

REASONS MINORITY ASSOCIATE DEGREE NURSING STUDENTS
VOLUNTARILY WITHDRAW FROM THEIR PROGRAMS

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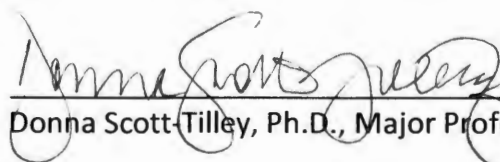
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I am submitting herewith a dissertation written by Jennifer McWha entitled "Reasons Minority Associate Degree Nursing Students Voluntarily Withdraw from Their Programs." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Nursing Science.

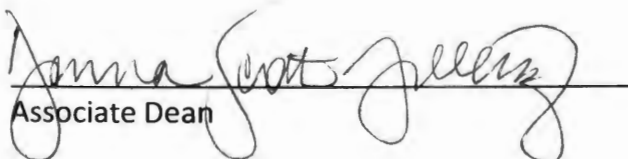

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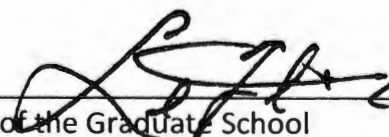

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DEDICATION

For my husband Tim, thank you for your constant patience and love;
I am truly blessed.

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I would like to gratefully acknowledge the individuals who have contributed to this dissertation. I would like to thank my committee: Dr. Donna Scott-Tilley for her wealth of knowledge in nursing research. I would not have been able to complete this endeavor if not for her guidance and reassurance; she provided inspiration when I needed it most. I would like to thank Dr. Vicki Zeigler for her knowledge of qualitative research and constructive comments; her editorial skills were invaluable for my research and writing. I am grateful to Dr. Karen Esquibel and Dr. Patricia Holden-Huchton, who served as indispensable members of my dissertation committee. Their words of support and suggestions added valuable direction for my writing.

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ABSTRACT

JENNIFER MCWHA

REASONS MINORITY ASSOCIATE DEGREE NURSING STUDENTS VOLUNTARILY WITHDRAW FROM THEIR PROGRAM

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As the global nursing shortage is expected to continue over the next decade, and with the continuing rise in diversity of the American population, increasing the number of minority students prepared to enter the nursing workforce is imperative. An increase of ethnic minority enrollments for nursing programs nationwide is evident, yet completion rates for minorities are lower than their non-minority classmates. A remarkable burden has been placed on nurse educators to increase the number of professional nursing graduates for purposes of providing care both in both acute and non-acute settings due to current workforce demands in healthcare.

The current study utilized a sample of eight minorities previously enrolled in associate degree nursing (ADN) programs in South Texas to understand the process of student decision-making when leaving a nursing program prior to fulfilling degree requirements. A qualitative, grounded-theory approach using Symbolic Interactionism as the philosophical framework was conducted using semi-structured interviews; data was analyzed through the use of open, axial, and selective coding.

Major concepts identified from interviews and subsequent coding included personal circumstances, situational discomfort, redefining expectations, juggling priorities, and attempts to adapt. Utilizing the constant comparison technique two predominating categories surfaced during data analysis that included *balancing* and *weighing the options*. A description of the processes used by minority students in deciding to withdraw from their programs that will ultimately be used in a mature theory was created. This process incorporated educator and institutional implementations that would be necessary to achieve a goal of increasing the chances of success and degree completion for minority ADN students.

Interventions suggested for increasing degree completion in minority ADN students include implementing information sessions prior to student enrollment in the nursing curriculum, pairing up incoming minority students with students in higher levels of the nursing program, seeking out well-qualified nursing faculty, increasing the quality and cultural sensitivity of material on nursing exams, and finding ways to help students find and afford child care.

TABLE OF CONTENTS

	Page
COPYRIGHT	iii
DEDICATION	iv
ACKNOWLEDGMENTS.....	v
ABSTRACT	vi
Chapter	
I. INTRODUCTION.....	1
Focus of Inquiry.....	1
Problem of Study.....	3
Rationale for Study.....	4
Nursing Practice.....	5
Nursing Theory.....	8
Nursing Education.....	10
Participants.....	13
Society/Policy.....	15
Philosophical Framework.....	16
II. LITERATURE REVIEW.....	21
Higher Education and Minorities	22
Community College Issues.....	22
Nursing Shortage.....	24
Contributing Factors to the Nursing Shortage.....	25
Texas Nursing Shortage.....	33
The Impact of the Nursing Shortage on Patient Care.....	34
Recruitment and Retention of Minority Students	35
Minority Student Perceptions.....	43
Attrition of Nursing Students	50

Minority Nursing Student Attrition.....	57
Perceived Barriers by Minorities in Higher Education	62
Lack of Role Models.....	69
III. METHODOLOGY.....	76
Setting	77
Participants.....	79
Protection of Human Subjects.....	82
Data collection.....	82
Pilot Study.....	82
Current Study..	84
Data analysis.....	86
IV. ANALYSIS OF DATA.....	91
Description of sample.....	92
Demographics.....	92
Interviews.....	93
Findings.....	94
Axial coding.....	97
Selective analysis.....	116
Results.....	119
V. SUMMARY OF THE STUDY.....	123
Summary of Findings.....	124
Discussion of findings.....	128
Caring.....	128
Family Member in Healthcare.....	129
Multiple Priorities.....	130
Unexpected Realities.....	131
Suggestions for Other Students.....	137
Inability to Cope.....	140
Relation of Findings to Philosophical Framework.....	141
Filling the Gap in Literature.....	143
Assumptions.....	145

Conclusions and Implications.....	146
Limitations.....	149
Recommendations for further studies.....	151
Nursing Practice.....	151
Nursing Education.....	152
Nursing Research/Theory Development.....	153
Society.....	153
REFERENCES.....	156
APPENDICES	
A. Interview guide.....	179
B. Study demographic data sheet.....	181

CHAPTER I

INTRODUCTION

Focus of Inquiry

The number of minorities in the United States (U.S.) population continues to rise. According to figures from the U.S Census Bureau (2010), African Americans comprise 12.6% of the population, an increase of 12.3% from 2000. Native American and Alaska Natives comprise 0.9%, an increase of 18.4% from 2000; Asians comprise 4.8%, an increase of 43.3% from 2000. Hispanic or Latino persons alone make up 16.3% of the American population (an increase of 43% from 2000).

The number of minority students enrolled in college degree programs across the country is rising. Data from the U.S. Department of Education, National Center for Education (2011) indicate that from 1976 to 2009, the percentage of African American students rose from 9% to 14%; the percentage of Hispanic students rose from 3% to 12%; and the percentage of Asian/Pacific Islander students rose from 2% to 7%. Meanwhile, the percentage of White students fell from 83% to 62%. These numbers are of concern given the fact that over the last century, attrition rates for higher education have been increasing (Swail, 2004), and attrition rates are typically higher among minority students when compared to White classmates (Fry, 2002; Swail, 2004). Yet, these rates are not equally dispersed between four-year universities and community

colleges or among all types of students. According to Wild and Ebbers (2002), attrition rates for community colleges tend to run higher than universities. Often community colleges are the first point of entry into higher education for low-income students, and because these students are often minorities, community colleges are experiencing higher attrition rates, especially for first-year students (Hernandez & Lopez, 2005).

Data regarding minority enrollment in U.S. nursing schools depict similar findings. Specifically, since 1996, diversity among registered nursing students across the nation has risen steadily. The latest figures indicate that since 1990, African American/non-Hispanic students make up the largest enrollment percentage of minority students nationally in all types of nursing programs (National League of Nursing [NLN], 2011a). This is followed by Hispanic minorities in diploma and Associate Degree Nursing (ADN) programs, while Asian students account for the second-largest minority percentage in Baccalaureate Degree Nursing (BSN) programs. American Indian or Alaskan Native students make up the lowest percentage of minorities in all nursing programs (NLN, 2011b). Graduations of minority students from ADN programs seem to have been fluctuating across the country during this last decade. For example, during 2006-2007, graduation rates for African Americans, Hispanics, and Asian minorities dropped nationally in ADN programs (NLN, 2011c).

As the U.S. and international nursing shortage is expected to continue over the next decade, and with the continuing rise in diversity of the American population,

increasing the number of minority students prepared to enter the nursing workforce is imperative. Once minority students are admitted into nursing programs, efforts should be made to ensure the success of these students as these individuals typically have lower completion rates in nursing programs than their White classmates (Gardner, 2005; Klisch, 2000).

This study seeks to understand the process of student decision-making when leaving a nursing program to understand phenomena from individual student perspectives. The study will attempt to offer insight, enhance understanding, and provide a meaningful guide to action that is useful when studying human action or examining social problems or situations to which people must adapt (Munhall, 2012). A qualitative research approach is best suited for this study.

Problem of Study/Statement of Purpose

The purpose of the study was to explore minority ADN students' decisions to withdraw from their nursing programs. The research question was: What is the process that minority ADN nursing students who have left a nursing program voluntarily (passing status, but chose to leave), utilize to make the decision to leave their nursing programs prior to graduation? This study had two aims: (a) to determine the specific factors contributing to and/or influencing their decisions to leave, and (b) to determine if, and what, specific patterns of behavior are relevant in this decision-making process.

For this study, minority students were defined as African American, Hispanic, Asian, Native American, and Alaska Natives.

Minority students' decisions to withdraw prior to completing degree requirements ultimately impact the nursing shortage. A remarkable burden has been placed on nurse educators to increase the number of professional nursing graduates for purposes of providing care both in both acute and non-acute settings due to current workforce demands in healthcare. Throughout the U.S. there is an increased enrollment in nursing programs noted; however, due to high attrition rates, these increases do not automatically result in more nursing graduates.

The findings from this study were used to generate a theory to explain the actions of minority nursing students with respect to their decision making about withdrawal from a nursing program. This theory could eventually be used to develop and test educational strategies to facilitate the retention of these students in ADN and, potentially, in all nursing educational level programs.

Rationale for the Study

An increase of ethnic minority enrollments for nursing programs nationwide is evident. Higher numbers of minorities are also enrolled in overall college programs such as engineering yet completion rates for minorities in other disciplines mirror that of nursing programs with lower graduation rates than their non-minority classmates (Gardner, 2005; Hayward, 2003; Klisch, 2000; McShannon & Derlin, 2000; O'Brien &

Shedd, 2001; Zamani, 2000). Previous research has addressed minority attrition and focused on areas such as obstacles to success (Gardner, 2005a, 2005b); financial struggles (Villarruel, Canales, & Torres, 2001); English as a second language (Klisch, 2000); discrimination concerns (Gardner, 2005a; Villarruel, Canales, & Torres, 2001; Yoder, 2001); and peers' lack of knowledge and understanding about cultural differences (Gardner, 2005a).

Despite existing research and knowledge that diversity among nursing students has continued to rise, the literature is incomplete, especially considering specific ethnic minorities. Little research addresses minority students' perceptions of achieving academic success, and little has been conducted on identifying and/or creating theory for explaining minority academic success. The significance of this study to key areas in nursing will be provided.

Nursing Practice

In 2010, the Institute of Medicine (IOM) indicated the U.S. health care system is characterized by a high degree of division across many areas, which creates considerable barriers to providing accessible, quality care at an affordable price. Disparities of care provided in public and private services between providers and patients, between the training for health care providers and what patients need, between the health needs of the nation and the services that are offered, and between those insured and those who are not, are thought to be key issues related to the current

fragmentation in the health system (Stevens, 1999). Two laws, the Patient Protection and Affordable Care Act (Public Law 111-148) and the Health Care and Education Affordability Reconciliation Act (Public Law 111-152), together commonly referred to as the Affordable Care Act (ACA), were passed by Congress and signed into law by the President in 2010. The ACA is expected to provide insurance coverage for an additional 32-million previously uninsured Americans and embodies some of the largest changes to the health care system since the creation of the Medicare and Medicaid programs in 1965 (IOM, 2010). A study by The Committee on The Robert Wood Johnson Foundation *Initiative on the Future of Nursing*, at the IOM was conducted to explore how the nursing profession can be transformed to help achieve these changes and contribute to building a health care system that will meet the demand for safe, quality, patient-centered, available, and affordable care (IOM, 2010).

The Committees' report indicates the nursing profession has nearly doubled since 1980, with more than three million members, represents the largest component of the U.S. health care workforce (Health Resources and Services Administration [HRSA], 2010), and has the potential ability to implement widespread changes in the health care system. Stated by the IOM (2010):

By virtue of their regular, close proximity to patients and their scientific understanding of care processes across the continuum of care, nurses have a considerable opportunity to act as full partners with other health professionals

and to lead in the improvement and redesign of the health care system and its practice environment. (pp. 1-2)

Yet, the nursing profession has its challenges. While there are concerns regarding the number of nurses available to meet the demands of the health care system and the needs of patients, (replacing roughly 900,000 nurses expecting to retire during the next decade) (Bureau of Labor, 2009), the composition of the workforce is turning out to be an even greater challenge for the future of the profession. The nursing workforce is lacking the diversity it needs to provide culturally relevant care to all populations. With respect to race and ethnicity, just 16.8% of the workforce are minorities; regarding gender, approximately seven percent of employed nurses are male; regarding age, the median age of nurses is 46 compared to 38 in 1988 (HRSA, 2010).

Similar findings are noted within nursing programs. A decade ago, the American Association of Colleges of Nursing (AACN) indicated that 90% of nursing students were female, and that more than 70% were from White, non-Hispanic backgrounds (AACN, 2001). In 2004, The Sullivan Commission (an outgrowth of a grant from the W.K. Kellogg Foundation to Duke University School of Medicine, charged with making policy recommendations to bring about systemic change that will address the shortage of minorities in our health professions) identified the lack of minorities in health professions as a major factor contributing to health inequalities among minority

populations. An impetus to increase the diversity within the nursing profession has been a national goal for many years; however, achievements have continued to be modest (Bellack, 2005). Figures from The Sullivan Commission are comparable to those of HRSA, indicating that although minorities (specifically African Americans, Hispanics, and Native Americans) account for 25% of the U.S. population, these three groups comprises less than nine percent of nurses (Sullivan Commission, 2004). In order to provide culturally appropriate care for the current population, ensuring success of minority nursing students who then transition into multicultural practicing nurses is also essential.

Findings from this study may help with the development of intervention strategies for decreasing minority attrition in nursing curriculums, thereby helping to ultimately increase the numbers of minority nurses entering the workforce ready to care for the diverse American population. Increasing the numbers of minority nurses who may be better equipped to understand the unique needs of minority patients is essential.

Nursing Theory

The need for knowledge specific to nursing has been recognized since the beginning of modern nursing. Florence Nightingale wrote “I believe... the very elements of nursing are all but unknown...are little understood for the well or the sick. The same laws of health or nursing, for they are the same, obtain among the well as among the

sick” (Nightingale, 1859, p. 6). Kaplan (1964) stressed the interrelatedness of theory and experience, yet within the profession, nursing theory and nursing practice are often disconnected. It is from the practice setting that the nurse-scientist should derive ideas. One of the tenets of nursing is to use its specialized body of knowledge and skills for the betterment of humans. The implication is that knowledge and skills should grow in a manner as to keep up with the changing health goals of society (Hardy, 1999). However, one of the problems faced in nursing is the need for more valid methods of measuring the variables of our research if we are to learn about the reality of the world in which we, and our patients live. The rigidity of controlled experimental studies is not enough to adequately explain the entirety of one’s understanding with the environment (Newman, 1999). Empirical research has a place within the nursing discipline; however, by nature of what it means to be a nurse, other research genres are appropriate for building theory. Not only is the science behind nursing practice essential, but nurses come to treat and heal their patients by learning and understanding the patients’ needs from the patients’ perspective; exploration and understanding of the patient from the patient’s perspective, as is the approach in qualitative research, is as important in gathering information to build nursing theory as traditional empirical methods.

Epistemology is important to all areas of nursing including education. To understand what is it like to be a minority student and the obstacles faced by these students in conjunction to their environment, one needs to understand how these

students view themselves and how the social construction of academia is symbolized and transformed. Hearing the voices of minority students and understanding how they view the world from different circumstances and social relationships was important to capture.

This study gives voice to the thoughts and actions of minority students and establishes the importance of these students from a student-centered perception by the generation of theory explaining the process when deciding not to complete academic requirements of their nursing curriculum. Theory building adds to the body of knowledge which is vital for the profession of nursing.

Nursing Education

When students withdraw prior to degree completion, concerns with regard to attrition and investment are in the forefront for institutional administrators and nursing programs/faculty. Various financial losses to both students and learning institutions are created when students enroll but do not complete degree requirements. For example, those who entered public higher education in 2003 and had not completed their program by 2009, created a loss of \$713.2 million in state and federal financial aid; a loss of \$330.3 million in state general revenue to the institutions; and a loss to the students who incurred student loan debts on average of \$10,800 at a public university and \$6,700 at a public community or technical college (Texas Higher Education Coordinating Board [THECB], 2010).

Information such as this has created motivation for various states to implement strategies relating to attrition issues and the changing American demographics. In Texas, a large gap exists among ethnic groups in both enrollment and graduation from the state's colleges and universities. Obtaining education allows people to choose what they want to do instead of what they must do in order to survive. Education provides exposure to global issues and allows one to open his or her mind to understand the world surrounding him or her. An educated workforce contributes more to the state's affluence, which provides added fuel for a growing economy (THECB, 2010).

The *Closing the Gaps by 2015* initiative was adopted in October 2000 by THECB and gained strong support from the state's educational, business, and political communities. The initiative is directed at closing educational gaps in Texas as well as between Texas and other states; it has four goals including closing the gaps in student participation, student success, excellence, and research. The *Closing the Gaps* initiative suggests that Texas is profiting from a diverse and growing economy. Yet, the current situation could turn into a crisis if steps are not quickly implemented to ensure an educated population and workforce for the future.

Presently in Texas, the proportion of individuals enrolled in higher education is declining. Higher education programs distinguished for excellence are scarce, and there are too few higher education research efforts which have reached their full potential. If this gap is not closed, groups with the lowest enrollment and graduation rates will

create a larger percentage of the Texas population, and Texas will experience proportionately fewer college graduates (THECB, 2010).

Regarding Goal 1, (*Close the Gaps in Participation: By 2015, close the gaps in participation rates across Texas to add 500,000 more students*), THECB estimates that 60% of the 500,000 students will begin at community and technical colleges. To reach this goal will require every population group to increase participation, especially Hispanics and African Americans. College enrollment of Whites at 5% continues to exceed the 3.7% participation rate for Hispanics and the 4.6% rate for African Americans. By 2015, estimates indicate that Hispanic and African American Texans will continue to increase in numbers from 42% to 52% of the state's population. If Texas does not significantly increase the enrollment rates of all of the people, specifically minorities, demographic shifts will progressively reduce the number of students enrolling in higher education from the current 5 to 4.6% by 2015 (THECB, 2010).

Findings from this study could offer additional insight into the academic needs of minorities and could assist administrators and educators to better identify methods which draw minorities into the nursing profession. This study sought to understand the process that minorities implement when deciding to leave their nursing programs. Understanding this process and unique learning needs of minority nursing students would benefit administrators and instructors to seek out and apply innovative teaching

methods which would enhance the success of minorities and lower attrition as they proceed through their nursing curriculum.

Participants

Research indicates that community colleges are crucial points of access for low-income, minority, and other underserved students. Using statistics from Integrated Postsecondary Education Data System, Bailey et al. (2004) found that community colleges are an important first step for a wide range of students; however, achieving academic success after enrollment is of primary importance. Low-income, minority, and first-generation college students all have low six-year completion rates. Minorities are less likely than Whites to complete a degree or certificate in community college. Only 27% of African-Americans had received any type of award within six years, and most of those awards were certificates; Hispanics complete at a slightly higher rate (Bailey et al., 2004). Successful degree completion is heavily influenced by attendance, delayed enrollment after high school, attending part-time, or interruption of enrollment, and all of these factors decrease the chances of success at both baccalaureate and associate degree levels. Community college students are more likely to follow these non-traditional attendance patterns than baccalaureate students, so it is significant that the factors that place students most at risk of failing to complete degree requirements are those that portray most community college students (Bailey et al., 2004).

Tinto's Theory of Student Retention (1993) indicates that institutional commitment is a major factor in the retention of students; students choose to persist when they perceive a social "fit" exists between their values and beliefs and the values, social rules, and quality of the school. Of key importance to this theory is that students must be integrated into the social and intellectual life of the school which is accomplished through interactions with other students and faculty; students who are not integrated experience a lack of contact and feel isolated from the daily life of the institution. Informal interactions between faculty and students inside and outside the classroom may also serve to enhance feelings of belonging. Yet, according to Tinto's theory, a lack of commitment affects students' persistence toward graduation. Simply stated, students' inability to create significant personal ties to peers or faculty negatively affects their willingness and/or persistence to continue the pursuit of degree attainment. This absence of close contact with other students or faculty is thought to be the largest factor affecting the retention of students in higher education (Deil-Amen, 2011).

The sample in this study was students who have been exposed to the community college climate. Previously mentioned characteristics from Bailey et al. (2004) were sought in the selected sample. Findings from this study examined whether or not similar issues regarding attrition are consistently noted in other samples of minority students as factors contributing to leaving their programs and if any issues are college-

environment related. Obtaining this kind of information will increase the awareness for administrators and faculty on a broader, campus-wide-environmental aspect to factors that may hinder successful completion of degree requirements in minority nursing students so that improvements could be initiated to help ensure minority success.

Society/Policy

The catchword *diversity* rings in the ears of virtually every higher education administrator and is frequently accompanied by the term *increase*. Higher learning institutions nationwide have introduced policies and procedures and many have been granted large amounts of funding to increase diversity through special admission policies, student services, and minority scholarships (Paul, 2003). Yet, not all is satisfactory regarding initiatives to increase diversity. For example, during the 1990's, the University of Michigan experienced litigation when three White students filed suit against the University, challenging admissions policies that used race as a criterion for admission and alleging policies that were unconstitutional. Rushing to the defense of the University was corporate America, which included 20 Fortune 500 companies. These companies strongly supported the University, indicating the University's admission policies increased their ability to hire minority graduates for employment, claiming workforce diversity as a key component in remaining globally competitive (Hurd, 2000). This mindset is a clear illustration of how nursing must continue to govern

the profession in order to meet the changing demographics of the American and global population.

Wilson, Andrews, and Leners (2006) claim that despite attempts taken at the local, state, and national levels to diversify the nursing workforce, there has been little change in the ethnic composition of practicing nurses over the last few decades. Decreasing attrition of students from vulnerable populations has been an ongoing challenge for many nursing faculty and remains a key factor in meeting national and state benchmarks. Increasing the success of minority students will help meet needs of the changing American demographics in regards to health care needs.

Findings from this study will help educators understand academic needs of minority students which can be incorporated in teaching methods and nursing curriculums. Perhaps even more significant is the fact that with academic success, these individuals could become future contributors to provision of health care needs for minorities. In addition, these individuals might become nursing leaders helping to develop models of care or become engaged in policymaking addressing the unique needs of minority populations.

