, while James and Lisa were the only two participants who transitioned directly to college from high school and found that work was optional for them.

Research Question Responses

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupted their daily activities. A central research question and three sub-questions were developed to answer this examination. Data collection processes like interviews, timelines, and focus groups and data analysis were used to support this query. There were five main major themes and 10 subthemes developed from the analysis.

Central Research Question

The central research question asked, “What are the experiences of individuals with chronic illnesses who have graduated from college while facing health threats that often interrupt their daily activities?” The analyzation of the collected data revealed that the participants’ experiences are common in their pursuit of higher education. Through their interviews, research timeline of events, and focus groups, Tisha, Lana, Lori, Marie, Jonie, Lisa, Laci, James, Joseph, and Stephanie expressed their passion to persevere through their chronic illness symptoms and flare-ups to complete their academic requirements for graduation.

Sub-Question One

Sub-Question One asked, “What goals, beliefs, or regimens have individuals with chronic illness found helpful to enable them to complete academic work and graduate from college?” Stephanie shared in her interview that “I do prayers and read scriptures. I also, meditate on God’s word to keep a peace of mind and always try to look at things from a positive point of view.” Tisha also explained in her interview, “I had to make sure I was on schedule and organized. Things like getting up, having breakfast, and getting my young daughter off to daycare. I also attended the lupus support group, which was very helpful.” James said that “I had to ensure I had a hot shower and exercised on a daily routine.” These regimens and routines helped individual participants get through their academic day and some even said they would not have been able to get through their day without those daily rituals.

Sub-Question Two

Sub-Question Two asked, “How does having a high level of self-efficacy and a contingency plan allow college students with chronic illness to attain their academic goal of graduating from college?” College students, especially those who have chronic illnesses who have been able to graduate, do require a certain level of self-efficacy and a contingency plan, otherwise they are unable to accomplish their task, academic goals, and health responsibilities. As Lana shared in her timeline of events and interviews, she did not have the support she needed and therefore had to be self-sufficient in her goals. Her entire daily schedule had to be organized, she did not have the luxury to venture away from that schedule or everything could possibly fall apart. Participants like Tisha who was a single mother and James whose university was far from his family shared in their interview that they had to be their own cheer leaders believing that no matter what happens nothing could stop them from reaching their academic goals. In her interview, Stephanie said "I was kind of serious about my education and loved learning, so I took that as a priority."

Sub-Question Three

Sub-Question Three asked, "What modifications and self-management skills do college graduates with a chronic illness use to sustain self-regulation of their chronic illness?" Based on the research I found, many of the college graduates who have chronic illnesses had to forgo a social life or activities. It was difficult to connect with others when they were experiencing chronic pain or enduring brain fog from fibromyalgia. The participants shared the need to keep a good relationship and connection with their medical doctors and specialists. Lori shared:

> Well, I've had my own insurance, so I would see my own providers. And then, you know, throughout my career, I've managed to befriend a lot of physicians, different types of specialists and things like that. So, I've always had medical support.

Lisa shared that it took her a long time to find a good doctor that could understand what was going on with her. Even though this doctor is not in network for her and she has to pay out of pocket and drive a great distance to see him, she will still keep him.

Summary

This transcendental phenomenological study examined the experiences of individuals with chronic illnesses who had graduated from college while enduring health threats that often interrupted their daily activities. There were 10 participants who participated in the research study. There were five major themes and 10 subthemes that emerged from the data. The first major theme was support, with subthemes including university and chronic illness. The second major theme of management skills consisted of subthemes medications and work. The third major theme of accommodations was comprised of subthemes grades and assistance. The fourth major theme of activities incorporated the subthemes disability and flare-ups. The fifth major theme of coursework was built on the subthemes anxiety and coursework. I used Moustakas's (1994) data analysis process to develop the themes, their respective subthemes, and to answer the research questions. It should be noted that although the word self-efficacy was never used by the participants, it was definitely displayed through their character, experiences, responses, and actions.

