WHAT IS THE BSN STUDENT'S PERCEPTION OF WHY A NURSING COURSE WAS FAILED?

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ABSTRACT

Nursing student success is important to students, faculty, institutions of higher education, and the healthcare needs in Texas. Despite recent research showing that cognitive indicators can predict student success, the use of these factors has not significantly decreased the number of courses failed in nursing school. The purpose of this study was to explore the Bachelor of Science (BSN) nursing student perception of why a nursing course was failed. Participants, (N=19), from three universities in Texas were interviewed. Narrative inquiry, specifically storytelling, was used to ascertain the individual students' perceptions of why a nursing course was failed and to identify any environmental factors that may have contributed to failing. Intrinsic themes contributing to failing were discovered to be: student inability to connect information from prerequisites to current nursing courses; lack of balancing class time, assignments, and life issues; being unprepared to be a nursing student; and a lack of identifying and/or using resources. Extrinsic themes contributing to failing a course were described as: negative faculty impact preventing communication and help-seeking by students; and, environmental factors, specifically personal or family illness/injury occurring during a course. Findings indicated the participants were able to express their perceived reasons for failing. Their perceptions indicate a need for improving the transition

from prerequisite courses, especially when students transfer from a community college, to nursing school. Participants also expressed a perception of faculty being unapproachable and/or unwilling to help students be successful. Awareness of negative environmental factors could also assist students to seek help when needed. This study may serve to encourage further inquiry into why nursing students fail and the development of intervention strategies to improve nursing student retention.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Nursing have examined a dissertation titled "What is the BSN Student's Perception of Why a Nursing Course was Failed?" presented by Amy McBeth Owen, Candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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DEDICATION

To Every Teacher

Sharing your knowledge was expected.

Sharing yourself and your belief in me is what made the difference.

CHAPTER 1

INTRODUCTION

Nursing school students are selected from applications which meet the admission criteria specific to each school. Each school receives numerous applications which are assessed for the student's potential to succeed, graduate from the Bachelor of Science (BSN) or Associate Degree in Nursing (ADN) program, and to ultimately pass the nursing licensing exam (NCLEX®). The Texas Department of State Health Services (TDSHS) describes a persistent demand for nurses, even with increasing the number of nursing student admissions, and that is anticipated to only meet 56% of the need for nurses in Texas by 2020 (Duvall & Andrews, 2010; "Professional nursing shortage reduction act," 2009; "Texas Board of Nurse Examiners" [BNE], 2012; TDSHS, 2008). The Texas Higher Education Coordinating Board (THECB) and the Texas Board of Nurse Examiners (BNE) have developed retention, graduation, and first-time pass rates of NCLEX® benchmarks for all educational institutions (BNE, 2009; THECB, 2011; THECB, 2006). These benchmarks must be met prior to a nursing program receiving funding, attaining accreditation, and for avoiding program closure. Additionally, state reimbursement to all colleges and universities in Texas is now formula funded. Funding is based on entry into college, retention, and graduation data; a percentage of reimbursement is withheld for each student who drops-out or fails-out of a program (THECB, 2011, 2013).

One aim of research specific to nursing student education and academic success was to identify and meet the healthcare needs of our population and decrease the ongoing nursing shortage (Allen, 2008; Fox & Abrahamson, 2009; "Professional nursing shortage reduction act," 2009; Rich & Nugent, 2010). Despite the fact that previous research has explored and

concentrated its efforts on improving student success, the failure rate of nursing students in Texas has remained static over the past five years (Chapman, 2012; Cook, 2006; TDSHS, 2008; Zolnierek, 2009). In an effort to improve retention, which in turn improves graduation rates, coordinated research in Texas has identified thresholds of cognitive variables shown to predict success in nursing school and identify students who are at-risk for failing. However, this research has also discovered a need to investigate unknown reasons students fail, which are hypothesized to relate to environmental factors (Miller, Walker, Strong, & Donnell, 2013; Walker et al., 2011). Qualitative research has explored self-efficacy, locus of control, and stress, but a level of significance or consistent results in outcomes across studies has not occurred (Goff, 2011; Judge, Erez, Bono, & Thoresen, 2002; Peterson, 2009; Taylor & Reyes, 2012; Walker et al., 2011; Wood, Saylor, & Cohen, 2009).

Despite the identification of cognitive variables which impact student matriculation, there is a paucity of data, from the perspective of the student, describing why a nursing course was failed. The focus of this dissertation was aimed at investigating the student perception of why a nursing course was failed. These data will provide the opportunity to compare variables associated with failing a nursing course, between the perception of faculty and students. Thus, interventions may be developed and implemented based on multiple paradigms.

Investigating a new research area or phenomenon can best be explored using qualitative research methodology (Polit & Beck, 2012). While graduating and passing NCLEX® are key outcomes for nursing programs, the primary foundation for meeting terminal outcomes is retention. This dissertation focused on how the perception of the student, expressed through storytelling, transformed the students' personal experience about

failing into shared understanding of this life event, which could not be acquired by other research methods.

Research Questions

What is the BSN student perception of why a required didactic nursing course was failed? Are their environmental factors, contributing to course failure and, if so, how are these described and ranked?

Purpose

The purpose of this exploratory qualitative study was to describe academic failure from the perspective of the student. These data were collected in an effort to ascertain the environmental factors, from the perspective of the student, which contributed to course failure. Data were collected from volunteered and consented students enrolled in BSN programs from three universities located in the state of Texas who had failed a required didactic nursing course. Individual face-to-face interviews were conducted, audio recorded, and transcribed verbatim with interviewer notations added to reflect participant body language and other visual data.

Narrative inquiry focusing on storytelling is ideal for the purposes of exploring a new phenomenon specific to the perspective of an individual. Humans are "storytelling organisms" (Connelly & Clandinin, 1990, p. 2) and "narrative knowing—the impulse to story life events into order and meaning" (Sandelowski, 1991, p. 161) provides the theoretical underpinning for the methodology in this dissertation research. Narrative storytelling of an experience lends itself well to research in personal, educational, and social research while keeping in mind the temporal and sequential aspects of the story which are constructed when

expressing the experience for the understanding of the teller and listener (Clandinin & Connelly, 2000).

Significance

The significance of this study was realized in its ability to describe, from the student perspective, why a course was failed. This research considered the primary source of information with respect to nursing student failure. Knowing the student perspective supports known variables important for success and identified new issues, which if included in interventions, may further enhance students' ability to complete a nursing program. The need for more nurses is impacted by the ability of nursing programs to increase the number of students, including diverse students, and to implement interventions to improve retention. The success of diverse students is needed to care for the diverse patient population in Texas (THECB, 2006, 2011, 2015).

The current literature identifies a need to explore environmental factors contributing to nursing student failure. The information gathered from this dissertation study can benefit the student, educator, educational institution, and healthcare population in Texas. Discovering issues significant to failing from the student perspective is a human experience that was explored by hearing students' stories. Understanding the students' perceptions of why they fail can aid educators in order to develop evidence-based interventions that can improve student retention.

Assumptions

The assumptions for this research were:

1. The theoretical underpinning of narrative inquiry methodology assumes humans naturally story life events in order to gain and share understanding.
2. Perception is the reality of the story teller.
3. The telling of the story connects events with sequence to clarify meaning to the teller and listener.
4. The teller presents information in a way to inform the listener.
5. The student will be truthful and reflect on their experience.
6. The student has a perspective.

Limitations

The anticipated limitations for this study were:

1. Study sites included only three of the 44 BSN programs in Texas which included three universities and two satellite campuses of one of these universities in Texas.
2. Data were collected only from students in Texas BSN programs.
3. Self-described data may have been formatted by the participants to present themselves in a positive manner.
4. Data were collected in one interview.

Definition of Terms

The definitions of terms used in this dissertation were developed based on existing research. These definitions were used to define and describe student status specific to academic progress, failing, or failing-out of a program. These specific definitions have been defined by research in Texas (Miller et al., 2013) and are used by the THECB (2013).

At-risk: A student that has been flagged on researched variables that place the student at a higher risk to fail a course or fail-out of a nursing program.

Off-track: A student fails a nursing course and thus the student is no longer in the original cohort in which they entered nursing school; this also describes finishing with a BSN after four years but within six years from the first semester of college attendance.

On-time: The student who graduates within four years of the first semester of attendance in college with not more than 123 credit hours.

Out: The student who is no longer, either voluntarily or involuntarily, in the nursing program; this can be due to dropping-out or failing-out of the nursing program.

Persister: One who obtains a BSN after the six year window.

Traditional student: A BSN student who is female between the ages of 20 and 25 years that is self-disclosed as not being Hispanic, African American, or any other minority, not having English as a Second Language (ESL), and having no other college degree.

Non-traditional student: A BSN student who does not self-disclose one of the characteristics of a traditional student; this student would be in a minority population, ESL, male, second degree seeking, and/or over 25 years of age.

Environmental factors: influences external to the academic process that may impact students' academic performance and retention (Metzner & Bean, 1987). The current environmental issues contributing to nursing student academic failure are unknown. This is a critical missing link and the focus of this dissertation.

CHAPTER 2

LITERATURE REVIEW

Introduction

Course failure among nursing students is a complex problem. This chapter is a review of literature on the subject of pre-licensure Bachelor of Science in Nursing (BSN) students who fail academically. The current demands on higher education in Texas are discussed in order to provide perspective and significance regarding the need to improve retention of BSN students. There is a scarcity of research specific to the qualitative issues contributing to nursing student failure and a paucity of research from the student perspective.

Outlining the need for more nurses supports the necessity to improve educational success for BSN students. Information about student failure and a description of the searches used to locate current and past literature is defined in order for the reader to more clearly understand the problem of BSN failure and retention. The broad areas of the literature reviewed include predictors of student failure, current knowledge about the characteristics of students at-risk for failing, cognitive and non-cognitive variables related to student attrition, and research about why students fail. The final section of this chapter addresses implications for future research specific to today's BSN student and their perception of why they fail.

Literature Search

The databases Academic Search Complete, CINAHL, Education Full Text, and PsycINFO were searched, limiting the results to the years of 1980 to 2014. Search terms for identifying articles focused on BSN student failure were academic failure, attrition, at-risk, nursing student, qualitative, quantitative, and perception/perspective by using terms individually and in multiple combinations. Despite this, none of the publications focused on

the student's perception about why a course was failed. Terms used and rejected were "Associate Degree Nurse" (ADN) and "student" since the specific focus of this research is BSN students as the target population. The term drop-out was not used as a search term since it is a separate phenomenon indicating the choice to leave a program rather than departing due to academic failure. "Clinical failure" was not used as a search term since it is a specific and separate area of failure in nursing education, and the criteria which define a clinical failure are different than academic failure. This study was focused on academic failure.