Philosophical Framework

Symbolic interactionism (SI), the selected philosophical framework for this study, is a sociological perspective based primarily on the work of American philosopher and sociologist George Mead but also on work from John Dewey and Herbert Blumer; it is

Blumer who is generally credited with the basic concepts of SI. Underpinnings of SI originate from Mead who believed human group life is the essential condition for the development of consciousness, the mind, a world of objects, human beings as organisms possessing selves, and human conduct in the form of created acts (Blumer, 1969). Unlike traditional norms of thought suggesting that humans possess thoughts and consciousness as “givens,” Mead believed humans lived in worlds of pre-existing and self-created objects, and their behavior consists of reactions to such objects; group life consists of the association of such responding humans (Blumer, 1969). Mead saw the human being as an organism having a *self*. By having possession of ones’ self, the *self* changes the human into an actor, transforms his/her relation to the world, and gives ones’ action a unique character; in other words, the human being is an object to him/herself-he or she may perceive him/herself, have conceptions of him/herself, communicate with him/herself, and act toward him/herself. The human becomes the object of his or her own action and this gives him/her the means of interacting with him/herself (addressing him/herself, responding to the address, and addressing him/herself anew). Through ongoing interaction with him/herself, he or she may judge, analyze, and evaluate the things he has designated to him/herself. Mead views the *self* as a process, not a structure (Blumer, 1969). Simply, the possession of a *self* gives the human being a mechanism of self-interaction with which to meet the world-a mechanism that is used in forming and guiding his or her conduct.

The influence of Mead is clearly evident in Blumer's work. Blumer's position regarding SI is that of a "peculiar and distinctive character of interaction as it takes place between human beings" (Blumer, 1969, p. 79). The peculiarity suggests that humans *define* each other's actions instead of simply reacting to those actions. Important to Blumer is that responses are not made directly to the actions themselves, but instead are based on the *meaning* which one attaches to such actions. Therefore, human interaction is facilitated by the use of symbols, by interpretation, or by discovering the meaning of another's action (Blumer, 1969).

According to Blumer (1969), SI consists of three core principles which are meaning, social interaction (language), and interpretive processes (thought). The first principle of *meaning* indicates that humans act toward people and things based upon interpretations that they assign to those people or things; *meaning* is central to human behavior. The second principle, *language*, gives humans a way to negotiate the first principle, *meaning*, through symbols; it is through social interaction with others that one comes to identify personal meaning and develop discourse. The third principle, *thought*, modifies each person's interpretation of symbols. *Thought*, based on *language*, is an internal mental conversation one has with oneself that helps to modify *meanings*; this requires role taking and imagining different points of view (Blumer, 1969; Nelson, 1998). The evaluation of another's language, gestures, and appearance ultimately helps people to act in accordance with their interpretations.

Blumer (as cited in Denzin, 1992) believed that drastic re-definitions of the self will occur when “epiphanic experiences” are recognized because they typically shatter people’s routines and lives (p. 26). Simply stated, people learn the meanings and symbols essential to expression of thought through social contact, which then allows people to carry out actions and interactions. As people begin to interpret their situations, modification of meanings and symbols occurs. These modifications exist because people possess the ability to interact with themselves and to examine possible courses of action and the consequences of each action. Ultimately, interaction within the self and with others allows people to understand situations and make choices (Crooks, 2001).

Use of SI as a framework for this study helped this researcher to understand the actions of minority nursing students when trying to implement the three core principles when deciding to leave their nursing programs. Specifically using SI as a guide, this study attempted to understand the *meaning* students applied to their learning environment and to identify and interpret *language* (symbols) through the reports of students’ interactions with classmates which helped them negotiate *meaning*. Finally, an attempt was made to understand the student’s evaluation of other’s actions which drove their own *thought* as they interpreted and re-organized their own behavior when deciding to leave their program prior to graduation. The epiphanic experience could be some sort of realization that occurred within the students’ during their coursework that

triggered a drastic re-definition of the self. Typically, interactions that occurred inside the student and with others, would have allowed the student to understand the situation and make choices (e.g., to stay or leave their program). In this case, SI lays the foundation for an attempt to create an emerging theory explaining the behaviors of minority nursing students' decisions to withdraw from their programs.

Summary

Minority attrition in nursing programs continues to be an ongoing phenomenon despite research and suggestions for methods to decrease the number of students lost. American demographics are expected to continue increasing with regard to diversity. The healthcare workforce must also continue to increase its diversity in order to meet the healthcare needs of the population. Significance of the need for this study to key areas in nursing has been presented. Symbolic interactionism was implemented as the guiding philosophical framework for the study.

CHAPTER II

LITERATURE REVIEW

This chapter includes further inquiry into the nursing shortage and discussion regarding the changing diversity among the American population, college students, and specifically, nursing students. Concerns regarding nursing shortages within the state of Texas, along with attrition among working nurses and nursing students are also addressed. This review of literature includes studies that address the nursing shortage, the impact of the nursing shortage on patient outcomes, recruitment and retention efforts for minority students, nursing attrition, education of minority students, minority student perceptions, and higher education and minority issues.

Databases accessed were: Academic Search Complete, Cochrane Library, CINAHL Plus with Full Text, ERIC, Education Research Complete, Medline with Full Text, ProQuest Research Library, PsychARTICLES, PsychINFO, and ScienceDirect. Limiters used during searching included full text references (in most cases), date ranges from 2002-2012; however, one reference used was from the 1960's, while others were from the 1990's because they were useful in presenting important information that is still pertinent today. Various online professional and/or organizational websites and university online databases for dissertations were also utilized. A variety of search terms or combinations of search terms including *attrition*, *retention*, *nursing students*,

faculty shortage, faculty support, higher education, community colleges, grounded theory, qualitative research, nursing shortage, U.S. population/demographics, Texas demographics, self-efficacy, cultural diversity, ethnicity, race, minorities, minority perceptions, minority success, and patient outcomes were utilized.

Higher Education and Minorities

Higher education institutions must find new and innovative ways to increase college access and ensure students are successful. Degree completion is now of utmost interest since President Obama's goal of raising the educational attainment rate of the U.S. is to be the highest in the world by 2020. For this objective to be met, deliberate attention must be placed on substantially increasing the educational opportunities and successes for all students; this is particularly the case for minority students who are continuously underrepresented in higher education enrollment, yet are the fastest growing segment of the U.S. population. Historically, African American and Hispanic students experienced lower graduation rates than their White counterparts (Knapp, Kelly-Reid, & Ginder, 2011).

Community College Issues

In 2010, community colleges enrolled over six-million students. These learning institutions are an essential component of America's higher education system and are vital to meeting the Obama administration's goal of having the U.S. regain its position as the nation with the highest concentration of college-educated adults in the world.

Community colleges have gained respect from policymakers nationwide, partly due to labor force data showing that many of the certificates and associate degrees awarded by community colleges generate significant returns on the investment that students and taxpayers make in these institutions; and compared to the costs of attending a university, tuition at a community college is far less expensive to the student. Yet, low retention and completion rates, often typical in community colleges, result in costly outcomes for these institutions (Schneider & Yin, 2011).

Losses to state/local government and to taxpayers from students who drop out or who do not complete degree requirements are staggering. Specifically, between 2004-2009 state and local governments appropriated roughly three billion dollars to community colleges to help pay for the education of students who did not return for a second year; states spent more than \$240 million in student grants to support students who did not return for a second year; and the federal government spent approximately \$660 million in student grants to support students who did not return to their community college for a second year. In total, almost four billion dollars was spent on non-completing students (Schneider & Yin, 2011). Community colleges receive just 27% of total public dollars spent on public higher education but serve 43% of students according to the American Association of Community Colleges (2010). Enrollments have risen more than a quarter over the last decade, yet tuition has held relatively steady even as costs have soared at four-year colleges (Pope, 2012). Over this same time

period, the state of Texas spent \$79,032,047 (ranked 2nd) on statewide attrition in higher education; Texas is ranked 23rd with an overall attrition rate of 16% (College Measures, 2012).

Nursing Shortage

As American baby boomers age and the need for health care grows, the current nursing shortage is expected to intensify. The impact of the shortage on hospital operating costs and on patient safety/outcomes is of particular importance. Hospital operational costs increase as the demand for nurses increases primarily because hospitals have to pay overtime and turn to nursing registry and travel nurse agencies to staff patient care safely. At the patient care level, a shortage of RNs could lead to costly and deadly mistakes (Ritter, 2011). In the report titled "What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?", analysts suggested that all 50 states will experience a shortage of nurses to varying degrees by the year 2015 (AACN, 2012). In April, 2006, officials with HRSA released projections that the nation's nursing shortage would grow to more than one million nurses by the year 2020.

The U.S. nursing shortage is projected to grow to more than 260,000 registered nurses by 2025, and it is suggested that a shortage of this magnitude will be twice that of the nursing shortage experienced in this country since the mid-1960s (Buerhaus, Auerbach, & Staiger, 2009). In addition, a rapidly aging workforce is identified as a primary contributor to the projected shortage.

Contributing Factors to the Nursing Shortage

With the passage of the Patient Protection and Affordable Care Act in 2010 (H.R. 3590-111th Congress, 2009), more than 32-million Americans will gain access to healthcare services, including those provided by Registered Nurses (RNs). Although enrollments in all types of nursing programs have generally increased over the last decade, the growth is not sufficient to meet the projected demand for nursing services. Several contributing factors are thought to be driving the continued nursing shortage.

Shortage of nursing school faculty. With a projected ongoing national RN shortage in the next decade, a need for 340,000 to one million new and replacement nurses will be realized (Auerbach, Buerhaus, & Staiger, 2007). Yet, even with these staggering numbers, nursing schools are turning away thousands of qualified applicants because of a shortage of qualified faculty. Findings in the NLN's "Nurse Educators 2006: A Report of the Faculty Census Survey of RN and Graduate Programs" indicated that nurse faculty vacancies in the U.S. continued to grow even as the numbers of full and part-time educators increased. In 2006, the estimated number of budgeted, unfilled, full-time positions nationwide was 1,390 which represented a 7.9% vacancy rate in baccalaureate and higher degree programs (an increase of 32% from 2002) and a 5.6% vacancy rate in Associate Degree programs, which translated to a 10% rise in the same period (NLN, 2010). Within one year, the faculty vacancy situation rose substantially, as indicated in the NLN's *Nursing Data Review 2006-2007: Baccalaureate, Associate*

Degree, and Diploma Programs. This report showed that for 2007, the vacancy rate continued to increase; more than 1,900 unfilled, full-time faculty positions affected roughly 36% of all schools of nursing. In response, 84% of nursing schools attempted to hire new faculty in 2007-2008, but of those, an overwhelming 79% found recruitment problematic; the main difficulties were not enough qualified candidates and the inability of the institution to offer competitive salaries (Kaufman, 2010).

A study conducted by the Southern Regional Board of Education (2002) indicated a serious shortage of nursing faculty was documented in 16 states and the District of Columbia; this suggested a 12% gap in the number of nurse educators at that time. Unfilled faculty positions, projected retirements, and the shortage of students being prepared for the faculty role were considered to be primary threats to nursing education for the next five years.

DeYoung, Bliss, and Tracy (2002) point out that instilling hope for future nursing education is vital for attracting potential new faculty, as well as students. Uneasiness and negativity in current faculty is suggested to stem from the accompanying general nursing shortage; serious implications for quality of care have emerged in both education and practice as a result of these reduced numbers. Additionally, the general public is becoming well-versed on the nursing shortage and potentially negative patient outcomes that could result. Issues such as state-mandated nurse-to-patient staffing

ratios and mandatory overtime limits for nurses to bolster the quality of patient care are frequent headlines of concern to educators.

To determine what personal decisions influenced nurse educators' retirement plans, a cross-sectional, randomized study of 129 nurse educators from 61 schools was conducted by Kowalski, Dalley, and Weigand (2006). A 36% response rate yielded results that reflected an average age of retirement of 64.4 years. Factors influencing retirement included workplace issues, personal and family health, attitudes about retirement, and financial security. However, the most influential factor affecting the timing of retirement was financial status (n=33 or 25.6%).

The age of nursing faculty is not the only reason this situation exists. Tanner (2005) indicates the nursing profession has chosen to place the focus on doctoral preparation as essential for faculty, while at times devaluing the critical role master's prepared clinicians can and must play in the education of undergraduate students. For example, data from the U.S. Department of Health and Human Services ([USDHHS], 2010) indicated that in 2008, an estimated 250,527 RNs reported they were prepared as an advanced practice nurse in one or more advanced specialties or fields. However, nurses with advanced practice preparation reported they held a variety of job titles in their principal nursing positions. For instance, common job titles among nurses holding higher degrees and prepared as clinical nurse specialists are in instruction (20.8%) and management or administration (17.5%); an additional 15.9% report a staff nurse job

title, and 6.1% have other titles, such as public health nurse, school nurse, and patient coordinator (USDHHS, 2010). An estimated 64.3% of RNs holding higher degrees and prepared as nurse practitioners reported that their principal job title was nurse practitioner; yet, there were 10.7% not employed in the field of nursing, 10.3% reported having a staff nurse title, only 6.2% having titles in the area of instruction, and 5.4% having management or administration titles. Lack of representation of those selecting instruction as their primary role further illustrates the issue of nursing faculty shortages (USDHHS, 2010).

Allen (2008) suggested that less compensation for academic teaching than positions in clinical areas for Master's prepared nurses is a factor contributing to the nursing faculty shortage. Whalen (2009) reported similar findings. Using a descriptive and multivariate correlational design, Whalen (2009) described perceived part-time clinical associate nursing faculty (PTCANF) role stress and examined the relationships between selected background factors (number of years of clinical teaching experience, clinical teacher education, and holding a second job), role stress, and job satisfaction. A non-probability sample of 91 of 461 subjects (20% response rate) who taught clinical nursing in a western state in various baccalaureate clinical courses participated in the study. Results from the on-line survey (a compilation of the research instruments including the *Background Factors questionnaire*, the *Potential Work-Related Stressors survey*, and the *Part-time Clinical Teaching Job in General index*) indicated the highest

scoring stressors included being physically and emotionally drained; working outside regular hours; dealing with the large number of role expectations; and not receiving adequate compensation. Results also indicated subjects were generally very satisfied with their clinical teaching job ($M = 47.95$; $SD = 9.37$). No relationships were identified among teacher experience, teacher education, holding a second job, or role stress; there was a weak negative relationship between role stress and job satisfaction ($r = -.29$, $p < .01$). Further analysis using multivariate regression techniques was undertaken to examine the predictive relationship among the study variables. Results of the regression analysis indicated that teaching experience, teacher education, and holding a second job explained only 3.9% of the variance of perceived role stress in this sample. Role stress, teaching experience, teacher education, and holding a second job contributed only 12.2% of the variance of job satisfaction. Role stress was a significant predictor of job dissatisfaction (i.e., an inverse relationship between role stress and job satisfaction was present ($\beta = -.296$, $p < .05$)). Finally, there was a significant positive relationship between holding a second job and the job satisfaction experienced by PTCANF ($\beta = .218$, $p < .05$).

Job dissatisfaction. Job dissatisfaction among nurses was four times higher than the average for all American workers in 2002 (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Poor teamwork, unclear unit values, and fear of punishment for errors were issues leading to poor work performance and decreased job satisfaction (Kalisch &

Aebersold, 2006). Buerhaus et al. (2005) found that more than 75% of RNs believe the nursing shortage presents a major problem for the quality of their work life, the quality of patient care, and the amount of quality time nurses can spend with patients.

Using an exploratory descriptive design, Ernst, Franco, Messmer, and Gonzalez (2004) conducted a study to identify a set of factors that described nursing satisfaction in the pediatric setting. A survey, which included questions relating to nursing satisfaction, organizational work satisfaction, job stress, and nurse recognition, was administered to 249 pediatric nurses (46% response rate). Data were analyzed using factor analysis and correlation. Results indicated that several factors predict pediatric nurses' job satisfaction and organizational work satisfaction. These factors included: pay, time to do the nursing care, confidence in one's ability, and task requirements. A relationship among nurses' job satisfaction, organizational work satisfaction, job stress, and recognition in the pediatric setting was also found ($r > 0.5$ among job satisfaction, job stress, and task requirements; $r = 0.3-0.5$ between job satisfaction and job stress with pay and interaction/cohesion; $r = 0.2-0.3$ among pay, interaction/cohesion, and task requirements).

Wagner (2007) found that organizational commitment was a stronger predictor of turnover than job satisfaction. Similarly, Laschinger, Leiter, Day, and Gilin (2009) examined the influence of workplace empowerment, supervisor and coworker incivility, and burnout on three employee retention outcomes: job satisfaction, organizational

commitment, and turnover intentions in a sample of 612 Canadian staff nurses. Multiple linear regression analysis revealed that empowerment, workplace incivility, and burnout explained significant variance in all three retention factors: job satisfaction ($R^2 = 0.46, p < .001$), organizational commitment ($R^2 = 0.29, p < .000$) and turnover intentions ($R^2 = 0.28, p < .001$). Empowerment ($\beta = 0.28, p < 0.001$), supervisor incivility ($\beta = -0.22, p < .001$), and cynicism ($\beta = -0.28, p < .001$) most strongly predicted job dissatisfaction and low commitment, while emotional exhaustion ($\beta = 0.19, p < .001$), cynicism ($\beta = 0.27, p < .001$), and supervisor incivility ($\beta = 0.16, p < .001$) most strongly predicted turnover intentions.

Environmental factors have also been attributed to job dissatisfaction. Cleary, Hunt, and Horsfall (2010) examined the issue of bullying in nursing. Bullying activities can be overt or covert and are not necessarily confined to the workplace. They can be person-to-person (verbal or physical), or via telephone, written communication (e-mail, or other Internet media), or involve displays of offensive material. Other studies reported that bullied nurses were more likely to leave their place of employment or have higher rates of absenteeism (Johnson & Rea, 2009; Simons, 2008).

Mackusick and Minick (2010) conducted a phenomenological study examining influences of RNs' decisions to leave clinical nursing practice. Three themes emerged from the analysis of data including: (a) unfriendly workplace, (b) emotional distress related to patient care, and (c) fatigue and exhaustion. Respondents in this study

believed the only solution to the continued issues they experienced was to leave nursing. Additionally, most felt a lack of support in the workplace at many levels, and all were troubled to experience a lack of support from their peers. This extended to feelings that management and physicians did not support the clinical practice of nurses.

In a Canadian study, Harwood, Ridley, Wilson, and Laschinger (2010) examined the effects of burnout on nurses' mental and physical health outcomes and job retention. Randomly selected Canadian nephrology nurses completed surveys consisting of the Maslach Burnout Inventory and the Pressure Management Indicator along with questions relating to job retention. Multivariate analyses revealed results that demonstrated that almost 40% ($R^2 = 0.394$, $p < .000$) of mental health symptoms experienced and 27.5% ($R^2 = 0.275$, $p < .001$) of physical symptoms experienced by nephrology nurses could be explained by burnout.

Even as the national and international nursing shortage continues, in the U.S. it is expected to worsen over the next 10 to 15 years as the current nursing workforce nears retirement. Ongoing factors such as low pay, high patient acuity, unsafe nurse/patient ratios, stress, and lack of autonomy perpetuate this crisis. Roles and responsibilities of the nurse are constantly modified as changes in healthcare financing have led to changes in organization and delivery of care at most levels (Bowles & Candela, 2005).

Texas Nursing Shortage

Texas must increase the number of nursing graduates. The average age of RNs working in Texas as of September 2010 was 46 years, while the average age of faculty members in Texas nursing schools was 54 years. The Texas Center for Nursing Workforce Studies projects that 12.8% of RNs working today could retire now, and an additional 29.3% will retire in the next three to 12 years; this represents a potential loss of more than 40% of working nurses throughout Texas. During 2009, the Texas Legislature as a sound investment allotted \$49.7-million to special funding for nursing education (Texas Nursing Workforce Shortage Coalition [TNWSC], 2012). First-year enrollment in nursing schools grew 15.8 % from academic year 2009 to 2010, and total enrollment in nursing schools increased 12% for the same period; the overall rate of nursing graduates increased 10.8% (TNWSC, 2012).

Cumulatively, during the last decade, there was an 85.9% increase in first-year enrollment. Since 2009, first-year enrollment increased by 11.3% in BSN programs and 19.2% in ADN programs; yet, Texas continues to experience a serious shortage of RNs, and more are needed to meet the demands of a fast-growing and aging population. A primary suggestion by the TNWSC (2012) to help relieve the problem focuses on obtaining ongoing commitment from lawmakers to increase the number of nurse graduates to close the gap. Increasing nursing school capacities through increased numbers of faculty, increasing incentives for nursing schools to admit and then graduate

students within reasonable time periods, holding schools accountable for actually producing more nursing graduates with the monies that have been allocated, and providing increased financial assistance to nursing students to see them through completion of coursework, are some examples of how the gap can be brought closer together (TNWSC, 2012).

The Impact of the Nursing Shortage on Patient Care

The Institute of Medicine's report, "Keeping Patients Safe: Transforming the Work Environment of Nurses" (2003), addressed the critical link between the nurse's working environment and patient safety. Today's nurse faces rapid patient turnover, more acutely ill patients, high stress levels, staffing shortages, sophisticated technology at the bedside, and physical or mental fatigue. The care of multiple patients with complex medical conditions is challenging for experienced nurses, but more so for a new graduate nurse.

Unfilled positions mean that nurses who work in hospitals may experience higher nurse-to-patient ratios, placing the quality of patient care at risk. Society is entitled to appropriate and safe nursing care, yet as changes in the delivery of healthcare are mandated, nurses are asked to do more with fewer resources.

In 2001, The Joint Commission released data indicating deficiencies in nurse staffing contributed to 24% of the 1,609 sentinel events; the quality of patient care suffers as well when there is a deficiency of nurses. The opposite is true when adequate

staffing exists. Various literature has linked optimum staffing levels to positive impacts on quality (Aiken, Clarke, & Sloan, 2002; Hall, Doran, & Pink, 2008; International Council of Nurses, 2010; Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010), reduction of costs and improved health outcomes for patients (Aiken, Havens, & Sloan, 2009; Ritter, 2011).

Recruitment and Retention of Minority Students

Implementing a 3-year initiative called the Growth and Access Increase for Nursing Students (GAINS), Valencia-Go (2005) hoped to improve success/retention rates for nursing students in a BSN program from 50% to 70%. Strategies such as peer tutoring, advisement, pre-nursing experience seminars, mentoring, and faculty development were created. Various hurdles were noted throughout the project such as “buy in” from eligible students, discomfort from participating students with the term “disadvantaged” which caused many to feel singled out, failure of students to show up for tutoring sessions, and students’ work commitments, which were not able to be remedied due to lack of allocated funds to students in the form of stipends. However, benefits did arise out of the project: over the three year duration of the project, 65 participants remained, and success rates for completion of the freshman year exceeded 70%. Only six of the total participants were dismissed for academic reasons.

