The concept of mattering as critical to nursing-student recovery

Ronald Steven Hutchins

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The Concept of Mattering as Critical to Nursing-Student Recovery

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Dissertation

Submitted to the College of Education
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in partial fulfillment of requirements for the degree of
DOCTORATE OF PHILOSOPHY
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# Table of Contents

Table of Contents ................................................................................................. i

Table of Figures ..................................................................................................... iii

Abstract ................................................................................................................ iv

Statement of Problem ............................................................................................. 3

Theoretical Framework ........................................................................................... 7

Purpose ................................................................................................................... 11

Significance of Study ............................................................................................... 12

Research Question ............................................................................................... 15

Sub-Questions ....................................................................................................... 15

Definitions of Key Terms ..................................................................................... 16

Summary ............................................................................................................... 17

Literature Review ................................................................................................. 19

Conceptual Frameworks ....................................................................................... 21

Summary ............................................................................................................... 31

Methodology ......................................................................................................... 33

A Qualitative Research Perspective ..................................................................... 33

Instrumentation .................................................................................................... 36

Formulating Research Interview Questions ......................................................... 39

Moral, Legal, and Ethical Issues in Qualitative Research ....................................... 41

Ethical Issues ....................................................................................................... 42

Legal Issues ......................................................................................................... 43

Selection of Participants ....................................................................................... 45

The Respondents .................................................................................................. 48

Reliability, Validity, and Trustworthiness ............................................................. 52
STUDENT RECOVERY

Coding Methods .......................................................... 58
Analytic Memoing .......................................................... 58
Summary ...................................................................... 61

Results ...................................................................... 63

Analysis and Interpretation of Themes ............................... 63
Emergent Themes .......................................................... 64

Failure Related to Fear and Value Conflicts ........................ 67

Resources to Cope With Failure ......................................... 68
  Family Support ............................................................. 69
  Peers ....................................................................... 70
  Religion/Spirituality ..................................................... 71
  Faculty ..................................................................... 72

Coping Strategies Leading To Improved Self Worth .............. 73

Summary ...................................................................... 77

Analysis and Discussion .................................................. 78

Higher-Order Themes ....................................................... 78
  Marginalization ............................................................ 78
  Mattering ................................................................. 80
  Jack’s Experience ......................................................... 81
  The Point of Change: Mattering ..................................... 83
  Multiple Paths to Mattering .......................................... 85

Summary of Findings ....................................................... 87

The Path to Recovery ....................................................... 89

Conclusion ................................................................... 100

Implications for Practice ................................................ 101

Implications for Theory Development ............................... 104

Personal Growth Related to Development of Dissertation .... 108
References........................................................................................................................................... 109

Table of Figures

Figure 1. Model of Student Recovery.......................................................................................................................... 10
Figure 2. Second Cycle Axial Themes. ......................................................................................................................... 66
Figure 3. The Path to Recovery. ................................................................................................................................. 89
Figure 4. Model of Student Recovery.......................................................................................................................... 93
Figure 5. Student Recovery - Step 1 ............................................................................................................................ 94
Figure 6. Student Recovery - Step 2 ............................................................................................................................ 95
Figure 7. Student Recovery - Step 3 ............................................................................................................................ 96
Figure 8. Student Recovery - Step 4 ............................................................................................................................ 97
Figure 9. Student Recovery - Step 5 ............................................................................................................................ 98
Figure 10. Post Research Student Recovery Conceptual Model ................................................................................. 106
Abstract

This qualitative study using a phenomenological case study and grounded-theory design was conducted to examine the phenomena of nursing-student recovery following a failure in a clinical nursing course. For the purpose of this study nursing-student recovery was defined as: The academic progression of a student who failed a core clinical nursing course, and subsequently successfully completed the course, the nursing program, and passed the NCLEX-RN exam. A literature review was conducted focusing on student academic recovery, and three conceptual theories that support transitional change, growth and stability: Neuman System Model (NSM), Self Determination Theory (SDT), and Schlossberg’s Transitional Theory (STT).

The study sample consisted of six self-identified individuals, who met the respondent criteria and replied to social-media postings and network contacts. Data were obtained through minimally guided in-depth interviews. Qualitative data analysis procedures involved use of first cycle: in vivo, emerging, provisional coding; and second cycle: axial/patterning, hypothesis coding (Saldana, J., (2013). *The coding manual for qualitative researchers (2nd ed.*). Thousand Oaks, CA: Sage). Marginalization was experienced by the respondents and demonstrated by loss of self-confidence, fear that prevented action, self-questioning of personal worth, and reconsideration of life goals. Findings supported that marginalization resulted in academic failure, and the key incident that began the movement to success was the respondent’s belief that he/she “mattered.” Intrinsic motivation was associated with the development of professional competence and appeared to have the greatest effect on the maintenance and repair of lines of defense. Extrinsic motivation that was associated with family/peers led to respondent recovery and demonstrated its impact by repairing deficiencies of personal defense against the stress of marginalization. Using these findings, a student-recovery model was developed using primarily
the NSM, supported by the SDT and STT, which explains progression from academic failure to recovery.

The primary intervention for recovery needs to focus on the student’s recommitment to the profession of nursing. Resources need to be quickly identified to support the student’s recommitment/mattering. In the case of this study, mobilization of family and social resources were critical. The study also identified issues related to the perception of nursing-faculty impact on student success and failure, including role relationships and value expectations.
The need for registered nurses continues to grow in the United States due to the high percentage of nurses who are “baby boomers” and nearing retirement, as well as demographics of an older population that will require increased healthcare services (AACN, 2014a). To meet the health industry’s need for professional nursing, the efficient education of individuals to become Registered Nurses is critical. Obtaining a degree in nursing requires a strong academic background in science, technology, engineering, and mathematics (STEM) as well as an aptitude for caring. The rigors of the educational program are stressful, and approximately 15% of students admitted to the clinical track of bachelor’s and associate degree nursing programs do not complete the degree (NLN, 2013). Schools of nursing have rigorous entry criteria and significant competition for clinical placement. All students who are admitted to nursing programs have the potential to complete the program of study. This leads to the question: “How does a nursing student, who experiences course failure, overcome that course failure and ultimately graduate and pass the National Council Licensure Examination – Registered Nurse (NCLEX-RN) exam, becoming a registered nurse?” A course failure in nursing occurs when a student does not pass a nursing or nursing-support course with a C grade or better. Some nursing-education programs set the passing grade threshold at B-. NCLEX –RN is taken after completion of an approved Associate’s or Bachelor’s Degree nursing program. Passage of the NCLEX-RN exam allows the state where the exam takes place to confer the RN credential and ensures minimal competency of each graduate. According to the National Council of States Board of Nursing, 84.3% of U.S. nursing graduates passed NCLEX-RN on their first attempt in 2014 (NCSBN, 2014). Nursing-course failures have been linked to failure of first-time attempts at NCLEX-RN (McGann &

When a student does not initially pass a class, but repeats the course successfully, something has had to change. The change may be related to the student, the faculty, the environment, peers, another factor, or a combination of factors (Knight, Corbett, Smith, Watkins, Hardy, & Jones, 2012). If factors that led to the failure or factors that led to future success can be identified, structures and strategies may be developed to either prevent initial failure or promote student recovery. Focusing research on students who have demonstrated success after failure will provide insight on what may put students at risk and identify successful modalities for recovery. Inclusion of students in the study who experienced course failure but do not continue to eventual academic success would provide insight into barriers to success, but would not illuminate factors that lead to eventual success. The phenomenon of study is: “What is the essence of change that occurs when a previously unsuccessful student ultimately succeeds?” Exploration of the phenomenon using an emic perspective has the potential of identifying themes that have eluded previous research efforts. Emic refers to descriptions and analysis that are meaningful from the perspective of the studied subjects (Harvard Graduate School of Education, 2008).

**Statement of Problem**

Course failures are multi-causal. Not all students who are capable of academic success in a bachelor level-nursing program succeed without needing to repeat one or two nursing courses. Course failure may be related to student behaviors, time on task, learning environment, life situations, course rigor, previous preparation, faculty relationships, teaching and learning styles, student relationships, or other issues (DesJardins, Ahlburg, & McCall, 1999; Jeffreys, 2007). Regardless of the cause, the cost of failure can be devastating to the student and his/her family.
The ultimate cost of course failure may result in dismissal from a clinical nursing program. The minimal cost of failure involves the financial expense of repeating a course and being delayed in entry into the workforce. There is considerable mental stress, often self imposed by the student, to not fail any class that would result in dismissal from a student cohort (Urwin, Stanley, Jones, Gallagher, Wainwright, & Perkins, 2009). Students may not put in the necessary time due to both voluntary and involuntary life experiences (Shipton, 2002). The student’s actions regarding time on task may be related to a lack of “grit,” which is defined as having perseverance and passion to keep on task (Duckworth, Peterson, Matthews, & Kelly, 2007). Relationship issues may inhibit a positive learning environment (Gigliotti, 1999; Steele, Lauder, Caperchione, & Anastasi, 2005). How a student reacts and adapts to what he/she may perceive as a negative relationship may be instrumental to his/her eventual academic success (McGregor, 2007; Killam & Heerschap, 2013). The concept of personal mattering and marginalization has the potential to affect the students’ sense of themselves and motivation toward success. Mattering involves the concept that one “matters” to others through dependence, interest, and general concern, whereas marginalization involves the perception that an individual feels that he/she is of little to no consequence to others; that what one does, does not affect others (Schlossberg, 1989; Rosenberg & McCullough, 1981). Student marginalization may be a factor in course failure and the ability to academically recover. Relationships may be influenced by issues of ethnocentrism, cultural insensitivity, gender identity conflicts, religious intolerance or any of the “isms”; racism, sexism, classism, ageism, adultism (Yoder, 1996). Multiple stressors within a student’s life may overwhelm existing coping skills. Students may lack foundational skills necessary to learn new material. Students may lack the skills and capabilities necessary to academically move beyond certain levels of cognitive skills. An individual may be able to memorize course material, but lack the ability to synthesize the
material in order to develop appropriate intervention strategies. This inability to transition from memorization to higher levels of cognition is frequently seen in nursing students (Billings & Halstead, 2005).

Course failure is costly on many levels. Because of the high competition for entry into nursing programs and limited clinical-placement options, particularly when a student is out of sequence, most nursing programs dismiss a student from the program following one or two failures. The impact of the academic failure to the student may negatively impact his/her total being: physical, social, mental, and spiritual (Gigliotti, 1999; Last, Fulbrook, 2003). It is not uncommon for students who are struggling academically to complain of physical illness symptoms (Shipton, 2002). This may be related to the impact of excessive stress reducing the effectiveness of the human immune system (Segerstrom & Miller, 2004).

Failure in clinical nursing courses results in a major social upheaval for a nursing student. Students are admitted to clinical nursing programs as part of a cohort. This cohort quickly forms social bonds related to their common academic challenges and develops a sense of community (Knight, et al., 2012). These cohorts will be together between two and three years, depending on the design of a particular program of study. Strong personal relationships are developed that often last a lifetime. The inability to progress with the group fractures this social bond. It also leads to mental anguish due to “loss of face” with family and friends (Bond, 2009). Fear often develops due to concerns about not only loss of the social group, but also recognition of the financial burden that the failure may cause to self and family. Mental stress may rise to the level of requiring medical and psychiatric intervention to address situational depression, loss of self-esteem, and increased intensity of previously controlled psychiatric issues. Mental stress may lead to personal shame that has a detrimental effect on learning (Bond, 2009). Spiritual loss may be
related to a fear that the student cannot progress in a profession that many have chosen to enter in response to a perceived “calling to nursing service” from God (O’Brien, 2011). Raatikaninen defines the concept of nursing as a “deep internal desire to serve -- and that one is chosen” (1997, pp. 1,111-1,112). A progression failure may lead to turmoil related to perceived loss of life purpose and personal relationship to his/her universe.

The change in the student’s perception of social role due to failure will affect his nursing identity in some manner. Nursing students may experience greater difficulty in academic recovery due to the perceived loss of nursing identity. Research has been conducted that indicates that professional-nursing identity is already present in beginning nursing students (Cook, Gilmer, Bess, 2003). Research conducted by Shorikov & Vondracek in 2011 found that individuals choose what they want as a career or vocation based on the personal perception of self (Cowin, Johnson, Wilson & Borgese, 2013). The concept of professional nursing identity continues to develop through the student’s education and has been shown to support professional resiliency related to role changes (Cook, et al., 2003). A study conducted in England found that nursing-student retention correlated with the presence of early foundational concepts of envisioning providing nursing care (Spouse, 2000). The National League of Nursing describes the need for nursing education to support student and graduate learning and promote the internalization of core values that emphasize a culture of excellence, caring, and integrity in the professional role (Larson, Brady, Engelmann, Perkins, & Shultz, 2013).

The financial cost to students related to course failure is substantial. University nursing courses vary in load size from three to eight credits, with clinical courses averaging between five and eight credits. For clinical courses, this equates to a cost of $2,500 to $4,000, based on a cost of $500 per credit hour and course fees, which students would need to pay in order to repeat the
course. Nursing clinical courses are sequenced, which requires non-progression until the failed course is repeated (LSSU, 2013). This situation will often result in an additional semester extension of the program. This extension in time to complete the nursing program will result in a minimum of a four to seven month delay for entry into the job market. The worst-case scenario would be that a student is not successful in passing the failed course and as a result could be saddled with extensive debt and no educational tools to secure adequate employment to pay outstanding loans.

**Theoretical Framework**

Miles, Huberman, & Saldana describe the conceptual framework as the “researcher’s map of territory being investigated” (2014, p.20). Themes and patterns affected by the student’s behaviors within the study boundary can be identified. There was minimal expectation that a new theory would be identified as a result of this study. Current conceptual models have the potential to adequately provide a “map” for the research.

Three conceptual frameworks were identified that were used to investigate the study phenomena of nursing-student success following course failure. They included the Self-Determination Theory (SDT), Schlossberg’s Transitional Theory (STT), and the Neuman System Model (NSM). Effective teaching requires the need for positive relationships between students and educators. These three conceptual frameworks have the potential to support the anticipated themes that may emerge pertaining to teaching effectiveness, student preparation, personal life issues, and organizational environment. The themes of personal life issues and teaching effectiveness may be explained by use of the SDT. The SDT is a macro-theory of human motivation that states that autonomy, competence, and relatedness are three universal needs essential for self-determination (Campbell, Earl, & Johns, 2012). Research using SDT reflects the
need for students to feel autonomous, competent, and have a positive relationship with their instructor (Vansteenkiste, Lens, & Deci, 2006). When these three factors are not met, student stress will increase, and there will be an increased perception of lack of control and alienation (Ntoumanis, Edmunds, & Duda, 2009).

Schlossberg’s transitional theory provides a comprehensive conceptual model to explain the phenomenon of student failure and eventual success. The transitional theory has been used as a conceptual framework in numerous educational studies, including a study on holistic nursing perspectives by Shirley Murphy (1990). Schlossberg defines transition as any event, or non-event, that results in changed relationships, routines, assumptions, and roles (Evans, Forney, & Guido-DiBrito, 1998, p.111). Recovery from a course failure falls into the category of an unanticipated transition that will affect the individual’s relationships with others and influence potential life goals. The participant’s self-described perceptions and behaviors related to the failure and recovery can be examined using Schlossberg’s four major sets of factors: situation, self, social support, and coping responses (Schlossberg, 2011). Factors of situation include what triggered the transition, how it affects one’s perception of where he or she should be socially, how it affects his/her perception of role, what the duration required to recover from the failure is, what other stressors are affecting the primary transitional problem, and who the participant views as responsible for the transitional situation.