Numerous database searches were conducted using combinations of the described terms. Of the 72 publications identified, 49 publications between the years of 2000 to 2014 were deemed to meet the criteria of nursing student failure using the search terms of attrition, retention, predicting success, nursing student, and failure. A few publications before the year 2000 were included to provide a historical background regarding nursing education and the problem of retention. Applying the term BSN limited the publications to 19. There is a significant paucity of research about BSN students who fail academically.

Nursing Education

According to Dutta, Pyles, and Miederhoff (2005), students enrolled in a nursing education program experience high stress while obtaining extensive knowledge, requiring the student to navigate new ways of learning in the classroom and application of new concepts to the ever-changing experience in healthcare clinical settings. In 2006, the on-time graduation rate for nursing students (ADN and BSN) in Texas was 56% and the graduation rate for persisters was 69%; BSN students are 51% and 74% respectively, and BSN students

attending at health-related institutions are 75% and 83% respectively (THECB, 2006). These numbers have remained consistent for several years (BNE, 2012).

Guiding BSN education, the BNE (2012), and THECB (2011) set guidelines, requirements, and educational goals while also providing resources to nursing faculty and institutions for the education of students striving to obtain a BSN in Texas. Further academic requirements of the BSN degree are contributed by Texas Team. This team is a collaboration board consisting of representatives from nine governing and recommending bodies with the stated aim of doubling the number of registered nurses (RNs) in Texas between 2008 and 2020. In addition to standards set by these bodies, research based recommendations provide nurse educators with insight into improving academic success and the ability to identify at-risk students who have an increased risk for failing a nursing course or failing-out of a nursing program (Baker, 2010; Cameron, Roxburgh, Taylor, & Lauder, 2011; Hudepohl & Reed, 1984; Igbo, Straker, Symes, Bernard, & Hughes, 2011; Jeffreys, 1998, 2012).

The current academic climate of higher education in Texas has brought about mandates for institutions to compress course requirements and content for all bachelor degrees, excluding engineering, into a standard 120 hour curriculum. This mandate permits students to drop only six courses while obtaining their bachelor degree with a total accumulation of 138 hours of coursework (THECB, 2006, 2011). In the past four years, Texas legislation has also redefined the funding mechanism for bachelor degrees to include outcomes funding based on retention and graduation, along with traditional enrollment based funding; the percentage of outcomes funding reimbursement is expected to increase incrementally over the next several years (THECB, 2011). Formula funding decreases if a student does not graduate on-time and it also limits the number of higher education hours for

which a student may receive financial aid (THECB, 2013). These changes have increased the financial pressures on students and on educational institutions to retain students and ensure on-time graduation.

An additional difficulty for BSN students is the intensive time commitment required for nursing courses which include a clinical component. The clinical component is unlike prerequisite courses and this change compounds student stress. The considerable amount of time and stress related to clinical performance and patient safety requires the student to adapt to a new and more demanding schedule which may contribute to failure (Dutta, et al., 2005). Though Dutta et al. (2005) noted this relationship, the contribution of the clinical component to failure has not been confirmed by today's nursing student.

The Profession of Nursing

This section will consist of two subsections: the need for nurses and the cost of failure and success. These key areas of need are current and relevant in nursing education and healthcare today.

Need for Nurses

The Affordable Care Act (ACA) becoming a part of the healthcare landscape is anticipated to increase the need for BSN prepared nurses. Projections of the demand for nurses in Texas is expected to rise by 86%, with the supply remaining at only 53% between 2005 and 2020; Texas has increased faculty and enrollment in ADN and BSN programs to meet this ongoing demand ("Professional nursing shortage reduction act," 2009). Necessity of more nurses and an increase in the nursing shortage is anticipated as more baby-boomers require healthcare and the boomer generation of nurses retires (Duvall & Andrews, 2010).

An important missing ingredient to increase the number of available nurses is a parallel plan to decrease nursing student attrition.

The Cost of Success—and the Cost of Failure

Despite an ongoing increase in the number of nursing students admitted, identifying consistently effective interventions to improve retention of these students remains elusive. As a consequence of the on-time graduation criteria, pre-licensure nursing programs in Texas require students to take a full-time course load which results in significant costs of both time and money. The failure of a single course represents a substantial challenge to on-time graduation and adds to the financial and time burden on the student and their family (Miller et al., 2013). Nursing curricula requires mastery of prerequisite nursing courses before progression to the next semester can occur. This further increases personal financial cost, since a failure results in repeating the course and subsequently losing one semester of time, tuition, and other educational costs.

When a nursing student drops-out or fails-out, the cost to healthcare is a lost nurse. The seat filled by the "out" student cannot be recovered. The need to address attrition due to failure is frequently seen in the literature (Banks & Woolfson, 2008; Damrosch & Wolfe, 1988; Deary, Watson, & Hogston, 2003; Dutta et al., 2005; Larocque & Luhanga, 2013). In order to improve retention and increase the number of nurses over the next decade, research must focus on obtaining primary source data reflective of the paradigm in which current nursing students live.

Why Do Students Fail?

In this section, the cognitive and non-cognitive variables related to nursing student failure will be described to further support the need for this study. Adding the student perception of why a course was failed, this study will add to the body of knowledge on nursing student retention.

Cognitive Variables

Considerable nursing research has focused on identifying predictors of academic failure. Factors found to be predictors in early semesters of nursing education include prerequisite Grade Point Average (GPA) and early clinical and theory GPA (Wold, Worth, & California State Univ, 1991). While GPA is often included as a part of admission criteria in the hopes of predicting nursing student success, research findings over the last decade have been inconclusive about its specific use and statistical significance to actual success (Chapman, 2012; Jeffreys, 2007b; Miller et al., 2013; Newton, Smith, & Moore, 2007; Ofori & Charlton, 2002; Timer & Clauson, 2011; Walker et al., 2011). There has also been great concern about grade inflation when comparing educational institutions and the quality of education, as well as the lack of demonstrating the students' academic growth over time when only assessing GPA (Salvatori, 2001).

Early research to identify attributes of potential nursing student success included measurement of cognitive skills using standardized tests such as the Scholastic Aptitude Test and the Mathematics Attribution Scale. Such test scores were desired as criteria for admission to schools of nursing (Wold et al., 1991; Wolfe & Damrosch, 1985). However, like GPA, findings did not indicate the tests' ability to predict success, and no further research specific to the use of these tests with BSN students was found in the review of

literature. More recently, different standardized tests have been used, such as the Texas Academic Essential Skills (TEAS-V) and the Health Education System, Incorporated (HESI-A2), as entry tests for schools of nursing with statistically significant predictive evidence for success in nursing school (Miller et al., 2013; Walker et al., 2011). These standardized tests have been completed by many students over time in many different schools of nursing.

Overall, cognitive variables have predictive value in selecting nursing students with a high potential for success. However, after selecting students using these variables, nursing student retention remains below what is needed to meet the healthcare needs for the state of Texas. With minimal existing research related to the issues that contribute to attrition of nursing students, research is needed. The student who fails a nursing course is the best source of information regarding what is contributing to academic failure.

Non-cognitive Variables

Research of non-cognitive variables contributing to nursing success or failure has concentrated on locus of control (LOC) (Hand & Payne, 2008; Jeffreys, 2012; Ofori & Charlton, 2002; Wood et al., 2009) and self-efficacy (Jeffreys & Dogan, 2010; McLaughlin, Moutray, & Muldoon, 2008; Ofori I Charlton, 2002; Peterson, 2009; Walker et al., 2011), although without consistent predictive value across research studies. Some of these studies included ADN, BSN, or both groups of nursing students. Recent research by Miller et al. (2013) indicates ADN and BSN students are different regarding success, retention, and attrition. However, research about what key factors contribute to these differences in success has not been investigated. Further research, building upon recent data predicting nursing student failure specific to ADN or BSN students, could benefit each of these groups.

Other non-cognitive variables have been researched in an attempt to broaden the understanding about how best to select and retain successful nursing students. Issues such as support seeking and academic worries were investigated, but the ability to measure these variables was not clear and this research has not been replicated to provide support regarding the interventions to improve retention (Ofori & Charlton, 2002). Many schools of nursing use an interview as part of the application process in an attempt to select students who will be successful. Interviews employ a high level of personal attribute evaluation in an effort to choose between students who are academically equal. In an article seeking to address admission criteria, the research did not support the predictive value of using interviews even when the interview was scored using a rubric (Timer & Clauson, 2011).

Environmental variables have been identified as possible causes of attrition in nursing school in several research studies. However, variables such as motivation, stress (Bean & Metzner, 1985; Pines et al., 2012), home culture, family and financial concerns, and/or emotional support (Hand & Payne, 2008; Miller et al., 2013; Pines et al., 2012; Walker et al., 2011) were not clearly defined in the literature and did not consistently correlate with attrition. These variables were listed as possible contributors to failure, and further research specific to these variables are consistently recommended in publications. Studies of environmental factors contributing to failure had samples ranging from 11 to more than 890 participants, with data gathered by interview, author created or undisclosed psychometric instruments, surveys, and observations by faculty. The inconsistent use of the same or known measurement instruments makes it difficult to compare or reproduce the data, and the lack of established reliability and validity of the instruments prevents any level of confidence in the results.

Self-efficacy and LOC have been researched longitudinally in several nursing student studies. McLaughlin et al. (2008) collected longitudinal data from 350 nursing students from the years of 1999 to 2002, focusing on personality and self-efficacy related to nursing student success. Instruments used in this study were the Occupational Self-Efficacy Scale, which was modified to include nursing as a career, and a short, revised form of the Eysenck Personality Questionnaire (EPQ). These tools were determined to be reliable based on historical use and Cronbach's α within the EPQ was 0.437 (deemed low due to the wide range of variables within the construct) for psychoticism, 0.796 for extraversion, 0.737 for neuroticism, and 0.732 for the lie scale (McLaughlin et al., 2008). Students with higher occupational self-efficacy obtained higher final marks and students with high extraversion received lower marks. High psychoticism, described as having a personality that is aggressive and hostile, was the only predictor of attrition. The authors state that "psychological profiling" may help predict those likely to succeed (McLaughlin et al., 2008, p. 218). Further recommendations by the authors suggested future research using the same instruments since these have not been used in other nursing student studies. While it exhibited a relationship to course grades, self-efficacy was not capable of predicting attrition.