Anders, Edmonds, Monreal, and Galvan (2007) implemented a recruitment and retention project at the University of Texas at El Paso, School of Nursing (UTEP-SON) that was developed primarily for economically disadvantaged Hispanic nursing students

living along the U.S.-Mexico border. A primary goal was to increase the number of graduates by 10. Using an educational outreach manager who was a Hispanic male, a licensed state paramedic, a respiratory therapist, a retired U.S. Army Special Forces Airborne Ranger medic with a Master's degree in education, served as a role model for students, particularly for young Hispanic men, to promote nursing as a career option. Pre-nursing activities of the outreach manager focused on working closely with advisors and students in one high school, which offered a health occupations course frequently encouraging the students to consider nursing as a career option. Other pre-nursing activities included outreach to students enrolled in the local community colleges and to students who participated in UTEP's annual high-school students' recruitment activities. Finally, all of the seniors from the local area high schools who were in the top 10% of their graduating classes received personal letters and other promotional materials to encourage them to consider nursing as a career.

The second activity related to recruitment was directed toward students admitted to the UTEP-SON. All eligible students (economically disadvantaged as evidenced by being eligible for a federal Pell grant, or being male, Hispanic, or another ethnic minority students) were invited to apply for acceptance into the project. Results of the program created and implemented successful strategies to recruit, retain, and graduate BSN Hispanic nursing students; all students who completed the project successfully passed the NCLEX-RN exam on their first attempt.

A quasi-experimental design was used by Colalillo (2007) to determine if participation in a formal, structured mentoring program would improve student success in a beginning nursing course, increase retention rates, and improve psychological outcomes in a sample of nursing students from a diverse, multicultural, urban community college. Questionnaires were used to evaluate students' perceptions of the effectiveness of the program; outcomes were measured by the passing grade in the course, enrollment in the subsequent semester, and satisfaction with the intervention. Results showed that retention rates improved by 5 - 11% overall for the period when the intervention was applied. Students who participated in the mentoring program showed significant improvement in academic performance and National Council Licensure Examination for RN (NCLEX-RN) pass rates over those who did not participate.

In 2007, Hagedorn, Chi, Cepeda, and McLain investigated the role and effect of the level of representation of Latino community college students on their academic outcomes. Specifically, the relationship between the level of representation of Latinos and the levels of academic success in concert with other variables, such as the level of representation of Latino faculty, student age, attitude, academic integration, English ability, and aspiration were examined. Researchers used a 47-item questionnaire specifically designed for urban community college campuses with diverse student enrollments and large number of students for whom English was not a first language. The questionnaire was administered to 5,011 Latino, Chicano, and Hispanic students

across 241 classrooms in nine colleges within the Los Angeles Community College District.

To study the effect of Latino representation on campus, Hagedorn et al. (2007) operationalized two separate variables as the representational value (RV) of Latino students or faculty on a per-campus basis. Data were analyzed by the following methods: transcript analysis to calculate grades, level of remediation, and success ratios; descriptive analysis, which consisted of correlations, proportions and plots; and ordinal regression analysis to study the relationship between the critical mass of Latino students and faculty RV and student success. The analysis indicated significant positive correlations between RV and student GPA ($r = .675, p < .01$) as well as between RV and success ratio ($r = .694, p < .01$). Studying on campuses with higher RVs was related to higher GPAs, higher success ratios and more successful patterns of courses completion (grade C or better). Transcript analysis evaluation of math and English course-taking patterns in relation to RV was included; students enrolled at higher RV campuses were more likely to enroll in transfer level courses, while lower RV students were more likely to enroll in remedial level courses. As RV decreased, more students tended not to enroll in any English or math courses. Ordinal regression analysis indicated that student RV, attitude and aspiration were significant predictors for student success ($p < .05$), whereas age, English-speaking ability, and academic integration were not significant predictors of success. Overall, results suggested that a significant and

positive relationship was found between the Latino student RV level and their success; as the RV increased, their success moderately increased.

Nnedu (2009) implemented a project that focused on increasing nursing education opportunities for individuals from minority and/or disadvantaged backgrounds. Activities included the implementation of programs to enhance pre-entry preparation, retention, cultural competence and financial support. Intense recruitment strategies targeted seniors from high schools in Macon County and contiguous counties (i.e., the counties of residence where most students currently enrolled at Tuskegee) and health profession majors in some of Alabama's historic Black universities, on developing programs to enhance pre-entry nursing preparation, retention, cultural competence and financial support. Pre-entry initiatives included tutorials in preparation for college entry exams, seminars for high school counselors, establishment of the Future Nurses of America Organization and summer enrichment programs. The tutorial activities were designed to increase the vocabulary and reading comprehension skills of students as well as enhance their basic skills in mathematics and science. To enhance retention, student contracts, tutorials, student seminars, prescriptive learning, comprehensive counseling, support groups and supplemental reviews were offered to the students; the foci of the tutorials were the science courses. With regard to instructors, workshops aimed at faculty cultural development were conducted in the areas of self-assessment of cultural competency and the influence of culture on student learning and teaching

strategies. Lastly, to assist with financial support, monthly stipends were made available during the academic year to foster success in nursing by promoting a reduction in financial worries and alleviating many of the unmet personal needs and incidental fees related to enrollment in a nursing program. To qualify for the stipend support, the student had to meet the following criteria: demonstrate a financial need, participate in all project activities designed to promote retention and progression, maintain at least a grade point average of 2.5 on a 4-point scale, and maintain regular contact with the project coordinator. For this project, 30 students received a stipend in the amount of \$200.00 per month.

Results from the project by Nnedu (2009) showed a 150% increase in enrollment for nursing, and all students were retained by the Department of Nursing during the period of project implementation. Additionally, the informal and formal data collected through the implementation of the project's activities revealed psychosocial and health-related problems (e.g., poverty, incidence of crime, and sexual activity by adolescents) that have impacted students' ability to learn and to realize economic and career goals.

Various schools have taken similar steps for trying to enhance success of minority students by focusing efforts on pre-nursing students. As Gordon and Copes (2010) described, Coppin State University Helene Fuld School of Nursing (HFSON) in Baltimore, Maryland, developed and implemented the "Coppin Academy for Pre-Nursing Success" (CAPS), a comprehensive, year-round, pre-entry baccalaureate

preparation program targeting high school students from disadvantaged backgrounds who were interested in pursuing a career in nursing. Graduating CAPS high school seniors who have been admitted to the University and have applied to the School of Nursing participate in a four-week, reality-based clinical experience under the auspices of two local hospitals. The experience is also offered during winter sessions between semesters. The local hospitals provide workplace preceptorships, internships, and externships. Results from this program were found to be positive: retention rates of CAPS students remained above the University's average retention rate. The first cohort group of CAPS students to graduate from the HFSON in 2008 successfully passed the NCLEX exam on the first attempt. All CAPS students chose to work in local health care settings after graduation. Twenty CAPS students graduated in May 2009, and 30 were projected to graduate in May 2010.

In the state of Oklahoma the greatest health disparities exist among African Americans, American Indians, Hispanic and low-income populations. A retention project by Edwards, Radcliffe, Patchell, Broussard, and Ogans (2009), from the University of Oklahoma Health Sciences Center, was implemented for culturally diverse students for the purpose of improving access to quality health care for culturally diverse populations. The project had two objectives: (1) increase the number of African American, Hispanic, American Indian, Asian underrepresented (Vietnamese), and educationally disadvantaged, White BSN graduates by 5% each project year, and (2) improve the

health care of minority and underserved, vulnerable populations by increasing the theoretical knowledge base about low-income, vulnerable populations and improve cultural competency of BSN nursing students and faculty. Through the use of immediate identification of these vulnerable students after admission, providing an intensive orientation prior to the start of classes, and the implementation of two success-oriented teaching approaches (HeartMath and Buzan's Mind Mapping), objective one was highly successful. In the year prior to the project initiation, 45 minority students graduated. At the completion of the second year of the project, 70 minority students graduated. In addition, 96% of these students passed the NCLEX on the first attempt.

To meet the second objective, Edwards et al. (2009) collaborated with African American, American Indian, Asian American, and Hispanic community elders to form a Cultural Advisory Committee to learn about issues of cultural diversity, poverty and culturally tailored health care needs. Activities implemented to achieve this objective included: (a) in-depth faculty orientation about the project and (b) ongoing faculty development aimed at increasing faculty awareness, sensitivity towards diversity, issues related to poverty, and vulnerability. Ongoing evaluations of textbooks, computer software, journal articles, internet sources for cultural competency and diversity content was conducted by project faculty. Collaborations with faculty to identify explicit strengths and weaknesses of each course for cultural competency, poverty and

vulnerability concepts, and clinical experiences was also initiated (Edwards et al, 2009). Outcomes for objective two were positive: undergraduate BSN courses were evaluated for content and clinical practicum for cultural competency, poverty, and vulnerability. Appropriate modifications were made by faculty in areas of deficiencies. In addition, the faculty approved the creation of a Center for Cultural Competency and Healthcare Excellence. Faculty also supported an ongoing annual conference aimed at cultural competency. Lastly, the Co-Director of the Center for Cultural Competency became a voting member of the College of Nursing's Academic Affairs Committee. Overall graduation rates increased significantly for minority and educationally disadvantaged students (Edwards et al, 2009).

Minority Student Perceptions

Pope (2002) conducted a study focusing on minority student perceptions of campus climate, institutional diversity, mentoring, and administrative support of diversity. Twenty-five community college institutions were selected from five regions of the country, i.e., Northeast, South, Midwest, Northwest, and West. Five institutions from each of these regions were selected using a stratified random sampling method. Four research questions were investigated: (1) What aspects of mentoring are important to minority students, (2) What are minority students' perceptions of whether their current institution provides these multiple levels of mentoring, (3) Is there a relationship between the perceptions of importance and the availability of these

multiple levels of mentoring by minority students, and (4) Is there a difference in minority students' perceptions, based on race, of whether their current institution provides multiple levels of mentoring? The selected sample, consisting of 250 ethnic minority students (66% response rate), received a survey via email. Most sections of the survey consisted of two-part questions. The first portion of the question required subjects to respond to whether or not they perceived statements related to various aspects and types of mentoring as important to them by answering yes or no. The second part of the question required subjects to rate the statement on a Likert scale, (1 = lowest; 5 = highest), based on their level of agreement with the listed statement. Eight of the questions related to mentoring.

Results indicated that most of the responses to the importance of mentoring based on individual ethnic groups were rated favorably by at least 70% of the respondents. The statement which received the least number of affirmative responses, 172 (68.8%), was focused on whether the student thought that his or her individual participation in mentoring was important. Additionally most of the responses to the importance of mentoring based on individual ethnic groups were rated affirmatively by at least 70% of the respondents, with the exception of four overall instances: only eight out of the 12 (66.7%) students of Asian descent rated the statement related to their peers serving as mentors to them as being important. Similarly, only 18 of the 28 (64.3%) Hispanics and 120 of the 174 (69.0%) African Americans responded affirmatively

to this statement. Asian-American students also rated the statement related to staff members mentoring students relatively low with only 50% of the respondents responding positively.

Regarding question two, Pope (2002) found that Asian respondents rated lowest for the statement related to the respondent mentoring other students ($M = 2.00$; $SD = 1.21$), and the highest rated by Asian respondents for the statement related to the importance of mentoring for student success ($M = 4.167$; $SD = .94$), and the overall perception of the availability of mentoring programs for Asian students was lower than the four other groups.

To answer research question three, Chi-square analyses were conducted; results were statistically significant in that there was an association between the perceptions of importance and availability of these multiple levels of mentoring by minority. Specifically, regarding the question of persons of color in administrative roles from whom I would seek mentoring ($r = 22.44, p = .000$); there are persons of color in faculty roles from whom I would seek mentoring ($r = 21.50, p = .000$); peer mentors who can advise me ($r = 45.89, p = .000$); and, institution supports student-to-faculty interaction ($r = 19.91, p = .001$). The only exception was the question regarding faculty mentoring students ($r = 9.21, p = .056$).

A one-way ANOVA was performed to answer research question four which focused on whether there was a difference in minority students' perceptions, based

upon race, of their current institution's provision of multiple levels of mentoring.

Results indicated that there were significant differences in four of the statements regarding mentoring (there are persons of color in administrative roles from whom I would seek mentoring at this institution $F(4,245) = 3.508, p = .008$; there are peer mentors who can advise me $F(4, 245) = 5.245, p = .000$; I mentor other students $F(4,245) = 3.702, p = .006$).

The results of this study are important given the fact that the percentages of minorities in nursing programs of all types across the county are rising, yet degree completion rates are lower for this same population. The continued prompting from various federal agencies to attract more ethnic minorities into nursing, and ultimately produce an increase in the diversity of the nursing workforce, weighs heavy on the minds of college administrators and nursing faculty. Results from the proposed study may add additional information that could be helpful to college administrators and faculty with regards to the mentoring needs of nursing students and could possibly help to reduce attrition rates in this student population.

Jeffreys (2007) implemented a study to gain further insight into students' perceptions concerning factors that restricted or supported retention. The sample consisted of 1,156 non-traditional, undergraduate nursing students from a Northeastern public university system; minorities comprised 68% of the sample (i.e., 1% Alaska Native, 29% African American, 17% Asian or Pacific Islander, 5% Puerto Rican, 6% other

Hispanic, and 10% other). Eighty-six percent of the sample population was enrolled in associate degree programs, only 60% reported English as their first language (EFL), 51% reported having dependent children at home, 65% were enrolled part-time, and 29% were first-generation college students. Students were given a one-page questionnaire that asked respondents to evaluate each of the 27 items in terms of how each affected their ability to remain in the nursing course during the semester; a 6-point Likert-type scale was utilized. Non-traditional students were defined as those who met one or more of the following criteria: (1) aged 25 years or older, (2) commuter, (3) enrolled part-time, (4) male, (5) member of an ethnic and/or racial minority group, (6) speaks English as a second (other) language, (7) has dependent children, (8) has a general equivalency diploma, and (9) requires remedial classes. Descriptive statistics revealed three “greatly supportive” variables related to nonacademic issues: emotional support from family and friends, friends in class, and friends outside of class. The most frequently cited restrictive variables represented environmental factors such as hours of employment, financial status, and family crisis. Family responsibilities, financial status, and employment responsibilities were also most frequently selected as “moderately restricted” retention. Factor analysis was conducted which yielded five factors: Environmental Factors (EF), Institutional Interaction and Integration Factors (IIIF), Personal Academic Factors (PAF), College Academic Facilities (CAF), and Friend Support (FS).

Jeffreys (2007) then performed multiple regression analysis to explore the influence of demographic variables on factor scores among student subgroups. No statistically significant differences were generated for any of the factors after the independent variable measures (age, gender, ethnicity, and marital status) were entered into the multiple regression equation; therefore, making predetermined expectations about students' perceptions based only on demographic characteristics should be avoided. Independent-samples *t* tests were performed to determine if enrollment status (full-time vs. part-time), first-generation college student, EFL, or having dependent children affected any of the composite factor scores. The *t* test was only significant in that EFL and FS affected composite scores ($p < .000$); using an analysis of covariance to control for age, EFL was still important in predicting this factor for FS. Regardless of age, higher scores were noted with students whose first language was English, suggesting that encouragement from friends was more important for EFL students. Several analyses of variance (ANOVA) were conducted to examine whether composite factor scores varied based on previous healthcare experience and educational background. The ANOVA did not yield significant findings concerning previous healthcare experience and any of the factors. To examine whether composite factor scores differed across institutions, an ANOVA was conducted, yielding significant values for all factors except EF. Using semester as the independent variable, results from the ANOVA demonstrated significance for IIIF, PAF, and FS. The ANOVA was

significant regarding clinical course and IIIF ($F(5, 1017) = 3.26, p = .006$), PAF ($F(5, 1012) = 2.68, p = .020$), and College Academic Facilities ($F(5, 1024) = 2.59, p = .024$). Results demonstrated significance on IIIF between community health and mental health, whereas students in community health had higher means than did students in the mental health course. Pearson correlation revealed three significant relationships between self-reported course grade and composite factor scores: IIIF ($r = 0.091, p = .005$); PAF ($r = -0.206, p = .000$); and FS ($r = -0.067, p = .038$).

Subjects in Jeffreys' (2007) study perceived environmental factors to be most influential in supporting or limiting retention followed by institutional interaction and integration factors. Further studies like the current one could help to identify recurring themes with regard to attrition/retention issues and to determine if these same issues are present with a sample composed strictly of minority students. Findings from the current study could potentially help nurse educator's better address issues of attrition by helping to identify and remove barriers that may be experienced by minority students during their journey to achieve degree completion.

Using biculturalism theory, Wei et al. (2010) examined the direct effect of perceived bicultural competence (PBC) on depressive symptoms and PBC as a potential coping resource to moderate the association between minority stress and depressive symptoms. A sample of 167 Asian, African American, and Latino students at a predominantly White university was utilized. Using hierarchical regression analysis,

results indicated that: (a) minority stress was positively associated with depressive symptoms after controlling for perceived general stress, (b) PBC was negatively associated with depressive symptoms after controlling for perceived general stress and minority stress, and (c) the interaction between minority stress and PBC was significant in predicting depressive symptoms.

Attrition of Nursing Students

The nursing profession faces many challenges, some of which include rising health care costs, tax revenue reductions to colleges and universities, a nursing workforce shortage, and unbalanced ethnic minority nurse-to-patient ratios (Amara, Abriam-Yago, & Yoder, 2006). Attrition is often credited to identified barriers or burdens that are too demanding or logistically challenging for the student to overcome. Reasons for attrition are generally complicated and thought to be inter-related (Prymachuk, Easton, & Littlewood, 2008); it is imperative that methods for identification of students considered “high-risk for degree completion” followed by interventions for improving success rates are implemented so the profession can help meet the changing needs of the American population.

A United Kingdom (U.K.) study by Deary, Watson, and Hogston (2003) used a longitudinal design to investigate the determinants of, and relationships among, stress, burnout and attrition in nursing students. Students experienced increasing levels of stress, use of negative coping mechanisms, and increased psychological morbidity

increased as the nursing program progressed. Positive aspects of personality were more likely to lead to aspects of burnout, and personality was a more important indicator of attrition than cognitive ability. Findings indicated that stress, burnout, and attrition may not be directly linked; however, personality factors at course entry contributed significantly to the prediction of burnout and program completion, yet the relationships were not strong enough to be practically useful.

Mulholland, Anionwu, Atkins, Tappern, and Franks (2008) reviewed pre-existing student data records from 1,808 students (1,444 female, 354 males) in a British study using quantitative methodology with a longitudinal design to explore the relationship between selected diversity variables (sex, country of birth, ethnicity, age, educational qualifications, visa status, application route, absence rates) and nursing students' progression and attrition. Of the 1,808 students, 377 did not complete their program of study; researchers utilized Chi square analysis to examine associations between predictors and a binary variable coded to reflect completion. Statistically significant predictors of success were age at program start date ($X^2 = 11.24$, $df = 3$, $p = .011$), country of birth ($X^2 = 65.31$, $df = 4$, $p < .001$), ethnic group ($X^2 = 35.06$, $df = 4$, $p < .001$), highest entry qualification ($X^2 = 13.66$, $df = 4$, $p = .008$), and whether the student required a visa ($X^2 = 12.94$, $df = 1$, $p < .001$). Preliminary analyses indicated there was a close relationship between ethnic origin and country of birth. Attempts to incorporate ethnic origin into models containing country of birth showed evidence of collinearity

with no improvement in fit using multivariate analysis. Predictive validity showed that, while country of birth slightly improved models containing ethnic origin, ethnic origin failed to improve models already containing country of birth. The variable of past education showed no differences between categories of prior educational achievement with the exception of students qualified to first-degree level who had lower odds of success. A potentially important finding, in regards to gender, was that males had lower odds of completing the program as did younger students.

Newton (2008) examined prerequisites for nursing at community colleges and found that math and reading deficits were strong predictors of attrition. A new phenomenon, described as transfer shock, happened as students transferred from community college to four-year universities with different and more rigorous academic expectations.

A study by McLaughlin, Moutray, and Muldoon (2008) conducted in the U.K. implemented a longitudinal design to examine the role of personality and self-efficacy in predicting academic performance and attrition in 350 nursing students. At the end of the program, final marks and attrition rates were obtained from university records; data were collected from 1999 to 2002. Individuals who scored higher on a psychoticism scale were more likely to withdraw from the program. Occupational self-efficacy was a statistically significant predictor of final mark obtained, meaning those with higher self-efficacy beliefs were more likely to achieve better final marks. Extraversion was also

shown to negatively predict academic performance in that those with higher extraversion scores were more likely to achieve lower marks.

Another British study by McLaughlin, Muldoon, & Moutray (2010) used a longitudinal design to examine gender, gender roles, and completion of nursing education; 350 students (91%) completed the study. All participants were in the first four weeks of study on a university-based Common Foundation Programme for a preregistration Higher Education Diploma in Nursing Studies (equivalent to the first two years of a bachelor's degree). The mean age was 20.7 years ($SD = 3.95$). Findings indicated that males were more likely to leave the coursework. Those most likely to leave were persons who initially viewed nursing as an appropriate occupation for men and women, in other words, those who held the least gendered-typed views of nursing. Gender role identity was not a predictive factor of student course completion.

Stickney (2008) investigated factors that affected student attrition for 151 students in a practical (vocational) degree program in the southeastern U.S. Half of all students were from ethnic minorities. Student characteristics over a period of three years were reviewed using student records. In order to determine if differences existed between those students who completed the program and those who were lost due to attrition, demographic data, including age, gender, and race were also examined. The academic variables studied included total scores and sub-scores on preadmission tests, specifically the Test of Adult Basic Education (TABE), which was used as a preadmission

screening tool and grades obtained in two prerequisite classes (i.e., Introduction to Health Care and Medical Terminology). Students were divided into either the retention group, who completed the one-year program on time, or the attrition group. The overall attrition rate was 36%, and there were no statistically significant differences found between gender and attrition or between age and attrition.

Stickney (2008) noted the attrition rate by ethnicity as follows: 30% for White students, 48% for African American students, 44.4 % for Hispanic students, and 50% for Asian students. Using the t-test for independent groups, analysis of the academic variables for grades in prerequisite classes and all sections of the TABE (math, verbal, reading) revealed statistically significant differences between the retention and attrition groups ($t = 2.30$, $df = 151$, $p = .023$ for math; $t = 3.35$, $df = 151$, $p = .01$ for verbal; $t = 2.36$, $df = 151$, $p = .020$ for reading). In addition, there were significant differences between the groups in all sections of the TABE and for both of the required prerequisite courses ($t = 2.63$, $df = 151$, $p = .009$ for Intro to Health Occupations; $t = 4.16$, $df = 151$, $p = .000$ for Medical Terminology). When attrition rates were calculated, the only statistically significant demographic variable was race, so researchers broadened the analysis further to look at specific measures for White and minority students ($t = 2.30$, $df = 151$, $p = .023$ for math; $t = 3.35$, $df = 151$, $p = .01$ for verbal; $t = 2.36$, $df = 151$, $p = .020$ for reading). Overall, students in the retention group had higher academic ability, and minority students did not perform as well overall from an academic perspective.

Although this study focused on practical nursing students, it portrays findings concurrent with those of other studies concerning ethnicity and attrition in nursing programs, specifically that minorities struggle in attaining academic success. Further studies, such as the current one, could offer additional insight into the academic needs of minorities by determining why they leave their programs.