Use of a nursing theory also has utility for supporting the research. Neuman’s system model has been used since the mid-1970s. The model focuses on “response of the client systems to actual and potential environmental stressors, and on the use of primary, secondary, and tertiary nursing prevention interventions for retention, attainment, and maintenance of optimal client
wellness” (Neuman, 1996, p.67). Neuman’s model is based on general systems theory and is classified as a wellness model (Neuman & Fawcett, 2011).

These three conceptual frameworks, SDT, STT, and NSM all have the potential to support the research. Each provides the participant and researcher the opportunity to closely examine and analyze multiple factors that affected student failure as well as their eventual success in an in-depth manner that will permit the uniqueness of each story to emerge.

The primary components of the SDT and STT can be incorporated into NSM in the following way. The three universal needs essential for self-determination in the SDT, autonomy, competence, and relatedness, are factors that define health within the core of the individual. The provision of objectives and constructive feedback by instructors using SDT are equivalent to the nursing interventions of primary, secondary and tertiary actions. Intrinsic motivation and the perception of the individual to feel autonomous, competent, and have a positive relationship describe a “normal line of defense.” The lack of cultural competence by faculty, poor social environments, and lack of positive relationships can all act as stressors that negatively influence lines of defense, mobilize resistance, and ultimately change the core of the individual. Schlossberg’s transition events are examples of stressors. Recovery from unanticipated transition in STT is demonstrated with Neuman’s model by the system gaining stability through the use of the flexible and normal lines of defense and necessary adaptation of the line of resistance to effectively resolve any instability caused by the stressors. Schlossberg’s four major factors of situation, self, social support, and coping responses are all components of Neuman’s lines of defense. Self-factors including gender, race, age, health, ethnicity and socioeconomics, as defined by the STT, can all affect the system’s ability to develop lines of resistance to protect the core and provide stability to the system. See Figure 1.
Figure 1. Model of student recovery incorporates components of self-determination model, Schlossberg’s transitions theory and Neuman’s system model: Adapted from: Neuman’s System Model (Butts & Rich, 2015).
Purpose

Accepting that student learning is a primary goal of higher-education institutions, research focusing on what processes promote or inhibit student learning is a valid phenomena to investigate. Educators need to identify student experiences that promote nursing-student recovery. Labaree describes the challenges of educational research related to its particular form of knowledge. He describes the research terrain as “a soft and shifting foundation because of the complex problems posed by trying to understand social interactions embedded in institutional structures (Labaree, 2003, p. 14). Qualitative study of the phenomena acknowledges this shifting foundation by allowing a snapshot in time from the perspective of the involved student. The use of quantitative studies regarding this phenomenon would require an etic/outsider view of the situation that may limit the understanding of what is actually occurring with the students. The proposed research has the potential to address the qualitative research categories of analysis of descriptions and interpretation as described by Alan Peshkin (1993). These categories include processes, relationships, systems, people, explaining and creating generalizations, developing new concepts, elaborating on existing concepts, providing insights that change behavior, refine knowledge, identify problems and clarify complexity (p.24).

Since the beginning of the last century an industrial model has been promoted to educate students in the United States (Tyack, 1974). There is an expectation by political leaders in the U.S. that if teachers follow a preset design for education, students should be successful in meeting fixed educational objectives. This mode of quality control was used through the first 75 years of the 20th century in the United States. Standardized patterns of production were used and assessment of quality occurred at the end of the production line. If products were imperfect, they were either fixed or discarded. This production pattern is being demonstrated in education.
Politicians and education bureaucrats develop outcome standards that may or may not be met by students. These standards may or may not have relevance to the students or their communities. If the students do not meet the developed standards they may be given remedial assistance to meet the stated objectives or blocked from further educational progression, thus increasing social stratification (Spring, 2013).

**Significance of Study**

To make effective decisions a leader must have accurate and time relevant information. By researching the phenomenon of students who have overcome failure to progress within the educational system, leaders in nursing education may be able to develop tools and resources to prevent future failures or facilitate recovery when course failure occurs. Permitting respondents to share their stories may enhance understandings of the process of student adaptation to course failure, methods students use to overcome stressors, improve self-care defenses, and motivate personal change. Research of the phenomenon can be accomplished through in-depth intensive interviews between the researcher and student subjects.

As society evolves, models for support must also change. The culture within higher education is multi-generational, involving both students and educators. What may motivate one student may have the opposite effect on another. Emotional distance between faculty and students was expected by students of the boomer generation, while millennial students interact with adults their parents’ age and have a greater expectation to develop a positive relationship with the instructional staff. According to M. Wilson, millennial students are often described as confident and achieving, but there is often “a disconnect between aspirations and efforts” (2004, p.63). Millennials have also been educated in an environment that has focused on “teach to the test” due to the emphasis of standardized testing linked to school finance. This has resulted in a focus on
memorization instead of critical thinking, self-reflection, and independent problem solving (Wilson, 2004). Due to the average age of nursing faculty in the United States being between 50 and 61 years of age, there is often a 40-year age difference between faculty and students (AACN, 2014b). This can lead to communication problems related to language use as well as issues of ageism and adultism.

As an educational leader, it is critical to support the participants involved in the educational endeavor to meet the organizational mission. Leadership cannot only be directed to the involved faculty, but also to the institution’s stakeholders, professional community, students and their support, and to society as a whole. Leadership supporting the faculty involves providing guidance and support to meet the mission, philosophy, and objectives of the organizational unit. It also involves supporting the health of the staff. Activities that promote health may involve opportunities for professional growth, appropriate scheduling of courses to limit potential physical and mental stress, and development of group building activities in order to provide internal social supports and prevent professional burnout.

Standards of excellence, related to learning outcomes, are critical in a nursing program. State boards of nursing, nursing accreditation agencies and professional nursing organizations require that standards of performance be met. Professional nursing ethics demands that competency for care is met and maintained through lifelong learning (Fowler, 2008). Any nursing graduate has the potential of caring for a faculty member or their family in a future situation. This fact alone is enough to motivate most faculty members to ensure that course objectives are met. Faculty has a duty to the student. Teaching methods need to facilitate student learning and academic success. In today’s educational marketplace environment, students and families are often considered to be consumers (Consumerism, 2003). While educators often debate this
concept, schools spend millions of dollars to recruit students through marketing campaigns, social media, paid school advocates, campus perks, scholarships, grants, and loan programs. The ultimate success of this marketing requires that students are successful both in school and following graduation in their chosen careers. Because education is becoming market driven, it is critical that the necessary educational resources are available in order for a higher educational institution to meet its mission.

Universities are not isolated from society and often reflect both societal success and failure. Student attrition and de-selection of less than optimal students reflects the renewed stratification within educational institutions and American society in general (Spring, 2013; Reich, 2013). In the January 2014 meeting of the Presidents Council of State Universities in Michigan, research-intensive universities state that they are strongly considering elimination of their remediation programs (personal communication Maurice Walworth, LSSU Provost, January, 2014). Small autonomous institutions serve a different role in society. Their primary role is to teach and support student application of knowledge. If these institutions were to follow the selection protocols for students that research institutions are proposing, a major segment of students would have the potential of not being selected to attend. This would accelerate the already re-emerging problem of societal stratification. It is critical, in the effort to offer expanded enrollment opportunities to the majority of higher educational applicants, that organizational supports are available to maximize the potential of student success. It is not in the students’, schools’, or society’s interest to be organized to promote student-academic failure. Identification of factors that lead to initial class failure and subsequent success may provide insight on who may be considered at risk for academic challenges as well as what may be developed to reduce initial course failures from occurring.
In an era of evidence-based practice using theory-driven curriculum and interventions, research related to nursing-student academic recovery allows enhancement of existing theory through demonstrated application or expansion of conceptual understanding (Neuman & Fawcett, 2011). Ultimately, research in the area of student-academic success will reduce clinical attrition in Registered Nursing programs.

**Research Question**

This study focused on the following research question.

- How do nursing students, who initially fail a clinical-nursing course, overcome barriers to reach academic success?

To isolate the phenomena of change that may be unique to nursing students, respondents must have experienced academic failure through a course failure, which was not exclusively related to time on task. All respondents must demonstrate academic success by passage of the NCLEX-RN exam. Delimitation of the respondent pool to only individuals who have demonstrated success will enable an emic perspective to emerge and limit the potential of speculation of what might have led to student recovery by respondents who may have never been successful. By focusing on success, issues of failure will be part of the narrative, but will be less likely to obscure a phenomenon that leads to success. Issues of time on task related to student success and failure have been thoroughly investigated and inclusion of respondents that failed due to time on task would not lead to greater understanding of student recovery.

**Sub-Questions.**

The issues related to the phenomena of student success required exploration of the following sub-questions:

- What resources did the student use to assist in his/her eventual success?
• Were the resources intrinsic or extrinsic? If they were intrinsic, what triggered the student’s use of his/her intrinsic resources? One may assume that the student was motivated by the course failure, but is that truly the case?
• If student success was primarily due to extrinsic resources, what were they, who provided them, and how were they accessed?
• Were the tools that were necessary for eventual success obtained through the course in which they failed, or were the necessary resources obtained after the course failure?
• Were faculty involved in providing support, or did the necessary support come from the educational organization’s student-services support programs, peers, family, non-educational entities, or a combination of resources?
• How does student perception of symbolic loss of their professional identity affect their academic recovery?

Definitions of Key Terms.

Student Success: Successful passage of NCLEX-RN exam.

Student Failure: A grade of C- or below in any nursing course.

Stressor: Any physical, psychological, social cultural, or spiritual factor that is viewed by the respondent as a factor that led to personal instability.

Respondent: An individual who was enrolled in either an on-campus ADN or BSN program of study in the United States.

Student Agency: An action taken by the student to overcome failure.

Internal Environment: Respondents personal intra-relationships with core physiological, social-cultural, and spiritual beliefs.

External Environment: Physical place, psychosocial and/or cultural ways that affect respondents.
Transitions: Events, anticipated or unanticipated, that alter roles, relationships, routines, and assumptions of one’s self (Schlossberg, 2011, p.159).


Controlled Motivation: Primary consideration to act is based on external motivation; volition to act is not primarily that of the individual (Vansteenkiste, et al., 2009).

Stability: ‘implies a state of balance or harmony requiring energy exchange between the system and environment to cope adequately with imposing stressors”(Neuman & Fawcett, 2011, p. 24).

Professional Identity: Fagermoen defines professional identity as the “conception of what it means to be and act as a nurse…the values and beliefs that guide action” (1997, p.435). Core components of nursing professional identity include altruistic motivation, protection of human dignity, sense of the role of nurses, patient-centeredness, and integrity (Fagermoen, 1997; Larson, et al., 2013; Hensel& Laux, 2014; Cook, et al., 2003).

Summary

Understanding the phenomena of student recovery, following failure in a clinical course has the potential to inform college administrators, support staff, and faculty about the phenomena of student recovery and actions that can promote future student success. The research will also have the potential to further define Neuman’s system model (NSM), self-determination theory (SDT), and Schlossberg’s transition theory (STT). Limiting the respondent pool to only individuals who demonstrate success will reduce the possibility of unfounded speculation of key factors in student success. Chapter two is a review of the literature related to the use of the conceptual models, NSM, SDT, and STT, and the use of the research-models phenomenological
case study and grounded theory related to the research question. Chapter three will focus on the qualitative methodology of the study, including sample selection, self as instrument, data collection, coding and memoing. Findings and implications will be discussed in subsequent chapters.


**Literature Review**

Student success is defined in this study as passage of the NCLEX-RN exam. There are few variables that have been shown to consistently predict NCLEX-RN failure (Poorman & Web, 2000). Multiple studies identified C course grades and course failures as being associated with NCLEX-RN failure (Frith, et al., 2005). Research has demonstrated a relationship between faculty and curriculum design as a causal factor in student success or failure. When educators keep students in a dependent relationship, students are not able to learn to independently function, which undermines academic success (Poorman & Web, 2000). Van Manen found that students who were only evaluated by testing developed insecurity, perceived being isolated, and in an uncaring environment (2014).

A number of studies have been conducted which identify factors that undermine nursing-student success, including being “overwhelmed in the clinical setting, concerns of lack of support, feeling out of place, mistreatment, theory-praxis gaps, anxiety, educators being too focused on evaluation, poor task selection, and absence of clear guidance” (Killam & Heeschap, 2013, p.684-5). Killam & Heeschap, in a qualitative descriptive study identified three themes that led to academic challenges in clinical settings:

1) Inability to focus on learning due to external factors, fear, uncertainty, and isolation from poor relationships;

2) Barriers within the clinical environment related to teaching methods, group size, time limitations;

3) Ineffective program design demonstrated by perception of flawed evaluation design, limited practice time, poor placement for clinical, limited focus on core science, and poor critical thinking ability (2013, p.686-88).
The issues identified by Killam and Heeschap were also noted in a literature review conducted in Australia, which identified barriers to academic success related to previous academic performance, attempting to work more than 16 hours per week, personality factors such as external locus of control and anxiety, and inability to develop peer groups (Pitt, Powis, Levett-Jones, & Hunter, 2012). None of the studies explored how students can personally navigate the barriers.

Phenomenological research examining nursing student perseverance identified students who were successful as those who just did not want to give up. The researchers found that issues of work, life balance, financial hardship, and family crises were overcome primarily through what could be defined as autonomous motivation and support from friends, peers, and faculty (Knight, et al., 2012). The concept of student perseverance is labeled as “grit” by Duckworth, Peterson, Matthews, & Kelly (2007). The need for positive role models, clinical staff support and peer and family support were also identified in a qualitative study conducted in the United Kingdom as significant contributors to student satisfaction and retention (McKendry, Wright, Stevenson, 2014). In a grounded-theory study focusing on mature nursing students who were successful, themes identified were that students took a personal role in developing learning skills within a stable home and educational environment. The researchers identified that successful students demonstrated the ability to identify problems and to develop problem-solving methods (Drury, Francis, & Chapman, 2008). A study exploring coping strategies used to manage adverse educational experiences found that social networking, learning to prioritize and organize, and development of positive attitudes were important influences for mature nursing students (Steele, et al., 2005).
Use of university support by students has been shown to assist in student academic recovery. Students often identify test anxiety as a factor for course failure. Research exploring the phenomena found that the use of guided reflection demonstrated promise as a tool for overcoming test anxiety in nursing students (Beggs, Shields, & Janiszewski Goodin, 2011). Use of comprehensive retention programs that involve stipends, learning communities, individual academic planning, counseling, tutoring and community based mentoring were found to improve retention in an Associate Degree Nursing program (Fontaine, 2014). The research by Fontaine did not address why students chose to change behaviors, but on the impact of infrastructures that were used by students that resulted in retention (2014).

Research conducted at the University of Maryland found that the “use of human patient simulators and individualized student instruction” did result in a decreased attrition rate for enrolled nursing students (Lynn & Twigg, 2011). University of Maryland faculty members developed the remediation plans used in the study (2011). The primary focus of studies examining remediation are from an etic perspective, in that nursing faculty or staff are identifying their perception of student need and the evaluation of faculty driven interventions (Urwin, et al., 2009; Pines, Rauschhuber, Norgan, Cook, Canchola, Richardson, & Jones, 2012).

**Conceptual Frameworks**

The themes of personal life issues and teaching effectiveness may be explained by use of the SDT. The SDT is a macro-theory of human motivation that states that autonomy, competence, and relatedness are three universal needs essential for self-determination. These needs can be supported or thwarted by any number of factors within the social environment. Positive self-determination requires educators to provide clear objectives and constructive feedback that support student autonomy without resorting to coercive or other controlling behaviors. Students
must be able to satisfy their needs for autonomy, relatedness, and competency within the learning environment (McGregor, 2007; Moscaritolo, 2009; Shipton, 2002). Intrinsic motivation should be encouraged because threats and other extrinsic motivators will often result in de-motivation that will ultimately undermine positive self-determination (Ntoumanis, et al., 2009).