Finally, I was struck by the fact that although religion was not a requirement for participation, the participants' faith was a vital part of their lives. Their faith gave them hope and an energy that surpassed that with which they were naturally endowed. Some of their coping mechanisms were prayer, reading the Bible, and meditation. So inasmuch as they endured pain, struggled with balancing their responsibilities, and had a power working in them that was literally supernatural, they stood strong and successfully graduated. It may be easy to find participants that are suffering with chronic illness and may even be easy to find people who have attended college; however, finding college students who had both and graduated was the challenge. I was honored that the 10 participants allowed themselves to become vulnerable to share such personal experiences with someone they did not know, to help a greater good.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to examine the experiences of individuals with chronic illnesses who graduated from college while enduring health threats that often interrupted their daily activities. I used Moustakas's (1994) data analysis process to create the themes and subthemes and to respond to the research questions. This chapter includes six discussion subsections: summary of thematic findings, interpretation of the findings, theoretical and methodological implications, implications for policy and practice, limitations and delimitations, and recommendations for future research. The conclusion section will end the chapter.

Discussion

The purpose of this section is to discuss the study's findings in light of the developed themes. The discussion will begin with the summary of the thematic findings, followed by the interpretation of findings, theoretical and empirical implications, implications for policy or practice, and limitations and delimitations. Recommendations for future research will conclude the chapter.

Summary of Thematic Findings

The thematic findings surfaced through Moustakas's (1994) analysis process. Five major themes emerged, namely support, management skills, accommodation, activities, and coursework. Support, the first major theme, had the subthemes university and chronic illness. Secondly, the major theme of management skills had the subthemes medications and work. Thirdly, the major theme of accommodation had the subthemes grades and assistance. Fourthly, the major theme of activities had the subthemes disability and flare-ups. Lastly, the major theme of coursework had the subthemes anxiety and employment. An explanation of the findings is included below.

Support

All of the participants' experiences included the need for support. Except for one participant, all the others shared that having support from their peers, family members, medical team, and their professors had a major impact on their academic success. Lana, the participant who did not have the support she needed, felt a heavy strain as she carried all her responsibilities on her own. Often times participants expressed the positive effect that having support had on their health and their ability to provide self-care for their physical and mental well-being. Furthermore, support from others aided them when they were experiencing chronic illness flare-ups.

Management Skills

Management skills are the second major theme. All of the participants were passionate about completing their education no matter what they were going through. They managed to persevere through their chronic illness and medical woes and completed their assignments on time. One participant, Lisa, shared that she was intentional about managing her health and her academic work by reaching out to her professors at the beginning of each semester, making them aware of her chronic illness and how it may affect her. Sometimes she would have to work from home on her assignments, but her assignments were all submitted on time. Another participant, Lana, shared that she remembered how much she was spending on her education and that gave her the motivation she needed to keep going.

Experiences

This study’s main focus was on the experiences of college students who had chronic illnesses. Though similar in nature, every experience was unique in that their chronic illnesses were different. From Type 1 diabetes to lupus, major depression and anxiety, chronic pain and IBS, the symptoms and side effects of every illness were distinct. Through my fresh eyed perspective, I could sense their pain, the worry, and the struggle. Their pain was my pain, their suffering my own suffering. With this in mind, I have tried to properly summarize the participants’ words so that my readers may also sense the same emotions.

Chronic Illness

Chronic illness is the largest concern in the entire study. Chronic illness is an illness or disease that is present in someone’s body for a lifetime. Though there may be treatment for that disease, there is not a cure for it. All of the participants have chronic illnesses, and some of the participants have multiple diseases. Many people have chronic illnesses but were not aware that certain common diseases fall into that category. In my research I found that I had to mention certain diseases like diabetes and asthma for people to understand what I was referring to. Since there is no cure for these illnesses, the people affected by them really have to actively plan their lives, goals, and especially college around them. Managing the symptoms, the side effects of the medications, academics, and adult responsibilities is a juggling act, but those who learn to manage them are successful in their college life.