Prymachuk, Easton, and Littlewood (2009) examined factors associated with attrition in pre-registration (i.e., in the U.K. this indicates the actual nursing courses students take to complete their degree requirement). Researchers used a retrospective quantitative approach to examine 1,173 students in four different cohorts at a large English university between summer 2002 and autumn 2003. Variables measured included: completion status, cohort, the specialty the student was pursuing, the health system the student was assigned to, age on entry, ethnicity, gender, original domicile (home town), highest qualification on first entry (using National Qualifications for England, Wales, Northern Ireland), and highest qualification on second entry (categorized according to whether the qualification was largely academic or largely vocational). Findings indicated the percentage of non-completers in all four cohorts exceeded 25%. The ratio of those who resigned (voluntary) to those who were removed (involuntary) was approximately 3:1 in all cohorts.

Findings suggested that students who were older on entry were more likely to complete the program than younger students, and those who had only minimum

educational qualifications on entry were less likely to complete than those with higher-level qualifications. Additional findings indicated an increased risk of resignations in students taking the pediatric course and an increased risk of involuntary withdrawal from the pediatric course in both male and minority ethnic students.

The findings from Prymachuk et al. (2009) are important, as nursing programs must strive to decrease attrition of students to aid the nursing shortage. With the rise in ethnic minorities in the U.S., decreasing attrition for high risk students, such as minorities, is important so the future nursing workforce is ethnically diverse as well. These nurses could then deliver care from, perhaps, a more culturally sensitive perspective. The current study sheds some light on why minority students leave their programs and findings from this study may help with the development of intervention strategies for decreasing attrition in minority students.

Williams (2010) examined attrition and retention in hopes of understanding factors that influenced students' persistence while enrolled as a nursing major. The students' lived experience was explored through interviews from 10 BSN students. Data analysis revealed three themes related to self-talk or mind-set, which included: "keeping up", "not giving up", and "doing it"; a fourth theme, "connecting", related to the use of resources by the participants. Results from this study can serve as a guide to help institutions work toward building a culture of persistence and to work toward implementing changes that help support nursing majors to persist through the

challenges of the science courses. Lastly, results serve as an incentive for nurse educators to examine their role in the student's life during the early phases of the path to nursing program completion.

Even though this study examined BSN students, the findings are important to nursing faculty. Efforts to assist all students to pursue through pre-requisite and nursing courses are imperative to increase retention rates. The current study could offer further information regarding needs of students in pre-requisite courses and nursing students. Additionally, the current study can offer insight as to whether or not the same findings occur in different student populations (e.g., minorities) and in different types of nursing programs.

Minority Nursing Student Attrition

Wood, Saylor, and Cohen (2009) used a mixed methods design to gain an understanding of the perception of locus of control in BSN students from ethnically diverse backgrounds. Using Rotter's Locus of Control Theory (LOC), the researchers investigated relationships between locus of control, ethnicity, and academic success. Academic success was correlated with pre-requisite grade point averages, medical-surgical test grades, and standardized medical-surgical test scores. Specifically, the study examined (1) relationships between perceptions of LOC and academic success, (2) the relationship between ethnicity and perception of LOC, and (3) identified factors that nursing students reported as major contributors to their academic success.

Wood et al., (2009) used a sample of 106 BSN students in their second semester of the medical-surgical course. Seventy-eight percent of the sample were identified as minorities ($n = 83$), and 37% of the sample reported English-as-second-language. With regard to ethnicity and LOC, results from ANOVA showed statistically significant differences between external LOC and various ethnic groups ($F = 3.43$, $df = 4$, $p = .11$). Filipinos, or those from other Asian groups, and students who identified English as their second language, were more likely to attribute negative academic outcomes to forces beyond their control (external locus of control), and were more likely to have lower grades in the medical surgical nursing course. With regard to qualitative data collection, participants were asked to list the top three factors they believed to be responsible for their academic success. Although not clearly stated, it appeared that participants were asked to do some form of writing and/or journaling to obtain these data. Data analysis revealed three themes which included (a) study strategies, (b) persistence, and (c) supportive social connections.

Overall findings from Wood et al. (2009) suggested that those who demonstrated higher external LOC may be adversely affected with respect to academic success. Filipino and other Asian ethnicities were most likely to attribute outcomes to extenuating circumstances beyond their control, but only Filipinos were more likely to have lower medical-surgical theory grades when compared to the other Asian ethnicities. Although these findings were reported in a sample of BSN student's further

research, such as this proposed study, should be conducted as the number of ethnicities has continued to rise within all types of nursing programs since the early 1990's.

A qualitative dissertation by Mister (2009) examined minority nursing student success using a grounded-theory approach in a rural community college in Maryland. The purpose of the study was to understand minority students' perceptions of their educational experiences in a predominantly non-minority nursing school. The sample included eight participants: African American (4), Hispanic (1), Bulgarian (1), and Belarusian (2). Six themes were revealed through the data analysis process and included (1) personal support systems and peer relationships, (2) college services and academic resources, (3) faculty support, (4) cultural understanding versus cultural insensitivity, (5) personal attributes of self-efficacy/advice for future, and (6) suggestions for college nursing program improvement. These themes seemed to suggest that even when needed support systems were not available for the student, and the environment may not have been culturally unbiased, the students somehow managed to get through barriers and move closer to their goals. The resultant theory was based on a process that occurred within students of bridging their strongest support systems with their own personal attributes of self-efficacy, which seemed to be enough to keep them going in the program. All participants had remained successful in their academic journeys at the completion of the study.

This study is important to understanding attrition issues because it depicts obstacles that often need to be overcome by minority students. Four of six themes addressed college and/or nursing program issues which given different participants, or perhaps different ethnicities, may have resulted in different outcomes. The proposed study will examine whether or not these issues are consistently noted in other samples of minority students as factors contributing to them leaving their programs.

Alicea-Planas (2009) conducted a qualitative meta-synthesis examining Hispanic nursing students' journey to success. The majority of the studies reviewed for this meta-synthesis examined nursing students who were from either Associate Degree or Baccalaureate Degree Nursing programs. Online databases, including Cumulative Index to Nursing and Allied Health Literature (CINAHL), Pre-CINAHL, Academic Search Premiere, Women's Studies Abstracts, PsychINFO, PubMed, Sociology Abstracts, Education Resources Information Center, and ProQuest dissertations were reviewed. The inclusion criteria incorporated any qualitative research design and Hispanic individuals who discussed their experiences in nursing school. Associates, bachelors, and masters' degree nursing programs were included. Twelve qualitative studies from 1992-2007 were reviewed (eight published articles and four dissertations).

Overall findings from Alicea-Planas (2009) revealed that the success of Hispanic nursing students was influenced by various factors and often depicted by students as having been on a "journey", often involving stops along the way. Often, factors

considered to be a barrier by some, were identified as a facilitator by others. Five overarching themes were identified in this meta-synthesis: money-street, greenhorn city, bi-cultural lane, educational station, and interior road. Because many Hispanic students came from lower-socioeconomic families, findings regarding money-street indicated that financial concerns existed throughout their journey requiring the student to work, which caused extra stress during coursework. Regarding greenhorn-city, many students in the various studies acknowledged a lack of preparedness coming out of high school and entering nursing courses. The theme of bi-cultural lane represented the often reported concerns such as lack of effective study habits, lack of motivation, and lack of confidence that created barriers. Within the Hispanic culture, there is an expectation of close familial ties and responsibilities. Students typically reported an overwhelming sense of familial obligation, regardless of the distance or other scholastic responsibilities they encountered. Having to place school requirements as a priority was a deterrent for many students. In addition, language barriers often created problems as students reported feeling “stupid” or “slow” in front of classmates.

Regarding the theme of education station, many students reported institutional factors such as unsupportive faculty and perceived discrimination by teachers and peers as challenges, which caused feelings of isolation and loneliness. The final theme of interior road represented the internal qualities that students felt they possessed, despite obstacles that helped them reach success. Inner-strength, self-determination,

and self-motivation, along with exhibiting a degree of assertiveness, were reported to be beneficial “internal” qualities.

Retaining Hispanic nursing students who successfully complete degree requirements will contribute to a rise in Hispanic practicing nurses, yet due to high attrition rates of minority students, compared to their Anglo classmates, further research is needed to understand why this continues to exist. The proposed study will examine reasons minority nursing students leave their programs. With attrition rates high in Hispanic nursing students, insight gained from the proposed study can hopefully help educators better identify learning needs and implement teaching strategies to decrease minority attrition rates.

Perceived Barriers by Minorities in Higher Education

At times, difficulties with communication between minority students, students who are classified as English-as-a-second language and faculty members can cause barriers to educational success. Xu and Davidhizer (2005) examined communication differences between Asian and non-Asians in the U.S. Because personal communication tends to be rooted in cultural backgrounds, recommendations by the authors to enhance communication between faculty and Asian students are to take time to learn about each other’s cultural differences. More specifically, faculty working with Asian students should work to understand verbal and non-verbal styles of communication. Verbal indirectness, typically displayed in Asian cultures, is perceived by Asians as having

good taste and being tactful because indirectness offers the opportunity for saving face, especially in conflicts and potentially embarrassing situations. On the other hand, directness is perceived as threatening and rude. Thus, faculty should avoid open confrontation if at all possible. Additionally, facial expressions or gestures such as nodding and a tendency to be reserved or display quietness are cultural signs of respect and not to be mistaken for lack of understanding. Finally, faculty should avoid assuming that all students have the same needs and work to eliminate stereotyping.

Between 1976 and 2009, a 5% increase in the number of Asian/Pacific Islander nursing students was noted (U.S. Department of Education, National Center for Education, 2011). Likewise, with the increasing diversity of the American population, the need to produce a more ethnically diverse nursing workforce is important; this can only be accomplished if efforts to decrease attrition rates in minority nursing students are implemented. In regards to Asian nursing students, the level to which the student and American faculty member is achieved is based on self-awareness and the use of an open, tolerant, and empathetic attitude toward doing things in different ways (Xu & Davidhizer, 2005). A basic tenet of effective nursing care lies in the communication skills of the nurse. The current study sought to understand the reasons minority students leave their programs. Findings from this study may shed light on whether similar findings (e.g., lack of mutual understanding) are noted. In addition, findings from the current study may help to decrease approaching academic misfortunes caused by

communication barriers that may not be perceived or prevented until it is too late to intervene.

Amaro, Abriam-Yago, and Yoder (2006) conducted a qualitative, grounded theory study examining the perceived barriers and factors that delayed or facilitated ethnically diverse students completing their nursing education. The sample consisted of 17 recently graduated ethnic minority RNs in Central Coastal California who were interviewed using an open-ended questionnaire. The sample was composed of Latino, Portuguese, Asian, and African-American population groups; 11 participants were ADN graduates, and six were BSN graduates who had graduated within the past six months to two years. Researchers asked participants questions that explored the nurses' perceptions of barriers in their nursing education as well as motivators for, and facilitators of, success. Data analysis revealed four categories of student needs which were personal, academic, language, and cultural needs.

Personal needs, such as financial and child care, were particularly difficult barriers for ethnic minorities to overcome. Language was the biggest barrier for most of participants in this study in that they struggled with reading, note-taking, and communicating with instructors and health care providers at clinical sites. Many of the participants reported having mentors or teachers who provided encouragement, and many were engaged in ethnic nursing associations, which provided socialization with other students from their cultures. Family dynamics seemed to have both a positive and

negative effect on participants in this study; participants related that when they were experiencing stressful moments, their family members offered encouragement, helped reduce stress, or assisted with finances. Yet, others reported that families were also the source of stress for participants. Many had to work to provide financial resources for their families, causing additional stress and decreased time for study. Some participants continued to carry most of the daily care of their families; most studied late at night after the family had gone to sleep and then got up early to go to classes. Other participants struggled with family expectations, often experiencing negative feedback for missing family functions because of having to study. Finally, many participants reported that teachers had an even greater effect on their potential success than their families. Teachers who encouraged and mentored them were those who maintained an open-door policy, were motivational, and displayed patience. These teachers also helped the students find resources (financial aid, tutoring) to help meet their needs. Despite many obstacles these participants encountered, all successfully completed their programs and found employment as RNs.

Although this study examined minority students who had actually completed their programs, findings suggest that the road to success for these individuals was typically difficult and challenging. The current study sought to understand why minority students withdraw from their programs. Findings could determine whether the same issues arise in different areas of the country and with different minority groups.

Furthermore, the generation of a theory helping to explain why this phenomenon continues to occur could provide nursing faculty information offering suggestions to modify retention efforts for minority students.

Wong, Seago, Keane, and Grumbach (2008) examined whether students' ethnicity was associated with perceptions about institutional, dispositional, and situational factors and whether perceptions differed by college. A sample of 1,377 African American, Latino, Asian, Filipino, Southeast Asian, and non-Latino White nursing students reported their perceptions; eight community colleges, and four state universities across California participated. Students were asked to report their perceptions of situational, dispositional, and institutional characteristics; career values; and socio-demographic characteristics. Four institutional factors were examined: peers, faculty, diversity, and overall campus experience. The dispositional factor examined was students' confidence in their academic ability; two situational factors included the cost of attending college and work issues. Using multivariate statistics, results for institutional factors indicated that being a minority student was related to more negative perceptions of institutional diversity compared to being a non-Latino White student ($p < 0.01$). Students whose parents did not attend college had more negative perceptions of their peers ($p < .05$); African American students also had more negative perceptions of their peers ($p < .05$). Fewer interactions with faculty were noted in African American students compared with non-Latino White students ($p < .001$).

With regard to dispositional factors, Wong et al. (2008) found no relationship between students from different ethnic backgrounds and confidence in academic ability; students, whose income was less than \$16,000, had lower confidence in their academic ability ($p < .05$). Lastly, regarding situational factors, poorer students had less difficulty attending college than those students with the highest income ($p < .001$). Except for Southeast Asian respondents, minority students had more financial issues ($p < .05$) related to the cost of college.

The current study sought to examine and understand minority nursing student attrition. Results from the study could help close the present hole that exists in information regarding which characteristics schools of nursing could pay more attention to in designing a more comprehensive approach toward the recruitment and retention of nursing students from diverse ethnic backgrounds. Additionally, the current study offers insight into the vulnerabilities of minority students.

Garcia (2010) described barriers that 461 first-semester Hispanic students attending a community college in New Mexico reported to have experienced. Of the 461 students who provided student comments, 124 of them identified barriers that the institution could address to increase student retention. The remaining comments were external concerns beyond the college's ability to control such as the student's personal health, children, employment conflict, conflicting welfare system requirements, incarceration, no parental support, significant others' insecurity, or military deployment.

Specific barriers that were noted included difficulty filing financial aid or applying and receiving scholarships.

First-semester Hispanic students reported difficulties and panic when they found their financial aid or scholarship to be unavailable when they first enrolled in college. Another barrier reported was difficulty with the newly created college on-line registration system. Many perceived that the college attempted to simplify registration; however, not all students found the new registration simple. They were intimidated by the process of on-line registration, instead perceiving it as not helpful. Another area of concern arose from the placement of first-semester Hispanic students in online courses; students reported having difficulty reaching their instructors for help and often discovered they needed the discipline of attending classes on campus. Unfortunately, they discovered this after being enrolled in online classes and often resorted to not participating.

Limited information by staff members at the college about students who came to the institution with a lack of college preparation was another concern identified by students; in other words, staff members often lacked the skills to navigate the bureaucracy of the college system, therefore, misinforming students about various options such as attending on a part-time basis if needed instead of full-time. Findings from this study suggested that when first-semester Hispanic students attempt to succeed in college but do not, it is not necessarily the students' fault.

The aims of the current study included identification of specific factors contributing to or influencing student withdrawal and specific patterns of behavior that are relevant in the process of deciding to leave. Results from the study may determine if students from other ethnicities report the same first-semester experiences. Findings could also assist administrators and faculty to implement or modify strategies that help break down student-identified barriers of success, not only on the overall college level, but also within the nursing program.

Lack of Role Models

The educational experiences for students of all ethnicities are enhanced by diversity on college campuses and in classrooms. While most of the attention is focused on increasing student diversity, colleges and universities need to remember that there are two sides to the coin; devotion to hiring a diverse staff and faculty should remain as high a priority as diversifying the student body (Goral, 2007). The lack of faculty role models is thought to be a contributing factor to the ongoing issue of non-completing minority students. Some literature findings suggest that hiring, retaining, and facilitating the upward mobility of faculty members in community colleges should reflect a movement that mirrors the student body they serve and the changing demographics of the American population and the communities to which they provide service (Vega, Yglesias, & Murray, 2010). Some literature suggests that a diverse faculty is beneficial to students and positive to the overall classroom environment (Maruyama & Moreno,

2000); other literature suggests that some colleges feel a sense of urgency about greater inclusion of students of color in the student body because they view a diverse community as essential to fulfilling their missions (Gudeman, 2000).

Karunanayake and Nauta (2004) used the Social Learning Theory to guide a study exploring the differences between the experiences of White and racial minority students regarding the influences of role models. A sample of 152 students from a large Midwestern university (which had an ethnic minority student body of approximately 15%) were asked to list all of the people (and that person's relation to the student), which he/she considered to be role models. In addition, a seven item subscale, using 5-point Likert-type items titled the Inspiration/Modeling Subscale of the Influence of Others on Academic and Career Decision Making Scale (IOACDS) was used to assess the degree that students have received inspiration and influence from others when making academic and career decisions. To determine whether students selected career role models whose race was similar to their own, Chi square analysis revealed a significant relationship ($\chi^2(2) = 164.28, p < .001$); 94% of the White students and 81% of the African American students selected role models whose race was similar to their own; however, 96% of the sample identified family members as role models. Therefore, an additional Chi square analysis comparing the students' race with only those role models who were not a family member was conducted, and the results remained statistically significant ($\chi^2(2) = 77.27, p < .001$).

Karunanayake and Nauta (2004) then examined whether minority students would report having fewer career role models and less perceived role model influence than Caucasian students; using two analyses of variance (ANOVAs), researchers examined whether there were differences in (a) the total number of career role models and (b) scores on the IOACDS between Caucasian, African American, and Hispanic students. Results indicated there was no main effect for race on the total number of career role models identified ($M = 4.13$; $SD = 2.05$ for African Americans; $M = 4.47$, $SD = 3.37$ for Caucasians; $M = 4.47$, $SD = 2.09$ for Hispanics, $F(2,209) = 1.10$, $p = 0.37$); nor were they statistically significant on Inspiration/Modeling subscale scores ($M = 24.09$, $SD = 6.71$ for African Americans; $M = 24.43$, $SD = 6.29$ for Caucasians; $M = 24.74$, $SD = 6.57$ for Hispanics, $F(2,202) = 0.96$, $p = 0.91$). There seem to be persuasive reasons to suggest that same-race role models would be beneficial to minority students; yet, perhaps role models who are different from one's race would help challenge stereotypes and promote greater appreciation of diversity. The current study sought to identify reasons minority students withdraw before completing degree requirements. The results of the study could offer administrators and nursing faculty further information with regard to whether or not having a role model influenced his/her decision to withdraw from the nursing program.

Mills-Wisneski (2005) implemented a descriptive design study to examine African American BSN students' perceptions of the absence of minority nursing faculty in their

nursing programs. Using a sample size of 69 (97% response rate) African American-non Hispanics, the researcher provided subjects a response question consisting of 5-point, Likert-type response; an open-ended question followed to allow students the opportunity to explain their ratings. Descriptive statistics revealed that 51% of the subjects indicated the absence of minority faculty were very important, followed by 20.2% who viewed the absence as important. Content analysis of the open-ended question indicated five schemas, which were placed in the following five categories: "lack of role models," "making a connection," "lack of representation in the university," "perseverance," and "discriminatory assumptions"; responses included verbiage such as "not having someone to identify with" or "not having someone to relate to." One student responded "Because for me, it is important to be able to relate to an individual who has achieved all that you want to achieve and who understands all the obstacles you must go through for this success" (p. 51); their response illustrates the significance role models can have on student persistence and success. Another student wrote "The lack of minority faculty doesn't represent the diversity of the school" (p. 52). The inability of the student to make connections with non-minority faculty could lead to feelings of loneliness or a sense of isolation that could affect retention (Mills-Wisneski, 2005).

Although this study focused on African American BSN students, it demonstrates the importance of providing an adequate number of racial role models in regards to the

number of minority students enrolled in a nursing program. The current study adds important information for faculty with regard to role modeling and also perhaps offers suggestions to help improve ethnic minorities' self-esteem when enrolled in nursing coursework. In addition, findings from this study could verify whether or not the same situation exists with other minorities in different types of nursing programs.

Harris, Joyner, and Slate (2010) implemented a study of 75 community colleges for the purpose of determining the extent that Hispanic faculty members employed full-time at Texas community colleges have changed since 2000. Results indicated that the average number in 2000 was 16.48 ($SD = 30.82$), whereas the average number of Hispanic faculty members employed at Texas community colleges in 2008 was 25.74 ($SD = 46.84$). The nonparametric dependent samples t-test was implemented to check for normality. Checks of normality revealed that all data were not normally distributed; therefore, to determine whether the mean number of Hispanic faculty members employed at Texas community colleges in 2008 differed from the mean number of Hispanic faculty members employed in 2000, the Wilcoxon signed-ranked tests were utilized. Results were statistically significant ($z = -6.14, p < .001$, Cohen's $d = 0.24$), which reflected a small effect size. Although the numbers are positive, they can be misleading, especially if the overall number of faculty had increased in the same time period. Therefore, to determine whether a statistically significant increase was present in the percentage of Hispanic faculty members employed full-time at Texas community

colleges, a Wilcoxon signed-rank test was conducted. Again, the result was statistically significant, $z = -5.16$, $p < .001$, Cohen's $d = 0.19$, indicating a small effect size. The findings were positive but suggest that more work is required if the numbers of Hispanic faculty are to meet the numbers of Hispanic students enrolled at these institutions.

Since 1990, Hispanics are second the fastest growing ethnic race enrolled in diploma and associate degree nursing programs (National League of Nursing, 2011a). The current study sought to understand the process that minority ADN nursing students utilize to make the decision to leave their nursing programs prior to graduation. Findings from the proposed study could determine if the results from Harries, Joyner, and Slate (2010) are similar, but may also offer information as to whether the lack of having same-race nursing faculty available contributed to the decision to leave the nursing program, and whether this is true for minorities other than Hispanic students.

Summary

The literature reviewed reveals a need for further examination into minority attrition. Despite research into this topic, and various programs and solutions offered, minority attrition continues to be problematic. Worldwide, the nursing shortage continues, and it is expected to worsen in the U.S. as the current nursing workforce nears retirement. Nationally, the population demographics are shifting rapidly with increases in almost all ethnicities. To meet the rising diversity of healthcare needs in the nation, focus must be placed on determining minority learning needs and the best

educational practices that allow schools to increase the entry, success, and transition of minority students to be competent RNs.

Many of the studies reviewed focused on issues concerning minorities in baccalaureate nursing programs. Given the fact that community colleges are often the first point of entry into higher education for students considered disadvantaged, first-generation, or non-traditional, further exploration of minority attrition at this level of schooling is important. Even fewer studies have attempted to create a theory to explain the ongoing concern of minority attrition, especially in nursing.