The research using SDT reflects the need for students to feel autonomous, competent, and have a positive relationship with their instructor. When these three factors are not met, student stress will increase and there will be an increased perception of lack of control and alienation (Ntoumanis, et al., 2009). Lack of cultural competence by a faculty member will negatively impact the social environment and undermine the nursing student’s ability to develop a positive relationship, inhibit learning, and prevent autonomous action in a clinical situation (Cain, 2003; Baker, 2010). The relationship that is supported in SDT is collaborative. If educators are not cognizant of diversity issues, this could result in a dominant versus oppressed faculty/student relationship (Delpit, 1995). Dominant relationships will result in diminished student autonomy, which in turn can undermine relationships and ultimately competency.

There are no published peer reviewed articles that focus exclusively on nursing-student success using SDT. Most SDT literature indicates that student success is more likely with student motivators being intrinsic in nature (Ryan & Weinstien, 2009; Ntoumanis, et al., 2009; Weinstien & Ryan, 2011). This finding is not always consistent. Ballmann and Mueller found that in a study of professional level college students, extrinsic factors had positive motivational effects in the student’s last year of school (2008). Ntoumanis et al., (2009) recommended that issues of diversity such as gender and culture be analyzed as mechanisms that impact motivational factors in the context of SDT.
Research using SDT has found that if individual motivation involves personal choice, versus motivation that is pressured by an external source, greater learning will occur (Vansteekiste, et al., 2006). The use of personal choice strengthens the perception of autonomy, whereas extrinsic rewards, which are used to motivate, have the potential to undermine personal autonomy (Vansteekiste, et al., 2006; Vansteekiste, et al., 2009). The student being considered part of a cohort and/or family group supports the concept of relatedness that is considered necessary for supporting positive motivation. External controlling environments, which involve the use of guilt strategies, shaming, and conditional regard, will undermine students’ autonomy, relatedness, and competence (Vansteekiste, et al., 2006; Vansteekiste, et al., 2009). It was found that when college students were motivated primarily by extrinsic goals, such as potential wealth and image, they were much more likely to experience academic problems (Ryan, Sheldon, Kasser, & Deci, 1996; Rose, 2011).

Faculty relationships and interactions can be a major positive or negative factor in student success. Vansteekiste, et al., 2009 found that successful academic outcomes are more likely if the faculty provides an environment, which permits the students the perception that they are learning because they want to, known as autonomous motivation; demonstrates respect for what the student has learned; and provides opportunities for relatedness between peers and faculty. This supports the SDT concept of autonomous motivation requiring competency, autonomy, and relatedness (Vansteekiste et al., 2006, 2009; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000; Ballmann, Mueller, 2008). Learning environments that promote faculty control, negative feedback, and barriers to positive personal relationships undermine student success (Reis, et al., 2000; Kusorkar, Croiset, Olle, & Ten Cate, 2011).
Lui, Wang, Kee, Koh, Lim & Chua, (2013) conducted quantitative research based on SDT that focused on student self-regulated learning strategies. Using multiple survey instruments, including Motivational Strategies Learning Questionnaire (MSLQ), Basic Needs Satisfaction Academic Self-Regulation Questionnaire, and Intrinsic Motivation Inventory (IMI), the researchers found a significant correlation between students’ perceptions of needs being met related to the SDT components of competence, autonomy, and relation, and course performance and test anxiety. The higher the level of met needs the better the course performance and the less test anxiety (Kusurkar, Ten Cate, Vos, Westers, & Croiset, 2013; Lui, et al., 2013). According to Campbell, Earl, & Johns (2012) the students SDT needs are required to be met through supportive social interactions in order for the individual to develop self-motivating behavior.

The SDT has been applied in multiple settings and with different demographic groups. A study was conducted in Quebec, Canada, that used SDT as the framework to predict teacher burnout. The researchers identified factors that affected teacher autonomy, relatedness to staff and students, and self-perceptions of competency. The research supported the use of SDT as a tool to predict teacher burnout. (Fernet, Guay, Senecal, & Austin, 2012) A study evaluating social-cognitive theory and SDT as public health education models supported that “autonomous motivation” supports participant behavior change (Shaikh, Vinokur, Yaroch, Williams, & Resnicow, 2011).

Use of SDT provides a conceptual source that both provides a path toward academic success and a rationale for academic failure. The literature provides descriptions of both failure and success, but does not specifically address how a nursing student would successfully navigate from a perception of controlled motivators to autonomous motivation.
Research using Schlossberg’s theory (STT) is abundant. It has been used to evaluate life, health, education, public health, and sports-performance transitions (Heggins & Jackson, 2003; Schaefer, 2009; Shaikh, et al., 2011; Wyllerman, Alfemann, & Lavallee, 2004). STT provides a comprehensive conceptual model to explain the phenomenon of transition that occurs between student failure and eventual success. Schlossberg defines transition as any event, or non-event, that results in changed relationships, routines, assumptions, and roles (Evans, et al., 1998, p.111). Research focus using STT varied regarding the focus on one or more of Schlossberg’s four major sets of factors: situation, self, social support, and strategies/cop ing responses.

Situation factors in the study will assess what triggered the transition, how it affects one’s perception of where he or she should be socially, how it influences the respondent’s perception of role, and what duration was required to recover from the failure. Other situational factors assessed will include what other stressors affected the course failure and eventual success, and whom the participant views as responsible for the transitional situation.

Self-factors that impact the phenomena of study may involve personal and demographic issues such as gender, race, age, health, ethnicity, and socioeconomics. Schlossberg describes a number of factors directly related to the advising of adult learners that faculty advisors need to consider in supporting adult learners in transition (Schlossberg, 1987). The “self” factors can be further analyzed through the use of Freire’s Theory of Human Liberation (Butts & Rich, 2015). Paulo Freire’s work supports critical theory, which focuses on the phenomena of dominant vs. oppressed groups. Because of the limited racial and gender diversity within the field of nursing in the United States and the significant generational differences between the average-age nursing professor at age 55 and the average-age student age at 20 (AACN, 2014a), there will be a need to
address any potential factors related to intended or unintended perception of oppression using critical theory.

Social support may be both a cause for the student-course failure as well as a tool for ultimate success. Social pressures related to expected family roles, relationship building and maintenance, and institutional/community relationship expectations could affect both the time and energy available for achieving academic success. The general expectation for university students is that they will need to put in at least two hours of time outside of the classroom for every hour they put into the classroom. If a student is taking 15 credit hours, this time requirement is approximately 45 hours. If there is an expectation of active parenting, employment, or community service, the time requirements quickly become untenable. How students navigate the issues of social support will be of critical importance to their success.

Schlossberg’s final factor is strategies, which involves coping responses used in the transition (Evans, et al., 1998). Analysis would focus on how participants perceived the situational changes, who and what factors were modified to navigate the transition, and how they found both positive and negative meaning in the incident. The STT has the potential of providing a substantive framework for describing the research phenomenon.

STT has been used as a framework to evaluate how employees cope/transition following job loss. The research modeled strategies that generated career growth following job loss, and promoted the concept that one could obtain personal profit from the transition process (Latack & Dozier, 1986). Job loss and course failure are similar issues in that both influence the individual’s source of well-being, and sense of worth, and require a transition to move past the failure (Latack & Dozier, 1986; Crary, 2013).
Research has demonstrated that STT can be used with multiple cultures. Strategies of coping, who constitutes support, and how one defines self, will vary. Research with Asian students attending a U. S. university found that self-identity was linked to the extended family, and strategies for coping often avoided organizational offerings such as counseling centers (Heggins & Jackson, 2003).

The use of STT to guide and support nursing interventions for individuals experiencing life transition has been demonstrated (Lenz, 2001). The role of nursing to support patients to navigate transitions and to maximize positive outcomes falls within professional-nursing’s scope of practice (Lenz, 2001; ANA, 2010). Schlossberg includes relationships with family, organizational network communities, and other communities such as living, work, and learning locations (Lenz, 2001). Schlossberg also identifies that individual characteristics of the person involved in transition include “gender, age, health status, race-ethnicity, social economic status, value orientation, and previous experience with a transition of a similar nature” (Lenz, 2001, p.304). Issues identified in Lenz’s 2001 work used transition models to guide practice include factors that influence transition and may be points of contact to assist transition. The analysis of the respondent stories should identify an emic perspective regarding Schlossberg’s “Four S’s involved in transition, situation, self-support, and strategies,” which are all factors in navigating transition (Johnson, 2012).

Research of Naturalistic Qualitative Inquiry Design (NQID) has been conducted to explore issues of transition experienced by baby boomers returning to university. The research methodology was similar to this study in that a semi-structured respondent interview using Seidman’s design was conducted, and Schlossberg’s transition theory was the theoretical
framework (Schaefer, 2009, p.73). The research sample did not target respondents based on their academic status.

A quantitative research study was conducted using the framework of STT to explore key concepts that supported successful transitions of freshman college students. This study by Rayle & Chung identified the concept of mattering as the key to successful transition (2007). Mattering was defined as “the experience of others depending on us, being interested in us, and being concerned with our fate” (p. 21). The research also found that there was a significant gender difference in that female student’s perception of “mattering” had a greater correlation to their academic success (2007). Based on Rayle and Chung’s research, semi-structured interview questions were used to inquire about respondent’s perceptions of “mattering”.

Use of a nursing theory also has utility for supporting the research. Neuman’s system model (NSM) has been used since the mid-1970s. The model focuses on “response of the client systems to actual and potential environmental stressors, and on the use of primary, secondary, and tertiary nursing-prevention interventions for retention, attainment, and maintenance of optimal client wellness” (Neuman, 1996, p.67). Neuman’s model is based on general-systems theory and is classified as a wellness model. The focus of the model is to provide support to the “core,” which is the “person” of nursing, such as an individual, family, community, or institution. In the case of this research, the nurse-educator-researcher would assess the participant’s “lines of defense and resistance,” which promote the participant’s normal lines of protection from harm. The “flexible line of defense” is a barrier at the outer edge of the person that provides protection to the normal state. An example of this buffer may be a cohort of friends and acquaintances that provide support if the individual is perceived to be at risk in stressful situations. The “normal line of defense” represents the normal actions that the person employs to maintain the five core
variables of the person of nursing: (1) physiological, (2) psychological, (3) sociocultural, (4) developmental, and (5) spiritual (Butts & Rich, 2015, pp.424-25). “Lines of resistance” would be assessed to analyze how the participant responded to the damaged lines of defense, which were demonstrated by the course failure and associated responses. The “lines of resistance” are the methods that an individual would use to overcome the deficiencies in the “lines of defense” that led to course failure. Stressors that had potential to damage the “core” would be assessed. These stressors may be intrapersonal, interpersonal, or extra-personal. Neuman’s nursing interventions would focus on three levels of prevention; primary, secondary and tertiary care (Butts & Rich, 2015). Primary interventions would focus on actions that could have been taken to prevent either stressors or the eventual course failure. Secondary interventions would focus on actions related to identification of stressors, and potential risks to lines of defense, as well as initial interventions to strengthen lines of resistance. Tertiary interventions would focus on actions that were required to support the individual after they experienced the course failure, and what actions were necessary to assist the student to academically recover, thus leading to a functional core (2015).

Neuman and Fawcett support the use of the NSM as a framework for analysis of nursing-student experience (2011). Application of the nursing meta-paradigm related to education is as follows: Human beings are learners, environment is the setting in which education occurs and includes the interactions between the learners, teachers, and others within the environment of learning; health is achievement of the curriculum; nursing is the teaching, learning strategies and interventions are employed by faculty and the institution (p.117). A guideline containing seven rules has been developed for using the NSM for research (Neuman & Fawcett, 2011; Fawcett & Gigliotti, 2001). The seven rules focus on purpose of research, phenomena of interest, problems
to be studied, source of data, research methods, data analysis, and contributions (Fawcett & Gigliotti, 2001). The proposed research meets the guidelines in the following manner:

- The purpose of the research is to explore attainment of client-system stability and prevention interventions from an emic perspective.
- The phenomenon of interest will be primarily focused on psychological, socio-cultural, and spiritual variables that are involved in the attainment of client system stability.
- The problem to be studied involves analysis of stressors and lines of resistance and defense identified by respondent interview that influenced client-system stability.
- Data will be obtained from respondents who meet the sampling criteria. The respondents are considered by the model definition as part of the client system.
- Research design will be primarily inductive, case study/grounded theory, which is acceptable per the rules.
- Qualitative research analysis will consider lines of defense and resistance, and take into account the perception of the researcher.
- Research findings have the potential to advance understanding of stressors and client-system stability. (Fawcett & Gigliotti, 2001)

Using NSM as a component of the theoretical frame for the proposed research provides an opportunity to explore, from an emic perspective, the actions by the respondent to adapt to the stressors of course failure by stabilizing and repairing their line of defense and resistance and strengthening their flexible lines of defense. Research has been conducted that explores stressors that affect the student’s stability, describes how students in general manage stressors, emotions that result due to the stressors, and how faculty may interact to support students’ flexible line of
defense and resistance (Moscaritolo, 2009; Shipton, 2002; Gigliotti, 1997; Gigliotti, 1999). Little has been written regarding how students themselves adapt to stressors that influence instability of lines of resistance and defense (Shipton, 2002, Moscaritolo, 2009). Shipton (2002) did conduct a qualitative grounded-theory study using NSM as the conceptual frame. Structured interviews were used to investigate stressors experienced by senior-level nursing students. She identified five categories that students used to adapt to stress: seeking relaxation, venting, escaping, seeking support, and taking action (2002). None of the students identified in Shipton’s (2002) research study had experienced academic failure.

Using NSM based research, role overload and confusion have been documented as factors in student academic failure (Gigliotti, 1999; McGann & Thompson, 2008; Pitt, et al., 2012). A quantitative exploratory study using NSM as a conceptual frame was conducted examining multiple role stress between maternal and nursing-student roles (Gigliotti, 1999). The researcher found that meeting the responsibility of parenting and personal development as a student was viewed as a role conflict, and that students required active variation of the flexible line of defense in order to maintain stability (1999). Active development of social systems by the students was identified as necessary for academic success (1999).

**Summary**

Research has been conducted that has identified factors that affect student academic success and failure (Gigliotti, 1999; McGann & Thompson, 2008; Pitt, et al., 2012). Research regarding nursing-student remediation has been primarily from an etic perspective and has dealt with remediation efforts following NCLEX-RN failure and not course failures (Moscaritolo, 2009; Shipton, 2002; Gigliotti, 1997; Gigliotti, 1999; Urwin, et al., 2009; Pines, et al., 2011). There is a need for further evaluation of nursing-student failure and eventual success from the
perspective of the student. Research supports the use of the conceptual framework provided by Neuman’s system model, self-determination theory, and Schlossberg’s transition theory as points of reference to evaluate the personal stressors, motivation, and relationships that may affect student success. Use of phenomenological case review has the potential of expanding knowledge regarding the personal meaning of the student struggle related to achieving academic success. Use of grounded-theory methodology has the potential to gain greater understanding of reaction of lines of defense and resistance related to the response to stressors, a more focused view of the influence of autonomous and controlled motivation, and the importance of student-led relationship development related to student success.
Methodology

A Qualitative Research Perspective

Each individual attending university has a story of why they are attending and what life factors were instrumental in their successes and failures. The purpose of this study was to attempt to find common themes that can be used to promote future student success by exploring the stories of individual nursing students who failed a nursing course and returned to the nursing program, completed their course work and successfully completed NCLEX-RN to become a registered nurse. To develop an in-depth emic view of student personal actions and their perception of external factors that influenced both their failure and success, a study using a qualitative design was used. Use of a qualitative design permitted the assessment of multi-causal factors and interrelationships of complex factors that would have been missed using quantitative tools that focus on narrow concepts and boundaries of cause and effect.