Interpretation of Findings

The interpretation of the findings was developed through the data analysis process. Using Bandura’s (1994) self-efficacy theory and Leventhal et al.’s (2016) common-sense model of self-regulation, the main research question and sub-questions were responded to. Moustakas’s (1994) analysis process assisted me in interpreting the perception surrounding the phenomenon. Each experience was evaluated, and the collaboration of the findings was incorporated to display the main conclusion. The interpretation of the findings determined that support from family, medical staff, and university professors is needed by students who are chronically ill. Also, most individuals who have chronic illness need a diagnosis to access the specific care they require. Accommodations/modifications are the last characteristic that the participants in this study required to be successful in their efforts to graduate from college while enduring chronic illness.

Support from Family, Medical Staff, and University Professors

Support from family, medical staff, and university professors is one of the main findings of the study. Some of the participants depended on physical support from family or from people who were like family while others did not require physical support but needed emotional support. There is always an emotional element of support needed for every individual who has chronic illness and is a college student. Constant pain and illness symptoms can affect what individuals do, how they respond, and their ability to get anything accomplished. Individuals may be able to live with their relatives, which may prevent them from having to share their chronic illness with a peer and they feel more protected.

Support from medical staff is absolutely necessary. Firstly, most people who have not been diagnosed but have had years of enduring multiple symptoms are already frustrated. It is a difficult task to locate a good medical doctor or specialist to pinpoint the medical issues going on. Knowing that one has continued access to medical and medication advice through trusted medical providers is priceless.

Support from university professors was a crucial part of the success of the participants. Through interviews with participants, they shared the importance of going to their professors at the beginning of their course and making them aware of their health conditions. For example, they may need to stay at home to work on their assignments, but the assignment would be still submitted on time. None of the participants had any problems with their professors in taking that approach. When there was a need for an extension on an assignment, the request was usually approved.

The Need for a Diagnosis

It is troubling to know that often times it takes months and sometimes years before a diagnosis is made for individuals with chronic illnesses. If a person is not diagnosed, they continue to go on a long journey of blood tests, scans, and x-rays. The day that a doctor gives a name to all of the symptoms they have been experiencing brings peace of mind and, finally, it all makes sense. When a diagnosis is made, the individual can be given the correct medication and treatment to manage the disease. Once the disease is able to be managed, the focus on one's academic goals becomes possible. Some of the participants like Tisha, Marie, and Lisa shared that it took years before they were able to be diagnosed, and it was a very difficult process. The frustration is still constant after diagnosis as one has to prepare for flare-ups. Once a plan is put in place to deal with the unexpected and the side effects of the medication, then academic success is imminent.

Accommodations and Modifications

Accommodations and modifications are the last interpretation found through the analysis process. Two questions that were asked of participants during the interview process were as follows: Did they register at the office of disability services? Did they require modifications of their assignments? All of the participants shared that they did not register at the office of disability services, because they never saw their illness as a disability. Some shared that they could handle their illness on their own, until they could not. Participants also said that they had to reduce the number of courses they were taking at one time in order to be successful. One participant shared that she had to get a low grade before seeing a need to make modifications to her courses.

Accommodation and modifications are highly relevant to college students who have chronic illnesses because students are not always sure when they may have a flare-up and are unable to get out of bed. Knowing that accommodations are available when needed is most important. The participants who were a part of this study were successful in graduating from college, but not all students who have chronic illness do. If they could understand that their long-term illness requires support, a diagnosis, accommodations, and modification, they might become a part of a group of extraordinary students like the ones who participated in this study, who will succeed in graduating from college even with the struggles of a chronic illness.

Theoretical and Empirical Implications

There are both theoretical and empirical implications from this study. This section will address the theoretical and empirical significance of this study. I will discuss the theoretical implications and how this study supports the two main theories discussed in the theoretical framework section of this dissertation. In addition, I will discuss the empirical implications in the way they confirm or corroborate previous research, and I will respond to whether this study diverges from or extends previous research based on the related literature section in Chapter Two of this dissertation.