CHAPTER III

METHODOLOGY

Qualitative research is designed to explore issues and understand phenomena from individual perspectives; it seeks to create meanings (Munhall, 2012). Qualitative methodology is referred to as an emergent design, that is, the design will emerge as the data is collected (Polit & Beck, 2004). The qualitative design identified for this study was grounded theory which attempts to offer insight, enhance understanding, and provide a meaningful guide to action (Cooney, 2010; Munhall, 2012). The research question stated for this study sought to understand the process of decision-making when minority students decided to leave their programs. Grounded theory is useful when studying human action or when examining social problems or situations to which people have to adapt; it helps a researcher move from what is happening to understanding the process by which it is happening.

Results of this study could potentially help educators better identify learning needs and implement teaching strategies to decrease minority attrition rates. Finally, grounded theory is appropriate for use in situations where little is known about a particular problem area (Munhall, 2012). Due to sparse literature regarding ethnic minority students' decisions to leave their nursing programs, an attempt to understand and explain their actions during this process can be captured using grounded theory.

Setting

This study took place in a South Texas coastal community. The datasets for obtaining participants were from two colleges (Del Mar College and Coastal Bend College) located within the community. Del Mar College (DMC) educates recent high school graduates, adult learners, and dual credit students using two campuses, two education centers, and through online and offsite instruction. The college serves students in a range of ages, ethnic origins, and educational pursuits similar to the demographics and culture of the Texas Coastal Bend community. Most students attend classes on a part-time basis and benefit from receiving some form of financial aid. Nearly half of the study body is age 25 or older, and women slightly outnumber the men. The college offers continuing education, certificate, and associate degree programs. Enrollment averages approximately 22,000 credit and continuing education non-credit students each academic year. The student population is comprised of 42.5% men and 57.5% women; 59.3% Hispanic, 31.4% White, 3.0% African American, and 6.4% other (including Asian, Native American, unknown, and international). Over 95% of students come from neighboring areas, while the rest are from other areas in Texas, 43 other U.S. states and territories, and 32 other countries (Del Mar College, 2012).

Del Mar College is recognized for serving the Hispanic community and is ranked among the nation's top 50 higher education institutions granting associate degrees to Hispanic students. Tuition and fees per semester average \$989 for district residents for

a full-course load (12 or more semester credits). There are 307 full-time faculty members with 86% holding a master's degree or higher; the student/faculty ratio is 17:1 (Del Mar College, 2012).

A strong cultural influence is present within the community, and Del Mar College frequently presents musical concerts, dramatic presentations, art exhibits, dance programs, lectures, and workshops throughout the year. According to the most recent statewide data available, an average of 88% of graduates were either employed and/or attending college within the first year of graduation, compared to 86% statewide. The most recent average passing rate for the college's graduates is over 86% in career and technical occupational programs that require licensing or certification for employment. Del Mar College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (Del Mar College, 2012).

Similar to DMC, Coastal Bend College (CBC) educates recent high school graduates, adult learners, and dual credit students using four campuses, through traditional classroom, online, distance learning, and offsite instruction. Coastal Bend College serves an under-prepared, under-represented population. According to information extracted from the CBC Student Database, of the 6,030 students enrolled during 2010-2011, 53.66% (3,236) self-reported being academically disadvantaged and 28.19% (1,700) as economically disadvantaged (Coastal Bend College, 2013a).

The largest ethnic population is Hispanic (65%) followed by White (29%), African American (3%), Asian (1%), and Native American (1%). Fall 2012 census day enrollment statistics indicated that 65.8% of the student body enrolled is part-time whereas 34.1% are enrolled full-time. According to fall 2010 data, full time retention rate was 45% while part time retention rate was 40% (Coastal Bend College, 2013b). The college offers continuing education, certificate, and associate degree programs and is accredited by the Southern Association of Colleges and Schools Commission.

Del Mar College and Coastal Bend College have partnered for the purpose of “Celebrando Educación” a Title V program which utilizes funds from the United States Department of Education: Developing Hispanic-Serving Institutions Program to improve colleges' retention and completion rates and increase enrollment in technical and/or professional occupational fields of study. The mission entails two components: (a) increasing the number of students who will be successful in class achievement and graduation completion rates for first time in college students, and (b) more students will be transitioned from high school into dual enrollment courses, retained, re-enrolled, and graduated with a Technical Certificate and/or Associate of Applied Science degree from either college.

Participants

In qualitative research, an important feature of sampling is achieving saturation. This means rather than sampling a specific number of individuals to achieve significance,

the researcher is looking for repetition of prominent themes (Streubert & Carpenter, 1999), which ceases when the saturation of a theme has been reached; in other words, nothing new emerges (Creswell, 2009). Specifically for this grounded theory study, the anticipated shift from initial convenience sampling (samples obtained from a South Texas coastal community) to purposive sampling (previously enrolled minority ADN students in South Texas coastal community) occurred (Munhall, 2012), allowing for maximum variation in emerging concepts. Purposive sampling was used for this study as this approach provides a sample that is most representative of the population to be studied; participants were selected because they had appropriate knowledge and served as good informants for the study. Sample size via data saturation was judged by whether a full range of variation in conceptual properties is identified (Munhall, 2012). According to Munhall (2012), sample size for studies using grounded theory methodology should not be an issue because in general, qualitative research sample size is determined by the purpose of the research; however, a sample size of 8-10 participants was anticipated for this study.

Initial recruitment was accomplished through the use of student records and/or databases from two ADN programs in South Texas. The databases included student nursing cohorts over a five-year time period. Elimination of those students identified as "Caucasian", along with those identified as "completer" or "continuing" student was performed. The final dataset consisted of non-completing, minority students only.

Preliminary contact with all potential informants who met the study's inclusion criteria was made via phone calls by the researcher. Upon hearing the purpose of the call, only one potential participant chose to refuse to participate in the study stating he had experienced major life issues during the time of his enrollment and wished not to discuss them or his experience in nursing school with anyone.

A final guiding principle for using grounded theory is theoretical sampling with the focus being discovery, not verification; theoretical sampling involves researcher decision-making about where to collect data next, based on the need to clarify emerging relationships and concepts (Munhall, 2012). However, because data saturation was reached after only eight interviews theoretical sampling did not take place during the current study.

The inclusion criteria are as follows: 18 years or older, self-identification on program admission forms as an ethnic minority (Hispanic, African American, Asian, Native American, or Alaska Native), previously enrolled in an ADN program, identified as a "non-completer" via student records, and English-speaking. The exclusion criteria are as follows: individuals under the age of 18, those previously enrolled in a diploma or BSN program, White subjects, those identified as having completed the program, and Spanish-speaking only.

Protection of Human Subjects

Describing the experiences of others as faithfully as possible is the most important ethical obligation that qualitative researchers have (Munhall, 2012). Before data collection began, Institutional Review Board (IRB) approval was obtained from Texas Woman's University. Once approval was obtained, selected participants were assigned identification numbers to maintain anonymity. All data were kept in locked files to which only the researcher had access. A thorough explanation of the study was provided to potential participants, and informed consent was obtained. Informed consent should be an ongoing process (Munhall, 2012), and therefore, consent may be renegotiated if unexpected events or circumstances arise.

Data Collection

Pilot Study Findings

During the fall 2011, a pilot study in the form of a secondary data analysis was completed to gain insight into the characteristics of minority nursing students who left their educational programs before graduation; a primary purpose was to determine the feasibility of conducting a dissertation research study. Minority students were defined as African American, Hispanic, Asian, Native American, and Alaska Native. A dataset of 1202 subjects, which included nursing cohorts over a five-year period, was utilized. The original dataset (N=1202) was eventually trimmed down to obtain the final data subset which included only non-completing minority students (n=177). To determine if there

was a statistically significant relationship between students leaving (non-completers) and the different variables (gender, ethnicity, age, full/part-time status, and residency), chi-square statistics were utilized. Previous research on nursing student attrition indicates that gender seems to play a role (Brady & Sherrod, 2003; Scott, 2007). Additionally, studies indicate that ethnicity does affect nursing student success (Alicia-Planas, 2009; Gardner, 2005; Mister, 2009; Prymachuk, Easton, & Littlewood, 2009).

The results of data analysis indicated that most non-completing ethnic minority nursing students were Hispanic and predominantly female. Given the fact that this pilot study was conducted in a region of Texas that has a high Hispanic population, and from a nursing program which had a high percentage of Hispanic students, these findings were not particularly surprising. However, these findings did concur with previous research in the area of attrition and Hispanic nursing students (Alicia-Planas, 2009; Evans, 2007; Gardner, 2005). Chi-square findings were not statistically significant when examining minority students' decisions to leave their nursing programs with the variables of gender, ethnicity, full/part-time status, or residency. It was clear that almost 15% (n=177) of all subjects examined in the initial dataset over five years were identified as having left the program before the expected graduation date (non-completers). Of this group 57% (n=101) were identified as a minority. Another important finding was the semester in which the majority of these students left the program, i.e., predominantly in semesters one and two, although it is not clear whether

this was on an involuntary (failing status) or voluntary (passing, but chose not to continue) basis.

The pilot study proved beneficial in determining the feasibility of future nursing research. Specifically, the database offered the researcher an appropriate sample size for a qualitative design and a sample population that would be relatively easy to access. Future research findings would be beneficial to nurse educators and administrators in terms of discovering solutions to assist in retaining these individuals and ensuring their success. Perhaps more emphasis should be placed on identification of specific needs of these individuals during the pre-requisite courses. Further exploration into why non-completing minority students left their program in the early semesters could be appropriately addressed using a qualitative approach. More academically successful minority students would help to increase the underrepresentation of these persons in the current nursing workforce.

Current Study

For this grounded theory study, the semi-structured interview approach was used to collect the data (Munhall, 2012). Preparation of an interview guide was completed prior to the interviews using the general-to-specific question format, with the goal being to ask open-ended questions. A list of “probing,” or clarifying questions was created from findings in the literature (Appendix A). Often, rich data do not begin to emerge until well into the interview, and best efforts were made to place the

participant at ease by including icebreakers (Polit & Beck, 2004). As suggested by Munhall's (2012) interview protocol, including participant-tracking forms, processes for eligibility screening, routines for making and confirming interview times and locations, interview packages, and safety protocol for data collectors and participants were created prior to any data gathering.

When collecting data for qualitative research, it is imperative that certain field issues are addressed. For example, interviews can be emotionally draining; therefore, selecting an appropriate place and time to conduct the interview was important. Although this research topic was not expected to create a concerning level of emotional discomfort for participants, it was most appropriate to conduct the interview in a location that minimized emotional impact and promoted confidentiality and privacy (Polit & Beck, 2004). Arrangements were made with the participant at a convenient time and location conducive to both researcher and participant; a public location, such as a conference room in a public library, was anticipated to be an acceptable location. Interviews were estimated to take approximately 60 minutes; in actuality interview times ranged from 40 minutes to 1 hour and 20 minutes. Prior to each interview the researcher provided a thorough explanation of the study and provided an opportunity for participants to ask questions. Participants were reassured of anonymity by sharing the identification code they were assigned with them. It was reiterated to each participant that they may elect to pause, continue at a later time, or stop the interview

completely at any time. Participants were asked to complete the demographic data form (Appendix B) and were provided a list of counselors should they experience emotional turmoil as a result of the interview. Finally, written informed consent was obtained before each interview.

All interviews were audio-recorded and field notes taken; each interview was listened to and checked for audibility and completeness immediately. Observation of the participant during the interview occurred, and pertinent information was included in the field notes.

Data Analysis

One important aspect of data analysis within a grounded theory design is to review the data repeatedly, typically referred to as constant comparison, for the purpose of gaining understanding and insight (Polit & Beck, 2004); this technique was implemented throughout the study. Tape-recorded sessions were transcribed verbatim by the researcher and then rechecked for accuracy. As Munhall (2012) indicates, although transcribing can be time-consuming, the benefit of the researcher performing the transcription is that he/she becomes well-versed with the data.

Inductive identification of substantive themes in the data initiated the analysis. Specifically, the use of open coding began the process with the goal being to identify as many conceptual codes as possible to fit the data (Munhall, 2012; Strauss & Corbin, 1990). Dimensionalization is a core task during open coding which helps to break down

the data for the purpose of identifying initial relationships (Strauss & Corbin, 1990) and was implemented during this study. Additionally, theoretical sensitivity was utilized during open coding, and tools to assist this process such as questioning or analysis of words and phrases was used (Strauss & Corbin, 1990). Next, axial coding was implemented which involves placing data obtained during open coding back together in a manner which makes new connections between a category and its subcategory. A coding paradigm, suggested by Strauss and Corbin (1990), was utilized in this phase. Finally, selective coding occurred and involved the process of integrating and refining the emerging theory (Strauss & Corbin, 1990). Identification of the “core” variable was noted during this step, and any categories unrelated to the core were eliminated. Data collection resumed in an attempt to clarify relationships; potential renaming of concepts, additional collapsing, or modification of linkages was implemented as well (Munhall, 2012).

Questions for later interviews were directed toward sharing the emerging themes with the participant, which resulted in further data from the individual to help saturate or refine the concept (Munhall, 2012). In essence, the approach for this grounded theory study was cyclical in nature: collecting data, coding, analyzing, condensing data, collecting data, re-coding, and so on until the researcher identified the emerging theory. As suggested by Munhall (2012), throughout this entire process, notes were taken about developing concepts and potential interrelationships. Qualitative

research software, such as N-Vivo, was initially anticipated to be used for data management, however with a goal to become as well versed with the data as possible, the researcher elected to forego the use of any software for data management and instead work with the data manually.

As with quantitative research, reliability and validity (referred to as rigor) must also be addressed in qualitative studies. For the current study, components of *trustworthiness* were used to address the value of a qualitative study, or rigor. Components of trustworthiness include credibility, dependability, confirmability, and transferability (Polit & Beck, 2004).

Measures to be implemented for the enhancement of credibility included prolonged engagement with participants and data, which was accomplished by not rushing through the interview process. Instead, time was taken to establish trust and rapport with each individual and to allow time for in-depth understanding of the participant's culture, language, and views (Polit & Beck, 2004). An important step to ascertain credibility is member checking (Polit & Beck, 2004), which was implemented for this study throughout the interview process by verifying emerging themes with participants. Additionally, peer debriefing was implemented because it allows other experts who have proficiency in the design to ask questions of the researcher, which can strengthen external validation (Polit & Beck, 2004); members of the dissertation committee were utilized for this process.

To demonstrate dependability and confirmability, an audit trail was implemented throughout the entire research study. This entailed writing clear descriptions and documentation of the thought processes of the researcher throughout the study and aided in establishing trustworthiness of the data. Specifically, Polit and Beck (2004) suggest six categories of information to be included for audit trail which include raw data, data reduction and analysis products, data reconstruction and synthesis products, process notes, materials related to intentions and dispositions, and information relative to any instrument development. These six categories were included in the audit trails for this study. Audit trails allow others to agree or disagree with study conclusions and to reconstruct categories (Portney & Watkins, 2009).

Regarding transferability, data was reported in a manner that is rich and thorough. For qualitative research, thick description of data is needed to enable another researcher interested in making a transfer to reach a conclusion about whether transfer can be made (Polit & Beck, 2004). In reporting data for this research, vivid descriptions of the context of the research, study participants, and experiences and processes observed during the study are provided as suggested by Polit and Beck (2004). The recording of direct quotes from study participants was performed to help strengthen transferability.

Summary

Chapter three presented an overview of sample participants that included previously enrolled ADN students who voluntarily withdrew from their programs prior to graduation; the sample was recruited from two South Texas community college student databases. Data was collected through the use of semi-structured interviews. The data collected from the interviews was used to create a description of the processes used by the participants when deciding to withdraw which can eventually be used in a mature theory.

CHAPTER IV

ANALYSIS OF DATA

The research question posed for this study was: “What is the process that minority Associate Degree Nursing (ADN) students who have left a nursing program, voluntarily (passing status, but chose to leave), utilize to make the decision to leave their nursing programs prior to graduation”? Grounded theory is useful when studying human action or when examining social problems to which people must adapt; it assists the researcher to move from what is happening to understanding the process by which it is happening (Cooney, 2010). It was vital that the researcher capture the true spirit of the participants’ experiences while enrolled in a nursing curriculum by portraying what was learned as descriptively as possible. Therefore, data were collected on minority ADN students via individual, semi-structured interview, reviewing field notes taken during each interview, and obtaining demographic data on each participant. A demographic data tool was created by the researcher to obtain this information (Appendix B). Because this was a qualitative study the only statistical analyses conducted on the demographic data included a frequency distribution and measures of central tendency.

This chapter begins with a description of the sample and then proceeds to a presentation of the findings that represent the responses to the research question.

Specific themes will be highlighted throughout the chapter. Finally, a summary of the findings will be presented.

Description of the Sample

Purposive sampling as suggested by Polit and Beck (2004) allows researchers to purposely select those participants thought to be particularly knowledgeable about the issues being studied. A purposive sample of eight previously enrolled minority Associate Degree Nursing (ADN) students who identified themselves as a minority voluntarily participated in this study. All participants had attended nursing school at one of the two community colleges in the south Texas coastal bend area previously described.

Demographics

The research sample for this study consisted of seven females and one male; all were Hispanic. Participants successfully completed pre-requisite courses required by the academic institution prior to acceptance into the Registered Nurse (RN) program. Two of the eight participants identified themselves as “Licensed Vocational Nurse (LVN) to RN students” (referred to as “bridge” students), which indicated they were LVNs who returned to school to pursue a registered nursing degree. For these two participants, entry level into the RN program was at the third of four nursing coursework levels, or semesters; neither of these participants completed the third level. Of the remaining six participants (referred to as “generic” students) two completed level one and were in the second level of nursing coursework at the time of withdrawal from the program. Some

of the participants had an opportunity to re-admit into the nursing program, which they utilized but then withdrew from; this decision then made them ineligible for any further re-admissions in that particular nursing program as both programs only allowed one re-admission. Specifically one bridge student had utilized this opportunity, while four generic students utilized this option. In all cases, interviews took place after they had withdrawn. Participants' ages ranged from 21 to 44 years, with half of the sample age 40 or older at the time of withdrawal.

With regard to family, the male bridge student had one teenage child and was not married. The female bridge student had two teenage children living at home and was not married, but had been living with her partner for 12 years. One of the generic students had no children and was not married; one had a teenage child and was married; two of the participants were not married and had two children under the age of 10; one was not married and had two adult children who were not living at home; and one had four children ages eight to 20 living at home and was married. The ages of all the children who were living at home ranged from 12 months to 20 years. Table 1 provides a tabular representation of the participant demographics.

Interviews

Six of the interviews took place in a reserved study room at two different public libraries. The study room afforded privacy by being able to close the door and having no other study rooms attached to it. Another interview was completed at the participants'

home per her request due to transportation issues. She and her toddler were the only people home during the interview; the interview was interrupted only once by the child who needed assistance with lunch. One interview took place at a participants' place of employment, per her request, because she worked long hours and could not find another time to complete the interview; she preferred not to conduct a phone interview. Ensuring privacy was a concern for this interview because she elected to complete the interview in the lobby of her place of employment (there was no other area available to talk). Fortunately, no interruptions occurred during this interview.

The audio recording of each interview was listened to and transcribed immediately afterward to check for accuracy. Any additional pertinent information from field notes taken during each interview, such as the individual's non-verbal responses or appearances, was added to each individual transcription.

Findings

To begin the analysis, open coding was conducted. This entailed breaking down data as each interview was completed and comparing similarities and differences. A combination of open coding techniques was implemented including detailed line-by-line analysis and analyses of entire paragraphs. To gain a broader perspective each transcribed interview was analyzed as a whole. At this point grouping of data into various categories began to occur. After completion of three interviews some broad

categories that began to emerge were labeled youthful knowing, unexpected reality, disillusionment, and confusion over outcomes.

During the coding process categories were created by the properties that supported them; in turn each property was dimensionalized, when needed to clarify relationships among the emerging data. Using Strauss and Corbin's (1990) example of the category of 'color', one could think of the properties of 'color' as *intensity*, *hue*, and *shade*. The corresponding dimensional range for *intensity* would be on a continuum of high to low; the dimensional range for *hue* would be on a continuum of darker to lighter.

The category of *youthful knowing* was initially created from participant responses to the question of "What made you want to become a nurse". Properties that supported this category were built around responses which were similar in nature and referred to experiences during childhood of caring for family members and being exposed to nurses and the hospital environment. The properties included 'caregiver role' (dimensional range = often to never), and 'exposure to healthcare' (dimensional range = often to never).

Unexpected reality was initially created during open coding from participant responses to the question of "Tell me your feelings of the overall college environment". Properties used to help support this category included 'amount of coursework' (dimensional range = heavy to light), 'time commitment' (dimensional range = high to

low), and 'classroom differences' (dimensional range = many to none). Responses from the three generic participants interviewed at this point were similar; interestingly, two of them replied nearly verbatim stating, "It all changed when I went into the nursing program". Both of these participants were asked to clarify what that statement meant, and both explained that prior to the nursing program they had maintained what they considered was a relatively smooth and uncomplicated journey through the pre-requisite courses when compared to the nursing coursework.

The category of *disillusionment* was developed from responses to the question of "Can you share with me your feelings regarding the nursing courses". Properties used to support this initial category included 'instructor encouragement' (dimensional range = often to never), 'stress level' (dimensional range = high to low), and 'course disorganization' (dimensional range = often to never).

Responses to the question of "Tell me about when you first sensed you might have to withdraw from the program" were used to create another initial category named *confusion over outcomes*. Properties supporting this category included 'lack of control' (dimensional range = often to never), and 'academic performance' (dimensional range = strong to weak). A 41 year-old female participant stated, "I debated about withdrawing and whether I'd ever get back in. There was so much studying, and my scores didn't show how much studying I was doing. I didn't feel like I was learning anything". Similar feelings were expressed by another female participant who stated, "I

wanted to show my kids I had the determination; they kept asking what I was trying to prove. I tried to explain I didn't want to be a quitter; this was all I ever wanted to do".

Table 2 represents the initial broad themes after completion of three interviews.

As data collection continued constant comparison was conducted and methods to enhance theoretical sensitivity such as analysis of words, phrases, and sentences, along with the technique of 'waving the red flag' (Strauss & Corbin, 1990) were used. Waving the red flag is a technique used to help the researcher see beyond the obvious data; it requires the researcher to become sensitive to certain words or phrases. Waving the red flag is a cue for the researcher to take a closer look. For example, one of the participants reported that because there were at least two instructors teaching a course, their teaching styles "were totally different"; this individual was asked to provide clarification to what she meant by "totally" different.

Analysis from Axial Coding

According to Strauss and Corbin (1990), axial coding is the second step in data analysis. Due to the methodological approach with grounded theory axial coding and open coding occurred simultaneously throughout data collection in this study. Emerging data required the researcher to constantly compare findings and frequently rearrange the data into new categories and subcategories. At this point some similar themes were beginning to surface and data was rearranged into new categories that were

named *personal circumstances*, *situational discomfort*, *redefining expectations*, *juggling priorities*, and *attempts to adapt* (Table 3).