The primary research traditions used in this study reflect grounded theory and case study. Data collection involved in-depth interview, which focused on storytelling, described as narrative inquiry (Bailey, Montgomery, & Mossey, 2013) and naturalistic as described by Lincoln & Guba (1985). Data collection was focused on the essence of change and included interview techniques that permitted explanation of the phenomena as described by Van Manen (2014) and Munhall (2012). The interview design followed a model developed for qualitative research by Seidman (2013). The proposed research was developed from a naturalistic/constructivist paradigm (Lincoln & Guba, 1985; Stake, 1998). Key axioms of this paradigm are that “realities are multiple, constructed and holistic; The knower and the known are interactive and inseparable; Only time and context bound working hypotheses are possible; All entities are in a state of mutual
simultaneous shaping, so it is impossible to distinguish causes from effects’, and inquiry is value bound” (Lincoln & Guba, 1985, p.37).

The use of grounded theory fits research questions related to “process” questions and to change that may have stages and/or phases. Incorporation of phenomenological interviewing will increase the depth of the understanding of change by eliciting the essence of the experiences (Morse, p.63 in Denzin & Lincoln, 1998). According to Morse, “more than one method may be used within a project so the researcher can gain a more holistic view of the setting”(pp.64-66). The use of multiple research methods provides increased opportunity for triangulation. The integration of multiple qualitative designs within a single research study is supported in the literature (Creswell, Hanson, Plano, & Morales, 2007). The two primary designs within the study were grounded theory and phenomenological case study. Using grounded-theory methodology permitted the refinement or modification of the existing theoretical perspectives of NSM, SDT, and STT. The refinement of existing theoretical perspectives as grounded theory is supported by the literature (Lofland, Snow, Anderson, & Lofland, 2006; Stake, 1998). The study investigated multiple cases related to student recovery from academic failure. This type of research is supported by the use of case study (Morse & Field, 1995; Creswell, et al., 2007).

The study included exploratory, explanatory, and descriptive elements. In-depth guided interviews of the participants were used to identify themes related to the phenomena as well as how the themes are linked together. Participants were asked to reflect on what they perceived to be both internal and external factors related to their educational journey starting with their course failure and what they perceived as critical to their academic success. Analysis of the interrelated themes was expected to provide explanation of issues that affected the phenomena. There was an expectation of similarities in student experiences, similar patterns of student/educator interactions,
community and peer pressures, knowledge of core materials, or other factors that could emerge from the interview process. Respondents described similar patterns of coping, and identified and used unique methods to achieve success. Outliers were also revealing.

The study took a general psychological approach based on its focus on individual responses to the study phenomena. A psychological approach was used to examine individual motivations and anxieties (Flowers, 2014). The qualitative-research design is phenomenological in that it describes the lived experience of the participant from an emic perspective and permits description of what the respondents have in common. As a phenomenological study, the work identifies human experiences and allows development of a description of components of failure and ultimate student success from their perspective of reality.

Using a qualitative design to develop a thick description and holistic view of the phenomena required in-depth interviews that provided respondents the opportunity to fully tell their story. The intent of using qualitative methodology was to provide a format in which the fully lived experience could be told. To report the respondent’s story without bias, care was taken in assigning codes and themes. It was critical that their stories were not molded into any preconceived beliefs of the researcher or shaped to fit any particular conceptual model. Context needed to be considered as the data were being coded in order for the research to have the strength to permit generalizations that can have value to future educators and students. Miles, Huberman & Saldana refer to this “process of selecting, focusing, simplifying ... and transforming the data” as data condensation (2014, p.12). As the data were condensed it was important to verify the research conclusions using an interactive data analysis model as described by Miles, et.al., that involved a continuous interweaving of data collection, data condensation, data display, and drawing and verifying conclusions (2014). Using the described methodology provided a strong
opportunity to identify key factors involved in the phenomena of student success following course failure.

**Instrumentation**

Minimally guided in-depth interviews that use both conversation and listening that occur during a semi-structured session were the primary method for data collection. This type of interview structure used a limited number of open-ended questions that allowed the respondents to share their stories without being forced into pre-developed answers (Lofland, et al., 2006). To develop rich/thick data a minimum of two interviews were planned with each respondent. Interview data were triangulated using “member checking” following transcription of the interview. The minimally guided interview questions were constructed to reflect the phenomenological-interview framework developed by Seidman (2013). The phenomenological-interview method developed by Seidman focuses first on the establishment of the context of the participants’ experience, the second section allows participants to reconstruct details of their experience in which it occurs and the third is used to encourage the participants to reflect on the meaning of the experience (2013). Because the research design was not restricted to the essence of the student recovery, a strict following of Seidman’s method was not adhered to, but also additional inquiry was made related to the constructs of the conceptual models and professional identity. It was estimated that it would take a minimum of two sessions with each respondent to address the planned questions, but the average interview time was 50 minutes. Respondents were able to address the context of their experience, provide details of both the course failure and eventual success and reflect on how the experience influenced their professional lives, within the period of the first interview session. Following transcription and respondent review of the
interview, two individuals offered further clarification of their perception of issues related to their success.

The use of interview permitted the participants to fully tell their story regarding their academic experience related to the course failure and the factors that they perceive as critical in its occurrence and their eventual success. A guided-interview format allowed categorization of themes related to autonomous motivation and controlled motivation factors, perceptions related to locus of control, perceived stressors, impact of self, others, institutions, and the environment related to the research phenomena. Guided-questions were developed to assess the concepts found in the supporting conceptual framework. Using the guided interview format preserved the boundaries of the research, while allowing saturation of the research data. Use of open-ended questions permitted other phenomena to emerge that allowed expansion of other themes.

As the person conducting qualitative research, the researcher becomes the research instrument. Interview inquiry, according to Lincoln and Guba (1985), is value bound, and there is an assumption that the values of both the inquirer and the respondents do influence each other. The unique qualities of using the human as instrument include; 1) responsiveness, 2) adaptability, 3) holistic emphasis, 4) knowledge base expansion, 5) processional immediacy, 6) opportunities for clarification and summarization, and 7) opportunities to explore atypical or idiosyncratic responses (Lincoln & Guba, 1985, pp. 193-194). The strengths, weaknesses, and biases for any instrument need to be examined in order to validate and ensure the trustworthiness of the instrument. The process of reflexivity involves the self-searching of one’s preconceptions and assumptions. The researcher must reflect upon how his/her relationship with the respondent will affect the researcher’s responses to the respondent and analysis of data (Hsilung, 2010).
The researcher believes in the concept of servant leadership as embedded in early Christian theology and described as a leadership model starting in the 20th century. Robert Greenleaf used the term “servant leadership” to label a leadership style which included the attributes of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community (Spears, 2009). Servant-leadership principles are embedded in the profession of nursing and education. The concept of caring and positive relationships needed for promoting the well being of others is found in multiple nursing and educational theories (Butts & Rich, 2015). Integration of leadership, nursing, and educational principles provides a framework to support student growth and positive health.

Nursing education needs to reflect the principles of nursing science. The nursing meta-paradigm includes: person of nursing, environment, health and nursing. For the nursing educator, the “person of nursing” is the student. To provide nursing education, it is the philosophy of this author that nurse educators cannot separate the role of being a nurse from that of being an educator. The nurse as educator must holistically assess and diagnose the nursing student using the nursing definition of diagnosis as the “response to the human condition.” (Hutchins, 2013, p.3)

It is the researcher’s belief that one must demonstrate both nursing and educational principles when working as a nurse educator. It is imperative that the educator support student learning. It is not enough to just present the required material. Students must be aware of the relevance of the material to their personal goals as well as to their future patients. Ignoring student issues that may negatively influence learning and lead to course failure diminishes the value of being a nursing educator. It is also important that educators do not become enablers for
poor decision making on the part of the student. Student autonomy must be respected, just as patient autonomy is an ethical standard of professional nursing (ANA, 2010). Students may learn from their failure and through the recovery process become much stronger individuals. Aggressive intervention with students who are at academic risk may undermine needed personal growth. Research may illuminate critical points where intervention may or may not be appropriate.

As the researcher listened to students stories of their journeys from course failure to success as a nurse, it was necessary to be aware of his personal journey and the inherent biases that may have developed in regard to how to be successful. As the researcher, it was important to recognize personal status privileges that the students may never have experienced. The researcher’s personal success will have been influenced positively, either directly or indirectly, due to race, gender, gender orientation, social class, and/or religion. Considerable research has been conducted that explores the impact of privilege and oppression on educational success (Spring, 2013; Massey, 2007; Adams, Blumenfeld, Castaneda, Hackman, Peters, & Zuniga, 2013). Students may have experienced discrimination due to racism, gender, economics, ageism, adultism, or any of the other multiple forms of discrimination. It was important to allow the respondent’s personal story to develop within the context of his/her experience and not the researcher’s. The students who have been successful after course failure needed to be allowed to describe and validate their methods used to overcome adversity, even when their perception of what was a successful method may be viewed as totally foreign to any concept that the researcher would consider.

**Formulating Research Interview Questions**

The purpose of the study is to understand how a nursing student, who experiences course failure, overcomes that failure, ultimately graduates, and passes the NCLEX-RN exam. The
primary research question focused on what successful strategies the student used to overcome the course failure. It was also necessary, in examining the phenomena, to develop an understanding of what factors led to the failure and ultimate success. Through the analysis of key concepts found within frameworks of SDT, STT, and NSM, similar points and action and explanation were identified. The following questions for guided interview emerged:

- What did you perceive as factors that affected your academic success or failure?
- What are examples of behaviors that affected either positive or negative perceptions of confidence and competence?
- Describe your perception of professional identity and how it may have affected your academic path.
- How did the failure in the course change your relationships?
  - Was there a change in your relationships with peers, family, faculty, or the institution?
  - Did relationships strengthen or weaken as a result of the change in your academic progression?
  - How did you cope with the changed relationship?
- How did your routines change as result of the course failure?
  - Was there a change in personal habits, social interactions, or in the way you previously coped with life challenges?
- What assumptions did you have regarding yourself, school relationships with peers, faculty, patients, and others that did not fit with the reality that you found?
- Did you experience times where your perception of your role as a student was different than what others perceived your role to be?
Can you provide examples of these role variances?

Did you feel oppressed as a result of the experiences?

- In what way did you feel oppressed? What did you do to stay physically, emotionally, spiritually, and socially healthy?

- Do you think that there were changes that could have been made by the organization, faculty, clinical sites, family, or others that would have prevented your class failure?

- What are actions or relationship changes you could have made to prevent the initial course failure, if any?

Due to the target population of this study being graduates of nursing-education programs, using both a nursing-theory and psychological-theory model provided both a focused frame for nursing as well as providing a model that supports generalization for non-nursing education professionals.

Moral, Legal, and Ethical Issues in Qualitative Research

The purpose of the research study was to explore factors that led to student course failures and the phenomena related to the students’ eventual success. The subjects of this study experienced stressors related to the failure, and it was important not to cause additional mental anguish as a result of the research process. It was critical to frame their participation as an opportunity for them to tell their stories in order to examine themes that may be identified and be used to develop systems that can assist future student success. It was made clear that the research study was not a tool for retribution against specific individuals within an organization or a fishing expedition to identify individuals for disciplinary actions. Because the researcher was an “insider” to many of the potential participants, it was necessary to reinforce that all shared information
would remain confidential. Individuals were identified by pseudonyms and identifiable situations were modified in the research document for the purpose of protecting the confidentiality of the participants and involved organizations. Raw interview data were not made available to anyone other than the researcher and members of the dissertation committee. The nature of the research lent itself to the use of feminist communitarianism as described by Norman Denzin and met “authentically sufficient when it fulfills three conditions: represents multiple voices, enhances moral discernment, and promotes social transformation” (Christians, 2011, p.7).

**Ethical Issues.**

Miles, Huberman, & Saldana formulated a list of criteria regarding what is necessary for a research project to be considered ethical. The criteria include the following: worthiness of the project, competence, informed consent, benefits, cost and reciprocity, harm and risk, honesty and trust, privacy, confidentiality, intervention and advocacy, research integrity and quality, ownership of data and conclusions, and use and misuse of results (2014). The research met the criteria of being worthy of the time and effort put into it by the participants and involved organizations. The research allowed the examination of phenomena related to student failure and success. Information from this research identified reoccurring themes that can indicate potential points of intervention and specific system changes that lead to future student success. This supports the ethical standard of the Michigan Department of Education promoting service toward the common good, which supports the growth and development of all learners (MDE, 2003).

The research was conducted using accepted methodologies and supported with educational and nursing constructs. The researcher has educational, nursing, and research experience that demonstrates competence both in research technique and ethical practice.
Legal Issues.

Because the research involved interviewing individuals regarding subject matter outside of the boundaries of evaluating planned educational activities, it did not meet the exempt category for IRB review, and required a minimal risk expedited review (DHHS Protection of Human Subjects, 2009). The research proposal was submitted and received IRB approval through Eastern Michigan University.

A major concern related to IRB approval is that participants do not perceive that their participation in the research is coerced (DHSS, 1979). To eliminate the perception of coercion in this study, participants were required to have graduated from a nursing program and have already passed the NCLEX-RN registration exam. Their participation was confidential, so that even if they were to provide information that organizational members may find uncomfortable, there would be little to no opportunity to be at any future risk from the organization. There was no leverage that was applied for respondent participation by the researcher that could have any impact on their personal or professional career related to participation or non-participation in the study.

There was a moral and ethical responsibility to the participants that their stories be portrayed in an accurate manner. It was also important that in reporting their stories individuals who may be discussed are protected from loss of reputation and written statements that could be perceived as slander or libel. The standards of confidentiality developed by the American Educational Research Association (AERA) require that “researchers take reasonable precautions to protect the confidentiality of information related to research participants…confidential information provided by research participants is treated as such by researchers even if there is no legal protection or privilege requiring them to do so, and that when using private information
about individuals collected by other persons, organizations, or institutions, education researchers protect the confidentiality of individually identifiable information” (AERA, 2011, p.149). This principle was included in the consent form and throughout the interview process. The themes were reported and analyzed, but the identifying specifics of the incidents were changed as necessary to limit the possibility of identification. Data were presented in context to reflect that these are the stories of individuals who found themselves at academic risk and their perceptions may be much different than the majority of nursing students who were not within the subject parameters of this study. Safeguards of focused non-judgmental reporting are important to maintain in order to limit potential problems with organizational harmony. It is important for members of the educational community to view the data as information for growth and not as material that requires defensive actions. To ensure the accuracy of the participants’ statements, all interviews were recorded and transcribed. There was no need for the use of deception for the purposes of data collection in the study. All collected data were maintained in a confidential manner, with any electronic recordings being password-protected and written material being kept in a locked file during the duration of the study and being destroyed following publication of the research.

The benefits of participation in this study were primarily altruistic. There was no payment for participation. Interviews were conducted either at a location of primary convenience for the participant or via telephone. Respondents were offered the opportunity to use an Internet media such as Skype™ or FaceTime™, but all declined. The benefit to participants may be related to giving them voice regarding their educational journey and the satisfaction that their story may result in a positive change for future students. The cost to participants was time required to
participate in the interview process. Participants were provided with a summary of the research and electronic access to the completed dissertation.

Harm and risk related to the research proposal was considered by the researcher to be low. Respondents self-selected to participate in the research. Individuals who would be likely to experience extreme emotional distress related to their course failures were unlikely to volunteer to participate. One respondent exhibited unresolved stress during the interview, but felt it important to share her story. The perceived risk was that individuals, families, and organizations that may be identified by participants as key factors in their failure may take offense and refuse to accept the data as information that can be used for improvement. It is because of the risk related to organizational harmony that actual names, locations, and specific settings were not disclosed in the published results.

**Selection of Participants**

Sampling was conducted in order to obtain a purposeful sample. It was anticipated that by using nursing school alumni social media pages a sample of respondents, whose reason for failure and methods for recovery would vary, could be obtained. Respondents were sought and obtained through social media and networking by alumni of three Mid-Western institutions of higher education. The IRB-approved recruitment language was posted on nursing-alumni Facebook™ pages.