Wood et al., (2009) investigated LOC and academic success specific to ethnic diversity in BSN students. This descriptive study incorporated quantitative variables of GPA, medical/surgical theory grades, and standardized medical/surgical test scores. These academic success variables were correlated to student perceptions of LOC, using the Personal Effectiveness and Locus of Control questionnaire, and self-reported factors of study strategies, persistence, and supportive social connections. The self-supported factors were obtained from students who were asked to list the top three factors they believed contributed

to their success. There was no description of how many students listed each of the factors, how these data were collected, or how each of these reported factors elicited further information gathering or validation by the researchers. An external LOC did correlate to certain ethnic groups and lower medical/surgical theory grades but did not correlate to GPA or standardized medical/surgical test scores. Again, GPA as a predictor of success was not supported. Limitations of the study noted that the questionnaire has not been used in previous research with nursing students, and since this sample included a high number of ESL students, it may not truly reflect these students' LOC orientation due to possible inaccurate understanding of the questions. The small sample size of 106 students coupled with a very diverse ethnic study population make it unlikely this study will be generalizable to other less ethnically diverse groups.

More recently, Walker et al. (2011) conducted a study of 898 students in nine nursing programs investigating numerous demographic and cognitive variables along with self-efficacy. Self-efficacy was not found to be a predictor of attrition yet was described as needing further research. This study included students from two BSN and seven ADN programs. Future research specific to each of the two types of programs was recommended.

Self-efficacy and resilience related to test scores of BSN students was researched to address attrition (Taylor & Reyes, 2012). This study included 136 students during one semester and produced results indicating no significant differences in perceived self-efficacy or resilience comparing early and late semester grades. The Resilience Scale and General Self-Efficacy Scale were used and each has demonstrated reliability, construct, and content validity in past studies. Taylor and Reyes (2012) recommended a longitudinal study to

further assess resilience and self-efficacy. The authors state that more long-standing data could be helpful in curriculum development and teaching practices to improve retention.

In summary, self-efficacy, LOC, and other non-cognitive variables have been studied related to nursing student success. These variables have not consistently been shown to impact attrition or retention. There were few identified non-cognitive variables recommended for further research. Each of the reviewed studies recommends further research and most specify using the same tools, larger samples, or longitudinal studies. However, the recommended research has yet to be undertaken. Despite the considerable research conducted and interventions proposed, students still fail. Focusing on the students' perceptions of why they fail is a key untapped resource. The use of evidence-based practice recommends using the best available evidence when problem solving (Polit & Beck, 2012). The student perception is a critical piece of evidence that is missing from the current literature.

Gaps in the Research

In this section, an overview of the gaps in the existing research is provided. Perception and environmental factors are also clearly defined. This section summarizes the focus of this research study.

Environmental Factors

Recently, and as a result of the current educational and healthcare environment specific to Texas, research has focused on identifying at-risk students. The Statewide At-Risk Tracking and Intervention for Nurses (SATIN), supported by a grant from the THECB, identified prominent demographic variables related to students who fail courses or fail-out as:

1) low reading comprehension as measured by the TEAS-V or HESI-A2, 2) low anatomy and physiology grades, 3) English as a second language (ESL), 4) self-reported as Hispanic or Black/African American, 5) first in the family to attend college, and 6) taking required developmental courses before entering the nursing program. This longitudinal study included 6560 SATIN students and one aspect of unique interest was "2840 belong to NONE of the following groups: Hispanic, First in Family to College, ESL, Took Developmental Courses. No intervention used in SATIN was tied to statistically meaningful increases in retention for this student group" (Miller et al., 2013, p. 41). Of note, 43% of the at-risk students belonging to the NONE group eventually became off-track or out, and no intervention efficacy was demonstrated in these students (Miller et al., 2013). Recommendations from SATIN include research focused on students who do not identify as at-risk on academic variables, do not belong to a specific risk population, but appear to have an "environmental risk" (Miller et al., 2013, p. 41.). This multi-site study included 14 ADN and 13 BSN schools and recommends that "perhaps it is time to systematically focus on other *environmental* factors correlating to attrition" since several of the individual school profiles indicate that some set of environmental stresses are weighing on students (Miller et al., 2013, p. 41). More BSN schools demonstrated these profiles and the students in this group were largely traditional, which correlates to overall BSN enrollment in the state.

Student Perception: The Human Factor

Student perception of nursing education experiences can be influenced by their culture, past educational experiences, age and generation, environmental circumstances, and learning styles (Johanson, 2012). It is important for educators to address students' past education, social environment, and how they interact with the world, without stereotyping, in

order provide insight and promote meaningful actions to improve retention. Today, traditional nursing students are part of the millennial generation with characteristics which can benefit their learning and contribute positively to healthcare. Millennials' affinity for technology, team orientation, the ability to multitask, and optimistic attitude will be useful in the changing healthcare environment (Johanson, 2012).

Individuals are only aware of their own perception through reflection and insight. Endeavoring to understand the way another sees the world can improve communication and understanding of potential barriers to learning. Nursing educators can benefit from knowing the perception of nursing students who fail a course. The human experience of failing is best explored through the primary resource, the student. The perceived reasons a student fails can allow exploration of identifying at-risk students' earlier.

Perception is an individual manifestation of how one sees the world and this is highlighted by social, cultural, and educational experiences. The foundations and the attributes of perception, specifically from a nursing science perspective, are cognition of an experience, personal experience, and understanding, which then leads to a response. "Perception is an individual's view making it a powerful driving force for action" (McDonald, 2011, p. 8). Ascertaining the BSN nursing student's perception of why a course was failed and exploring environmental factors that contribute to failure may provide new insights to both educators and students in order to improve retention.

Narrative Inquiry/Storytelling

This dissertation study used narrative inquiry research methods with a focus on storytelling. Narrative inquiry is a way to story an experience, giving it meaning in space and time. Humans make meaning of life by storytelling which is a narrative way of knowing

and being (Lewis, 2011). As a research methodology, narrative inquiry brings forth theoretical ideas about understanding the human life as it is lived throughout the educational experience and storytelling is a narrative inquiry specific to participants telling about a specific experience or time in their life (Connelly & Clandinin, 1990). Storytelling allows the teller to express their meaning of the world through an experience and viewing it thus, narrative inquiry is the study of the storied experience (Connelly & Clandinin, 2006).

The use of new or established psychometric instruments is seen in qualitative research for the purpose of understanding the perception of experiences (Jeffreys, 2007a; Polit & Beck, 2012). However, the use of any survey or questionnaire with predetermined points of focus can miss the perception or experience of the participant (Connelly & Clandinin, 1990). Use of predetermined questions can result in the inadvertent omission of the critical information the researcher is seeking. Conducting interviews in which individual participants are asked to story their experience of failing, provides a way for the researcher to learn about the phenomenon holistically, thus allowing the participant to frame it in the way it was experienced. The researcher can gain valuable information about the experience of failing, such as the sequence of events, day-to-day life issues, and the social, personal and psychological struggles, which may be a part of this phenomenon. While such experiences are expected to be contributors to failing (Harris, Rosenberg, & Grace O'Rourke, 2014; Jeffreys, 2012; Walker et al., 2011), there is no research from the perception of the student to support what the current contributors to failing actually are. Storytelling as a research methodology was the framework used in interviewing nursing students who had failed a nursing course. Exploration of the students' storied experience uncovered the student

perception of why they failed and allowed the researcher to learn from the intricacies of the individual human story.

Summary

In summary, research has addressed cognitive and non-cognitive factors that contribute to nursing student failure. Research on the non-cognitive contributors to failing has produced very few statistically significant variables that define the environmental factors that contribute to BSN student attrition. Significant cognitive variables that can predict failure have recently been determined with intervention development and implementation in progress to improve retention (Miller et al., 2013). Identification of environmental factors could provide another layer of understanding in the effort to recruit students who are likely to succeed, retain those already in the nursing program, and produce more nurses to meet current healthcare needs.

No prior studies have researched the issue of failing from the perception of the nursing student. This demonstrates a significant gap in the research related to nursing student attrition. Narrative inquiry focusing on the student's perception of why they fail can provide important information contextualized within each students' current learning environment and life view. Such an in-depth study can promote a deeper understanding of student failure experiences and thought processes that are essential to improving retention and promoting academic success and matriculation.

CHAPTER 3

METHODOLOGY

Introduction

This qualitative study used storytelling as a narrative inquiry methodological approach to explore the Bachelor of Science in Nursing (BSN) students' perception of why a nursing course was failed. Interviews were conducted allowing each participant to voice their perception of why they failed. Storytelling links narrative to life, which informs and expresses the tellers' experience (Clandinin & Connelly, 2000). Stories are a shared narrative in which the hearer must pay attention to the manner of the telling, sequence, plot, and the emphasis on the events expressed by the teller. The shared experience of storytelling offers disciplines the possibility of understanding an event in the life of another (Connelly & Clandinin, 1990). Storytelling has been used in educational studies in order to understand the student experience and to investigate phenomena such as the journey through living in a different culture and experiencing infertility (Connelly & Clandinin, 1990; Sandelowski, 1991). Personal narratives, or stories, connect the social experience and the individual using personal agency to describe a retrospective account of a life story or life event (Maynes, Pierce, & Laslett, 2008). Thus, storytelling provides a framework allowing the voice of the student who failed a nursing course to be heard.

Rationale for Qualitative Methodology and Storytelling

Qualitative methodology allows for the investigation of phenomena where little research exists, focuses on understanding the human experience, and provides new knowledge appropriate to the social sciences (Polit & Beck, 2012; Sandelowski, 1991). Storytelling specifically encompasses the re-presentation of a series of events that are

reconstructed by the teller and hearer in order to build knowledge; this process occurs through narrative inquiry when the researcher and participant connect to explore a situated event in order to understand aspects of the life experience (McCormack, 2004; Mishler, 1986). The action of storytelling involves the perception of the teller with feedback from the listener and is a reflective process. The research questions asked about the student's perception of why a nursing course was failed. Hearing the story from the participant provided information from the best source available—the student.

Specific aspects of storytelling include developing the description of the event within the story, evolution of the story over time, and the three dimensional nature of storytelling. Stories exist in interaction, continuity, and situation; this allows the telling to include inward perspective, outward action, moving backward and forward in time, as well as the personal and social balancing intrinsic to the phenomena (Connelly & Clandinin, 1990). The story is relational and is experienced by both the teller and the hearer with a connection occurring through reflective thinking, writing, and communication during the interaction. With the focus on making meaning of the experience, this interchange of reflective actions can further develop an understanding of the life event. The story provides a sense of the whole event but not a cause and effect relationship (Clandinin & Connelly, 2000; Guba & Lincoln, 1981). Obtaining the story from the student can therefore give the researcher a view of the whole experience of failing. In this way, a holistic story will allow exploration into the life of the student and perception of why a course was failed relative to space, time, and the day-to-day life events which can impact student education. Through storytelling, joint construction of meaning occurs between teller and listener (Mishler, 1986). This constructed meaning can enlighten both students and educators about why students fail.