Personal circumstances. During axial coding it started to become apparent that most of the participants were experiencing various emotional reactions during nursing school that became increasingly disruptive to him or her when striving to do well, yet not seeing the results on exams he or she had intended. This category had tentatively been named *personal crisis* however, because not all of the properties that were emerging were felt to be true antecedents to a crisis situation, the decision was made to rename the category *personal circumstances*. The properties used to support this category included 'emotional reactions' such as fear (of failure, of instructors, and of the unknown), anxiety (general and test), worry, self-doubt, depression, discouragement, frustration, feeling overwhelmed, unable to cope, ashamed, hopelessness, anger, wanting to get away, loss of confidence, and stress. The corresponding dimension for 'emotional reactions' ranged from often to never. A 44 year-old generic, female participant recounted her experience of the fear she sensed and stated, "What was so overwhelming when I started the program...was that I felt like I was instilled with so much fear by the instructors that I was extremely terrified". Another female participant shared the emotions she recalled experiencing by responding, "At that point of not receiving the grades I had hoped, I got really sad and disappointed. I stopped going to

class and started working more hours at work. I just thought to myself I wasn't going to go anymore".

Additionally, 'sense of lacking', 'dysfunctional home life', and 'age' were identified as properties supporting this category. The dimensional range decided for 'sense of lacking' was more to less. One participant reported feeling a lack of guidance from family or school counselors when selecting a career option; another reported feeling a lack of peer guidance once admitted into the RN program; and a third participant reported feeling of lack of parental support.

Comments from participants that suggested relationship difficulties with a spouse or a significant led to the property of 'dysfunctional home life' (dimensional range = often to never). A 43 year-old male bridge student who was the father of a teenager, and working 32 hours a week, shared his experience of a difficult personal relationship:

I was living with this girl. My other classmates and I went to this girls' house to take a test online. She was one of our classmates. When I got home my girlfriend asked me where I had been, and I told her. And she went ballistic. And I was like, 'I can't do this. If you're not going to support me, trying to better myself and our income, I can't do this'. I couldn't go and study with them because there would be other girls, who were classmates, there. She was jealous, and violent, and I wasn't going to do it. I wasn't going to hit her, but I

wasn't going to get the hell beat out of me either every time I needed to go and study. I went in the next morning and spoke with the director, and told her I was withdrawing.

Rounding out the properties for this category was 'age'. Although age was not a major factor for the majority, two participants did make subtle comments with regard to his or her age. When asked to provide suggestions that might be helpful for other nursing students, one female, age 40, who was working fulltime and a married mother of four stated, "I would tell them to put off a serious relationship. Because I felt like, 'Who am I kidding? I'm married, with kids'. I felt like I was surrounded by little teenyboppers, and I was trying to fit in"? When asked to share his experiences of the overall college environment the male bridge student replied, "It was different. I was already in my 30's. It was just different seeing the way the kids were. It's not that I didn't fit in-it was more that I had to get back into the school routine". Although he did not directly suggest his age was a factor, his choice of using the word "kids" led the researcher to interpret he recognized a difference between his situation and that of his classmates.

Situational discomfort/self-doubt. For many participants in this study it appeared that an inner struggle was taking place with regard to performance during nursing school when compared to his or her performance in the pre-requisite courses. This was especially common when discussing performance in the classroom. The only

property used to build this category came from participant comments about his or her academic performance and, therefore, was labeled 'performance satisfaction'

(dimensional range = often to never). One of the generic female participants stated:

In the prerequisite classes I was an A and B student. The only "C" grade I had was in my chemistry class. I did well. When I hit nursing school my GPA dropped. I know I was not stupid...the frustration! I made it into the program-I proved myself to get there. I'm not stupid. I kept wondering what was happening to me. Maybe I wasn't capable-I was not learning anything. Meanwhile, I learned a lot in anatomy and physiology-all the prerequisite classes. I just don't understand.

Reports such as the preceding one were common and they appeared to share a common angst over their seemingly declining situation. Another generic, female participant stated:

It was a lot of stress, a lot of hours without sleep. I was used to getting 97's and 98's in my classes. My GPA was really high! I thought I was really smart. And then I went into the nursing program. I studied more than I used to study when I was taking my prerequisite classes and I was getting 70's! I felt dumb. I felt like I wasn't smart enough to get a B or an A. Even though the instructors would tell me that 70's were ok, it wasn't ok with me!

Redefining expectations. Various properties arose for support of the category

labeled *redefining expectations* and included: 'demands of coursework' (dimensional range = high to low), 'difficult exams' (dimensional range = common to never), 'adjustment to teachers' (dimensional range = considerable to slight), and 'inconsistency' (dimensional range = often to never). A repeating theme from participants alluded to the unexpected demands of the nursing coursework itself. This is captured in the response from a participant who was a wife and mother of one child during her first, and only, admission into the nursing program:

I was spending so many nights staying up late, maybe until 2 o'clock in the morning, reading, you know...preparing for testing or whatever, and not being able to be fully productive the next day. I would Red Bull throughout the whole evening, staying awake, thinking to myself, 'Ok this is what I'm going to focus on'...especially when they gave us a study guide. 'This is what is going to be on the test...focus on these things'. And then getting the actual test and I'm like, 'Oh my...this is not what was on the study guide'. Then I would think, 'I failed this test again'?

The male bridge participant shared his experience of the demands of nursing school by stating, "I wasn't in school mode...I was in the working mind-set. It was a struggle"!

The findings in this study also seem to suggest that in a circumstance of having previously recognized course expectations that had since changed, challenges can arise.

The female bridge participant, a 38 year-old single mother of two, who was working

more than 40 hours per week, shared her experience upon learning the online curriculum approach had been modified since her previous admission:

I reapplied two years later and got back in to the online program again. This time it had changed- now you only had so much time in which to complete the course. Initially, you had like 3 semesters to finish the courses in each level. Now they had changed it to become where you had to complete the courses within one semester- just like the face to face students did. So, that was a challenge to me because in my mind I thought I had more time-because I work 40 to 50 hours a week in a management job, so I'm in and out of call all the time. It threw a wrench in my mindset. And not to blame anyone else for my failure-but I think that kind of allowed me to let myself down. I thought 'Now I can't do it'. As much as I initially thought the online would have been best for me because of my work schedule, it ended up being my biggest failure. Again, on my part it was trying to adhere to a schedule. I would tell my kids, 'Ok, it's Tuesday and even though I'm not at school I'm in my room studying'. But then I'd have interruptions from the kids... 'Mom, I just have a quick question'...you know...it kind of throws you off. At one point I told myself I'll just go to the library (to study). And I tried that for a while, but by then I think I had knocked myself down so far...I wasn't going to be able to get out. Actually I've never thought about it before now, but never having taken an online class before nursing school...as

much as I thought it was going to be to my benefit, it wasn't. It was my downfall.

I don't think it was the coursework that was do difficult for me, it was the 'Ok

now it's time to sit down and get it done' ...I mean I could do the work at home

but I could also turn on the TV because my favorite show was on.

Another area within the coursework that some of the participants found unexpected was the reality they would have to take accountability to review and learn some components of testable coursework on his or her own. One of the generic female participants reported, "They didn't even cover it all! They would tell us, 'We're covering this part, but the rest has to be covered by you at home'. They would tell us that they will try to cover the most important parts in class". In addition, the expectation from instructors that students were expected to keep track of their own accumulated points in the course caused irritation for some participants, and is captured in a statement from another of the generic female participants:

You would think if the teacher knows your grades are not up to par, she would go and talk to you. But we had to figure our own grades and where we were at. And if we fell below a certain range of points we were supposed to go and see the teacher.

One repeating theme was the difficulty level of the nursing exams; specifically, adjusting to the concept of critical thinking; one of the generic female participants who was also working responded:

Once I hit the actual classroom, and working full-time, I got really discouraged the first year because I felt like I didn't learn anything. I have test anxiety, so one of the biggest things was studying for material...from the lecture, from the reading, and feeling that I'm not getting anything out of it. So when test time came, I was like, 'Oh my Gosh! All of the answers sound alike; they all could be the right answer!' But it was the critical thinking...which is the right answer? So I would always second guess myself, or maybe think too much into it. I didn't do well on tests. The lecture part was very discouraging because I didn't feel like I learned anything.

Not only were the exam questions problematic, but the amount of material expected to be processed and understood for most exams proved overwhelming for some of the participants. A 29 year-old married, non-working, mother of one child stated, "It would be like eight or nine chapters on one test! And they didn't even cover it all so we would have to cover some of the material on our own at home". The married, working, mother of four children also felt the strain from the volume of material that was covered: "I was constantly reading, and reading. How do I know I'm even learning what they're supposed to be teaching me...this was too many chapters! Ten chapters per each class, then a test every Monday...it was unrealistic for me to grasp"! One of the bridge participants experienced a slightly different issue with regard to exams:

The teacher gave the test and everyone took it but didn't do well because the class didn't know where the questions came from. So a second teacher was brought in and we retook her test, the one the second teacher made, over the same content. They ended up recording the scores from the second test. It was crazy! I mean where was she getting some of the test content from?

Three of the participants felt there was discrepancy between what was taught in the lecture material and what was on the test; one of them stating, "There was a lot of inconsistency with the book, with lecture, and what was on the test. Our exam grades were adjusted like 90% of the time; it just didn't coincide". Two participants reported feeling there was disorganization in the courses and this created a barrier to their successful completion of the program. One of them, who did not have a readmission opportunity, expressed her irritation by saying, "There's got to be a better way to handle the clinical. There has to be better organization. Nobody gave us step-by-step instructions for what to do in clinical". When interviewing the second one, she became very aloof, losing eye contact with the researcher and recounted, "I'm a really organized person. I like to know exactly what am I going to do. I don't know what happened in the nursing program; I mean everything was really disorganized. Everything was really bad".

Also determined to be a property that supported the category of *redefining expectations* was a situation reported by every participant that they considered to be a serious obstacle to their success; this obstacle lay in the form of 'adjustment to

teachers'. Findings in this study suggest that in the circumstance of having multiple teachers delivering course content these participants found it challenging having to navigate around multiple teaching styles. One participant described her experience:

I thought it was going to be like I'll have one teacher in this class forever and ever. It wasn't like that. Someone else, another instructor, would come in and lecture. So it would be totally different. I would think to myself, 'Oh my gosh! Here we go with the other one-and she's really boring'. They each had their own way of teaching and it added extra stress trying to adjust.

Another participant had similar feelings:

The first hour and a half (of class) was covered by one of the teachers. Then we would go to lunch and come back and have the other instructor. It is kind of difficult because you're trying to get the hang of things, and get to know the instructor...and you have one teacher that is teaching you this way, and then you get another teacher who is telling you something else...you know what I mean? And they get you all confused.

Not only did participants struggle with trying to adapt to multiple teachers and differing teaching styles, but it appears that when an faculty member, new to the educator role was leading the class, some of the participants sensed his or her inexperience and questioned whether the teaching would be effective. One generic female participant stated, "They had new instructors. Some of the instructors were coming in from the

hospitals and, I don't know...it seemed as if it was their first time as an instructor. I was concerned it was going to be a challenge for them". Upon asking another participant for suggestions on how things could be changed to help increase student success she replied:

I would love to see the department bringing in folks that would be better instructors! I mean, these teachers have been nurses a long time, and they are probably great nurses. But when it came to teaching, they were not good teachers. They were not very good with their actual teaching skills.

The notion of having expected more from the teachers and/or the nursing department appeared during the interviews of three participants. Specifically, they had expected more support, sympathy, encouragement, contact, and positive feedback. The 41 year-old generic, female participant shared her thoughts about not receiving the kind of encouragement and positive feedback from the instructor as she had anticipated by recalling:

I knew it was going to be difficult, but I just kept on hearing about the consequences of doing something wrong-how I would be liable. I felt so much stress from them. I didn't think they would sugar-coat it, but at least tell us students, 'Ok, you've jumped this hill, you've come this far'! You know, you're looking to up to the instructors. I mean, we just absorbed everything the instructors said because, you know, we respected them. I think a different

approach would have helped us out. Maybe telling us something like, 'You just accomplished this hill, and you still have to climb this mountain, but I know you all can do it! And there will be difficulties, but I know you can all overcome them'.

The 40 year-old female participant, repeatedly alluded to being ignored by the instructor and having an overall feeling of 'being left out'. A comment from this participant captured her feelings:

I'm the kind of person, that when they ask for an answer, I raise my hand or shout out the answer-because not everyone raises their hand. I would say an answer and the instructor would completely ignore me. But someone else would say the answer and she would tell them, 'You're right, you got it'. I never got that positive feedback that I was doing good-never once. On another occasion there was a girl sitting next to me and her exam score went up I guess; I was doing all right-kind of middle scores. This instructor would walk over to her and tell her how good it was that her score went up and that she was glad this girl had come to see her for help. But she kind of liked just ignored me. She never once gave me any words of encouragement; never once said 'good job'. For someone who was supposed to be in charge of me, she really didn't care.

Juggling priorities. The category of *juggling priorities* had strong properties that surfaced during data collection and included: 'personal/family member health issues'

(dimensional range = several to minimal), 'school demands' (dimensional range = substantial to minimal), 'work schedule' (dimensional range = often to never), and 'needs of the family/children' (dimensional range = high to low). A few of the participants experienced health issues either with him or herself or with a family member and it seems these events, especially when unplanned, affected both the physical and mental performance of participants. The female bridge participant became visibly saddened when recounting her experience with her mother's illness during her first admission:

I've had two opportunities and both times, life just happened. The first time, nursing orientation was the day after my mom was diagnosed with terminal cancer. I just lost it...and we lost her 30 days later. I just didn't have it in me to continue.

The married mother of four was taken aback by her unplanned pregnancy and subsequent miscarriage.

On the first day of class I was having a miscarriage-not realizing that was what was happening. I called in saying 'I'm sorry. I'm in the ER having a D&C. I won't be there tomorrow'. And when I called, the person that answered told me, 'Oh no, that means you can't come back'. So I told this person that I would be there! Because you know, this is my dream. How can you tell me that I can't come

back? I mean, I know I'm going through this medical thing over here, but I'm trying to accomplish something. But, believe me, I was there the following day!

The 29 year-old female participant seemed initially able to handle the event of an unplanned pregnancy prior to her first admission into the nursing program, yet found unrest with trying to manage other stressors that included an abusive relationship; a serious car accident during her second admission appeared to perpetuate her into an overwhelming situation that she could not cope with. She shared the following:

I found out I was pregnant. So, before I had known that I was pregnant, I had decided to go back into school and finish the nursing program. I moved back home, and I was not aware I was pregnant at that time. But when I found out I was pregnant, I couldn't hide it for much longer, so, I told my parents and they were furious. They didn't want me to go on with the pregnancy. I just had so many opinions from so many people, that I decided to go to a hotel room, and just think my way through it-by myself. But I invited him, and that was the first time he physically abused me-and I was pregnant, mind you. It was a really awful time. I didn't want to go through an abortion. I ultimately decided to have the baby. So, it was fine for a while, until the baby was three months old, and then I was assaulted by him again-for the second time. And then it was just cycles of abuse for about two or maybe three years. He's been in prison now for like two years because he pulled me into my house and choked me until I was

unconscious. So I eventually got back into the program and that is when I got the call- from my youngest daughter's dad, my assaulter, telling me that he was going to be up for parole in February 2013. On top of that, I got into a head-on car accident at the beginning of the semester. My two year-old broke her collarbone, and I sustained lots of injuries that I'm just now being able to treat. I would go and cry to the retention counselor-telling her I can't handle all of this; the program is like a 9 to 5 job and I hadn't been going to see my regular counselor every week. I don't know if that had anything to do with it. I think it was just too much.

The essence of having to juggle school demands is captured in a statement from the married, mother of four children:

Knowing that I was accepted into the RN program made me feel honored. It was like, 'Oh wow! I'm going to have a title, and I'm going to feel important. This is self-accomplishment'. However taking the courses was a different story-trying to handle that challenge. On my first admission, I was 37 and it was overwhelming, because you're playing a role; you have a role with many hats. And all of those hats were so overwhelming because I could not satisfy all of them. You're the mother, you're a wife, you're also a provider, you're a student, you're an employee, so I was all of those and trying to balance-and I was working part-time, doing 20 hours a week. I kept thinking to myself, 'I can do this. I can

do this'. When I started clinical, I thought to myself, 'OK, I've got this'. I'm very spiritual and I would tell myself, 'Ok Lord, I am freaking out'. I guess that was my first experience of an anxiety attack- I had never experienced an anxiety attack before.

The female bridge participant expressed her thoughts on the difficulty having to choose between school demands and family demands:

As far as the children go my partner couldn't help a lot because of her work schedule and her polio, so I'm a caregiver at home as well to some extent. But you know, if my son had a game and I had a paper to write or studying to do, I chose to go to his game. And then at work, even though we take call on different days, if it's something only the director or I can do, she (the director) never answers her phone- but I do...so they'll call me knowing I'll answer.

Sometimes I have to go in to work for 2-3 hours depending on what's happening. Again, the married, mother of four discussed her inner struggle having to spend so much time away from her family studying for classes. She explained that her husband would frequently ask her why she had to go and study again; in return, she would ask him if he wanted her to quit school because of a fear that she was jeopardizing her marriage. This participant recalled feeling a constant pull between school demands and family demands.

A common response from six of the participants was the need to work during the program. Although the need to work was a life reality, results seem to indicate that having to work added additional stress and a sense of having to balance priorities. The male bridge student shared his feelings:

I was like, 'OK, awesome! I'm in the program. And then, oh heck, how am I going to pay for it? How am I going to go to work, and school'? They suggested that I don't work, but it was like, 'Well, unless you want me to live with you...I have to work'.

When asked to provide suggestions for other nursing students, the single female, parent of a 17-year old, stated, "I was told at the beginning there was no way you could work and go to school full-time. But when you have to make a living, pay mortgage, pay bills, and eat? There is no choice.

Attempts to adapt. Properties used to help support the category of *attempts to adapt* include 'seeking verification' and 'seeking guidance'; the dimensional range for both of these properties ranged from often to never. All of the participants came to a realization that he or she was going to have to implement measures to adapt to the nursing curriculum. The most frequently reported first step most participants took was to try and validate that other classmates were experiencing similar struggles. Six of the participants reported seeking advice from peers when they started becoming uncomfortable with his or her performance. Upon asking one of the participants

whether or not she had social contacts with any of her classmates during the time she was considering withdrawing, she reported:

I met people there, on their second or third admission. They kept saying that every time it was the same thing-always disorganized; but always really hard. So I had no hope that things were going to get better. I started thinking if they had withdrawn two times already and they're still not passing and this is their second time, what's going to happen to me?

Another participant answered the same question stating, "I remember having made the decision to leave. You cannot believe the amount of support I had from the students-calling me and asking 'Where are you? You better get over here now. You can't drop...come back, come back'". One participant reported having to cut back on hours at work, while another reported studying more and staying up later to try and understand the material.

Others tried to adapt in different ways such as exercising. One of the generic female respondents recounted her attempt at adjusting during the nursing program stating, "I was so stressed out that I started running. I would run a couple of miles and then study. And then run some more. I was eating, but I was constantly running. I lost 60 pounds during the program". The female bridge student, enrolled in the online program, reported that she tried to adapt to nursing school by having to make many sacrifices; this included missing family vacations or not attending children's sports

activities. She shared that she felt like a failure to her family because even with all of her sacrifices she still never completed the program.

All participants reported taking the measure of speaking with one or more of their instructors when they became uncomfortable with their situation. However, not all participants had a positive experience with their decision. One of the generic participants recalled seeking out instructor assistance when she began to struggle with the didactic component:

When I would go to see her it was like, 'Here's all your work, go figure it out'. I would ask her for help and instead of helping me she'd give me another question; now I have to go answer that question too! This was not helpful. I wasn't getting what I needed from her at all. I hated it. I ended up leaving because of her.

Another participant shared a different experience by stating, "I told the teacher I was leaving-that nursing wasn't for me. She told me that I was doing well and to think about it; to give it a few more months before deciding. I took her advice and stayed longer".

As data collection progressed, the data were constantly compared; categories and subcategories were continuously examined and reworked in terms of relevant properties, dimensions, and relationships. A collapsing of categories into one another occurred and a storyline began to take shape (Table 4).

Selective Analysis

Selective coding is the last phase of analysis and involves the process of selecting a core category, relating the core category to other categories in a systematic approach, validating relationships, and filling in categories that need additional enhancement or clarification (Strauss & Corbin, 1990). In essence, selective coding is a process of identifying a single category as the central phenomenon which results when the data becomes saturated.

Identification of the storyline was the initial process applied during selective analysis. The story which emerged is about how minority students decide to pursue a career in nursing; their perception of, and experience with, the (sometimes) unexpected realities of nursing school; their response to the perceived stressors encountered while enrolled in the nursing program; and their process of deciding to withdraw from the nursing program. The student begins to recognize he or she must balance pre-existing life priorities with the demands of nursing school. Academic performance in each level of coursework is said to be going in the right direction if the student perceives his or her own performance is acceptable when compared to classmates, and if he or she is meeting the requirements of each course. When a student experiences academic performance below his or her expectations, it appears to serve as a catalyst which motivates the student to initiate methods of adaptation, within one's ability, in order to pass the course. At some point subsequent, it seems the student begins acknowledging those life realities which cannot be modified; this appears to create a significant barrier

in the ability to fully adapt to the demands of the nursing program. The student now appears to enter a cyclical process which involves obtaining peer encouragement and/or seeking verification that others are having similar experiences, trying to rationalize the situation, reacting to his or her situation with varied emotions, and continuously attempting to adapt as he or she contemplates either remaining enrolled and meeting the coursework requirements or withdrawing from the program. At some point, either during this cyclical process or shortly thereafter, there seems to be some sort of triggering event causing the student to come to terms with his or her situation and, consequently, making the decision to leave the nursing program.

Once identification of the story was completed a closer examination on a conceptual level was implemented. As suggested by Strauss and Corbin (1990), this involved a review of the categories to determine which one was abstract enough to encompass the story details. In this case, the data seemed to collapse and merge around two central concepts of “balance” and “weighing options”. At this point a choice had to be made as to which concept would become the core category. Figure 1 represents the identification of the storyline.

Identification of the core category. From a conceptual perspective, “weighing options” seemed important because it represented a process each of the participants experienced in deciding to leave the nursing program; it seemed to involve a cyclical course of actions the participants took in response to an uncomfortable situation of less

than expected performance. However, “balance” seemed to represent a key feature in satisfaction and achievement; or, stated another way, the inability to attain balance could be said to be a precursor to dissatisfaction and poor academic performance. The decision to select and re-name the core category “Balancing Act” was made based on two supporting properties found in the storyline, each complicating the other:

unexpected realities of nursing school and pre-existing and multiple life priorities.

When graphed, the properties and their dimensions supporting the core category appear as the following:

<i>Properties</i>	<i>Dimensional Range</i>
Unexpected realities	Several.....Limited
Pre-existing and multiple priorities	Substantial.....Minimal

Results

The purpose of this study was to explore minority ADN students’ decisions to withdraw from their nursing programs. Two aims were identified: (a) to determine the specific factors contributing to, and/or influencing, their decision to leave, and, (b) to determine if, and what, specific patterns of behavior are relevant in this decision-making process.