Theoretical Implications

The theories supporting this study were Bandura’s (1989) self-efficacy theory and Leventhal et al.’s (2016) common-sense model of self-regulation. This phenomenological study examined the experiences of individuals with chronic illnesses who graduated from college while facing health threats that often interrupted their daily activities. Bandura’s (1989) self-efficacy theory maintained that individuals have the capability to determine what they need to do, how much energy they are willing to give to it, and how long they are willing to work at it. This theory is based on the confidence that individuals have in themselves and their ability to complete their daily responsibilities. The participants in this study demonstrated that their self-efficacy proved invaluable in helping them to accomplish their goals.

Leventhal et al.’s (2016) common-sense model of self-regulation suggested that a person is the best mechanism to resolve their medical issues especially when they have a clear understanding of their illness and the best solution to remedy any problems that occur with it. This study supports Bandura’s (1989) self-efficacy theory and Leventhal et al.’s (2016) common-sense model of self-regulation. The results of this study found that college students who have a chronic illness and have successfully graduated have the capacity to decide what they need to complete their university coursework and to physically take care of their medical needs. They are aware if they require assistance or modifications and how much energy they have or need to accomplish it. Furthermore, the findings imply that these same college students are prepared to deal with their illnesses and are ready to respond to any health threats. Therefore, the findings of this study reinforce Leventhal’s common-sense model of self-regulation.

Empirical Implications. There has been some research on college students with disabilities; however, there has been little research on college students who have chronic illness and have successfully graduated from college. Previous research focused on distinct types of disabilities on college campuses like learning disabilities, physical disabilities, and mental disabilities of college students. The research also highlighted the academic success rates of college students who have physical disabilities. However, it is evident that there is a gap in the research as it relates to college graduates who have chronic illnesses.

This study's focal point was to examine the experiences of college students who had chronic illnesses, endured health threats, but graduated successfully. The empirical implication of this study has the capability to change how school administrators, professors, and staff provide the needed support to college students who have chronic illnesses. In addition, it may impact how students identify themselves as students with disabilities and request the assistance they need to graduate from college successfully. It is very common that college students who have chronic illnesses do not label themselves as disabled and therefore do not register with the office of disability services at the university.

The severity of the diagnosis for individuals with chronic illness impacts whether they could be successful in managing their illness. Furthermore, each person perceives their identity contingent upon who they are currently, the relationships they have, and if they should identify with a disability status. None of the participants in this study identified themselves as a person with a disability. It is important for college students with a chronic illness to register with the office of disability services so that the university will be better positioned to provide the individualized assistance their health and coursework requires for them to be successful. This study extends previous research by demonstrating that college students who are living with chronic illness may struggle with social activities, interpersonal relationships, and managing stress levels. Additionally, students transfer their dependence on family to another college student, usually their dorm roommate or people they have met and think of as family.

Knight et al.'s (2018) study confirmed that college students with visible disabilities showed a more promising ability to complete their degree program compared to students who did not have a disability or the disability was not visible. However, based on this study's findings, college students who have invisible disabilities can be just as successful in completing their degree program and overcoming obstacles they may face along the way. Their passion, determination, and unstoppable energy helped push them to their academic apex.

Coutinho et al.'s (2021) study observed patients with chronic cardiac illness and found that they had a lower level of experiential avoidance. Subjects were able to implement coping strategies so that they could sustain their life with specific lifestyles changes and reported a better quality of life. Furthermore, the results of this study proved and supported Coutinho et al.'s study that even with debilitating chronic illness, college students are prepared to deal with their health threats and quickly recover from them. Lifestyle changes and ample support helped them to maintain quality of life and complete their academic goals.

Implications for Policy or Practice

Implications for policy and practice were disclosed through the analysis of this study. The analysis revealed that there are certain aspects that are necessary for students who have chronic illness to complete their degree program. Support from family, medical staff, and professors is a necessary requirement. There is also a need to get a medical diagnosis for their symptoms and to be able to better care for themselves. Lastly, having accommodations and modification options is obligatory so that they are able complete their assignments whether from home or in the classroom.