According to Lincoln and Guba “the object of purposeful sampling is not to focus on similarities that can be developed into generalizations, but to detail the many specifics that give the context its unique flavor” (1985, p. 201). All students enrolled in nursing education have a story to tell. Graduates of both associate’s degrees in nursing (ADN) and bachelor’s degrees in nursing (BSN) were recruited for the study. Both ADN and BSN graduates are eligible to take the
NCLEX-RN exam. Both degree tracks have similar coursework for nursing fundamentals and care of the hospitalized patient. BSN curriculums provide a greater depth in social sciences, research, community health, management/leadership, and liberal studies (AACN, 2014c).

Focusing only on students who initially failed a clinical course and then succeeded will isolate the phenomenon of change that led to their success. Inclusion of students who failed and did not progress would not illuminate this phenomenon, but would identify barriers that prevented their success. Selection of students who have completed their undergraduate education and have terminated any formal educational relationship with the researcher will reduce any potential power relationship that could corrupt honest respondent responses. To address recovery that is not exclusively related to “time on task,” respondents who perceived their academic failure was not due to any lack of academic ability, but to time constraints related to situational factors such as loss of family members or personal hospitalization, were not included in the respondent pool. To further narrow the phenomena of study, individuals included in the respondent pool had to indicate that “relationship” issues were a factor in their initial course failure.

Individuals who volunteered for the research study were screened by asking the following questions: 1) Was your failure in the nursing course related to class attendance, related to family emergency, or personal health? If the answer to #1 is yes, question 2 will be asked: 2) Is it your perception that if attendance had not been a factor that passing the course would not have presented any problems? If the answer to question 2 was yes, the potential respondent was not included in the study. If the answers to question 1 and 2 were no, a third question was asked: 3) Do you feel that a relationship issue between you, a faculty member, peer, clinical site, or other individual was a factor in your initial course failure? If the answer is yes, the individual was
included as a research respondent. If the answer to question 3 was no, the potential respondent was not included in the study.

The fact that the researcher was in an administrative education position that has the potential of leading change may have been an encouragement for respondents to tell their stories in the hope that it would possibly make a difference for future students. This allowed them to become collaborators in the research with the goal of improving understanding of the phenomena related to student success. Any potential bias related to previous student/faculty relationship between the researcher and respondents was minimized by requiring that the respondents had already completed their undergraduate careers and would not have any anticipated interactions with the researcher that involved an academic evaluative relationship.

The unit of analysis for this research was nursing students who had failed a required clinical course within a nursing program and were allowed to continue in the program to completion and have passed the NCLEX-RN exam. Individuals had to meet this criterion in order to be interviewed for this study. Individuals who have failed a required nursing-clinical course and had either not ultimately graduated with a degree in nursing or who had not passed NCLEX-RN were not included. There was not a limitation regarding when a person met the criteria in order to participate. The primary selection of a convenience sample was through a Facebook™ request posted on three college nursing-student and alumni pages in Michigan. Secondary selection occurred through the use of snowball and targeted recruitment of additional respondents who fell within the sample parameters. Respondents were asked to contact any individuals that they knew who would meet the subject parameters and provide them with the researcher’s contact information. The goal of selection in qualitative studies is to obtain “rich, thick data” regarding
the phenomena of study (Guba & Lincoln, 1985; Denzin & Lincoln, 1998; Miles, et al., 2014; VanManen, 2014; and Munhall, 2012).

The researcher validated respondent parameters after voluntary contact by participants. Identification of potential participants through the review of academic records was not conducted due to privacy restrictions imposed by FERPA. Because there was not a significant difference in themes identified between the students from the different schools of nursing, the data were analyzed as a single case study.

Nine respondents self identified by responding to social media posting and network contacts. Seven of the nine respondents met the research participant criteria. Six respondents were interviewed. Interviews were recorded and transcribed. The interview transcriptions were e-mailed to each respondent with instructions to review for accuracy and to offer any corrections and / or additions.

Respondents were asked to tell their stories of course failure and eventual success. Interviews ranged in length between 40 and 55 minutes. All interviews were conducted using the pre-developed open-ended questionnaire, which started with the opening question, “Please tell me your story regarding your course failure and eventual course success.” This method was used in order to obtain an emic view from each respondent’s perspective. To promote a story from the emic prospective, special effort was made by the researcher to listen and to not interject any commentary into the interviews.

The Respondents

Holly began her university career immediately following high school with the intention of becoming a registered nurse. She had always wanted to be a registered nurse. She had attended a large university for three years, completing all of her pre-nursing and general education course
work. She was an academically strong student who had faltered in her first semesters due to feeling overwhelmed in what she viewed as a large and impersonal environment. She transferred to a much smaller institution, regained her confidence and achieved A-B grades in her course work through the first half of her clinical rotation. In the second half of her junior year she began to struggle academically, and in her senior year she experienced her clinical-course failure. Returning from the failure she achieved a solid B average in all nursing courses. She passed the NCLEX-RN exam on her first attempt. She has been continuously employed as a nurse since graduation.

Sarah started her college experience in a small private college immediately following high school, enrolling in general education course work. She transferred to university to enroll in a bachelor-of-nursing program. She was always an exceptional student who achieved A-B grades in all course work, with the exception of one clinical-nursing course. Her course failure occurred during her senior year. Following her course failure she became an advocate for students whom she felt were being abused by faculty behaviors. She provided both emotional and academic support for at-risk students throughout the remainder of her time within the undergraduate program. Following her course failure she earned a four-point GPA for all remaining course work. She passed the NCLEX-RN on her first attempt and has been successfully employed as a psychiatric nurse since her graduation.

Alexis was a traditional nursing student who attended one institution throughout her undergraduate career and did not change majors. Alexis did not require any remediation courses but she had to work hard to be academically successful and maintain a B-grade average in her nursing course work. She did have a history of struggling in support courses prior to admission into her clinical-nursing cohort. Her nursing grades improved following her clinical-nursing
course failure. Alexis had difficulty with the written exams throughout the course that she failed. She stated that she was intimidated by the instructor and did not seek assistance during the failing semester. She did develop a positive relationship with the instructor during the second semester. Alexis successfully completed the nursing program without any additional academic struggles and passed NCLEX-RN on the first attempt. She is successfully employed in psychiatric nursing.

Ida was a traditional student in that she enrolled in university immediately following high school. She was forced to address challenges outside of the classroom that affected her ability to complete her area of study within the standard time period. Due to economics, Ida took two years to complete her pre-nursing course work. She often would work up to three jobs in order not to place any economic burden on her family. One year after admission to the nursing clinical track, she developed a life threatening health problem that required multiple hospitalizations and surgery. These issues resulted in a delay in her clinical progression. Even with these struggles, she was able to maintain an A-B average in her course work. Her course failure came as a complete surprise and resulted in extreme anxiety that required external medical and psychological support services in order to cope. The medical and counseling intervention was no longer needed following successful completion of the failed course, but Ida is still not able to talk about the incident without demonstrating symptoms of high anxiety and what she describes as “bitterness” years later. Upon completion of the nursing program, her GPA was above a 3 point. Ida passed her NCLEX-RN exam on her first attempt. She is currently working as a medical-surgical nurse and has recently received a promotion to nursing supervisor.

Emma enrolled in university immediately following high school. She had no strong preference regarding her academic path, but knew that she wanted to be involved in health care. She chose her first academic program and school in order to follow a friend. This was not viewed
as a good fit, and she transferred to the university where she eventually completed her undergraduate nursing program. It was important to Emma that she be responsible for paying for the majority of her education. To accomplish her financial goals, she would travel home, approximately 90 minutes, to work on the weekends. She attempted to balance a significant part-time work schedule along with her university schedule. While this allowed her to remain financially independent, it put an unreasonable burden on her academics and networking with her fellow students. Her need to be financially independent was self-imposed. Following her course failure she accepted financial assistance from her parents and reduced her work time. She changed her study tactics as well and increased her study time. Her course grades were consistently higher following her nursing-course failure. She successfully completed the nursing program and completed her NCLEX-RN exam on her first attempt. Emma worked as a hospital-based nurse for a number of years and then returned to academia to complete a master’s degree in nursing. She is now working as a full-time faculty member in an ADN nursing program.

Jack was a non-traditional student who enrolled in nursing following retirement from the U.S. Military in a non-health related career. He was very certain of his decision to become a nurse and did not view the course failure as anything but a temporary delay in his objective. He stated that he did not make any significant changes as a result of the course failure, either in study habits or use of personal resources. There was never any serious consideration to not continue in the nursing program following the course failure. Jack completed the remainder of the clinical program without any further difficulty. He successfully completed the NCLEX-RN exam on his first attempt. He has been successfully working as a medical-surgical and emergency-room nurse since his graduation.
All of the respondents failed their nursing course due to not meeting the minimum grade threshold for the final exam. None of the students had failed prior nursing courses and in most cases reported that with the exception of this course they were A-B students. This was not an expected outcome of the sampling process, but did provide an opportunity to tell and analyze a pattern of respondent behavior and perception that affected academic failure and recovery.

**Reliability, Validity, and Trustworthiness**

It was anticipated that themes would emerge that pertained to teaching effectiveness, student preparation, personal-life issues, and organizational environment. Participants were given an opportunity to review a transcript of their interviews. Data saturation was achieved with the obtained respondent pool. No new coding themes were identified after the fourth interview was coded. Ownership of the data remained with the researcher. Conclusions regarding the data were developed by the researcher and reviewed by the dissertation chair. Use of the research results will focus on development of systems and protocols to improve student success. There was no overt or covert intent to negatively affect any organization or organization member as a result of any data collected in the study. Efforts were made to continuously assess the integrity of the research process and ethical treatment of the research participants, as well as individuals and organizations identified as the data emerged.

Miles, et al., describe the issue of reliability within a study as demonstrating a research process that is consistent, methods are stable, and the research is of high quality and has integrity (2014). Reliability in this study was ensured through a number of actions. The research questions of how nursing students who fail a course and return to complete their education successfully were clear. The guided-interview questions focused on identifying concepts and themes that pertain to the phenomena of concern. The interview questions reflected concepts found within
supportive learning and nursing models. The questions were asked using an open-ended design that allowed respondents to fully describe their perception of the phenomena in order to provide rich and saturated descriptions. The role of the researcher was made clear to the respondents that information would be collected to analyze the phenomena for the purpose of developing recommendations based on the data to improve organizational structures and advising that could lead to improved student success. Constructs and themes were connected to theories. In the beginning stages of the research process, the three theories that demonstrated the greatest utility were used as frames: the SDT, STT, and NSM.

Validity is described as being internal or external. Internal validity focuses on whether the study makes sense and appears to be the truth. External validity focuses on the studies’ transferability or plausibility. Miles, et al., developed 22 points that provide guidance for issues to consider when evaluating validity (2014, pp.313-314). Validity was supported in the research by the descriptions offered by the respondents being meaningful and demonstrating context. Their stories were plausible and made sense. Validity was supported as a result of data themes that emerged, which support existing learning and nursing models. The searching for negative evidence, as will be described further in the next section, and consideration of multiple explanations for the phenomena also support internal validity. It was also necessary to consider alternative explanations for any themes that emerged, such as concepts of grit versus mattering. Having the respondents review and accept the findings was used as part of the research design to ensure that an authentic research conclusion was being made (Miles et al., 2014). Acceptance by respondents was necessary to support consensual validity of the research.

To meet the standards of external validity, the research design, the demographic traits of the respondents, and the context of the respondent experiences are fully described in order for the
study to be replicated. The sample size and methodology of respondent recruitment was fully described and critically examined to support its appropriateness for studying these phenomena. External validity is achieved if the findings of the phenomenological research are seen as plausible and transferable to other settings and is supported in the conclusion.

Both the concepts of validity and reliability in qualitative research reflect components of trustworthiness. Using a constructivist paradigm as a research framework supported the need to use the criteria of trustworthiness, credibility, transferability and confirmability as criteria to validate the data and resulting research interpretations (Denzin & Lincoln, 1998). The use of in-depth interviews with respondents was conducted. The use of snowball sampling allowed for persistent observations in order to obtain data saturation. This method of data collection and design increases the likelihood of the study being viewed as trustworthy by demonstrating credibility, transferability, dependability and confirmability. The probability of credibility increases with prolonged engagement between the researcher and respondent (Lincoln & Guba, 1985).

To enhance trustworthiness, regular discussions were held between the primary investigator, an academic peer who specializes in psychological research, and other individuals currently involved in educational research. Discussions were held regarding the topics of appropriate coding, emerging themes from coding, and analysis and interpretation of findings. The initially planned use of multiple interview sessions with each respondent did not prove necessary in order to achieve data saturation. The range of time that respondents had been registered nurses was between two and 16 years. This time duration appeared to have allowed the respondents to consider and analyze their failure and recovery prior to these interviews. With the
exception of one respondent, the recalling of the incidents did not appear to cause emotional distress.

Data obtained from in-depth interviews were analyzed first as emergent and then compared with existing theory and other research data related to student recovery and resilience. This provided a mechanism for triangulation of the data. While Lincoln & Guba (1985) indicate that the use of multiple theories for triangulation is not acceptable, Lofland, et.al. (2006) support the use of theories as points of triangulation due to their contention that grounded-theory methodologies can be used to expand or refine existing theories and do not require that a new theory emerge from grounded-theory research. Triangulation of the data occurred through the use of the overlapping concepts found within the Newman system model, Schlossberg's transition theory, and the self-determination theory. This triangulation refined the understanding of the lines of defense, lines of resistance, and the core found within Newman's system model. These refined definitions have the potential to expand the utility of Neuman systems model for the purposes of enhancing student recovery.

Lincoln and Guba in 1985 proposed “four strategies for defining quality, authenticity and confidence in qualitative research: credibility, transferability, dependability and confirmability” (Schmidt & Brown, 2012, p.354). Credibility is a similar concept to internal validity and will involve the use of established research methods, data saturation, negative case analysis that focuses on any outliers, and detailed interviews. Lincoln & Guba (1985) wrote that credibility is enhanced when the researcher participates in peer debriefing. A seasoned researcher, who is an academic peer to the primary investigator, acted as a “peer” for meeting the intent of “peer debriefing” in this research study. Using this process allowed the researcher to be exposed to another point of view to probe bias related to interpretation of data and analysis, explore issues
related to methodology, and ethics related to the study, and to provide opportunities to further develop the emerging research process.

Negative case analysis involves revising the emerging conceptual positions to include the outlying data. The goal is to eliminate all outliers until all data fits the hypothesis (Lincoln & Guba, 1985). In this study, one respondent was an outlier and his experiences were used for the purpose of negative case analysis.

Member checking provided a number of functions related to ensuring credibility of data. Respondent review of collected data permitted validation of their story’s content. The respondents were provided an opportunity for correction. The respondent’s review of the material provided an opportunity to elicit additional information. Member checking occurred through sending transcripts of the interviews to each respondent to review for accuracy and to provide an opportunity for each individual to provide clarifications. Respondents were also contacted following the initial interview to permit opportunities to provide additional data and to respond to the researchers’ perception of key concepts emerging from the data analysis. The process of member checking also provided an audit trail to validate data if a respondent were later to claim an error was made (Lincoln & Guba, 1985).

Transferability was met by providing clear study boundaries, description of the context of the study, and ensuring that the data were representative. Transferability requires a thick description, which fully describes and analyzes data within its context. Lincoln & Guba indicate that it is the responsibility of the researcher to “provide the data base that makes transferability judgments possible” (1985, p.316). In the case of this research, all respondents who answered the advertisement to participate had similar experiences related to their actual course failure. Coding saturation was achieved within the sample.
Dependability is a similar concept to reliability. The research-analysis methods required consistent coding of data to recognize consistency within themes and concepts. Dependability should be attained by the overall demonstration of credibility of the research. The product of the research process needs to be plausible in relationship to the data and analysis that leads to the emerging theory or refinement of existing theory. The concept of dependability was achieved through the peer-debriefing process, triangulation using literature analysis, and ongoing collaboration of the dissertation-chairman, and committee, throughout the research process.