Results of this study suggest there were certain factors that contribute to leaving the nursing program prior to graduation. One primary factor includes the situation of having not only pre-existing, but also multiple, life priorities. For participants in the

study, this was exemplified by statements indicating the need to work; all but two of the participants were employed, at varying degrees, during their enrollment in nursing classes. Family responsibilities and the needs of children were defining factors that created an emotional tug-of-war of having to choose between family and school demands. Personal health issues, either of the participant him/herself or of a family member, added additional emotional baggage, as did reports of relationship or marriage issues.

A second factor influencing participants' decision to leave the nursing program was the unexpected realities of nursing school itself; this included the heavy course load, the time required to study and learn course material, and the difficulty level of the nursing exams. Differences within the classroom that included having multiple teachers for most courses, differences in teaching styles among the teachers, and inconsistency between the teachers contributed to their decision to leave.

With regard to aim two, specific patterns of behavior relevant to the participants' decision-making process were evident. When his or her personal situation became uncomfortable participants in this study made attempts at adapting that included studying more, adjusting his or her work schedule, and making sacrifices such as spending less time with family. Seeking verification that classmates were experiencing similar struggles was a common behavior, as was seeking advice from friends and/or teachers. One key pattern of behavior that was noted in the study was

that participants tended to become emotionally reactive to his or her situation; emotions such as anxiety, fear, worry, depression, loss of confidence, frustration, and anger were triggered. Lastly, the behavior of rationalizing his or her situation by repeatedly questioning oneself as to why personal performance was not as good as it had been in the pre-requisite courses, was a common finding. It seems that these behaviors form a cyclical process as the participants weighed the option of staying in the program or withdrawing. Through selective coding a tentative description addressing the importance of maintaining balance has been identified.

Summary of the Findings

Chapter four presented the analysis of data and began with a description of the sample. Results from descriptive statistics provided information on the sample demographics. The sample was similar with regard to ethnicity and education; yet, diverse in socioeconomic status, age, parenting responsibilities, and marital status.

Next, findings from open coding were presented. This included a discussion on how preliminary categories were grouped together in terms of their supporting properties. Categories that were initially created during open coding included youthful knowing, unexpected reality, disillusionment, and confusion over outcomes.

After open coding was discussed, findings from axial coding were presented. Categories were discussed in terms of the conditions that supported them and the properties and dimensions in which they are rooted.

The chapter concluded with a discussion on selective coding, the final step in data analysis. Explication of the storyline was presented along with the emergence of the core category identified as “Balancing Act”. Discussion was also presented on the relation of other categories to the core category. Through selective coding a tentative portrayal about student attempts with balancing multiple responsibilities during nursing school was identified. Two main categories used to support this were *pre-existing and multiple priorities* and *unexpected realities of nursing school*.

Chapter 5 will present a discussion of the findings along with the conclusions and implications. A description of the processes used by students in attempts to attain balance that could ultimately be used in a mature theory will be presented as well as recommendations for further studies.

CHAPTER V

SUMMARY OF THE STUDY

As the number of minorities in the United States (U.S.) continues to rise, consequently, so has the number of minority students enrolled in college and university degree programs nationwide; data regarding minority enrollment in U.S. nursing degree programs shows similar findings. With the U.S. and international nursing shortage expected to worsen over the next decade, coupled with the increasing diversity of the American population, increasing the number of minority students prepared to enter the nursing workforce is imperative. However, because minority individuals typically have lower degree completion rates when compared to their White classmates (Gardner, 2005), ensuring retention and success of these students once they are enrolled is critical.

The purpose of this qualitative, grounded theory was to determine the process that minority Associate Degree Nursing (ADN) students, who had left a nursing program voluntarily, utilized to make the decision to leave their programs prior to graduation. The study had two aims: (a) to determine the specific factors contributing to and/or influencing their decision to leave, and, (b) to determine if, and what, specific patterns of behavior were relevant in their decision-making process. After Institutional Review Board approval, a purposive sample of eight previously enrolled ADN students who

identified themselves as a minority, voluntarily participated for this study; data were obtained through the use of semi-structured interviews.

Chapter five will present a summary and a discussion of the meanings that have been extrapolated from the findings. This is followed by a presentation of the refined theory, conclusions and implications and, finally, the recommendations for further research.

Summary of Findings

All but one of the participants reported generally positive life experiences, and none of them reported any contention regarding his or her ethnicity while attending college classes at any point in time. None of the participants believed his or her situation and subsequent decision to withdraw from the nursing program was associated with being a minority.

Results of this study indicate that experience in the caregiver role (or *caring*) and frequent exposure to nursing and healthcare settings (e.g., hospitals) typically in youth or young adulthood, were common factors that drew the participants into nursing. These same factors seemed to be key components that also motivated them to return to the nursing program when he or she utilized a re-admission opportunity.

For the most part, the participants in this study were above average with regard to their previous academic performance; these individuals commonly reported having received A's or B's in the majority of their pre-requisite coursework and this reinforced

the notion that his or her study habits/methods were appropriate and effective.

However, once admitted into the nursing program they began to experience unforeseen realities about the demands of nursing coursework, expectations *about* their teachers and *from* the teachers, and the difficulty of the exams. The participants quickly realized that with regard to their study habits, what had worked for them in the past no longer applied to the material in the nursing program and they had to find ways to adapt to the changes.

Most of the participants in this study had multiple and preexisting priorities that included having to work, family and child responsibilities, personal or family member health issues, and marriage or relationship issues. The number of his or her already established priorities coupled with the unexpected realities of the nursing program, created the realization to implement attempts to adapt if he or she wanted to be successful with regard to the coursework.

The participants in this study initiated methods of adapting to the nursing curriculum; these methods involved making changes as able to other life responsibilities (e.g., work schedule, needs of family/children). However, when their approach did not result in what they felt was an improved acclimation to the nursing curriculum or to their academic performance, the participants entered a cyclical process of having to weigh their options; this resulted in either staying in the program and trying to meet the course requirements or coming to terms with their situation and withdrawing from the

program. The cycle of “weighing the options” involved four basic strategies that included continued attempts at adapting, emotional reactivity, trying to rationalize their situation, and seeking peer encouragement.

Identification of the core category was accomplished by collapsing the axial categories of personal circumstances, situational discomfort/self-doubt, redefining expectations, juggling priorities, and attempts to adapt into two primary categories; these categories were labeled *balancing* and *weighing the options*. These two categories became interwoven especially when a participant perceived his or her classroom experience and/or academic performance to be less than he or she expected. The researcher identified the core category as *Balancing Act*.

Participants were questioned as to what they felt would help increase the chances of success for other students who find themselves in similar situations. One common response was to pair up with a peer mentor from a higher level in the nursing curriculum, someone to “show them the ropes” and to help allay some of the fears and anxiety they experienced when beginning the nursing program. Another recommendation was to find some method of telling potential applicants what it is really like once admitted into the nursing program; participants from this study recommended pre-nursing workshops or information sessions. Other suggestions for topics in these workshops included stressing the importance of decreasing work hours if possible, not becoming involved in boyfriend/girlfriend relationships, emphasizing how

demanding the coursework will be, advising potential applicants to not become pregnant during nursing school, and being forthright by telling candidates to anticipate various struggles during the program. Two participants from this study suggested that the college should offer both full-time and part-time options, so those who have to work could opt for the part-time option and possibly increase their chance for success. One participant suggested decreasing the number of classes that have to be taken every semester, while another suggested offering classes at different times such as in the evening, instead of the standard daytime hours. Two of the participants suggested providing potential candidates various resources such as counselors, retention specialists, or even reviewing the process of obtaining financial assistance ahead of time, especially if the candidate is the first one in his or her family to attend college.

Results from this study suggest the importance of minority students finding and maintaining balance. Specifically when a student cannot implement methods of adaptation to maintain an effective balance between nursing school demands and multiple life priorities, the student eventually comes to terms with his or her situation and makes a decision to not complete degree requirements and withdraw from the nursing program.

Discussion of the Findings

Caring

Prater and McEwen (2006) implemented a descriptive, cross-sectional survey to students enrolled in upper-level nursing courses at one program in a private, faith-based university. The purpose of the study was to uncover reasons students reported for wanting to become nurses, to quantify those who feel they are called to nursing, and to learn what “being called” means to them. Results indicated that most students decided to go to nursing school while in high school or college and chose nursing because they had a desire to help others. The most common personal characteristics they acknowledged that would be helpful in nursing were being caring or compassionate.

A study by O’Brien, Mooney, and Glacken (2008) discovered the majority of the 23 first-year university nursing students in Ireland in their sample unanimously identified caring as the essence of nursing and felt an inherent desire to care for and support people. Newton, Kelly, Kremser, Jolly, and Billett (2009) identified four key themes that were common to their sample of 26 BSN students with regard to selecting nursing as a career: (a) a desire to help, (b) caring, (c) sense of achievement and (d) self-validation.

Rhodes, Morris, and Lazenby (2011) conducted a study on 74 baccalaureate nursing students (BSN) to explore motivations for entering the nursing profession and their perceptions of the relative importance of competence and caring in nursing; 20%

of the sample were minorities. Emerging themes for why students chose nursing reflected nursing values, especially altruism ("I have a caring heart") and the desire to help others in need. Others developed either positive or negative impressions of nursing as a result of personal or family illnesses.

Meadus and Twomey (2011) reported that 27 male BSN students indicated the most common motives for choosing nursing were; job security, demand for nurses, career mobility and opportunities, nurse role models, and the wish to help others. Raines (2011) found the factors leading to a desire to study nursing grouped into three thematic categories: "What I bring to nursing," "Seeking satisfying work" and "Missing pieces." The third theme, "Missing pieces," was developed from the categories of greater responsibility to help others and desire for more knowledge.

No studies were located that examined the ADN student with regard to the desire to help others as the primary motivating factor for selecting nursing as a career. Furthermore, no research was located that addressed whether or not caring was a primary reason for entering nursing for minority students.

Family Member in Healthcare

Having a family member who is a nurse or in the healthcare field was another primary factor motivating participants in this study to seek out a career in nursing. Beck (2000) and Gregg and Magilvy (2001) found that participants indicated the reason for selecting nursing was because of prior knowledge of others who were nurses or being

impressed and intrigued by the work of nurses. In the study by Rhodes and colleagues (2011), students identified background knowledge of the nursing profession as a motivator explaining that family members who were nurses or who worked as healthcare team members gave them some understanding of what nursing is about. One respondent described that caring for grandparents at a young age provided motivation to choose nursing as a career (Rhodes, et al., 2011).

Multiple Priorities

Participants in this study reported having multiple and pre-existing priorities that included having to work, responsibilities to family and children, personal or family member health issues, and relationship/marriage problems; these findings are not uncommon among the minority nursing student.

Amaro, Abriam-Yago, and Yoder (2004) found the perceived barriers and factors that hindered or facilitated ethnically diverse students completing their nursing education included having to engage in the responsibilities for the care of their children and homes which reduced their available study time. The study by Wong, Seago, Keane, and Grumbach (2008), presented a similar finding that with regard to situational characteristics, all minority students, except Southeast Asian respondents, had more financial issues ($p < 0.05$) related to the cost of college. Being male ($p < 0.05$), having dependent children ($p < 0.05$), and being an ethnic minority (African American: $p < 0.05$; Latino: $p < 0.01$; Asian: $p < 0.01$; Philipino: $p < 0.05$; other: $p < 0.05$) were associated

with more difficulty affording college. Where being male ($p < 0.05$) was associated with being able to attend class; having children meant more classes were missed ($p < 0.05$). Philipino students reported that work issues did not interfere with attending classes ($p < 0.05$). Students attending three different colleges reported work interference as a barrier to attending classes.

Unexpected Realities of Nursing School

Findings from this study indicated that the participants were not prepared for the realities of the nursing program. Unexpected realities the participants encountered included the demands of the nursing coursework, difficulty of the nursing exams, and the issues with various characteristics of the teachers themselves.

Nursing coursework. These findings were similar to Kossner (2003) who found that most students reported difficulty with nursing coursework as a major barrier to their success along with the difficulty of finding enough time for studying and work. Additionally participants who viewed their nursing program as welcoming, reported feeling accepted into a cohesive group who would all make the journey through nursing school together. Those who found their program to be welcoming also believed faculty knew them personally, valued them, and openly reached out to them. Those who believed their nursing program to be unwelcoming had the opposite feelings; these participants felt that faculty often left them to learn on their own.

The study by Amaro and colleagues (2006) reported findings similar to the current study in that students identified four categories of needs. These categories included: (a) personal needs (lack of finances, insufficient time, family responsibilities, and language difficulties); (b) academic needs (study workload, the need for tutoring, and the need for study groups); (c) language needs; and (d) cultural needs (communication, assertiveness, and lack of ethnic role models).

Nursing exams. Participants in this study struggled with the difficulty of nursing exams, which included test anxiety issues, when compared to the exams in their prerequisite courses. Only one study by Bosher (2003) was located that addressed nursing exams. The purpose of Bosher's study was to identify language and cultural bias in multiple-choice nursing course exams that might have a negative impact on the performance of test-takers whose native language was not English. Of the original 52 types of exam flaws, 28 types occurred at least 10 times in the total dataset of 673 items. Test construction flaws comprised 3% of the total number of flaws; flaws of irrelevant difficulty comprised 61%; errors of linguistic/structural bias comprised 35%; and cultural bias, less than 1%. Flaws of irrelevant difficulty and linguistic/structural bias were of much greater importance than construction flaws and cultural bias.

Teachers. Participants in this study discussed various aspects of the teachers they perceived to be barriers during their journey in the nursing program. Having multiple teachers with different teaching styles for a single course was perceived to be a

negative factor that caused frustration and added stress when participants were trying to learn the material. No literature was located that addressed concerns of having multiple teachers for a single course or the effect of differing teaching styles.

Participants in this study also perceived that while some of the teachers may have been excellent nurses, they did not have good teaching skills. The importance of appropriate teaching skills for nurse educators has been noted in the literature. Research examining educators teaching competency has been examined previously (Carlock & Anderson, 2007; Hand, 2006; Wells, Free & Adams, 2007); teaching skills (Banning, 2005; Johnson-Crowley, 2004; Shin, Lee, Ha & Kim, 2006); evaluation skills of nursing faculty (Baykal, Sokmen, Korkmaz & Akgun, 2005; Croxon & Maginnis, 2008); examination of nurse educator personality factors (Ormen, Svenkerud, Klopstad, & Salminen, 2002; Paton, 2005; Tabak, Adi & Eherenfeld, 2003); and educator relationships with students (Baykal et al., 2005; Ormen et al., 2002; Paton, 2005).

Findings from the current study concur with those of Salminen, Melender, and Leino-Kilpi (2009) with regard to teaching skills. The researchers implemented a study to evaluate the competence of university nurse educators when they carried out their teaching practice in nurse education; five competence categories were measured including nursing competence, pedagogical skills, evaluation skills, personality factors, and relationships with students. The evaluation showed that the teachers had the highest self-reported level of competence concerning relationships with students ($M =$

4.51, $SD = 0.65$) and the lowest reported level of competence concerning teaching skills ($M = 3.50$, $SD = 0.84$).

Participants in this study reported what they perceived to be a general lack of support, encouragement, sympathy, and willingness to provide assistance to the student from the teachers. This finding was noted in other literature as well. Although not minority focused, Shelton (2003) explored the relationship between ADN students' perceived faculty support and nursing student retention. The students who had a greater perception of faculty support were more likely to persist throughout a nursing program than students who withdrew either voluntarily or because of academic failure.

Kossman (2003) had similar findings regarding interactions between faculty and students. Results indicated that some students viewed faculty and administration as close-minded, not interested, not listening and/or not responding to their concerns; others believed they were not valued by the teachers, and the curriculum felt as if it was set up to be a "student against teacher" system. Other students reported a feeling that they had to do all of the pursuing when there was a question- that faculty did very little to provide help.

Similar findings were noted by Berg and Lindseth (2004) who implemented a study to examine BSN students' perspectives of the characteristics used to judge the quality of classroom nursing instructors. Respondents identified their perceptions of ineffective teachers as those who have no personality, teach at a higher knowledge level

than students, have little or no interaction with students during classroom lecture, show a lack of sympathy toward students', make students feel stupid when they don't understand material, are not willing to help students or are never available, giving unclear expectations and/or the inability to speak clearly, and trying to fail students or making the class as difficult as possible.

Gardner (2005a) also reported similar findings in a study that examined barriers influencing the success of ethnic minority students. Of the eight themes that emerged, two of them addressed concerns with faculty, specifically absence of acknowledgment of student individuality from teachers and a lack of support from teachers. However, all shared a desire for a teacher who gives them emotional support. The supportive act that was discussed the most often by the participants was the teacher's ability to take a personal interest in the student's life. The second most discussed supportive act was the teacher's ability to treat the student as if he or she was a unique individual with wants, needs, and desires. Participants identified the characteristics of ineffective teachers that included: unapproachable, ignores the student as a person, difficult to communicate with, has lack of understanding, disrespectful, intimidating, uncaring, derogatory, disorganized, cold, not straightforward when answering questions, and not providing immediate feedback.

Findings in the current study are similar to the study by Amaro and colleagues (2006) in that, ethnic minority students identified the importance of the teacher-student

relationship. Participants reported they were better able to cope with barriers when they received emotional and motivational support from one or more of their teachers; they described these “connecting” instructors as mentors who were patient, who made themselves available and open for questions, who provided encouragement, and who gave them approval that it was all right not to know everything. In the current study, participants often reported that if they had received more support, encouragement, empathy, and availability from the teachers, it might have helped to lessen the stress of nursing school and possibly have helped them to push onward.

The 14 Mexican-American university nursing students in a study by Bond, Gray, Baxley, Cason, Denke, and Moon (2008) described faculty who berated students’ ideas in the classroom. These actions by faculty were not seen as being directed at Mexican-American students, but were messages that brought the morale of the class down.

Alicea-Planas (2009), in her meta-synthesis of Hispanic nursing students’ journey to success, found that students reported institutional factors such as unsupportive faculty and perceived discrimination by teachers as challenges to their success. This caused students to feel isolated and lonely.

Although some of this literature does not focus specifically on minority or ADN students, it illustrates common perceptions of nursing students in various nursing programs. A shared finding in all literature reviewed was the fact that when students

perceive faculty to be supportive and welcoming, their stress and anxiety levels decrease.

Suggestions for Other Students

Participants in this study had various suggestions that they felt would be beneficial to other nursing students who find themselves in similar situations. Specifically the suggestions reported by the participants were the importance of not working (or decreasing work hours if able), having a peer mentor available to help in the transition from pre-requisites to nursing courses, not becoming pregnant and/or avoiding serious relationships, and taking the initiative to seek help from the instructors sooner rather than waiting until it was too late. Institutional suggestions provided by the participants primarily focused on providing some sort of information session prior to students applying to the nursing program that would provide honest and thorough discussions on known barriers. Additionally offering the nursing coursework on a full-time or part-time basis and not having so many classes in each semester were suggestions provided.

Working. Despite acknowledging that their experience in nursing school would be less challenging if not having to work, the reality that they had to work was perceived to be a barrier reported by participants in this study. These are similar to findings of Amaro and colleagues (2006) in which 13 of the 17 ethnic minority participants indicated a barrier to success was bearing the financial responsibilities for their families

that required them to work either full-or-part time. Bond and colleagues (2008) reported similar findings in that participants in their study reported a major barrier to success was financial issues. Financial issues included not only tuition, fees, and books, but also the costs of child care and transportation. Although the participant's valued financial aid and scholarships received for tuition and fees, they noted that other expenses added up, especially when school limited the time available to work. In her study, Alicea-Planas (2009) also found that concerns over financial issues caused students to have to work which resulted in added stress.

The importance of peers. Peers, and specifically the support provided by these individuals, seemed to be a crucial event for participants in this study; similar findings are noted in the literature from Chapter Two. Peer and/or mentoring support was found to be a major pillar for minority students. Peers provided encouragement and motivation to help them keep going (Amaro et al., 2006; Mister, 2009; Pope, 2002).

Colalillo (2007) found increased retention rates when a formal, structured mentoring program was implemented with ADN students in a beginning nursing course. These students also showed increased performance on the national licensure exam compared to students who did not participate in the mentoring program.

In their study, Freeburn and Sinclair (2009) reported that all students recognized the need for support that came from principle sources of close family and friends,

followed by peers in the course and tutors. A comment shared by all was that they found comfort in other people.

In a study examining perceptions of locus of control and academic success, Wood, Saylor, and Cohen (2009) noted the top three factors that participants believed were responsible for their academic success that included: (a) study strategies, (b) persistence, and (c) supportive social connections. Participants indicated that supportive social connections included emotional support from family, friends, and peers in the form of love, positive attitudes, and encouragement.

Christiansen and Bell (2010) found that active support from a fellow student reduced the feelings of social isolation experienced by incoming students in initial clinical placements, helping them to deal more effectively with the challenges faced and reducing the factors that have an impact on attrition. In addition, the reciprocity of the peer learning partnerships facilitated understanding of mentorship and created a heightened sense of readiness for registration and professional practice.

Institutional suggestions. In the current study, participants provided suggestions for institutional change that could benefit other students, specifically offering pre-nursing workshops for students seeking entry into a nursing program. These suggestions are similar to findings from studies presented in Chapter two that addressed recruitment and retention of minority students and the success of implementing pre-nursing seminars (Alicea-Planas, 2009; Anders, Edmonds, Monreal, &

Galvan, 2007; Gordon & Copes, 2010; Nnedu, 2009; Valencia-Go, 2005). Each of these studies implemented some sort of pre-nursing seminar, workshop, or information session(s) based on the national trends of poor minority retention rates and the researchers' experience of low-degree completion rates in minority nursing students at their institution.

Inability to Cope

The two conflicting properties of *unexpected realities of nursing school* and *pre-existing and multiple life priorities* basically created an atmosphere of inability to cope for participants in this study. This idea is similar to findings by Freeburn and Sinclair (2009), which used a sample of six mental health nursing diploma students in Ireland to study the personal stress experienced by mental health student nurses undertaking a nursing program. Difficulty in admitting the inability to cope, both to others and to oneself, was acknowledged by all students; some negative coping mechanisms identified by participants included disbelief, denial, avoidance, boxing things up inside, and increased alcohol consumption. Many shared feelings of embarrassment, shame, self-blame, guilt, uncertainty, low self-confidence and self-doubt that created inhibitions and barriers to progress; this left individuals feeling vulnerable, with difficulty in making decisions, little control over what happens, and a sense of helplessness and/or powerlessness. Many of the emotional reactions identified in Freeburn and Sinclair's (2009) study were similar to those reported by participants in the current study.

Relation of Findings to Philosophical Framework

The selected philosophical framework for this study was Symbolic Interactionism (SI). The use of SI assisted the researcher to understand the actions of minority nursing students when they attempted to implement the three core principles of meaning, language, and thought, when deciding to leave their nursing programs. Subsequently, there is generally some sort of drastic re-definition of the self that can occur if an event happens that is severe enough to shatter one's life and routines.