Implications for Policy

The findings of this study reveal that college students who have chronic illnesses need support and management skills to be successful in their academic studies. Universities should create a policy where they may encourage students early in the enrollment process to register with the office of disability services. The results of this study revealed that many students entering college with an illness had already been diagnosed with a disease in high school. Universities could be better prepared for students who have a chronic illness by understanding the types of diseases students who have chronic illness disabilities have, the accommodations they require, and the type of disability assistance they may need to be successful.

A document that the institution may implement is a checklist of important resources that students need to put in place before moving on campus. This checklist should encourage a student with a chronic illness to disclose it upon registration, which should set the student up for academic success and readily available accommodations. State universities could provide a checklist of local physicians, physical therapists, psychologists, and health support groups that are also available. They may also list where students would go if they should experience a health threat or health emergency. If students do not know the resources that are available to them, they will not know whom to ask. These policies may help to bridge the gap between the student not reporting the disability and the university where they are enrolling not knowing they have a chronic illness.

Implications for Practice

Implications for practice include support from family, medical staff, and professors as a necessary requirement. This study has shown that when students who have chronic illness receive support in the areas where it is needed they have a better probability of success. Also, when students obtain a medical diagnosis for their symptoms, they can better care for themselves. Furthermore, these students who have the options of receiving accommodations and modifications in their courses are able complete their assignments on time, whether they are home or physically in the classroom.

Emotional, moral, and physician support was the greatest essentials necessary for university students who have chronic illness. The findings revealed that when there was a family member who could assist them during their health threat, they were able to better handle the situation. Also, attending a certain disease group support, going to physical therapy or counseling sessions, getting approved extensions from professors, completing coursework from home, finding a physician that understood their symptoms, and treating the disease enabled them to manage their responsibilities and their illness.

Limitations and Delimitations

There were limitations for this study, but they were not planned. The limitation was that I planned to conduct 12 to 15 interviews but was only able to recruit 10 participants. People found it difficult to disclose their experience with chronic illness and felt that their information should be kept private. One of the participants called her parent for advice as she felt very nervous about sharing her chronic disease with a total stranger. Another limitation was that I am not sure that the data collection methods I chose to use were very beneficial for this type of study, though I am not certain of any other data collection method that could have provided more information. Out of the three data collection methods I used, the focus group was the least beneficial. In my opinion, the data I received from it was not impactful. The last limitation was that I am also a college student with chronic illness who continued to experience health threats that affected my ability to complete my dissertation work on time. I am grateful that God is not limited in His ability to sustain me and allow me to complete this research.

The delimitations of the study were that all college students who participated must have graduated from college. There were individuals who were interested in participating in the study who were college students with chronic illness but had not graduated; however, I wanted to focus on the graduation success of college students who had chronic illness and who had endured health threats. Additionally, another delimitation was that I did not focus on gender or racial ethnicity. Though there are certain diseases that are higher in certain genders or racial ethnicities, my focus was on college students with chronic illness and their experiences.

Recommendations for Future Research

This study did not gather university students from specific institutions but instead participants were randomly selected using social media sites such as Facebook, Instagram, and Kappa Delta Pi forum. As a Christian who regularly attends church and other religious events, I constantly meet highly educated congregants; it would be interesting to solicit participants from places of worship in the Christian community. Though I did not use specific racial groups, future research may find a difference in the way that certain racial groups self-manage their chronic illnesses while attending college. Every racial group in the United States has diseases that are more common to race, and research may find a difference in how seriously they accept their diagnosis and if they manage their disease well. Other studies using certain genders may be conducted as there are specific chronic illnesses that are more common to those genders.

Another recommendation for future research would be to conduct research using quantitative methodology. It would be interesting to know the numerical data on specific areas such as race or gender with college students who have chronic illness. Additionally, if I were to create another study different from this one, it would be to study the family members of students with chronic illnesses. Family members often work closely with individuals before they get to college and are usually with them at the onset of the disease. It would be interesting to know if the college student who has a chronic illness has ever taken their disease seriously.