Confirmability required the maintenance of accurate record keeping. Interviews were transcribed using Dragon™, and NVivo™ was used as the software product for coding documentation. Confirmability of the data were maintained through the use of a reflective journal and development of an audit trail, as described by Halpern (Lincoln & Guba, 1985). To ensure study rigor, Halpern developed an “audit trail” that includes six categories: raw data, data reductions and analysis, data reconstruction and synthesis products, process notes, materials relating to intentions and dispositions, and instrument-development information (pp.319-20). Lincoln & Guba (1985) promote the use of Halpern’s model, but indicate that the use of all six components is not necessary with all qualitative methods. The proposed research design did not support the need for formal instrument-development information in that the use of quantitative survey instruments was not anticipated. Documentation was maintained that would permit an audit of the collected data and research process in the following manner: Interviews were recorded and transcribed, and field notes and a reflective journal were maintained. The tangible data were stored in a secure, locked location in the office of the researcher throughout the period of the study. Data summaries, notes, and working concepts, which guided interviewing and data analysis, were maintained. Material related to coding and memoing, both physical (i.e., note
cards, journals) and software-generated database and coding were kept in secure physical
locations or password protected.

Validity of the research was also supported by the process of reflexivity, the recognition
by the researcher of personal relationship within the study. The researcher maintained great care
to pose questions in an open-ended framework in order to elicit emic responses. It was also
important not to react to the respondents’ stories or to interject commentary regarding their
experiences. This took extreme effort on the part of the author due to behaviors attributed to nurse
educators that were significantly at odds with the researcher’s beliefs regarding the role and
responsibilities of nurse educators. This concept of reflexivity is considered a requirement of the
Neuman System Model in that “researchers [are] to document their perceptions of client system
responses to the questions posed” (Neuman & Fawcett, 2011, p.167).

**Coding Methods**

The goal of coding is to provide a vocabulary that can be used for inductive reasoning
allowing the emergence of new or expanded theory and a deeper understanding of the raw
research data (Saldana, 2013; Lofland et.al., 2006). The purpose of coding is that it prompts or
triggers deeper reflection and retrieval of meaningful information, provides a method of
discovery, and allows patterns to emerge that allow for prediction and theory development (Miles,
et al., 2014). A code symbolically assigns a short phrase or word to a portion of data that captures
essence or captures meaning (Saldana, 2013; Charmaz, 2001). According to Adler & Adler it will
be important to recognize that the researcher’s personal attitudes and beliefs will have an impact
on how data is perceived, documented and coded (1987).

The process of coding allowed the sorting of data into categories that permitted the
researcher to provide meaning to the data (Lofland et al., 2006). Coding was conducted using a
two-cycle process. First-cycle coding involved converting the new data into meaningful chunks for analysis. Second-cycle coding involved the development of relationship and conceptual themes from the data chunks to allow emergence of theory refinement (Miles, Huberman, Saldana, 2014). Saldana describes 32 methods of data coding (2013). Different coding methods fit different research methods. The standard methods of first- and second-cycle coding grounded theory include; “in vivo, process, initial, focused, axial, and theoretical coding” (Saldana, 2013, p.51). In vivo coding uses the literal words of the respondents, thus preserving the “emic perspective of the respondents” (Miles, et al., 2014; Saldana, 2013). Process coding is appropriate for the proposed research in that its design supports the “search for ongoing action/interaction/emotion taken in response to situations, or problems, often with the purpose of reaching a goal or handling a problem” (Corbin & Strauss, 2008, pp.96-97). It was anticipated that students, who recovered academically, would have experienced significant interactions and emotional responses both intra- and inter-personally.

Because the research was designed to refine and/or expand existing theory, “provisional coding” was used. “Provisional coding” begins with a “start list of research-generated codes, based on what preparatory investigation suggests might appear in the data” (Miles, et al., 2014, p.77). Provisional codes derived from each of the three models used in this research include:

**self-determination theory** - intrinsic/autonomous motivation, extrinsic/controlled motivation, supports autonomy, undermines autonomy, negative relationships, positive relationships (Ryan & Weinstein, 2009).

**Neuman’s system model** - lines of defense, lines of resistance, stressors, core, interventions (Neuman, & Fawcett, 2011).
Schlossberg’s transitional theory - coping response, mattering, self, situation, social support, and transitional event: academic, faculty, or social support (Schlossberg, 2011).

Pattern coding was the initial process of the second cycle of coding. According to Miles, et al., pattern codes consist of “four interrelated summarizers: 1) categories or themes, 2) causes/explanations, 3) relationships among people, and 4) theoretical constructs” (2014, p.87). Throughout the pattern-coding process, focused-coding categories was used. Focused coding permitted the identification of the most frequent coding categories (Saldana, 2013).

Axial coding is referred to as the transition cycle between initial coding and the theoretical coding process (Saldana 2013, Straus & Corbin 1998, and Miles et al., 2014). This method of coding began to relate categories identified with the focus coding, which further refined the concepts and propositions that emerged. The final level of coding in the second cycle was hypotheses coding. Hypotheses coding was conducted to assess if data that emerged from respondent experiences supported the conceptual frameworks identified in the literature search. Hypothesis codes linked the categories that were developed through the focused- and axial-coding process.

Analytic Memoing

Analytic memoing was maintained to document personal reflections and thoughts about the data, coding choices, conceptual patterns, and themes (Miles, et al., 2014, Saldana, 2013). As stated by Clarke, “memos are sites of conversation with ourselves about our data” (2005, p.202). According to Saldana, memos are considered data and need to be coded and categorized (2013, p.42). The analysis followed a case-oriented approach, in that it looked at “configurations, associations, causes, and effects within the case” (Miles, et al., p.102). Case-oriented analysis is a method suited to identifying specific and grounded patterns in small sets of cases. Because the
sets of data were small with study, the research is not suited for generalizability, but can still achieve the standards of transferability (Miles, et al., 2014).

**Summary**

The research was conducted using a phenomenological case-study/grounded-theory methodology. The respondents were selected using a convenience sample recruited initially through a Facebook™ posting, followed by snowball recruiting. Respondents met the characteristics of having failed at least one nursing course and then progressing to passage of the NCLEX-RN exam. Data from respondents were collected using minimally guided interviews, which allowed respondents to tell their story of academic failure and recovery, from their perspective. Research-interview questions allowed emic explanation of the students’ experience as well as illuminated concepts of the supportive conceptual models. Data were analyzed using the frame of the conceptual models: Neuman’s system theory, self-determination theory, and Schlossberg’s transition theory. Journaling and analytic memoing was maintained by the researcher and included as data for analysis. Methodology of the study was designed to protect respondent confidentiality, as well as the ethical protection of individuals and organizations that were discussed during the interview process. The benefits for respondent participation included a platform for them to tell their story as well as the potential for development of mechanisms or policies that may promote future student success.

Coding of data followed a standard two-cycle method (Saldana, 2013). Coding began concurrently with data collection in order to allow for study modification that permitted clarification of emerging themes (Lincoln & Guba, 1985). Coding categories reflected patterns of coding appropriate for the study design and reflective of the supporting conceptual models (Saldana, 2014).
Trustworthiness and credibility were achieved through appropriate fit of methodology to the research question, accurate data collection, triangulation of data, negative case analysis, member checking, and awareness of the influence of self as instrument in data collection and analysis. Records were maintained to allow confirmability. According to Lincoln & Guba (1985), because the study is a naturalist inquiry and resides in an open system, trustworthiness cannot be guaranteed by the research, but will need to be rigorous enough to persuade the reader.
Results

Analysis and Interpretation of Themes

Coding needed to begin as data were collected (Lincoln & Guba, 1985; Miles, Huberman, & Saldana, 2014; Saldana, 2013). The process of coding provided additional insight into the data-collection process. Concepts were observable which led to the need for clarification of questions in order to develop thick-rich data. The concept of mattering began to emerge as a key point of change by the end of the fourth interview. Specific questions were asked during the last two interviews to ensure that respondents had an opportunity to share, if they felt that was part of their story, in-depth information regarding their perception of professional identity, and self-worth related to their progression in the nursing program. Respondents were sent a copy of their transcribed interview to review and provide corrections or additions. At the completion of the coding process, all the respondents were sent a follow up e-mail indicating to them that “mattering” appeared to be a key turning point in their recovery and encouraging them to contact the researcher if they would like to add any further discussion or were concerned that their story was being misinterpreted.

To support research trustworthiness, line-by-line coding was conducted (Saldana, 2013; Charmaz 2001). The range of expected number of codes and concepts was anticipated to vary, ranging between 6 and 300 (Saldana, 2013). The total number of codes identified in this research was 59; using five coding categories: auto coding, emergent, and construct classifications for the Neuman systems model, self-determination theory, and Schlossberg’s transition theory. Interviews were recorded, transcribed, and e-mailed to each respondent for their review and opportunity for clarification and/or addition. Coding occurred between three and ten days following the transcription of the each interview. In addition, memoing was maintained to
document any methodological changes and their rationale during the research (Saldana, 2013). A question regarding the concept of mattering was included in the last two interviews as a result of memoing. In addition, an e-mail question was sent to each respondent offering an additional opportunity to respond regarding the concept of mattering.

Coding methods involved both first- and second-cycle coding as well as simultaneous coding (Miles, et al., 2014). In vivo coding involved verbatim recording of key words used by the respondents to describe their stories. The first two interview transcripts were initially analyzed using in vivo coding. Issues of fear, failure, fairness, and stress were identified. Emergent coding themes arose from identification of themes that became apparent through repeated reading of interview transcripts. Coding with emergent themes provided a much better fit for the data in identifying themes that affected both the stressors and issues resulting in student recovery. Concepts such as relationships, stressors, assistance, and autonomy required further clarification related to magnitude such as positive and negative, neutral and mixed. This type of magnitude coding is described and supported by Saldana (2013). Provisional codes were developed using the key constructs found in the conceptual models identified in the literature review. Simultaneous coding permitted visualization of the overlap between concepts found in the NSM, STT, and SDT models and theories.

**Emergent Themes**

The interviews were coded using in vivo/emergent coding followed by process coding, which used themes from the NSM, STT, and SDT. Twenty emergent themes were identified. Coding activities were documented using NVivo™ software. Using the NVivo™ software node barcoding feature, second-cycle patterns of themes quickly became apparent.
Reoccurring themes emerged through first-cycle coding. Statements regarding stressors that inhibited learning such as fear of failure, fear of faculty, and loss of confidence were identified. Emergent nodes/themes that were identified included: comfort level, failure, fairness, goal, negative feelings, oppression, personal effort, personal growth, personal resources (family, religion, self-care), professional identity, reaction, recommendations, recovery, relationship, and stress.

Common themes related to support, coping, and recovery included family contacts, peer support, self worth, and spiritual support were identified. Provisional coding using concepts from NSM, SDT, and STT were identified. Identified themes for the NSM were lines of defense, lines of resistance, stressors, and core. Themes were identified that supported the provisional themes for the SDT of extrinsic and intrinsic/autonomous motivation, relationships, professional and social-cultural competency, mattering, and goals. Themes were identified within the interviews that supported Schlossberg’s four factors of “situation, self, social support, and coping responses” that make up the framework of her transitional theory (Evans, et al., 1998).

Second-cycle coding was conducted using pattern, axial, and hypothetical coding as defined by Saldana (2013). Five general themes were identified: movement toward recovery, factors of negative growth and failure, failure related to self perception, core, and interventions (See Figure 2).
Figure 2. Second cycle axial themes of recovery, factors of negative growth, failure, individual core, and interventions emerged from first cycle emergent and provisional coding.

Overlapping of provisional and emergent themes consistently was identified during the coding process. Patterns were identified related to the concept of failure, resources, interventions, self or core, and recovery. Patterns of motivational type and failure or recovery were present. Extrinsic motivators were often present with themes that described lines of defense, whereas autonomous motivators were more commonly associated with lines of defense and strengthening of the core.

Using an axial-coding frame, data were viewed from a perspective that permitted the identification of the point of transition between failure and recovery. Axial themes that emerged
from the coding included a recommitment to nursing, reinforcement of previously developed coping skills and networks, intrinsic motivation to promote personal autonomy, and extrinsic motivators to reinforce family and sociocultural supports. Models presented in Chapter 5 provide a visual illustration of how these themes interact within the student system to promote recovery.

Use of theoretical and hypothetical coding as the frame of reference supported the congruency of NSM, SDT, and STT. Re-occurring coding overlap with autonomous motivation, positive growth, and lines of resistance was observed. The themes of professional competency, professional identity, and intrinsic motivation were also commonly identified as relating to recovery. Extrinsic motivators had the greatest positive impact when associated with social-cultural competency and lines of defense. With this sample, extrinsic motivators associated with the faculty resulted in stressors that undermined professional competence, personal autonomy, and lines of resistance.

**Failure Related to Fear and Value Conflicts**

Fear and value conflicts related to academic failure emerged as stressors during first-cycle coding. Extrinsic motivators of high-stakes testing, and student perception that faculty expected perfection resulted in student perception of incompetence and loss of self-confidence. Examples of respondent experience of stressors that resulted in failure include:

**Alexis:** “I would say I felt very intimidated and scared; like I didn't know anything because my confidence was not that high going into the class. The first day was very intimidating. I had to say these things all in front of other students that I've been going through the whole class with, and I just felt dumb.”
Emma: “the instructor would verbally berate students in class so that would make you more nervous to ask questions or seek assistance; so you would be less likely to seek her out if you have a problem because she was so intimidating. … She was just really scary.”

Sarah: “…I think the reason I failed was ultimately just fear.”

Value conflicts led to a perception of marginalization through negatively influencing the respondent’s role of professional image. The concept of caring is present within the majority of commonly used nursing theories (Butts & Rich, 2015). Two of the respondents describe how this concept of caring was undermined by their experience during the course failure:

Alexis: “I thought that everyone was going to be more caring rather than the term eating their young. You didn't see that often; the caring aspect of clinicals being demonstrated by the nurses that we were with. Most people think nursing is caring, by caring individuals, but apparently not to each other.”

Emma: “I guess there was another assumption that the faculty, it was only one...I do not want to group everyone together, should have respect for each other which we didn't see in that class. The students seem to respect each other, but that specific faculty member did not seem to respect the students.”

Resources to Cope With Failure

Four major external resources for coping emerged during first-cycle coding. The most common resource was family. The family provided both social/cultural and economic support. Peer groups were often sought as a resource. Respondents developed strong bonds with other students who failed and were retaking the class with them. Friendship was also maintained between respondents with peers who were in their original cohort. In cases where strong peer bonds were not present, there were strong personal bonds with non-nursing friends. Two of the
respondents shared their spiritual/religious beliefs related to their recovery. For one of the respondents, prayer was an important resource that she felt would support her regardless of the academic outcome. The perception of a negative relationship with faculty was described by all of the respondents to some extent. Four of the respondents shared that they were able to repair relationships during their second semester with faculty members. A change in self-perception was identified as an internal resource that was critical for both professional and academic recovery. All of the respondents reported that both their personal and professional perception of self has improved as a result of overcoming the course failure. Only one respondent continues to have some professional self-doubt following the experience.

**Family Support.**

All of the respondents who perceived marginalization as a result of the failure immediately sought the support of family. The need to vent their frustration, seek assurance, validate self worth, and obtain resources was expressed by the following four respondents.

**Holly:** “My family did everything they could to support me. They would ask to make sure that I had everything that I needed and that I was okay. They definitely helped me through the process.”