Blumer believed that a strange yet distinctive interaction takes place between human beings in that humans *define* each other's actions instead of reacting to those actions (Blumer, 1969); responses to others are based on the *meaning* that one attaches to the interaction. In this study, participants had a long-standing desire to become nurses that typically arose from their caregiving roles of an ill family member. The perpetuated desire to care for others appeared to stem from a seemingly self-efficacious perception that they were making a difference in the quality of life of their loved ones.

Once admitted into the nursing program, participants experienced the realities of the nursing curriculum and began to apply meanings to their learning environment. In this case, participants frequently regarded the demands of the coursework as overwhelming and unrealistic. These perceptions, coupled with the acknowledgment of preexisting priorities, created a situation of needing to find a balance. The participants'

perception of the lack of instructor sensitivity created additional emotional burden and a feeling that they were in this journey alone; at this point participants sought comfort in talking with others about their situation.

Seeking out social interaction (*language*) with their peers helped participants negotiate the first principle, *meaning*, through the use of symbols; symbols can be thought of as a word or gesture that has a common meaning to an individual and others (Plunkett, 2013). In this study participants reported that peers provided encouragement for them to keep pushing onward despite challenges; peers offered a sense of reassurance that they were not alone and offered hope that struggles would subside. Through social interaction with their peers, the participants were able to identify personal meaning to their situations and develop discourse.

By communicating with peers, the participants were able to engage in self-talk (*thought*) in order to help interpret and evaluate the other person's actions; this evaluation of the peer's language and gestures helped the participant act in accordance with his or her interpretation. Participants seemed to compare their progress to that of the peer, and this prompted behavior reorganization; in this case, the behavior reorganization was in the form of initiating methods of adaptation.

For all of the participants in this study, there was an identifiable epiphany that occurred, triggering a redefinition of the self; this experience included such incidents as the realization of not being able to obtain the number of points possible needed to pass,

experiencing the realities of being a nurse while in the clinical setting, perceptions that they were on the instructor's "bad side" and could not do anything right, lack of instructor support, and escalating physical abuse in the relationship with significant others. These epiphanies allowed the participants to come to terms with their situation and make choices, in this case, to withdraw from the program.

Filling the Gap in Literature

A review of literature prompted a need for further research into minority attrition. Much of the previous literature was focused on BSN students; there was limited qualitative research on minority students, either BSN or ADN, with regard to attrition. Qualitative methodology has become a popular approach to the health science disciplines, and a plethora of qualitative studies exist that have been conducted on various topics in nursing. Yet, limited qualitative research has been implemented that attempts to create theory addressing the ongoing concern of poor success rates for minorities in nursing curricula, the academic needs of minority nursing majors, and very few studies have focused only on ADN minorities. Because community colleges are often the first point of entry into the higher educational system for many students, further examination into minority attrition/retention at this level of academia is important. This current study adds to the gap that exists in literature with regard to these areas mentioned. From this study a description of the processes used by minority students in deciding to withdraw from their programs that will ultimately be used in a

mature theory was created: *Implementing methods to help transition minority students from pre-nursing courses into the nursing curriculum to increase their chances of attaining balance and degree completion.*

Extending theory. Qualitative research encompasses the process of learning and understanding the participants' needs from the participants' perspective. This study attempted to understand what it is like to be a minority student and the obstacles faced by these students in conjunction with their learning environments. Hearing the voices of minority students and understanding how they view their learning environment from different circumstances and social relationships is important to capture. This study has given voice to the thoughts and actions of minority students and has helped to establish the importance of these students from a student-centered perception by creating a theory, explaining the process when deciding not to complete academic requirements of their nursing curriculum. Nursing theory is used to define or explain various aspects of the profession and helps to build best practices, aspiring ideas, and high principles of the profession; this propels nursing toward being a profession rather than straying back into a mere vocational skill.

For this study, the importance of generating theory for nursing education was to identify new, and reinforce existing, educational practices for minority nursing students to increase retention and degree completion rates. The creation of nursing theory allows nurse educators and college administrators to form new or modify existing

foundations for implementing teaching and institutional practices that support success of students.

Assumptions

Overall, results from this study supported the researcher's assumptions. Prior to beginning data collection, a review of literature provided a synopsis of the primary issues surrounding minority ADN students. These issues included low retention and degree completion rates and perceived barriers and experiences by minorities in higher education (communication problems, financial concerns, child care, lack of support systems, importance of peer tutoring, and the lack of role models). From these issues, some initial assumptions were created by the researcher that included the likelihood that participants in the current study might report: (a) being a minority created perceptions of inequality between themselves and their White classmates, (b) similar financial hardships, (c) similar child care concerns, and (d) possibly a lack of support systems.

In reality, the first assumption was not supported; none of the participants in this study reported any concerns or negative experiences with regard to ethnicity during enrollment in college. None of the participants reported that their decision to withdraw from the nursing program had anything to do with being a minority. In fact, the majority reported positive life experiences and expressed feelings that being a minority placed them at an advantage with regard to employment opportunities. It is possible

that because the participants lived in primarily Hispanic communities, they did not perceive they were different. The remaining assumptions were supported; most participants reported financial struggles that forced them to hold employment while attending school and also reported the challenge of tending to childcare needs. Half of the participants reported some degree of perceived lack of support by family members or instructors.

Conclusions and Implications

Participants in this study discussed feelings of being overwhelmed by the unanticipated realities of nursing school that included demands of the nursing coursework, difficulty of the nursing exams, and the various characteristics of the teachers themselves. Many indicated they would possibly have experienced a smoother transition if they had been informed of the realities prior to entering the nursing curriculum. Nurse educators and college administrators must be aware of the challenges minority students face as they bridge from prerequisite nursing courses into the actual nursing curriculum. Implementing some form of information session to potential applicants prior to admittance seems to be an appropriate tactic. However, despite previous research findings supporting this idea (Nnedu, 2009; Valencia-Go; 2005), minority attrition continues to exceed that of non-minorities. Participants in this study indicated these sessions should start while students are taking pre-requisite courses; one participant suggested to provide this kind of information as early as high

school. Perhaps having currently enrolled minority students who have experienced similar struggles participate in the information sessions so that he or she could share personal experiences would be beneficial. The goal should be to provide potential applicants all possible tools and resources ahead of time and have them in place so that their forthcoming enrollment into the nursing program is as uncomplicated as possible.

Other research has suggested the importance of peers and/or mentors (Amaro et al., 2006; Christiansen & Bell, 2010; Colalillo, 2007; Freeburn & Sinclair, 2009; Wood Saylor, & Cohen, 2009). Recommendations from this study would be to have educators pair-up the incoming minority student with an upper level minority student to assist in his or her transition. Most of the participants reported wishing they had been introduced to a peer, someone who had been through the same experience and could advise them how to avoid pitfalls.

Additionally, nursing faculty and administration should strive to seek out well-qualified faculty. Typically, nurse educators have been recruited from practice where they have spent years honing their nursing skills. However, transitioning into the educator role where a different skill set is required is not easily accomplished. It seems appropriate to provide new graduates a lengthy mentoring period as they transition from student to practicing nurse; the same approach should be implemented for nurses transitioning into the teaching role.

All participants discussed the difficulty of nursing exams. Faculty should be provided professional development opportunities that focus on test writing. Often times, minorities struggle with the verbiage that is found on nursing exams because it may not be culturally sensitive. In addition, if test questions are composed incorrectly, or are not created with the correct taxonomy with regard to level of the learner, poor student performance may result.

Programs of nursing should make every effort to implement a new faculty mentoring program that allows the new teacher to develop effective teaching and technological skills. It would seem appropriate these mentoring programs not only focus on classroom/lab teaching skills, but also on effective communication and student feedback techniques, test design, supervision of students at clinical sites, and the proper approach to writing student evaluations. The role of the nurse educator is crucial and should not be discounted.

Participants reported multiple and preexisting priorities that included having the financial burden of supporting the family, family and child issues, personal or family member illness, and relationship struggles with significant others. Six of the participants in the study had to work during enrollment in the nursing program, and four of these participants had to depend on additional financial assistance such as financial aid, grants, or funds from a workforce program. Nurse educators should work with college administrators to design programs that can offer the option of attending nursing school

either part-time or full-time; this would benefit those students who must work. In addition, offering courses at times other than the traditional day-time hours might prove advantageous. With regard to children/childcare issues, educators could consider collaborating with other college disciplines (e.g., child development) along with the administration to create on-campus, child-care programs for students who are parents; perhaps offering this type of program at a lower cost for students would assist with financial concerns. Participants in this study reported personal or family member health issues and relationship difficulties, some serious in nature, that required time away from classes. Typically, colleges offer a counseling department and student services; nursing faculty should strive to keep open communication with students so that they feel comfortable to approach faculty and share personal struggles, thereby, allowing faculty to make appropriate referrals to counselors when needed.

Limitations

There were various limitations to the current study. It was anticipated that a wider variety of minorities would be recruited yet, despite best efforts, the sample included only participants of Hispanic ethnicity. This is not completely surprising given the fact that the study took place in a coastal county of South Texas that has a high Hispanic population. According to the United States Department of Commerce (2011), Nueces County has an overall Hispanic population of 61%, whereas the state of Texas had a 38.1% Hispanic population. A high Hispanic student population was represented

in both of the community colleges used as recruitment sites; specifically, as of fall 2010, Coastal Bend College had a Hispanic population of 61% (National Center for Education Statistics, 2011) and as of fall 2012, Del Mar College had a Hispanic population of 59.7% (Texas Higher Educational Coordinating Board, 2013); the limited minority representation in this study may be telling in and of its self. One limitation of this study involves the ability to transfer results to other populations; this study had a narrow minority depiction and a small sample size. Because the nature of this study is specific to one setting and is not transferable, it is difficult to make broad, widespread recommendations (such as recommendations for policy change) based on the outcomes of the research. Further qualitative studies with larger and more diverse samples should be conducted in order to compare findings and seek out best educational practices.

Another limitation was the fact that this study examined minorities from associate degree programs only. Other studies should be conducted on minorities in other nursing programs to compare findings.

Although every attempt was implemented to maintain rigor, the qualitative nature of this study might be considered a limitation with regard to reliability or the ability to reproduce the study with consistent results. In qualitative research, the researcher is the primary instrument for inquiry (Holloway & Wheeler, 2002); therefore, it is questionable that another researcher replicating this study would achieve the same

results. Another researcher might make different decisions about interpretation or might ask interview questions in a different way based on perceptions of the participants' needs; this variation could drastically change the results of a study and could make results inconsistent.

Recommendations for Further Studies

The results from this study suggest potential research that could be implemented in the future. Specifically, suggestions for further research in the areas of nursing practice, nursing education, nursing research/theory, and in the area of societal needs, is presented.

Nursing Practice

The likelihood of a continued nursing shortage and the lack of diversity of the current nursing workforce remains a primary issue in today's health care system. According to the census projection, the trends of U.S. demographics will continue to fuel such changes in the decades ahead. In addition, international integration will continue to increase and intensify intercultural encounters in nursing and nursing education. Therefore, it is vital to recognize these trends and be ready to meet the emerging challenges.

In light of the critical nursing shortage and lack of professional diversity, recommendations from this study include further research into the retention of minorities who choose nursing as a career. In order to provide culturally appropriate

care for the changing population, further research that examines similarities and differences between the training for minority nurses and what American ethnic minorities perceive to be needed in terms of health care would be interesting.

Nursing Education

With regard to education, the current study highlighted the importance of communicating the realities of a nursing program to potential applicants prior to actual enrollment. Future research examining the effect of support groups to minorities in pre-nursing coursework might be beneficial. Additionally, participants questioned why the nursing program could not be more flexible in regard to full or part-time options by offering classes at different times of the day. More research should be conducted examining course and curriculum structures for flexibility.

It would be beneficial to have more research implemented that examines nursing faculty as role models of support, since participants in this study voiced much concern over their perception of poor faculty support toward students. Five of the participants in this study had been readmitted into the program. It would be interesting if further research investigated whether the length of time between admissions has any effect on a student's success in the nursing program. Finally, participants in this study voiced much turmoil with the nursing exams. Very minimal research has been implemented with regard to the construction of nursing exams and the effect they have, if any, on minorities; this remains an area requiring further attention.

Nursing Research/Theory Development

As demographics continue to change worldwide, research is needed to better understand the variables that affect the variance of attrition rates. Specifically, research might focus on additional minority populations' experience(s) regarding the relationship between education and their life circumstances. More qualitative research should be implemented focusing on specific minority groups with regard to their perceptions of the educational experience. Existing research using grounded theory is limited on the topic of attrition as it pertains to minorities in nursing school. Additional research using a grounded theory approach will contribute to the existing body of nursing knowledge and could serve as a guide to action for nurse educators striving to implement best teaching methods to decrease attrition rates in minority student populations.

Society

As long as the American population continues to diversify, so must the U.S. health care system in regard to care providers. Because the nursing workforce comprises the vast majority of the providers more minority nurses will be required to deliver perhaps more culturally thoughtful care within the health care system. Findings from this study should serve as an impetus for further research that examines the reasons for ongoing poor success rates in minority nursing students. Additional research examining the perceptions of society and/or legislative bodies to the needs of minorities in higher education might be interesting; however, without an understanding

of minority needs, stakeholders may not be in a position to offer support or financial backing to institutions of higher learning when implementing programs designed to increase retention. More research in the area of best teacher-student ratios and whether they differ for minority nursing students would be beneficial. Ultimately, research that seeks to offer solutions to these various concerns would help reduce the nursing shortage and increase diversity within the nursing workforce which, in turn, would help to meet the health care needs of the changing American population.

Summary

Chapter five began with a discussion of the findings as they relate to other research and the theoretical framework used to support the study. The core category of “Balancing Act” was created by the primary themes used to support it. A description of the processes used by minority students in deciding to withdraw from their programs that will ultimately be used in a mature theory was created. This process incorporated educator and institutional implementations that would be necessary to achieve a goal of increasing the chances of success and degree completion for minority ADN students.

Conclusions were presented, and the appropriate use of the study outcomes was discussed. These outcomes include implementing pre-nursing information sessions, the use of peers and/or mentoring, hiring well-qualified nurse educators, improving test writing skills for faculty, providing thorough new faculty mentoring, and implementing

strategies such as more flexible scheduling of classes, child-care programs, and referring students to counselors when the need arises.

Implications for further studies were presented in the context of nursing practice, education, research and theory, and society. The major emphasis for further research lies in the identification of best educational practices that ensure success for minorities using more qualitative and grounded theory approaches.

In closing, minority attrition continues to be a concern despite research offering solutions to remedy the problem. Previous research has primarily focused on identifying the barriers that minorities face in higher education; findings in this study concur with the majority of the literature. Efforts to increase degree completion for this population must continue if a more diverse nursing workforce is to be achieved. With the rapidly changing global demographics, no time should be wasted.

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Appendix A
Interview Guide

1. Tell me about your experiences being a minority.
2. Tell me about the process of deciding you wanted to become a nurse.
3. Tell me about the experience of learning you were accepted into the nursing program.
4. Share with me your experiences of the overall college environment.
5. Share with me your experiences of the learning environment for the nursing classes.
6. Tell me about your experience when you *first* sensed you might have to withdraw from the program.
 - a. Share with me what you feel are the circumstances that led to this situation.
 - b. Share with me the actions you took, if any, when this situation occurred.
 - c. Share with me the social contact with classmates, if there was any, during the time you were deciding whether to withdraw or not.
 - i. Share with me, whether or not your classmates had an effect on your withdraw decision
7. Tell me how your decision to withdraw from the nursing program has affected you.
8. What things do you suggest that might be helpful for other minority students who have this experience at the time of the event?
9. Is there anything else about the event, feelings, thoughts, experiences that you would like to share with me?

Appendix B
Study Demographic Data

1. The participant Study Number/Code assigned by the researcher _____
2. What is your gender? Male _____ Female _____
3. What is your current age in years? _____
4. What state do you live in? _____
5. Which county do you live in? _____
6. What is your ethnicity? Hispanic _____ Native American _____ Alaska Native _____
African American _____ Asian _____
7. What type of nursing degree program were you in? _____
8. What level, or semester, were you in when you decided to withdraw from the program? _____
9. When you were enrolled in the nursing program, were you considered full or part-time status? _____
10. When you were enrolled in the nursing program, did you work? If yes, how many hours per week did you work? _____
11. When you were enrolled in the nursing program, did you have dependent children at home? _____
12. Were you married during enrollment in the nursing program? _____
13. What was your age when you withdrew from the nursing program? _____

Table 1

Descriptive Statistics (N=8)

Age at withdrawal from program			
	<u>Frequency</u>	<u>Valid Percent</u>	<u>Cumulative Percent</u>
44	1	12.5	12.5
43	1	12.5	25.0
41	1	12.5	37.5
40	1	12.5	50.0
38	1	12.5	62.5
29	1	12.5	75.0
28	1	12.5	87.5
21	1	12.5	100.0
Total	8	100	
Income level			
Less than 25,000/yr	3	37.5	37.5
\$25,000-40,000/yr	2	25.0	62.5
\$40,000-55,000/yr	2	25.0	87.5
\$55,000-70,000/yr	1	12.5	100.0
Total	8	100	
Delivery method			
Classroom	7	87.5	87.5
Online	1	12.5	100.0
Total	8	100	
Type of financial assistance			
None	3	37.5	37.5
Financial aid	4	50.0	87.5
Workforce	1	12.5	100.0
Total	8	100.0	
Eligibility for readmission			
Yes	3	25.0	25.0
No	5	75.0	100.0
Total	8	100.0	
Level in program when withdrew			
First	4	50.0	50.0
Second	2	25.0	75.0
Third	2	25.0	100.0
Total	8	100.0	
Number of children living at home when enrolled			
None	2	25.0	25.0
One	3	37.5	62.5
Two	2	25.0	87.5
Four	1	12.5	100.0
Total	8	100.0	
Ethnicity			
Hispanic	8	100.0	100.0

Table 2

Initial Themes

Question	Participant responses	Theme
Tell me about wanting to become a nurse?	<p>"Since I was a little girl. I had open heart surgery at 5 and was constantly exposed to hospitals. I have 2 cousins who are nurses"</p> <p>"Started way back. Had lots of illness/death in my family. Helped an aunt who had breast cancer- I had 2 brothers who were hemophiliacs-and then got AIDS, and I saw what they went through. I practically grew up in hospitals"</p> <p>"Always wanted to help people-especially kids.</p>	Perhaps <i>"youthful knowing"</i>
Tell me about your feeling of overall college environment?	<p>"Had a fear of failure and really no guidance. There weren't any student liaisons to help out new students or make you feel welcome. People only see the outside-they can't inside and know that your heart is racing 100 MPH. A lot changed when I went into the nursing classes"</p> <p>"It changed when I went into nursing program, but the overall college environment was fine".</p>	Perhaps <i>"unexpected reality"</i>
Can you tell me about the learning environment of nursing courses?	<p>"Taking the courses was different...handling the challenge I felt overwhelmed-a role with many hats. There was a fear instilled in me by the instructors. I felt traumatized. I experienced my first anxiety attack. Felt like I was being set-up for failure. The amount of reading was unrealistic. I guess I expected more encouragement from the instructors. I looked up to the teachers, but I didn't feel there was much positive-ness. Lack of organization in the courses and program. I faced obstacles ...and didn't feel much empathy from instructors. The electronic testing wasn't working right"</p> <p>"I have test anxiety. Wasn't getting anything out of the lectures and all of the test item options sounded alike. Multiple instructors for some of the classes was difficult. Lecture was discouraging-felt I wasn't learning anything. I loved clinical though. Some teachers were not available much. Inconsistency between text and test questions. Little time for test review"</p> <p>"It felt disorganized- I'm very organized, so that was hard. Calendar wasn't followed . Some teachers didn't act like they care about students-whether we passed or not. Hard to have more than one teacher for some classes."</p>	Perhaps <i>"disillusionment"</i>
Sensing having to withdraw?	<p>"I would ask classmates...we were all in same boat, so I knew it wasn't just me. My anxiety and fear got me the first time in. I debated about withdraw. The not knowing was hard. My family hardly saw me-kids never saw me. There was so much studying, and my scores didn't show how much studying I was doing"</p> <p>"I had some personal issues going on too-working full-time, teenager at home and having trouble at school. My scores didn't reflect how much studying I was doing-I even used study guides.. I felt I wasn't learning."</p> <p>"I just saw in that I didn't want nursing. It was disorganized and stressful for me."</p>	Perhaps <i>"lack of control"</i>

Table 3

Revised Themes

Category 1 Personal Crisis	Category 2 Situational discomfort	Category 3 Self- Interaction	Category 4 Trouble with realities	Category 5 Expected more from teachers	Category 6 Juggling priorities	Category 7 Attempts to adapt
Fear Of failure Of teachers Of the unknown Anxiety General Test Emotions Worry Self-doubt Depressed Discouraged Frustrated Overwhelmed Not coping Ashamed Hopeless Anger Escapism Isolating self No confidence Felt ignored teacher(s) parents	With self- performanc e With prior academic standing compared to nursing coursework	"I'm not dumb" "I'm not stupid" Felt like a failure Felt not smart enough "Why can't grasp it?" "Made it into program, now failing" Did well in pre-nursing classes "I was an A and B student before this"	Demands of nursing coursework • Pace • Load • Time needed for studying Difficulty of nursing exams Clinical realities Teachers • Different teaching styles • Grading • Number of teachers for course	Support encouraged contact positive feedback sympathy	Pre-existing and multiple • Health issues • Work • Kids	Seeks verification of similar situation from others Seeks advice • Teachers • Family • Significant others & counselors

Table 4

Collapsing of themes/categories

Balancing	Weighing the Options
<p>Experiences unexpected realities of nursing school</p> <ul style="list-style-type: none"> • Course load • Time required to study • Difficulty level of nursing exams • Competing responsibilities • Classroom differences (from pre requisite) <ul style="list-style-type: none"> • Differences with teachers • Inconsistency • Teaching styles 	<p>Attempts to adapt</p> <ul style="list-style-type: none"> • Studies more • Sleeps less • Uses study guides • Reads more • Adjusts work schedule • Exercises more • Has to cover some material on own • Makes sacrifices <ul style="list-style-type: none"> • Less family time • Less time with husband/kids
<p>Pre-existing and multiple priorities</p> <ul style="list-style-type: none"> • Has to work • Has child(ren) and family responsibilities • Personal and/or family health issues • Relationship/marriage issues 	<p>Receives peer encouragement</p> <ul style="list-style-type: none"> • Tries to 'hang in there' • Sticks it out a while longer • Seeks verification from classmates that they are struggling too • Seeks advice from others <ul style="list-style-type: none"> ○ Teachers ○ Family ○ Spouse ○ Counselors
	<p>Emotional reactivity</p> <ul style="list-style-type: none"> • Overwhelmed, Worried • Frustrated, Angry • Depressed, Anxious • Fearful, Loses confidence • Hopeless, Discouraged • Self-doubt • Confusion over previous performance in prerequisite • Struggling to be role model for children • Doesn't want to be a quitter
	<p>Tries to rationalize the situation</p> <ul style="list-style-type: none"> • Expected more from teachers • Questions why he/she not learning.....this is their dream

Figure 1. Identification of the Story