Protection of Human Subjects

Participant Selection

In any research involving human subjects, protection of rights, confidentiality, and risks must be considered (Macrina, 2005). Social Sciences Institutional Review Board (SSIRB) approval from the University of Missouri-Kansas City (UMKC) was obtained for the study. Additional Institutional Review Board (IRB) approval was obtained from each participating university. The participating universities, described by general locations to maintain confidentiality, were located geographically in western, northern, and eastern Texas. Student participation in research can place the student in a vulnerable position if pre-existing or future educator-student relationships occur. The Principal Investigator (PI) had no pre-existing relationship and has no anticipated future relationship as an educator with any participant.

Staff from each university contacted currently enrolled BSN students who had failed a didactic nursing course in the last year. Contact for participation occurred by on-campus staff contacting potential participants via a general email as well as a posting of the SSIRB/IRB approved invitation on each university's announcement section of the Blackboard® online educational platform. The respondent signified an interest in participating by clicking a link within the initial invitation. This decreased the risk of coercion of the student to participate, which could have occurred if contacted directly by the PI, and maintained privacy and confidentiality. The SurveyMonkey® link included an initial question to validate inclusion criteria and the approved IRB consent to participate. If consent was obtained by answering "yes" to question one, the respondent clicked on a second link and provided contact information. This two-step information collection conducted via

SurveyMonkey® ensured separation of inclusion criteria and consent from the identifiable participant information. The PI was notified via a SurveyMonkey® email each time a respondent answered question one.

There were no anticipated or realized physical risks in this study. Difficult and painful feelings and emotions can and did arise during the interviews. Each participant had the option to pause or stop the interview process at any time and could cease participation at any point in the study. On-campus counseling services were available for referral, but were not identified as an immediate need by the PI or any participant during or immediately after each interview. Some participants cried or stated how hard it was to accept failing a course, but no significant emotional distress was identified by the PI or any participant. Participants were informed of how to contact counseling services at the end of each interview.

Trustworthiness

Trustworthiness is essential to evaluate the worth of a study with criteria defined as credibility, transferability, dependability, and confirmability in order to operationalize these constructs (Lincoln & Guba, 1985). While all these constructs are essential and are addressed in this research, credibility and trustworthiness of the researcher will be addressed here. Credibility of the researcher was accomplished by the PI's experience as an educator and prior work with students who have failed. The PI's past seven years of work with numerous students who have failed a nursing course, coupled with participation in recent research focusing on key cognitive factors that can predict at-risk students, adds additional trust in the PI's foundational knowledge and interest in student success. The PI demonstrated trustworthiness by providing clear information about privacy and confidentiality and meeting these criteria throughout the research process. The PI was dedicated to the truth value of this

qualitative research. Truth value demonstrates the measurement of what is being studied and develops the construct validity of the phenomenon, which in this study was the student perception of why a course was failed (Sandelowski, 1986). This value was established by hearing and verifying the human phenomena of the student's perception of why a course was failed. Focusing on the participants' perception of failing and not the researcher's definition of the experience ensured the credibility of the story and not an *a priori* conception of the experience (Sandelowski, 1986).

Data Collection

Sample

Participants in this study were BSN students from three mid-sized universities in Texas. One of these universities also had two satellite campuses in addition to its main campus, and these were included in the research. Since Texas is such a large and diverse state, sampling at multiple sites provided information that reflected differences and similarities across the state. The purposive sample was identified and contacted by the administrative and advising staff of each participating school of nursing. Once the student indicated a willingness to participate and consented, the PI was notified by digital confirmation through SurveyMonkey® when an online consent was completed. The PI was the research instrument, as recognized in qualitative research.

Consent and Information

Consent was obtained online and verified at the beginning of each face-to-face interview. Demographic information was obtained throughout the interview. Participants chose the location and interviews ranged from 12 to 108 minutes. Data collection occurred over a four week period. A total of 43 online surveys were completed. For question one, "I

am a BSN student who failed a nursing course in the last year and I consent to take part in this research", those answering "yes" numbered 37 and "no" numbered 6. Of the 37 "yes" respondents, 33 clicked on question two, "Since you have agreed to take part in this research, please enter your email address AND telephone number so that I can contact you to set up an interview time and place" and entered contact information in order to set an interview time. Of the participants who met criteria to participate and consented online, only four did not provide contact information.

After participants consented and provided contact information, a place and time for each interview was set and confirmed via email. The PI offered ideas for on-campus interview sites that were quiet and private. Many participants agreed with the importance of a quiet place but stated there was no need to be private since it was obvious to their peers that they had failed a class. Most participants asked to be reminded via text about the interview 24 hours before the appointment time and this was done. One participant was a no call/no show and repeated attempts to reschedule were unsuccessful. Since most interviews were conducted on the weekend or after 4:00 p.m., using unoccupied areas in buildings on the main campus was easily accomplished. Library study rooms, private lobbies/lounges in university buildings, and outdoor picnic spaces were the areas used to conduct the interviews.

Immediately before the interview, the PI confirmed consent to participate, identified the nursing course that was failed, and the placement of this course in the curriculum. To begin the interview, the PI asked an open ended question prompting the participant to tell the story of why a nursing course was failed. This general, global question was effective in allowing the participant to begin the story at a point of their choosing. Connecting with the participants was accomplished as the interview progressed by the PI using single words and

brief phrases to acknowledge understanding as the respondent told their story. Confirming statements and further questions were addressed, based on the participant story and for clarification by the PI, as the story unfolded. In order to remain committed to the student perception of why they failed, there were no predetermined questions as a part of the interview. As data saturation was recognized, questions related to similar data across interviews were asked as the issues arose in each interview, or at the end of the interview if no mention of the similar data was provided by the participant. The PI verified information and key points about the story with the teller at the end of each interview.

Data Management

In this section, trustworthiness, data security, and the data analysis process are described. Trustworthiness of the research was essential for the evaluation of data and interpretation of information. An organized representation of how the research was conducted is included for ease of understanding and future replication.

Trustworthiness

Trustworthiness was necessary in all aspects of this research and was previously presented in the protection of human subjects' section and the data collection phase of this research. This topic is now further expounded upon to include trustworthiness related to data analysis. Criteria defined as credibility, transferability, dependability, and confirmability are needed to establish the worth of a study (Lincoln & Guba, 1985). These constructs must be addressed and operationalized to validate the true representation of the phenomena being studied and establish rigor for use in future research (Sandelowski, 1986). Rigor in this study was met with member checking during the interviews and validation of themes between the PI and an additional experienced researcher (Sandelowski, 1993).

In order for qualitative research to be credible, the PI must present an authentic and accurate description and interpretation of the experience ensuring that others who have the same experience would recognize it (Lincoln & Guba, 1985). Credibility should also be represented as research unfolds to demonstrate how interpretation and understanding of the story occurred. Member checking, the use of PI notes, re-reading and coding the themes, and consulting with another researcher with more experience to also identify themes was accomplished to ensure credibility.

Transferability was demonstrated in the number of participants with similar descriptions and use of quotes in the findings section of this paper. Describing this student experience of failing builds upon research and provides enlightenment to future researchers to expand upon what has occurred in this study. Lincoln and Guba (1985) further explain that transferability should also illuminate the fittingness of contexts in a study by demonstrating meaning in terms of the participants' own experiences. The themes described

in this study fit the data from which they were derived and are revealed in the participants' quotes and commonalities.

Dependability was shown through the case to case comparison and the development of the common themes. The ultimate measure of dependability will occur if this data is compared to another study seeking the perception of other students who failed a nursing course. Such a study could be conducted within other nursing schools or across more or different schools.

Confirmability, described as neutrality of the researcher (Lincoln & Guba, 1985), was met by validating the story with participants, multiple comparisons of the raw data with the end resulting themes, and maintaining the data in its progressive steps to establish an audit trail. Auditability, the ability of a reader to follow the steps of the research from the research question to the findings, is demonstrated in this paper. From the introduction of the research topic through the data analysis, other researchers can follow this research and replicate it in the future.

Data Security

Interviews were recorded using two devices with removable storage to avoid loss of data due to mechanical failure or user error. Interviews were conducted using a participant chosen pseudonym. Transcription of the interviews was completed by a professional transcription service. The PI read each transcript and verified/corrected the printed information by again listening to the recording. Recordings have been subsequently erased from the portable recording devices to maintain confidentiality. The recordings stored online will be maintained until the end of the study in accordance with the UMKC SSIRB policy. That the interviews were to be recorded, security of information, notification of any unsafe or

threatening behavior identified in the interview, and information about how the interview information was to be used, was disclosed to each participant prior to the start of each interview. Contact information of participants was only maintained electronically in the original second online survey question, not printed, and is not stored with other study records. No real participant names or contact information were kept on any of the interview notes. All electronic information is password protected. The PI's computer is maintained in a locked office and is also password protected. Typed transcripts were printed and are kept in locked storage in one location only accessible to the PI. Interview recordings and typed transcripts were also stored online in Microsoft® OneDrive cloud storage which is password protected. This second location containing a duplicate of the records exists in order to secure data in the event of a fire or other disaster, including technology failure.

The PI maintained a research notebook with information documented during the interviews and analysis using only pseudonyms and no other identifiers of the participants, including contact information or locations of the interviews. The notebook was stored under lock and key but not with the other records. After the dissertation is completed, all recordings, printed material, and digital storage will be deleted and destroyed in accordance with UMKC SSIRB policies.

Demographic information was obtained in order to contribute to the understanding of why participants failed. The universities used in the research were labeled by general geographic locations such as northern, eastern, or western Texas, to reduce the chance of identification of the participants. The entire transcript was not sent to the participants for verification to maintain security of data.

Incentives can be used in research to recruit and retain participants (Polit & Beck, 2012). A gift card in the amount of $25, funded by a scholarship awarded to the PI, served as the incentive and acknowledgement of appreciation for the participants' time. Since interviews occurred at multiple sites, Visa® or MasterCard® gift cards that can be redeemed anywhere were given. This dollar amount of incentive was not a substantial amount; higher amounts of incentive could induce giving information that was thought to be untrue or that was contrived to please the researcher.

Thematic Analysis

Thematic analysis was used as the framework for analyzing the data. Storytelling is highly reflective and the flow of information and analysis is continuous. Data preparation, analysis, and interpretation involves re-presenting, re-organizing, and transforming the information into meaningful units of data, all of which is a fluid process (Riessman, 2008; Sandelowski, 1995). When collecting data in interviews, analysis of data is ongoing. Since storytelling is highly reflective and interactive, ongoing data analysis and identification of similar sequences and story plots was expected and did occur. Transcription of the records began as interviews were completed to allow the PI to review data, compare notes to prior interviews, and to allow for recognition of data saturation. Polit and Beck (2012) describe saturation as the point in collection of qualitative data when a "sense of closure is attained because new data yield redundant information" (p. 742). Reissman (2008) describes keeping a case intact, analyzing each case, and moving forward to discover themes across cases. Making notes about each case and validating data with the participant througout and at the end of the interview allowed interpretation and confirmation of the meaning of the experience. Data saturation was evident within the first ten interviews. Initially, five

interviews per site were planned. However, seven interviews were conducted at one university, and three at each of the remaining four sites including the satellite locations. Seven interviews at one site were conducted due to a very unique perception described by the participants and the PI's desire to obtain a broader base of data. These additional interviews validated student perceptions and gave more information about other participants' described issues that contributed to failing courses.