**Sarah:** “My family is really supportive; they helped me a lot. My classmates were awesome; they got me cards and flowers and kept telling me I was going to do a great job next semester and you will pass.” -- “I felt that the level of support that I was getting from them increased. Right up to that point they had always heard me say that this was so hard, this was so hard, and they would respond by saying you're just being over-dramatic, and I would say all this is really hard. When I did fail, they did say all of this really is hard
because you never failed before. If there was any change I think it [positive relationship] increased after that.”

Alexis: ”My mom would send me motivational things when I was stressed out, so that never changed. My family was always supportive with me and my decisions.”

Emma: My family said, “Don't quit now; you're going to need to suck it up and take it over; don't quit.”

Peers.

All respondents formed bonds with others who were repeating the course. This peer connection provided emotional and academic support. These relationships resulted in development of the perception of mattering to both themselves and others.

Ida: “I became closer to those who were held back with me so I became part of the misfits that fell out of our cohort. I did become close with others in the new class unfortunately because we had one common thread that we really didn't like the professor, so I really don't know whether this should be viewed as a positive or negative. But I did get a lot closer with my family and my husband; I could really lean on him, which was good.”

Alexis: “I had the support from the other two students who had failed with me as well. We had each other and helped each other out and taught each other stuff. If we didn't know something and the other one did know it pretty well, we could teach each other.”

Holly: There were three other people that had to take the class over again, and it was sort of funny [pause] we banded together through the experience and kind of helped each other out. We gave each other support.”

Jack: “The people I was in the class with were very supportive. The people that were in the class that I moved into were very accepting of me. I think I was a little concerned
about that too, regarding that acceptance, because I am the old guy. Over the years I got to know the group of students that I was with. With the new group, I really didn't know any of them, but they were really very accepting.”

**Sarah:** “My family is really supportive; they helped me a lot. My classmates were awesome; they got me cards and flowers and kept telling me I was going to do a great job next semester and you will pass. The support I got from my classmates meant a lot because we've been shoulder to shoulder together for so long and knowing that they still believed in me even with the failure really helped me a lot.”

Emma was the only respondent who did not retake the course with another student who failed. She did feel that peer support would have been beneficial.

**Emma:** “In retrospect it might have been nice to be able to talk to seniors to see what they had done to get through the course. That might have been helpful.”

**Religion/Spirituality.**

Religious belief and practice has been described as a positive coping mechanism for nursing student success (Lisk, 2003). Two of the respondents specifically discussed their spiritual/religious journey as important to their recovery.

**Ida:** “I started attending church a lot more, I started going to my brother's Fundamental Baptist Church because I felt that our Presbyterian Church wasn't giving me enough. I started taking anxiety medications so I could sleep the night before clinical because I was dreading it so much. I started talking to a therapist because I couldn't handle the situation.”

**Sarah:** “I'm a Christian, so I read my Bible and that was a huge encouragement to me. I was an intern, as well, at the unit I am currently working at, so for me going to my unit
and seeing my patients that I was helping really was an encouragement to me to keep on going.”

**Faculty.**
Most respondents described an improvement in their relationship with the faculty following their initial course failure. The respondents most often initiated improvement in the relationship, although there was reciprocation by the involved faculty.

**Alexis:** “I did have a better relationship with the professor after going through the first time with her. I feel like by the end of the second semester she was more supportive and wanted me to pass and wanted me to succeed. Whereas, at the beginning it just did not feel like that. I'm not sure what happened, but it was a lot better.”

**Holly:** “So I felt more comfortable… I knew the professor; I knew what to expect, and in a way I knew what was coming, and I knew what I needed to do in order to be successful in that class. With that comfort, I felt more ease of asking questions, so I went more often to office hours, and I asked more questions in class.”

**Jack:** “When I repeated the class with that same professor, I think she respected me a little bit more because I hadn't quit and I did what I had to do. I didn't have any issues the second time around. But I didn't have any real relational issues the first time around either.”

Improvement in the student – faculty relationship was not universal. In some cases the issue of relationship became a non-issue and in another, years later, discussion of the relationship between student and faculty still elicits anger and hurt.

**Emma:** “…but she didn't intimidate me as much the second time around and I want to say she didn't pay as much attention to me. Because she was not paying attention to me, she did not intimidate me as much, in the clinical, during the second semester.”
Ida: “Teachers are supposed to be helping and building people up so they can do well in their profession. I feel that she made me kind of bitter, and so the girls that I worked with are so excited, and they are now instructors, and they're able to do all these things while I feel so crippled. I feel I could never be a professor because I have such anxiety even thinking about going back to school. And it's so unfortunate.”

**Coping Strategies Leading To Improved Self Worth**

Respondents described how they had to make personal choices and change attitudes to successfully recover from the academic failure. Some focused on goal attainment, others refused to allow a single situation to undermine past success, and others eventually viewed taking the course again as a personal challenge to do better.

Sarah: “I had to petition in order to get in the next semester. I started working on that right away and that took my mind off the failure and helped me to focus on something, which was the paperwork, in order to get through my feelings. It got me more future oriented and focusing on the next semester, in realizing this wasn't the end of the world and I could try again.”

Emma: “I did consider quitting for a little while, but then I thought, “What does that accomplish?”

Alexis: “I ran a lot during that time. Running really helps me deal with stress.”

Jack: I don't think that it hurt me from an educational standpoint to repeat that class, because I think you could repeat any class and learn something more. So I just focused on that I would learn more that semester and move on. I didn't do anything differently. I didn't study any differently. I just took a test that was a different test, and it was fine.
The majority of respondents did indicate that changes occurred related to freedom and autonomy with the involved instructor. For Alexis, Holly, and Emma the autonomy they gained occurred without any demands of the faculty on their part.

**Alexis:** “I felt like I did gain a sense of autonomy. I don't feel like she was breathing down my neck, or anything. I actually used her for a reference for the first job I got.”

**Holly:** “Professor ___ stated that she was impressed with me and the way that I handle things and she appreciated that I was going along with what the family wanted. So I think with that experience, with taking the class over, and knowing that I could fail and come back and take the class over, I felt more comfortable with the professor and making sure that she knew what was going on, that she knew I could handle things and did not have to look over my shoulder to make sure that things were being done right. I felt that she could trust me doing well with my patients to get what they need. My patient was able to get immediate needs taken care of, but we also needed to make sure that the patient had the privacy and the care and compassion that she would need when her family finally got there. The experience showed me that I am more able to deal with things, more able to deal with the people I'm working with, and able to put feelings of distress or sadness or emotions behind the mask to be able to work with my professor and my patient. With this experience I was able to gain a greater level of comfort with my professor.”

**Emma:** “I don't know why, but the second semester I chose not to allow her [the professor] to intimidate me so much. I did not meet with her, but I did find a good study group with some stronger students that I worked with the whole semester. I did not work as much and I put in much more time in the books...the whole last year I did not work hardly at all. I would only work during breaks. I think that made a difference in my
success. Before I was going home and working two 12s [hour shifts] on the weekends and I completely cut that out.”

The application of these coping activities permitted an increasing view of self-worth and academic success. Success bred further success. Respondents increased the cognitive skills through improved study habits as well as teaching others. They also gained confidence so that they felt comfortable in viewing faculty as a resource and not as a threat.

**Holly**: “The first semester that I took the class I mainly studied by myself. I was in my room, or in the library going through notes, reading the book, and looking at the computer and at the blackboard site. The second time around I tried to work more in groups; study groups went to the library to study together; I was rooming with a couple of the other students, having them in the same living space so we can ask each other questions and do flashcards with each other. I think that helped as well. It helped with developing relationships and remembering the information better. And so I think that was a major change that I went from studying by myself to studying with others. I also think that going to the office hours helped me answer some of the questions that I had not gotten answers for before in class. That was a change from the first semester as well. Changing my studying habits definitely helped me. I think that was probably the biggest change.”

Ultimately, the respondents achieved academic recovery and professional success. All of the respondents completed their clinical course work without experiencing any academic challenges. The lessons that they learned during their journey to success have served them well.

**Ida**: But, I'm really glad I stuck it out because if I were not a nurse I do not know what I would be doing. It is really what I wanted to do. There are still times that I feel like I'm not good enough, but for the most part I have done everything that I wanted to do so far. I am
where I wanted to be, I am a charge nurse for the past two years, and I've only been a nurse for three years. I feel like I've done okay.”

**Sarah:** “I ultimately believe that I can trust the Lord to lead me in the direction that I need to go in life. I studied for hours and hours going into the second time that I was taking the test; I studied for well over 100+ hours and there is nothing else that I could do to prepare. If I pass, it was the Lord’s will, and if I did not pass, I would be pointed into another direction.”

**Holly:** “At the end of the day I'm actually thankful for it. Because I took that time that I needed in order to get the things done that I needed to do and learn the things I needed to do, in order to become as good of a nurse that I am right now. It sort of goes back in my mind that maybe even though I had to spend more time and money and stress I became better for it.” -- “I just kind of worked my way toward acceptance. And when I did, it was kind of surprising to me; I didn't think I would ever accept it and I did and I became a better nurse because of it.”

**Alexis:** “I was able to see how things work together. I found on the midterm, the second time that I was able to see that *I really know this.* I felt really good.”

**Jack:** “In the military, you have to be flexible. We laughed and said, “In many situations you have to be more than flexible, you have to be fluid”. As a supervisor in charge of a shop on a ship I would get to work at six in the morning, and I would make my list of the things that I wanted to accomplish. By 7 o'clock in the morning, everything was rerouted in such a different direction that I was happy if I could get one or two things that I had wanted to accomplish done during that day. So, just realizing that in a lot of situations you don't have control over things is important. It brings to mind the serenity prayer; you can
take control of the things that you actually have control over and not worry so much about the things that you don't.” -- “I think I'm a very effective nurse now and that I serve the people whom I care for well.”

**Summary**

The research method was qualitative. Six individuals participated in the study. Five of the respondents had been traditional students and one was non-traditional. The study design supported trustworthiness and credibility through the use of triangulation, member checking, reflexivity, and negative case analysis. Data saturation occurred by the fourth interview.

Themes were identified through first- and second-cycle coding. First-cycle included in vivo, emerging, and provisional methods of data coding (Saldana, 2013). Second-cycle coding methods included simultaneous, axial, theoretical, and hypothesis (2013). Five themes initially emerged when moving from first-cycle to second-cycle coding: movement toward recovery, factors of negative growth and failure, failure, core, and interventions. Themes that emerged related to stressors that led to course failure were fear, fairness, oppression, relationships, and stress. Patterns also emerged related to the impact of extrinsic and intrinsic motivation related to academic and social recovery. Pattern and axial themes that supported recovery included intrinsic motivation associated with mattering and goal attainment and extrinsic motivators associated with positive growth in social-cultural competency. Themes that emerged related to coping involved family, peers, religion, self, and faculty relationships. Through axial coding, the concept of mattering was identified as the key starting point toward recovery.

The responses reflected a pattern of progress that involved mattering, mobilization of coping mechanisms, use of both intrinsic and extrinsic motivators that led to stabilization, academic success and finally professional success.
Analysis and Discussion

Higher-Order Themes

Marginalization and mattering emerged as higher-order themes through first- and second-cycle coding. Events that led to failure were frequently attributed to behaviors that fostered marginalization. Actions that changed a respondent’s perception of self-value and levels of confidence reflected components of mattering.

Marginalization.

All respondents described experiences of marginalization. Marginalization has been described as when an individual or group experiences perceived incompetence, hopelessness, fear, and/or loss of perception of self (Schlossberg, 1989). Fear was the primary catalyst responsible for the perception of marginalization that led to the course failures. Examples of their marginalizing fears were described in the recall of these experiences:

Sarah “One of the other girls rode to the clinical with me. The professor didn't really make it a secret that she didn't like her. She [the professor] stated that the girl was not cut out to be a nurse; and that student was already a LPN. We would take a bucket with us in the car when driving to clinical in case she felt like she needed to throw up because of the stress of being so frightened about going to clinical and what she expected to happen that day -- I think the reason I failed ultimately was just fear.”

Alexis: “I would say I felt very intimidated and scared; like I didn't know anything because my confidence was not that high going into the class. The first day was very intimidating. [The professor asked complex questions and did not permit any assistance] I had to answer questions in front of other students that I've been going through the whole class with, and I just felt dumb.”
Holly: “I was probably intimidated by the professor. She came across as a very strong individual. I can appreciate that now, but at the time I really didn't like that she was as on point as she really was.”

Emma: “The instructor would verbally berate students in class so that would make you more nervous to ask questions or seek assistance; so you would be less likely to seek her out if you have a problem because she was so intimidating. She would kind of lash out if she felt you didn't answer correctly. She was just really scary.”

Ida: “When I was going through the class for the first time I got horrible anxiety disorder and had to start using Xanax and it completely changed my life. It impacted me by giving me a sense of failure that I still feel and so it's hard for me to talk about because I never really failed at anything else.”-- “It was like a catch 22. I was always on pins and needles with that instructor in clinical and so with her having me in clinical and clearly not appreciating what I had to offer and then also having in-lecture class it was almost that she thought I was not competent enough… I was terrified all the time.”

All respondents describe a point either at the end of the semester in which they failed or early in the second semester where they made a conscious decision that they were going to succeed because they wanted to be a nurse. In some cases, the decision to continue to success involved making a public statement of purpose.

Ida: “The second time around in her class I finally went into her office one day and said that I know you do not like me, but I am going to be one hell of a nurse and I want you to know that. After that I got a B on my final and I passed the class. It was like I had to stop being weak in order to pass her class.”
Other respondents made it clear that they were going to continue on to complete their nursing education. They alluded to both the work itself as being important and the fact that they were near completion of their nursing education. Examples of the responses include:

Jack: “I thought I was good with people, that I would make a good nurse, so at that point I wasn't going to let someone tell me that I couldn't do it. It never occurred to me at that point in the game that I wasn't going to be a nurse. It never occurred to me that I wouldn't finish. I was only two semesters away from graduating. The information in the semester that I had wasn't about me so [I knew I could do it].”

Sarah: “Going into the second semester I just had to tell myself this is what I am meant to do (to be a nurse), it's going to happen, it's going to work out. I needed to just do the work that I can and leave the rest up to the Lord.”--“I am very passionate about nursing, in taking care of my patients, so to be able to see the goal of what I wanted to do with my career when I graduated was really motivating for me and really helped me get past the next semester.”

Emma: “I wanted to be successful. I wanted to graduate and be a nurse. It was a hurdle I needed to go through and I just knew I needed to do it. I needed to just figure out what the problem was; I just had to do it. I wasn't going to waste the time and money. My parents were very, very happy when I graduated.”

Mattering.

Mattering in regards to the ultimate goal of being a nurse was present in all of the respondents. Sarah also described how mattering to other students in their success was also key to her recovery.
Sarah: “-- I did have some friends in the class below me that I ended up joining. Their cohort had students who were terrified coming into the class because they had heard stories about it. That ended up being a huge motivating factor for me; it felt like I needed to help the others. Later one of my friends told me she would not have gotten through class that semester if I had not been an encouragement to her through it.”

Alexis: ”I wasn't sure I was going to continue, but I had made it that far. I only had one more year left of schooling, and it was something I really wanted to do. I was not going to let the failure to determine what I wanted to do.”

The five respondents who were at the time traditional students sought extrinsic support following their failure primarily from family and friends. This extrinsic support is an example of strengthening of lines of resistance, which then allowed the individuals to demonstrate autonomy in moving forward toward their academic success.

Holly: “It just kind of came up in my mind that why am I even in nursing, why am I wasting all this time just to fail and not be able to move on and complete my program and graduate the next semester. And so I called my parents and went home. I talked to my family and talked with them to vent my embarrassment, I guess I would call it. I tried to work through it. I cried and yelled, I screamed, and found myself cursing everybody and eventually came to realization that I really wanted to be a nurse and I could be a nurse.”