Conclusion

In conclusion, this study's purpose was to examine the experiences of college students who successfully graduated from college while enduring health threats in their daily activities. Although the experiences of this study's participants were painful and their struggles were real, the passion to change their world dominated our conversations, and every individual understood that there was no option when it came to completing their education. Nothing could stop them. No pain, no loneliness, no depression would make them forfeit the opportunity to be what they have always wanted to be. These research participants were some of the bravest individuals I had ever met, to become vulnerable and transparent and to share their personal stories with someone they barely knew with such resiliency was dynamic in every sense of the word. With their illnesses in tow, some of them with the responsibility of caring for young children, they were determined to make it. Some college students with chronic illness do not know what would be required of them, but the participants of this study knew what would be required of them and made modifications to their schedules if it was deemed necessary. Each one of them, every participant, just needed some support: support from family, support from a physician, and support from the university. They understood and knew the truth that their education would change their lives.

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Appendices

Appendix A: IRB Letter

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

July 19, 2023

Paula Uzuka
Gail Collins

Re: IRB Exemption - IRB-FY22-23-1816 A Phenomenological Study of the Experiences of College Graduates with Chronic Illnesses Who Faced Health Threats and Interruptions in their Daily Activities

Dear Paula Uzuka, Gail Collins,

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.(ii). 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:
Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your stamped consent form(s) and final versions of your study documents can also be found on the same page under the Attachments tab. 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, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: Social Media Recruitment Announcement

Social Media Recruitment

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Education at Liberty University. The purpose of my research is to examine the experiences of individuals with chronic illnesses, who have graduated from college while facing health threats that often interrupted their daily activities. To participate, you must be 18 years of age or older, graduated from college, have had a chronic illness for at least two years while attending college, and struggled with their academic coursework. Participants will be asked to participate in an audio- and video-recorded interview (45 minutes-1 hour), complete a timeline of health events that have happened in their life (1-2 hours), participate in an audio- and video-recorded focus group (1-2 hours), and complete member checking. If you would like to participate and meet the study criteria, please click here. You may send a direct message or contact me at [redacted] or email at [redacted] for more information or to schedule an interview. An information sheet will be emailed to you one week before your scheduled interview appointment.

Appendix C: Recruitment Flyer

Research Participants Needed

A PHENOMENOLOGICAL STUDY OF THE EXPERIENCES OF COLLEGE GRADUATES WITH CHRONIC ILLNESS WHO FACED HEALTH THREATS AND INTERRUPTIONS IN THEIR DAILY ACTIVITIES

- Are you 18 years of age or older?
- Did you graduate from college?
- Did you have a chronic illness for at least two years while you attended college?
- Did you struggle with your academic coursework?

If you answered **yes** to each of the questions listed above, you may be eligible to participate in a research study.

The purpose of this research study is to examine the experiences of individuals with chronic Illnesses, who have graduated from college while facing health threats that often interrupted their daily activities. Participants will be asked to participate in an audio- and video-recorded interview (45 minutes-1 hour), complete a timeline of health events that have happened in their life (1-2 hours), participate in an audio- and video-recorded focus group (1-2 hours), and complete member checking.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

An information sheet will be emailed to you one week before the interview.

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

Please contact Paula Uzuka at [redacted] or [redacted] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix D: Recruitment Letter

Email/ Letter

Date

Dear Recipient:

As a student in Higher Education in the School of Education at Liberty University, I am conducting research as part of the requirements for a Ph.D. degree. The purpose of this research is to study individuals who endured a chronic illness while in college but successfully graduated. I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, have graduated from college, had a chronic illness for at least two years during their time in college, and struggled with their academic coursework. Participants, if willing, will be asked to participate in an audio- and video-recorded interview using the Zoom platform (45 minutes-1 hour), complete a timeline of your life events (1-2 hours), and participate in a small audio- and video-recorded focus group with other college graduates who ensured a chronic illness while in college, again using the Zoom platform (1-2 hours). You will also be asked to check the accuracy of a transcript of your interview and your part in the focus group. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please click here. After reviewing the screening survey, I will contact you by email to let you know if you have been chosen to participate in this study.

An information sheet will be emailed to you if you are eligible to participate. The information sheet contains additional information about my research.