Each interview required getting a sense of the story, including important critical moments, sequence, and the overall plot of the experience before attempting to compare information across interviews. Analysis requires craftsmanship, creativity, and imagination (Sandelowski, 1995). Storytelling is a methodology and has been used in educational research over time with critical analysis of the data combined with creativity and member checking in order to allow for data validation (Connelly & Clandinin, 1990). Reflecting, connecting with the storyteller, and affirming the story with each participant both during and after the interview enabled the PI to share the tellers' perception and began the analysis process.

The PI listened to each interview while comparing the audio to the written notes and transciption multiple times. Additional information was added to the notes during this repetitive process. For example, additional notes included a description of facial expressions, confirming facial expression of emotions to verbal communication, noting tears, laughter, and other visual and veral cues not captured on audio recording during the interviews.

The PI created a grid (30 inches by 74 inches) with 19 columns (one per case) to list and code comments in order to identify described reasons for faling. This allowed a visual representation of the discovered ideas, reasons for failing, and key quotes expressed by each

participant. The reasons were then color-coded to begin organization of these data. This allowed for further reduction of data to reach themes. The themes were analyzed and assessed related to the participants' emphasis on the events and experiences of failing.

Thematic analysis was further validated by another experienced qualitative researcher for comparison of themes which were determined by consensus. The PI and the experienced researcher first independently developed themes. Each interview was analyzed using HyperResearch 3.5, a qualitative data analysis software program. Transcriptions of each interview were analyzed separately in accordance with the HyperResearch format. Codes and frequently stated words were identified in each case. Once all cases were analyzed, the codes were combined. Then, these codes were counted, filtered, and combined guided by synomyms and similar use of words. Theme identification and labeling was done, guided by the total number of codes, rather than the codes of any individual participant.

Once this was accomplished, the PI sent the list of themes to the experienced researcher. Emails and one phone conversation resulted in concensus being reached on the identified themes. Minimal changes were made to the themes to reach concensus. As an example, discussion of the use of organizing the key themes as internal attributes of the participants and external influences resulted in the developoment of the more definitive categories of intrinsic and extrinsic factors. It was agreed these were more refined terms and represented the nature of the participants' experiences. The ultimate research outcomes were mutually constructed story plots created from participants' stories with researcher affirmation from the reflective process of storytelling. Participants were informed they would be notified when the dissertation and any related publication was complete and accessible online, allowing each to review the study results. Participants voiced interest in seeing the final

outcome of this research and expressed positive feelings about being a part of research that could help future students.

CHAPTER 4

FINDINGS

The purpose of this exploratory qualitative study was to describe academic failure from the perspective of the student. Whether environmental factors contributed to failing, as perceived by each participant, was also investigated. A global, open ended question began each interview. As each interview progressed and more interviews were conducted, emergent questions were asked relevant to the participants' stories of their experience of failing nursing courses. See Table 1 for demographic information of the study participants.

Table 1

Demographic Data

Variable	Number	Percentage
Female	16	84
Male	3	16
Self-declared Ethnicity		
Caucasian	8	42
African American	8	42
Asian or Hispanic	3	16
Prerequisites at a community college	12	63
Second Degree Seeking	4	21
Non-traditional	5	26

Themes

Storytelling provides an approach that allows the participant to connect information in the way it is understood from the participant's experience. Using storytelling moves the listener away from traditional, predetermined relevant questions that may suppress expression (Mishler, 1986). Encouraging the student to tell their story or experience while the Principle Investigator (PI) listened from a focused neutral position brought forth new detailed information specific to today's students. Participants had keen perceived insight about what contributed to failing a nursing course and willingly shared their thoughts and feelings.

Six themes emerged from these data and were identified as being intrinsic or extrinsic factors contributing to failure. These themes developed from specific words, phrases, and statements that reflected the stories told by participants. As the interviews progressed and the commonalities unfolded, it became evident that some reasons for failing were from within the student and resulted from lacking the skills necessary to be a successful nursing student. In addition, some reasons for failing were from outside the participants' control and these issues were typically significantly different from participants' past experiences. Participants' had not developed skills to cope with these issues in order to be successful in their courses. This prompted using the categories intrinsic and extrinsic to organize data and present the findings to reflect the participants' representation of their experience. The themes are summarized in Table 2.

Table 2

Themes

Intrinsic	Extrinsic
Connecting	Faculty Impact
Balancing	Environmental Factors
Being a Nursing Student	
Resources	

Intrinsic

Intrinsic Theme 1: Connecting

Of the 19 participants, 16 (84%) stated they were not "connecting" the information from their prerequisites to their emerging knowledge in nursing courses. Key words and phrases contributed to this theme by participants were: "not putting it together," "haven't made your sandwich," "hard to connect the information," didn't know how to "put it all together," "I didn't have that 'aha' moment in the beginning," and I couldn't carry the information "on into the semester." One participant, Logan, described how when something new comes up in reading/lecture/clinical it is important to keep it in mind to build knowledge:

> "So in keeping your mind in it, you never know what your're going to read—what you are going to hear—what you're going to do, and it connects the dots—so with anything, the more you are in it, the better you become, if you're trying to be better, but the more you stick with it, the more you understand."

Elizabeth stated,

> "I didn't use clinical as a learning experience", "Why do I need to know that? I just needed to get it done—and don't look at it anymore. But now? No, I try to [look at it] if we get anything in class or any assignments"; the participant further expressed how

> she was just doing "task, task, task" for more than one semester It took more than two semesters for this participant to understand and "pay attention to it because it's going to help you deepen your knowledge."

Tara said, "Here they want me to take it, mull it around, and make my own thoughts about it—a totally different style of thinking for me."

LeAnn stated,

> "I feel like the clinical is better because when I go to clinical I actually, [pause] I see the actual thing. And then I get to do the procedures [with] my preceptor. That way it gives me a better understanding. But sometimes, it was really hard to connect it with class—it just didn't go like really go together for me."

Other connecting problems conveyed to the PI by the participants were related to lecture, book content, and tests. Participants expressed difficulty relating different presentation styles of the same content and combining all the information. Sample statements by different participants were:

> "not just knowing the patho of everything, but actually grasping the whole concept."
>
> "You know the literature and the clinical is not meeting up a lot of times, and it is hard to look at this test and put this into real world scenario."
>
> "In lecture, I do better if somebody elaborates on it or talks more about it" –some [teachers] "read straight from the book and almost—I don't know. Some are just really not helpful."
>
> Test questions were "just out of nowhere. Information that wasn't even in the book. I don't know where they pulled it from—they're pulling stuff from different areas."
>
> "Whatever my instructors tell me, it may be an important point –maybe I must find a person that read the whole thing and understand the concept—the book is really important…but then it is not connect[ing for] me."
>
> "Specifically the lecturing style was like to me on a high school, middle school level and then they tested completely way higher than that…". "they don't test in the text."

Participants also expressed how they had to self-teach in order to learn and do well on tests. This was new to them and they had to learn to do this to succeed in their courses and

connect content. Self-teaching was perceived as having to take responsibility for their own learning and it was difficult to learn to do this while also keeping up with work in all courses. Tom stated, "Some classes just may be pure reading and it's like you're teaching yourself." Summer said, "I just started teaching myself which was not a good experience because I memorized it for the test—I still have to go back and learn the Patho." Ericka said, "That's one thing that I never had to experience. I never had to go home and teach myself that subject. I feel sometimes you might need to teach yourself just so you can understand it your own way."

An all encompassing quote that described the main problem of connecting came from Kelly, "Failure is bad, but at the same time it's amazing the information I knew and I still know. I just hadn't connected it. That was the problem. The problem was I knew too much and didn't connect."

While it may be obvious to nursing faculty that students must connect knowledge and understanding throughout their prerequisite courses in order to build new nursing knowledge, it is apparent these participants did not anticipate this nor know how to do it. Information from participants very clearly described lack of connecting as a key reason they failed courses in nursing school. Tara stated,

> "I felt like they expected us to do more outside researching a little bit. I see now why that would be a better idea because you learn more whenever you have to figure out for yourself but it was that first and second semester and me never have taken those type of classes before, I felt like I went from jumping over to the Pacific Ocean to try to figure out what they were talking about."

Intrinsic Theme 2: Balancing

Participants made numerous comments about having difficulty "balancing" classes, study time for each class, time, test preparation, clinical and class assignments, and their

personal lives with the demands of nursing school. Quotes reflecting balancing issues were expressed in every interview. Elizabeth described how one semester of courses was a good balance and another was not.

> "I would try to figure out what I was doing wrong. I think another thing for me was with assessment and intro, it was a good balance because intro is just basically the fundamentals. And then with assessment it was like categorized with the very young, the very old, they pretty much go in a category. That was a good balance for me but then I think when it went to Pharm and Basic at the same time? I was struggling in both. It was hard for me to understand—I didn't really know how to balance at the time."

When asked if she could have done anything differently to pass, Grey commented,

> "I probably could have studied more like right after [lectures]. We have a lecture study and build on it. I haven't quite mastered that because it's hard to juggle with, okay, I need to focus on this class but I have assignment over here and I can handle the workload but maybe if I could have more—study a little bit every day and build on it then I wouldn't [have failed], maybe I would do better."

Tiffany also discussed the difficulty of taking three courses, stating, "I felt like those three loads really impacted the grade, and trying to juggle which one to study more for."

Similarly, Tom described studying hard for an exam and if he made a good grade, he did not study as hard for the next exam in that course:

> "I noticed immediately that—it's always a balance. One class is more factual and the other one is more application—so there's always a balance—if I was making a high A, I wouldn't study as much, but when I hit like a 70-something, I would kind of go into overdrive and I would study more. It was just things you do to survive."

Lily stated,

> "Also the time for studying, it takes me so much time on the other class to read, a lot of information on the other class—so I feel maybe [the] reason is I was overloaded—too many things to study for one lecture, too many chapters."

Ericka described having tests closer together than she had experienced before,

> "At first, Competencies wasn't even my trouble class. It was another class that was my trouble class. What got me on that test [Competencies] was I had a Pharm test the

> day before. Whenever I take a test, I like to use that whole day just to relax and get all my jitters out—I didn't fully study like I should have. We started [the semester] and three weeks then was the first test—it was a test every week. Boom, boom, boom, boom."

Ericka further described attempting to balance school and life,

> "I'm friends with one other girl. We've talked and she's had some struggles as well, as well I have had some. We've just tried to talk it out and try to figure out what's going on and also have a balanced life because I have noticed that a lot of people in nursing school are way farther along in family life than I am. I feel I should be able to devote more time and be doing better."

While balancing studying, time, courses, and life seems to be an essential skill to be a successful student, it was clearly stated by participants that they were unable to do this. Lack of balancing contributed to failing classes. The participants in the study expressed balancing as a significant and necessary skill for a nursing student.

Intrinsic Theme 3: Being a Nursing Student

Participants described how nursing school was a "whole new ballgame," how they "studied the old way," and nursing school was "shooting darts blind," and having "no expectation of what to learn." Four participants claimed a "false sense of security" about being prepared for nursing school since they had already earned a degree. Several participants stated "I didn't know how to be a nursing student" in order to be successful. Participants described not knowing how to study for nursing tests or how to take nursing tests as the key problems preventing their success.

When asked about orientation or other preparation for being a nursing student, four participants said this did occur. These participants, however, stated there was no information given about the difference in high level test questions when transitioning from prerequisite courses to nursing school. Of the 19 participants, 11 (58%) stated one of the

main reasons they failed was due to application questions on exams. Participants stated they knew content but "couldn't apply it," and that exams were different with "critical thinking and application" questions. To them, application was "new," and one participant stated, "I wasn't used to the testing style—I don't even know how to study for that." Participants stated that, over time and several semesters, they realized they needed to work on test-taking skills. They discovered just knowing the information was not enough to succeed. Elizabeth stated, "I'm so used to memorizing that actually applying it to a situation is a different mindset for me. I'm getting there slowly."

All of the participants expressed the required higher exam average, above the standard 70% as required in prerequisite courses, was new to them. Required exam averages for the nursing programs in the study ranged from 72-75%. Participants stated having to make the required exam average before any other grade was averaged into their overall course grade was also new for them. While participants understood this after the first few weeks of being a new nursing student, figuring out how to accomplish this was difficult. Tiffany described, "it was like a secret they didn't want to tell us how to break down the question—I feel like they didn't want to focus on that. It was a secret." She also described that figuring out how to answer high level questions on her own has come "at a very high cost point" both financially due to the cost of retaking the course and emotionally due to losing confidence after failing a course. Almost all of the participants stated failing a course in nursing school was the first time they had ever failed a course or failed at anything academically.

Intrinsic Theme 4: Resources

Of the 19 participants, 13 (68%) did not seek help from an instructor teaching the course they were failing. Of the six who did seek help, three went to current instructors only once and never returned, claiming the meeting did not help. The remaining three went to former instructors of classes they had previously taken and found this helpful. When asked about resources on their campus, 16 of 19 (84%) participants could not list more than one available resource. After further investigation, the PI discovered the available resources on the campuses under study included counseling, student instructors, tutors (some free and some at an additional cost), assessment by disability services, and study groups (these were frequently discovered or created by participants although usually later in the semester). Some courses recommended online videos that could help with understanding skills and content and a few of the campuses had social workers available to meet with students. Participants who saw a social worker or counselor during the semester they were failing said it helped in general ways (taking care of themselves, organization, and using a planner) but it did not help them improve their exam grades. Some participants sought help from the counselor after failing due to personal or life issues that made being successful difficult.

Overall, 17 of the 19 (89%) participants did not expect to fail. Participants expressed "I thought I would pull it out" and "I can pass this class and then it wasn't until that very last day in class that I was like, this isn't going to happen." While not expecting to fail may not have contributed to actually failing, it is interesting to note the participants did not expect to fail even when going into the final exam with a failing exam average. If a participant did not accept the real potential of failing, seeking help or resources would not have been a high priority.

An additional issue related to resources was that 12 of the 19 (63%) participants took their prerequisites at a community college. Not all 12 related a belief that this impacted their failing, however being unprepared for nursing exam questions was a key problem area. All participants who took prerequisites at a community college stated they believed this made it harder to be successful at the university level and that the transition was very difficult. Tara stated,

> "I wasn't prepared for the immense workload. It was the depth of the knowledge and they required so much more outside classroom work. I didn't quite anticipate or nobody really made it known that there was a huge difference between junior college level and at a university level of work."

When asked about other differences at the community college level, Tara described shorter class times that met more frequently, receiving pre-typed handouts, smaller class sizes, being unprepared for the use of "bigger words" and nursing "dialect" at the university level, junior college tests having fewer questions but a longer time to answer them, and a general feeling that the instructors cared about her and knew who she was at the community college level. Participants stated they had all "knowledge based questions" on community college tests. Participants also commented that almost all test questions came from lecture content at the community college level. Two participants described that taking pathophysiology at a community college gave them a weak foundation and hindered their success in nursing school.

Extrinsic

As previously mentioned, participants expressed perceived reasons for failing that were believed to be beyond their control. These were issues that even though were identified to be contributing to their failing grades, the participants either did not or could not overcome their negative impact. It became clear to the PI that there were occurances outside of the participants' control and these were themed as extrinsic factors.

Extrinsic Theme 1: Faculty Impact

Several participants stated that after they first learned they failed a course, they wanted to "blame" faculty. The PI anticipated some participants may displace reasons for failing onto others. However, these participants stated that as time passed, they more clearly identified faculty's impact that did contribute to failing while not placing blame on others for failing the course.

One issue related to faculty impact was university specific, whereas all other issues related to this theme were very similar across the cases. Participants in one course at one campus stated a single issue significantly contributed to them failing a course, even if it was not the course that gave them the most difficulty. These seven participants described the requirement to achieve an 85% average on six medication calculation quizzes as contributing to failing a course. These quizzes occurred before the drop-date and if the student did not achieve the average, they had to drop the course because passing the calculations was mandatory to pass the course. While only one of these participants failed the course with this medication calculation requirement, the seven interviewed stated that this requirement was much more difficult than any other medication calculation required in the curriculum. Kelly stated, "I believe that with nursing students your aim shouldn't be to just make it difficult for

no reason" and "I put so much effort into [the calculations], but my Med Surg suffered and my Leadership suffered." Another participant stated, "The math that she put, it was more of a riddle" and another described the questions as "tricky".

The issues with these calculation quizzes were described as having approximately 20 questions to complete in 20 minutes and these included paragraphs of information to read through in order to actually find the information needed to do the calculation. Many did not finish these quizzes due to the length of the questions and the short timeframe for the quizzes. This occurred in the same course over several semesters and some students complained and followed the chain of command and grievance policy. Another issue raised with this particular course was that the time started when the quiz paper was handed out on the front row, whereby when the back row received the paper, time had already been lost. Once this was brought to the attention of the instructor, this changed and all started the quiz at the same time. There was also a new answer to these questions called "N-E-I" or not enough information to obtain an answer. If the student read the question paragraphs to find data to solve the problem, sometimes not enough information was there to make the calculation. All participants stated that the lack of time on the quizzes was a significant reason the quizzes were failed.

These participants described the instructor as extremely concerned about patient safety in calculations. Participants also indicated that a few faculty members attempted to pass these exams and could not because they could not finish the problems. The PI was unable to validate this information. Participants stated that after complaints went through the chain of command, the instructor was no longer teaching at the university, which was subsequently validated.

Another issue that participants found difficult was when more than one faculty member taught a course. This was brought up by five participants at two different campuses. One participant stated, "There was so many students that were failing that course, that the chair had to step in and co-teach just to see what was happening." The difficulty seemed to arise when one faculty member had been teaching at a higher level in the curriculum and then had to return to teaching a lower level class. Also, when a faculty member was new to the course, participants stated it was difficult to get help because the faculty member was also learning the content. The main issue, as stated by one participant, was that "I believe they didn't communicate well." When one of the two instructors lectured, there was a need to clarify what had already been taught. This was described as the teacher saying "So, did you learn this already? Did you not?" or "Why don't you already know this." Aria stated,

> "Also, when we had questions to our professors, there was more of a 'Why don't you already know this?' Attack the student. If we even went up to them one on one, not just in class, they would just say 'read the book'. They would not answer our questions."

Along these same lines, participants from every campus stated that it was important to know which instructor was writing the questions on an exam. Upon questioning, participants stated that "you get a sense of their voice," "get a very good grasp of what my instructor wanted from me," and "if you know the teacher, you can know what they're asking for." The idea of knowing who wrote the test questions making it easier to know the answer, was stated in some form by seven participants across all the universities. This issue was discussed at length by participants who received lecture via teleconference by an instructor not on their own campus.

Across all campuses, participants described faculty as being "not approachable", "attempting to weed out weak students," "trying to trick us," "intimidating," "belittl[ing]," "a wall," and "degrading." Unfortunately, 79% of the participants used these negative terms, as well as other terms, to describe their perception of faculty as uncaring and not genuinely interested in student success. None of the participants stated this contributed to failing but that it did prevent them from seeking help or asking questions in class.

One unique concept that was stated by three of the participants, each from a different university, was identifying their "voice." These participants described asking a question in class or individually to an instructor and being "belittled" or "intimidated." Aria shared that, she did eventually go talk to a professor for help or clarification:

> "There's also times in class when other students would ask questions and the professor would belittle them in front of the entire class. It happened on more than one occasion, so towards the end of the semester, nobody was participating. That did not happen to me because I saw it happen to other students, so I refused to raise my hand. I waited until class was over to speak to her so I could get belittled just one on one."

When asked about whether anything good and positive came from going to see an instructor for help, Bella said,

> "I think it helped me develop my voice—because I didn't know how to express you're making me feel inferior, you're not helping me. It took me a lot to get to that point and tell her that. It took me to the last course that I took with her to really express that to her—She didn't realize that's what she was doing and so she felt really bad because she was also my academic advisor."

When asked about getting over being afraid in class and being afraid to go to an instructor, Lily stated,

> "It's more stressful when they always, if they look scary, it's like really hard. I was like seriously you have to—oh my gosh! I don't know if I can do it. I kept getting more confident. I can be able to do more things right now, nobody [is] going to be

> like—I feel like I have my voice, I can talk about it. I can just say it and what do I think. I just do the thing that I think is right to do."

Overall, participants perceived faculty negatively regarding willingness to help, being approachable, and taking action for student success. Participants expressed a desire for faculty to contact students who were failing. One participant stated, "It is important to have someone whose goal is to help you succeed."