Appendix E: Screening Survey

College graduates and chronic illness

1. Are you 18 or older?

○ Yes

○ No

2. Did you graduate from college?

○ Yes

○ No

3. Did you have a chronic illness during your time at the university?

○ Yes

○ No

4. For how long before your college entrance did you have the illness?

○ Six Months

○ One year

○ Two years

○ Three to five years

○ 5 years+

5. Did you struggle with your academic work because of your health?

○ Yes

○ No

5. Was your illness physically visible?

○ Yes

○ No

6. Did you suffer from health threats during the years you were enrolled in college? And if so, how often?

○ Every day

○ A few times a week

○ About once a week

○ A few times a month
○ Once a month

7. Did you have a backup plan for when you had health threats?
○ Yes
○ No

8. Did you receive accommodations or modifications in your coursework?
○ Yes
○ No

9. Did you register with the office of disability accommodations?
○ Yes
○ No

If you are interested in participating in this study, please provide your preferred email address for us to use during this study if you are selected as a participant.

____
Preferred Email Address

Appendix F: Acknowledgment Emails to Prospective Participants

Email to selected participants:

To: Recipient@emailaddress.com
Subject: Letter of Invitation for Research Study

Dear Participant,

> Congratulations! After reviewing your screening survey, I have selected you to be a participant in this study. Please click on the following hyperlink to the information sheet that will contain additional information about this study. I will contact you to set up a time for an individual interview.

Yours Sincerely,
Paula Uzuka
Ph.D. in Higher Education Administration
Liberty University

Email to individuals who completed the screening survey but were not selected:

To: Recipient@emailaddress.com
Subject: Follow-up from the Letter of Invitation for Research Study

Dear Potential Participant,

> Thank you for showing interest in participating in our research study. Unfortunately, we could only use 12 to 15 individuals in this study and have met our goal. We appreciate your cooperation in this important milestone of our research.

Yours sincerely,
Paula Uzuka
Ph.D. in Higher Education Administration
Liberty University

Appendix G: Information Sheet

Information Sheet

Title of the Project: A PHENOMENOLOGICAL STUDY OF THE EXPERIENCES OF COLLEGE GRADUATES WITH CHRONIC ILLNESSES WHO FACED HEALTH THREATS AND INTERRUPTIONS IN THEIR DAILY ACTIVITIES
Principal Investigator: Paula Uzuka, Ph.D. in Higher Education Administration candidate, School of Education at 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, have graduated from college, have endured a chronic illness for at least two years while in college, and struggled with your academic coursework. 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.

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

The purpose of the study is examining the experiences of individuals with chronic illnesses who have graduated from college while facing health threats that often interrupted their daily activities. This study will inform educators and educational institutions about college students with chronic diseases as they strive to provide a holistic college experience for their students. This study will contribute to the body of knowledge through an empirical and practical viewpoint.

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 an individual interview with the researcher hosted on Zoom (It will be audio- and video-recorded and it will last 45 minutes-1 hour.
2. Submit a timeline prior to the interview that should take about one to two hours to complete.
3. Participate in an audio- and video-recorded focus group that will take 1-2 hours to complete.
4. Check the transcript of the interview and your part of the focus group for accuracy.

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, you may benefit from taking part in a collaborative conversation during the focus group with other college graduates who experienced chronic illnesses or diseases while they were enrolled in college.

Benefits to society may include an increase in information about students who have chronic illness who attend college and the assistance they may need to complete their academic studies.

What risks might you experience from being in this study?

The risks involved in this study include 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. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Participant responses will be kept confidential by replacing names with pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation. Data will be stored on a thumb drive in a passcode-locked box. After three years, all electronic records will be deleted. Interviews and focus groups will be recorded and transcribed. Recordings will be stored on a thumb drive in a passcode-locked box for three years and then erased. Only the researcher will have access to these recordings. Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not 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 without affecting those relationships.

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[s] conducting this study is Paula Uzuka. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or [redacted] You may also contact the researcher's faculty sponsor, Dr. Gail Collins, at [redacted]

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[s], **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.