Extrinsic Theme 2: Environmental Factors

Environmental factors are influences external to the academic process that may impact students' academic performance and retention (Metzner & Bean, 1987). Almost all of the participants expressed the negative impact of environmental factors that occured during the semester in which they failed, but only four participants expressed a belief that environmental factors contributed to failing a course. Jade stated,

> "I was going through a lot in my family and at the same time having to deal with the fear of fourth semester because of the one professor that everybody was scared about. I think because of that fear, I would say I predestined myself to be like 'if I fail no big deal'—My brother—he was in med school also and he was always struggling with his studies and also he was struggling financially. That made a lot of impact on my family because financially we didn't have the money. 'Do I have to increase my working hours? How are we going to do this?"

Jade did not increase her work hours, she continued to work 12-15 hours a week answering the phone at Disability Services on campus, but did not believe working contributed to her failing the course. She also described how her siblings had a car accident and then later, she also was in a car accident. "One month, there was too much chaos going on—It's crazy." Similarly, Brinlee, expressed,

> "My dad lost his job in September. The next day, mom's truck broke. It was broke[n] down until January because they couldn't find a new motor for it. Then, in October, their house burnt down. Then Dad had a heart attack somewhere in the mix of it all, and then, the day after our med-surg final, my dad had a quintuple bypass

> surgery—They ended up moving in with me after their house burnt down—I was working at least sixteen hours a month, and that was still too much".

Cassie commutes to campus, which takes about 35 minutes, works full-time, and also had other significant environmental factors which she perceived contributed to her failing a course. She said,

> "My truck, the transmission went out on my vehicle so I had to decide what's more important to me right now, to pass these two nursing courses or statistics, so I missed a lot of my classes and I made a D [in statistics]. I had to take a semester out of nursing to get that C. The second time I took it, also I have a daughter that's 23 and she has lupus, systemic lupus, and right now she's on dialysis—she's having problems with her heart and she has chronic pancreatitis. She has for the last two years. Her health is deteriorating, so along with school and her—I have three other kids, so I'm like you said, I'm the oldest in my family to start college. I'm with [my] father but since the brain aneurysm he's more like a child also, so I'm also head of household, head of everything, I've got to make sure everything is taken care of."

Cassie clarified that she does not believe her work hours impacted her negatively. She said she has always had to work full-time and she is able to study while at work. She also said that transportation for work wasn't needed. She indicated the biggest issues that contributed to her failing was her lack of transportation to school which was 35 minutes from home, and her family's multiple illnesses.

Kristen, who only works during semester breaks, failed a nursing course and stated that a kidney stone and pain medication before an exam contributed to her failing. She stated, "I mean, that was definitley a big deal because I wasn't in my right mind." She informed faculty about the health issue a few days before the exam but was required to take the exam at the scheduled time. She stated she had never missed an exam due to illness in the past. She also stated that since it was a first semester course she failed, she believed coming from a community college to the university level was a contributor to her failing. She went on to describe having lectures through Tegrity® hindered her asking questions

since the teacher was not face-to-face. In order to get questions answered, she would have to email the lecturer on another campus, or she would have to drive an additional hour to sit in the lecturer's office and get help. A teacher was in the classroom on Kristen's campus but she stated the professor "was not a Pharmacology instructor. We were left to kind of fend for ourselves. When we were watching lectures on Tegrity®, she would be in the back of the classroom studying the textbook along with us."

The participants who stated they failed due to environmental factors all experienced health or injury issues—either personally or of a family member. These participants also had other environmental issues that complicated their daily lives. Other participants stated various environmental factors which made attaining success more difficult. Several of these issues, which made it difficult for participants to succeed in nursing school but did not qualify as top reasons for failing, were common amongst participants. Table 3 illustrates the perceived environmental factors that negatively affected participants during nursing school.

Table 3

Self-declared Environmental Factors Having a Negative Impact on Participants

Factor	Number of Participants	Percentage
Living with family (makes it difficult to study)	7	37
Financial stress	6	32
Class assignments or course overload	6	32
Lack of social/emotional support	5	26
Working	5	26
Family issues	4	21
TV or social media time	3	16
Transportation or commuting	2	11
Medication side effects	2	11

In summary, the participants expressed their perceptions of why they failed a nursing course. Intrinsic factors included difficulty: connecting knowledge and content to build further nursing knowledge; balancing courses, time, and life issues; being a nursing student; and identifying and using resources. Extrinsic factors consisted of perceived negative faculty impact related to unapproachability and unwillingness to help students, needing to know the voice of the test item writer, and more than one faculty member teaching a course; campus specific capricious behavior by a faculty member; and, environmental factors, specifically illness/injury of the student or family member. Participants also identified various environmental issues that made it difficult to be successful during a semester. This research provides new information for students and faculty that can improve nursing education and student success. In the final chapter of this paper, positive and productive ways to use these research findings to improve nursing education and student success will be discussed.

CHAPTER 5

IMPLICATIONS

Summary

The purpose of this exploratory qualitative study was to describe reasons for academic failure from the perspective of the student. Course failure negatively impacts institutions of higher education due to reimbursement and the impact of accreditation standards, nursing students due to financial and time pressure, and healthcare due to the need for more nurses (Duvall & Andrews, 2010; THECB, 2006, 2011, & 2013). Since there was a paucity of data on this topic from the perspective of the student, narrative inquiry with a focus on storytelling was used to explore this phenomenon (Polit & Beck, 2012). Environmental factors contributing to failing a didactic nursing course were also investigated. Bachelor of Science in Nursing (BSN) students (*N*=19) from three universities in Texas, encompassing five campuses, who failed a nursing course in the last year were interviewed. Thematic analysis of data yielded new, clarifying themes that can benefit educators and today's nursing students in order to improve retention which may ultimately improve graduations rates.

Discussion

Findings indicated that the participants in this study were able to identify and communicate their perception of why a course was failed. Participants' ability to express their perception of why they failed was anticipated and supported by the review of literature. The time commitment required for nursing courses (Dutta, et al., 2005), financial pressures, and the potential for failing (Baker, 2010, Jeffreys, 1998, 2012) were known to the participants in this study. The students' perception, however, about what contributed to

failing had not been previously demonstrated in nursing literature. Data analysis yielded four intrinsic factors and two extrinsic factors that were perceived to contribute to failing courses. The first three intrinsic factors contributing to failure were a lack of connecting knowledge and information from prerequisites and current nursing courses, an inability to balance time, coursework, demands of everyday life, and a failure to recognize or use resources to aid in improving success. The fourth intrinsic factor was described as not knowing how to be a nursing student. More specifically, participants were unprepared for the changes in schedule, course time, and clinical time as compared to prerequisite courses. Participants also described an inability to execute higher level thinking skills in order to master application questions on exams.

Extrinsic factors contributing to failing were identified as negative faculty impact and environmental factors. Participants described the faculty as being unapproachable and intimidating. This was linked to participants not seeking help. On one campus, participants described an unusual issue regarding a testing situation in which students struggled to be successful yet felt unable to remedy the situation. Ultimately, a replacement of the professor and a modification to the testing situation occurred after student complaints were filed and followed the appropriate chain of command. A key environmental factor contributing to failure was illness or injury of the student or their family members. Other environmental factors that made it difficult for participants to succeed, such as transportation access, were also described.

A review of the literature conducted before and during this study did not yield information similar to what was discovered in this study—thus, this study describes new information regarding why nursing students currently fail courses. While today's students

are taking required prerequisite courses to prepare them for nursing school, this study indicates there is a gap between this foundational knowledge and applying it at the level required to think like a nurse early in the nursing program. Clearly describing these participants' perceived reasons for failing makes the potential for future research, including replication and intervention development, focused and achievable.

Conclusions

Participants were insightful about their perceptions and able to verbalize reasons for failing. Several common issues were expressed, and these common themes were recognizable to the Principle Investigator (PI) as interviews progressed. Participants were able to describe their experience as a story and many stated the interview helped them gain more awareness about why they failed, how they overcame it, and how it enabled them to see the experience as a whole. While perception is subjective, this characteristic is what opens the interviewer's mind, and thus the readers' mind, for new interpretations of the individual and the social environment (Maynes et al., 2008)

The following conclusions can be drawn from this study about students' perceptions of their own nursing course failure:

1. Participants were not connecting knowledge from prerequisites to nursing school course content in order to further develop as a nursing student.

2. Participants were unable to balance the demands of class, study time, clinical and class assignments, as well as daily life issues.

3. Being a nursing student requires a new and unique skill set which participants did not master until after a course was failed.

4. Participants either lacked knowledge about resources available for student success or underutilized such resources.

5. Participants perceived faculty as being unwilling to help students be successful.

6. Environmental factors either contributed to failing or made success as a nursing student more difficult.

Limitations

One major limitation of this study is that the participants presented their own individual perceptions of the experience of failing. In addition, the interviews (one with each participant) were conducted in one state, Texas, with 19 participants from three universities. Participants did represent the diversity of students in Texas (Miller et al., 2013), but only a small sample of students was interviewed. While the purpose of qualitative research is not to generalize information across a population of similar subjects, thematic analysis is able to assist in interpreting the meaning of similar experiences and move toward more specific research (Riessman, 2008). Each case in this study was analyzed intact and themes were compared across cases. This enabled the PI to compare and contrast both similarities and unique participant situations. There were many similarities, and participants described common issues, thus providing new information about why nursing students fail.

Recommendations

Replication of Research

Replication of this study would improve the trustworthiness of the results. As described in the beginning of this study, dependability would be established by finding similar themes in a student population in different geographic areas. The next research project could be to develop a questionnaire, based upon this study's findings, and collect data from a larger number of participants across more universities. With the use of a questionnaire, and a larger sample from numerous universities, quantitative research could validate the new information gained from this qualitative study.

Prerequisites and Nursing School

Current faculty in higher education express concern about whether students who transfer from community colleges are prepared for a major in science, technology, engineering, and math (STEM) at the university level (Higgins et al., 2011; Rodriguez-Kiino, 2013). This is particularly important as students' transition from community college to nursing programs. Nursing student success has specifically addressed student preparation for education at the university level with a focus on retention encompassing similar concerns (Harris et al., 2014). In this study, the PI heard multiple participants clearly state their own concerns and feelings of not being prepared for the transition from community college to nursing school at the university level.

Research has recently addressed implementing undergraduate research for STEM transfers from community college and implementing strong faculty mentoring relationships as a way to increase student success (Higgins et al., 2011). Mentoring has been studied with graduate nurses transitioning from school to the workforce (Ketola, 2009). Peer mentoring is

also an area that has shown improvement in student retention (Harris et al., 2014). The current issues with mentoring have been identified as:

1. lack of alignment of community college and university mission statements;
2. prior history of uncommitted mentoring relationships in the nursing field; this occurs between nurses as well as between preceptors and graduate nurses, and may lead to poor or nonexistent mentoring;
3. lack of time and financial resources available for undergraduate research workshops; and
4. unavailability of faculty to oversee a peer mentoring program and the need for faculty to mentor these peers (Harris et al., 2014; Higgins et al., 2011; Ketola, 2009).