Appendix H: Timeline Instructions

Timeline Instructions

The primary purpose of the timeline is to be able to increase access to the participant's in-depth narrative and to allow you to share information about significant events in your life starting from grade school through the university. This timeline may provide information about when your illnesses began and the primary health events that occurred throughout your time through university graduation.

- Each participant will write out certain life events.
- Each event will be illustrated along with emoticons.
- Please write out or draw important life events that you experienced during specific times.

The timeline should be filled out and returned by email to the email address that you received the timeline from. If you did not receive the timeline by email, please fill it out before beginning your interview and return it to me by hand. The timeline should be completed within five days and emailed back prior to your scheduled interview.

Appendix I: Interview Questions

1. Please provide a short description of activities that you need to do each day because of your health condition. SQ1
2. Briefly, provide a short description of a day when you are experiencing a health threat. CRQ
3. How did you become aware that you have a chronic illness? CRQ
4. What type of chronic illness or disease do you have? In your own words, describe your condition. SQ1

For all the remaining questions, I would like you to think back to the time you were in college as you answered each question.

5. Did you regularly take medications to manage your health conditions while you were in college? If so, did you experience side effects that interfered with your ability to be successful in completing college assignments? If so, how did you manage these side effects? What medications did you use during your college journey to manage your condition, and what were their side effects? SQ3
6. Were you enrolled as a full-time or part-time student? What was your course load at your college or university? SQ2
7. Did you live at home with your parents, as a residential student, or on your own? What responsibilities did you have with these choices? Please explain. SQ1
8. Explain how a chronic illness or disability affected your employment status in college. CRQ
   a. If you worked, what type of work did you do? How many hours did you typically work each week? Was this considered a full-time or part-time position? SQ1
9. Please describe your need for assistance with activities of daily living. (For example, did you need physical therapy or have a nursing aide help you get dressed daily?) SQ2

10. What specific activities must you do daily to start your academic activities? Please explain. SQ3
11. Please list the type of family, medical, and emotional support you had to help you manage your illness. SQ1
12. In what ways did you manage your chronic condition and your university coursework? SQ1
13. What type of support did you have at the university? From staff? Peers? Roommate? SQ2
14. What is an office of disability accommodations? Were you registered there? Why or why not? Please explain. SQ3
15. What assistance or modifications did you request from the office of disability accommodations? SQ3
16. How often did you request special accommodations from the faculty in your courses? Was the assistance they allowed enough? Please be as detailed as possible. SQ3
17. List the struggles you experienced with any of your lessons. What were your grades in those courses? CRQ
18. What were the factors affecting your success in your coursework? SQ2
19. How would you have felt about having a senior student mentor to provide support, guidance, and accountability for your coursework and managing campus life? SQ3
20. How do you feel about the story that was developed through the timeline, and did it reflect what you wanted to share?

Appendix J: Focus Group Questions

1. Think of your experiences as a college freshman. What comes to mind first? CRQ
2. What were your strengths during your college years? CRQ
3. What were your limitations? SQ1
4. What were your academic strengths and weaknesses during your college years? SQ1
5. In your opinion, what could have made your sophomore year of college better? SQ2
6. How was your overall health during your first year of college? CRQ
7. How did it change over the 4-to-5-year college period? CRQ
8. What advice would you offer a college student just coming from high school who has a chronic illness? SQ3
9. If you struggled, at what point did you feel you needed to reach out for help for your academics? SQ2
10. When did you need to reach out for help for your health? SQ3
11. Who did you reach out to for support for your academics and your health? SQ1

Appendix K: Audit Trail

Date	**Events**
07/19/23	IRB Approval
07/25/23	Posted Recruitment Flyer
08/06/23	Send out recruitment letters and Screening Surveys to potential participants
04/03/24	Acquire 10 participants
04/03/24	Requested and Collected Timelines
04/03/24	Completed Interviews with 10 participants
04/06/24	Completed Focus Groups with all 10 participants
04/08/24	Transcribed Zoom recordings into text, collected all data, analyzed data by organizing and categorizing data based on their themes.