Participants in this dissertation research have identified being unprepared, specifically when transferring from community colleges, as a contributor to failing and expressed the need to improve student preparation. Being unprepared was also reflected in the perceived inability to connect knowledge and balance the courses and demands of nursing school. Future research into programs, actions, resources, and workshops that can assist transfer students could likely find ways to improve and increase student success and retention. Keim, McDermott, and Gerard (2010) developed a successful bridge program specifically for Hispanic students transitioning from community college to a university, and a similar program could be considered for nursing students. Employing successful strategies from the literature could act as a starting point to promote change and eventually lead to improved student success as well as act as a springboard for future research. A key area that could produce solutions for improving retention is the development of a transition plan for students entering nursing school, regardless of their prior education.

Student Learning Environment

The participants described negative faculty impact that inhibited learning and discouraged them from seeking help. This environment parallels a long-standing problem in nursing practice often referred to as "eating our young" (Hippeli, 2009). This negative tendency is known to contribute to poor transition from education to the work force as well as high turnover rates during the first year of nursing practice (Siela, Twibell, & Keller, 2009). Lack of mentoring and support creates a negative work environment, often described in the literature as incivility, bullying, and lateral violence (Croft & Cash, 2012; Sanner-Stiehr & Ward-Smith, 2014). Lateral violence also contributes to job burnout, turnover, and nurses leaving the profession (Sanner-Stiehr & Ward-Smith, 2014; Siela et al., 2009). It is the PI's opinion that what the participants described qualifies as horizontal violence. Horizontal violence encompasses the same behaviors as lateral violence, except one person in the relationship has diminished power (Clark & McCann, 2005). Additionally, the PI posits that these behaviors are, unintentionally, learned in nursing school, and then perpetuated in the work force. To remedy this, a change in behavior must begin in nursing school. Role play, using nurses as participants in a scripted production, has been successfully used to teach mentors, nursing staff, and mentees about improving work place civility (Coletti, Davis, Guessferd, Hayes, & Skeith, 2012). Of note, scripted role play is a type of storytelling that has been successful in education and change behavior for many years (Harris et al., 2014; Irvin, 1996; Jackson & Mannix, 2001; Wirth & Gamon, 1999). Through mentorships and role playing, faculty can influence the learning environment in a positive manner, resulting in improved outcomes in student success. Incorporating empowerment

into a mentorship program could also help students find their "voice" early in their nursing education. These areas are calling for action and research.

In order to potentiate the development of pilot programs that would enable student nurses and faculty to create a positive learning environment, educators could consider Magnet® Hospitals as a model for change. Magnet® Hospitals are environments rich with ideas for decreasing turnover, creating change toward a positive work environment, and achieving autonomy for nurses (Coletti et al., 2012; Valda, 2003). Nurses with a BSN education are leaders in these hospitals and could provide examples for mentoring. Concepts and ideas from this positive work place could be adapted to the educational environment for nursing students.

In closing, participants were able to communicate their perceived reasons for failing nursing courses. Using storytelling, these participants were able to add a significant amount of specific information to the body of knowledge that can be used to improve nursing education and guide future research. This study explored an old phenomenon from a new perspective. Exploring the BSN student's perception of why a nursing course was failed has provided insight into ways to begin mitigating the issues contributing to failure with the goal of improving nursing student retention. Many opportunities lie ahead for research, mentoring, and positive change in nursing education to meet the needs of today's current nursing student.

APPENDIX A

MIDWESTERN STATE UNIVERSITY IRB APPROVAL

Human Subjects
In Research
Committee

Institutional Review Board in
Compliance with 45 CFR 46

MSU Policy 2.37

MEMORANDUM

TO: Peggy Ward-Smith, Amy Owen

RE: Why do nursing students fail?

DATE: September 22, 2014

Your proposal for research utilizing human subjects has been reviewed and approved by the above named committee.

The number assigned this project is 14092201.

Please include this file number in any presentation or publication arising from this research. You may be required to place a copy of this letter within the thesis or other class, department, or college documentation. This approval is valid for one calendar year following granting of approval status. Your may request an extension by submitting a letter requesting such to the HSRC committee chair.

Respectfully,

Suzanne F. Lindt, Ph.D.
Chair, Human Subjects in Research Committee (IRB)

APPENDIX B

TEXAS WOMAN'S UNIVERSITY IRB APPROVAL

TWU
TEXAS WOMAN'S UNIVERSITY
DENTON • DALLAS • HOUSTON www.twu.edu

September 27, 2014

Dear Ms. Owens:

Now that you have obtained your IRB approval from the University of Missouri, Kansas City, we at TWU are delighted to be able to assist you with pursuit of your doctoral research.

I will post a BlackBoard announcement about your research on the Dallas Student Information site. All students meeting the inclusion criteria for your study will have an opportunity to provide consent and contact you through the appropriate mechanisms you have developed to promote privacy and security.

The results of your research on academic performance will be of great interest.

Regards,

Barbara S. McAlister
Associate Professor
Director of Undergraduate Education

APPENDIX C

UMKC IRB APPROVAL

UMKC
Office of Research Services

UMKC
5319 Rockhill Road
Kansas City Missouri
TEL: 816 235-5927
FAX: 816 235-5602

NOTICE OF NEW APPROVAL

Principal Investigator: Peggy Ward-Smith
School of Nursing
Kansas City, MO 64108

Protocol Number: 14-341
Protocol Title: Why do BSN students fail a course?
Type of Review: Designated Review

Date of Approval: 09/08/2014
Date of Expiration: 09/07/2015

Dear Dr. Ward-Smith,

The above referenced study, and your participation as a principal investigator, was reviewed and approved by the UMKC IRB. You are granted permission to conduct your study as described in your application.

This approval includes the following documents:

Attachments

Invitation to participate and verbal script
comittee approval letters
14-341_IRBApproved_Consent_Stamped
methodology section of proposal for ssirb WITH letters of agreement

The ability to conduct this study will expire on or before 09/07/2015 unless a request for continuing review is received and approved. If you intend to continue conduct of this study, it is your responsibility to provide a Continuing Review form prior to the expiration of approval.

This approval is issued under the University of Missouri - Kansas City's Federal Wide Assurance FWA00005427 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under the Board's Assurance, please do not hesitate to contact us.

There are 5 stipulations of approval:
1) No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date. (PIs and sponsors are responsible for initiating Continuing Review proceedings).
2) All unanticipated or serious adverse events must be reported to the IRB.
3) All protocol modifications must be IRB approved prior to implementation unless they are intended to reduce risk. This includes any change of investigator.
4) All protocol deviations must be reported to the IRB.
5) All recruitment materials and methods must be approved by the IRB prior to being used.

Please contact the Research Compliance Office (email: umkcirb@umkc.edu; phone: (816)235-5927) if you have questions or require further information.

Thank you,

Simon MacNeill
UMKC IRB

Page: 1

APPENDIX D

THE UNIVERSITY OF TEXAS IRB APPROVAL

THE UNIVERSITY OF TEXAS AT TYLER
3900 University Blvd. • Tyler, TX 75799 • 903.565.5774 • FAX: 903.565.5858

Office of Research and Technology Transfer

Institutional Review Board

October 8, 2014

Dear Ms. Owen,

Your request to conduct the study: *Why Do Nursing Students Fail?,* IRB #F2014-10 has been approved by The University of Texas at Tyler Institutional Review Board under expedited review. This approval includes the written informed consent that is attached to this letter, and your assurance of participant knowledge of the following prior to study participation: this is a research study; participation is completely voluntary with no obligations to continue participating, and with no adverse consequences for non-participation; and assurance of confidentiality of their data.

In addition, please ensure that any research assistants are knowledgeable about research ethics and confidentiality, and any co-investigators have completed human protection training within the past three years, and have forwarded their certificates to the IRB office (G. Duke).

Please review the UT Tyler IRB Principal Investigator Responsibilities, and acknowledge your understanding of these responsibilities and the following through return of this email to the IRB Chair within one week after receipt of this approval letter:

- This approval is for one year, as of the date of the approval letter
- Request for Continuing Review must be completed for projects extending past one year
- Prompt reporting to the UT Tyler IRB of any proposed changes to this research activity
- **Prompt reporting to the UT Tyler IRB and academic department administration will be done of any unanticipated problems involving risks to subjects or others**
- Suspension or termination of approval may be done if there is evidence of any serious or continuing noncompliance with Federal Regulations or any aberrations in original proposal.

- Any change in proposal procedures must be promptly reported to the IRB prior to implementing any changes except when necessary to eliminate apparent immediate hazards to the subject.

Best of luck in your research, and do not hesitate to contact me if you need any further assistance.

Sincerely,

Gloria Duke, PhD, RN

Gloria Duke, PhD, RN
Chair, UT Tyler IRB

EQUAL OPPORTUNITY EMPLOYER

APPENDIX E

SIGNATURE PAGES

Student Name: _____ Student ID#: _____

School of Nursing & Health Studies-Doctoral Program
UNIVERSITY OF MISSOURI-KANSAS CITY
FORM 7

REPORT OF RESULTS OF EXAMINATION FOR DOCTORAL STUDENTS

[ ] Comprehensive Examination

[ ] Dissertation Proposal Defense

[ ] Dissertation Editorial Defense

[X] Final Dissertation Examination

This is to certify that Amy M Owen (Name of student) on February 24, 2015 (Date)

passed/failed (Circle one) the above checked Examination/Evaluation for the Ph.D. in

Nursing_____. (emphasis area)

Comments:

Evaluation*	Signature (s) (Examining Committee)	
Superior	J. Wright	(Chair)
Superior	Katherine Smith	(Member)
Superior	Lora Lacey-Nowell	(Member)
Superior	Pauline A Sampson	(Member)
		(Member)

*Superior, Good, Fair, Inferior (Failed)

If a Final Dissertation Defense Examination or Research Project, please furnish title of thesis/project:

_____

_____

The Chair of the Examining Committee should submit the original copy of this report to the appropriate office.
Approved 2/26/99 Ph.D. Committee/Reviewed 12/5/06
Copies to: UMKC Registrar's Office
School of Nursing, Student Services
Advisor; Student

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VITA

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As an RN for more than 30 years, Amy's clinical background is in Intensive Care, Neuro Intensive Care, and a few years as a school nurse. She has been a preceptor for many new nurses and is a clinical instructor at Stephen F. Austin State University. Teaching patients and nursing students has always been an important part of her professional life.

Amy is a member of Sigma Theta Tau International, the honor society of nursing. Her research interests are nursing student success and the use of simulation in nursing education. She plans to continue teaching for many years to come.