Jack’s Experience.

Jack was nontraditional in the sense that this was his second career; he did not feel the need to reach out to others for support. He felt that his life experiences had prepared him to deal with failure issues. His flexible lines of defense were adequate to cope with the failure and his lines of resistance did not require the interventions that were necessary for the other respondents.
Jack felt assured that he was capable and had demonstrated achievement of the course learning outcomes. He felt certain that the reason for him not passing the course was related solely to a system failure. He was certain that he had met the course objectives and the reason for his failure was directly related to test design. In his previous career he had been involved in developing tests and evaluating the validity. He felt the safeguards that were used in this previous employment were not implemented in the educational environment, and thus the test was not valid. He had retired from the military and felt that the environment in which he worked prepared him well for unexpected outcomes. He referred to responding to life's issues as requiring one to be fluid. He viewed this particular issue of course failure as just another one of those unexpected experiences. Jack had strong support of family and did not feel that there was any need to change or expand upon that relationship at the time of failure. He also did not worry regarding economic issues related to failure due to adequate family income, nor did he demonstrate any concern regarding his perception of becoming a nurse as a result of the failure. He stated that he was quite assured that nursing was the appropriate route for him to go and this had been validated by career testing that he completed as a condition of receiving funds from the Veterans Administration prior to enrolling in the nursing program. His response and ultimate success in the nursing program reflects that the areas of coping which needed to be reinforced for the other five respondents was not necessary for this individual and that the areas of strong family support, adequate resources, self-assurance in his role, self-assurance in his competency were not impinged upon by his course failure. He never questioned his perception of his role as a student and his ability to achieve the goal of becoming a nurse.
The Point of Change: Mattering.

The concept of grit and self-determination focuses on the individual’s personal pursuit of this/her goal. The driving force of grit is self-determination. This action is driven by the ego, as described by Freud’s psychoanalytical theory (Lauzun, 1962). Mattering, while being linked to self-determination, fits into the construct of the super-ego. According to Freud, the super-ego is involved in how the individual responds to society, whereas the ego relates to the interaction of the self (Freud, 1970). The individual’s perception that his connection with others is congruent with the self-perception would permit an internal balance that would reduce internal conflict and allow movement toward success. Anna Freud refers to this concept as coinciding (p.8).

Kathryn Schlossberg (1989) describes the concepts of mattering and marginality. She indicates when individuals are involved in a life transition they may not feel that they matter and are hence marginalized. For people to effectively transition they must develop a concept of mattering. The concept of mattering revolves around the idea that an individual matters to someone else, that there is a feeling of dependence on us, and that others are concerned with our fate and we are interconnected with them (Rosenberg and McCullough, 1981). The respondents in this study described situations where recovery began to occur when they reaffirmed that they mattered. Prior to the point where recovery began respondents also described factors that reflected marginality such as feeling inferior, being embarrassed, and feeling sick.

Work by Rosenberg described by Schlossberg (1989) indicate there are four aspects of mattering, which include “attention, importance, ego – extension, and dependence” (p.9). The five students who demonstrated marginality at the time of their failure reflected that they did not feel the faculty member was concerned regarding their success. Their ego extension was compromised, and they felt that family and peers could view them as a failure. They also
indicated that they felt the lack of appreciation by the faculty member undermined their perception of mattering related to the fact the faculty did not acknowledge what the student did know.

Mattering was apparent at the point of moving toward recovery and continued through the recovery process. Elliott, Koa, & Grant (2004) developed the survey regarding interpersonal mattering that was demonstrated to measure the “mattering” constructs of reliance, importance, and awareness. Respondents met the criteria of mattering in the following manner:

“There are people in my life who react to what happens to me in the way they would if it happened to them.

Sarah: “Probably the biggest thing that stressed me out with my family was my mom saying "I wish we could help you pay for this semester," so that was probably the biggest thing that stressed me out, calling them knowing that they would always say that they wish they could help me out by paying for my schooling, but they couldn’t.”

I have noticed that people will sometimes inconvenience themselves to help me.

Emma: “I was spending my time going home to work. That was probably another thing that my parents were supportive with and telling me that I needed to stop working so many hours. They told me they knew why I was putting in so many hours, because I wanted to be independent, but they asked that they be allowed to help me a little more so that I could study.”

There are people in my life who care enough about me to criticize me when I need it.

Holly: “I came to realize that by her [the faculty member whose class was failed] giving me the chance to come back and take the class over, that I appreciated [the chance], and it also forced me to relearn the information and to put that information together into a
comprehensive idea. The experience really helped me mature in myself and my knowledge.”

*People tend to rely on me for support.*

**Sarah:** “I needed to help the others. Later one of my friends told me she would not have gotten through class that semester if I had not been an encouragement to her through it.”

*When people need help they come to me. Often people trust me with things that are important to them*” (Elliott et al. p.350-351).

**Alexis:** “I had the support from the other two students who had failed with me as well. We had each other and helped each other out and taught each other stuff. If we didn't know something and the other one did know it pretty well, we could teach each other.”

All of the respondents described supportive family and peers that provided emotional support. Respondents described how family and peers would give of their time to listen and provide guidance. Two of the respondents described how the faculty member whose class they had failed provided support and guidance, which assisted in their academic success. Also, all of the respondents describe activities in which they provided study support for others in their cohort when they took the class the second time. Rejuvenating their own sense of mattering was accompanied by behaviors that permitted them to matter to others.

**Multiple Paths to Mattering.**

While mattering was the focal point for recovery, each respondent required different resources to strengthen coping mechanisms. Five of the respondents immediately contacted family. This proved to be a valuable resource in that respondents indicated that their positive value as an individual was reinforced and that support from their families was not conditional on their successful completion of a course. Respondents describe spiritual and religious practice to
cope with the failure. Sarah described the use of prayer, as key to her recovery, as well as controlling her stress through the spiritual assurance that God would do what was best for her. Ida found that her religious practices at the time of her failure provided her with little spiritual support, and she sought out a more personal spiritual/religious environment:

Sarah: “I'm a Christian, so I read my Bible and that was a huge encouragement to me. “

Ida: “I started attending church a lot more.”

All respondents re-affirmed their desire to become a registered nurse. Three of the respondents found reassurance and reinforcement in their decision through their healthcare work environments. Sarah described how she needed to continue to work toward dealing with the stress related to her course failure, not only for her self, but also as an example to the vulnerable patients that she took care of daily.

Sarah: “I was working as an intern on a behavioral health unit, so for me going to my unit and seeing my patients that I was helping really was an encouragement to me to keep on going. I am very passionate about mental-health nursing and taking care of mental-health patients; so to be able to see the goal of what I wanted to do with my career when I graduated really was motivating for me. It really helped me get past the next semester.”

The negative experiences that respondents experienced influenced their interactions with students following their graduation. In most cases, there was an overt need to demonstrate empathy and support for peers and students in their nursing practice. The respondents have applied the concepts of promoting autonomy, demonstrating mattering, and the concept of caring as methods to improve the possibility that their students will succeed.

Alexis: “Well, in my job now I try to be nice with everyone. I try to learn about them, because I precept new nurses now, and I learn what they like. I ask them questions, and
encourage them to ask me questions. I try to support them, they are new to nursing, and everyone was there at one time. So that’s the way I try to fix it now."

Emma: “I was also very intimidated by her (the instructor) and was afraid to go get help from her. Because of her intimidation you didn't go in and talk to her when you didn't do well on a test. You see students being that way today, so as a faculty member you try not to be perceived as intimidating.” (Emma is currently a nursing instructor in a RN program.)

The statements made by respondents regarding the pride they have in regards to the nursing care they currently provide, the wish to support students and peers, and the continued positive relationships they have with family, supports continued stability of their core through mattering. Each of the respondents, in their present condition of success, demonstrates mattering as defined by Elliot and Schlossberg’s work (Elliot, et. al., 2004: Schlossberg, 1989).

Summary of Findings

Fear and lack of fairness emerged as identified primary stressors. In a majority of respondents, fear was the stressor identified as the most damaging. Perception of unnecessary pressure by faculty members was a major factor that led to failure. The fear issue did not resolve during the second attempt of the course, but additional coping mechanisms were brought to bear. Following notification of failure, five of the respondents questioned whether they would continue in nursing. Family members were contacted. The initial contact involved expression of their anger and disappointment regarding the course failure and the questioning of their future. Family and peer responses resulted in the student’s perception of personal mattering. A conscious decision of wanting to be a nurse and mattering to self and others was present in all respondents. Recovery
began when respondents conceptualized that they valued being a nurse, that they could and would be successful, and that others had no right to prevent their success.

Respondent resources include both personal and economic support of family, prayer, religious communities, patients, and in some cases reconnection of faculty relationships. Once students perceived that they mattered, they were able to develop coping mechanisms which included changes regarding time on task, study patterns and methods, and developed or repaired relationships that changed the learning environment as well as their self perception. Through this process their academic success increased, the perception of stressors decreased, and they regained stability. Respondents moved from anger to viewing the situation as an opportunity to increase personal strength and knowledge. This movement from anger to learning did not result in a repaired relationship between the student and faculty member in all cases.

Support from extrinsic resources was critical for stabilization of the core and lines of resistance. Intrinsic actions that stabilized the lines of defense could be executed following stabilization of the lines of resistance. Following stabilization and academic recovery, extrinsic interactions with families and professional peers have maintained the flexible lines of defenses for the respondents’ “client system.”

Jack’s experiences provided an opportunity for negative case analysis. He felt certain that the reason for his not passing the course was related solely on a system failure. His lack of similar response to the other respondents acts as a negative case analysis in that issues influencing their ability to cope were already well established in this individual due to his age and life experiences. He was certain that he had met the course objectives. He viewed this particular issue of course failure as just another unexpected experience. His responses and ultimate success in the nursing program reflect that the areas of coping which needed to be reinforced for the other five
respondents was not necessary for this individual and that the areas of strong family support, adequate resources, self-assurance in his role, and self-assurance in his competency were not impinged upon by his course failure.

The concepts and experiences described by the respondents support the development of a path to recovery and explanation of their experiences through the use of a modified nursing model. The development of a “path to recovery” provides a linear method of intervention that may enhance student-academic and professional success.

The Path to Recovery

Figure 3. The path to recovery illustrates the student progression from marginalization, mattering, stabilization, coping strategies and eventual recovery.

The “path to recovery” (Fig.3), illustrates a pattern of recovery that was observed with five of the six respondents. Prior to the course failure, all students had demonstrated consistent success in clinical-nursing course work. In the semester that the failure occurred, all were
experiencing stress related to lack of self-confidence and reported negative faculty interactions. Sarah offered an example of an experience that led to failure.

**Academic Failure: Sarah:** “I'm usually very comfortable, but I noticed going into these clinicals with this particular professor I would freeze up whenever she was in the room, and when I was with patients. I found it crippling with every area of the class.”-- “We would dread going to clinical, we would not sleep the night before, which wouldn't help, it really impacted all areas of our health. I didn't eat very much that semester; I lost a whole lot of weight. Physically it impacted us in a negative aspect.”

The respondents were either directly the recipients of what they perceived as negative faculty relationships or witnessed negative relationships occurring within the course. The course failures were not anticipated by any of the respondents. With the exception of Jack, the respondents questioned whether they would continue pursuing nursing education following their failure.

The students experienced anger toward both themselves and the faculty. The key to their eventual success involved turning away from the failure and moving toward success through the recognition that they mattered. The respondents demonstrated this concept of mattering in both similar and unique ways. All of the respondents personally believed that they were meant to be nurses and their being nurses was important to others. The respondents had similar experiences of parents and peers expressing support with emotional and tangible resources. Sarah related the fact that she viewed herself as a role model for her patients and needed to continue to reach for her goals, just as she was encouraging them to reach for theirs.

**Mattering: Sarah:** “I am very passionate about mental-health nursing and taking care of mental-health patients, so to be able to see the goal of what I wanted to do with my career
when I graduated really was motivating for me; and really helped me get past the next semester… One of the reasons was the patients’ that I worked with had had to deal with some horrific things. A lot of them are there because of attempted suicide or other horrible and unimaginable things that happened to their lives and if we asked them to get back up and try again I would've been a hypocrite if I could not get up and take a test for class again.”

This step of mattering appears to be the key and the most significant step in the path to recovery. In sharing the path and recovery model with an individual who had failed a clinical-nursing course in her senior year and chose to not complete a nursing degree, her comment was that she never made it through the “mattering” stage (Personal conversation K. D.).

External resources such as family and peers began to provide focused support following the failure. These resources were often sought by the respondents, but in many cases were volunteered by others. This support reinforced the perception of mattering as well increasing the self-confidence of the individual, improving the environment for learning, and providing the emotional space for the respondents to begin repairing their perception of self and defense mechanisms.

The next step in the path was the respondents’ increased use of autonomous motivation as the primary driver of recovery. Respondents took active roles in their learning and promotion of positive relationships. Examples included supporting peers in their recovery through both presence and guidance. Students also demonstrated both improved competence and confidence in clinical and class situations. In three of the cases, positive relationships were reestablished with the faculty who were involved in the initial failure. Holly best conveyed this use of autonomous motivation.
**Strengthening of Core and Coping: Holly:** “I think the greatest change was in me. It was my changes in comfort, experience, and confidence and being able to come to her [the faculty member] with any questions.”

The final step on the path to recovery was the achievement of academic and professional success. All of the respondents successfully completed their remaining course work and passed NCLEX-RN on their first attempt. The respondents have all been employed as registered nurses since graduation. All of the respondents felt that the transitional experience of overcoming academic failure made them better nurses.

**Academic and Professional Success: Holly:** “At the end of the day I'm actually thankful for it [the failure]. Because I took the time that I needed in order to get the things done that I needed to do, and learn the things I needed to do, in order to become as good a nurse as I am right now. It's sort of goes back in my mind that maybe even though I had to spend more time, money, and stress, I became better for it.”

The largest step that a student must take in the path to recovery is to attain the concept of mattering. Intervention activities that may prevent the student from being marginalized have the potential of preventing the initial failure. When prevention of failure is not possible, actions that assist the student to perceive mattering would be the initial point of intervention. Discussion of the utility of this path will be explored further in applications for practice.

The linear path to recovery also can be illustrated using a modification of Neuman’s system model (Neuman & Fawcett, 2011) as the primary conceptual frame (Figure 4). The graphic depicts a student, just prior to the stressor and transitional event destabilizing the student system. The graphic also includes resources and coping mechanisms that were identified by study respondents.
Figure 4. The model of student recovery depicts the student system at the initial point of stress and resources used by the respondents to gain system stability. The model is derived from the Neuman’s system model and concepts from the self-determination model and Schlossberg’s transition theory.

In this study, the stressors that influenced the students related to fear of failure, fear of the instructor, intimidation, and perception of personal incompetence. These stressors resulted in damage to the central core of the individuals. Five of the six respondents initially questioned whether they would continue in the nursing program. The respondent perception of marginalization is represented in step one on the path (Figure 5). The lines of defense and
resistance have failed to protect the individual’s core and concept of mattering. The concept of marginalization is acting as a barrier to their academic recovery.

Figure 5. In Step 1 of the model of student recovery, the stressors that led to the transitional event have overwhelmed the lines of defense and lines of resistance and are endangering the individual’s core.

Figure 6 represents Step 2 on the path to recovery. The respondent recommits to his/her nursing education through the belief that he matters. They verbalize that their success in nursing matters to others and to themselves. In the case of the respondents, both family and peers reinforce this concept of mattering. At this point the respondents turn toward their stressor of failure and make a commitment to themselves and those who believe that they matter, to address
the goal of becoming a nurse. This is a key point in time. The respondents do not permit the failure to redefine their core belief that they are meant to be nurses.

Figure 6. In Step 2 of the model of student recovery, recommitment to mattering has occurred, and the individual is beginning to mobilize extrinsic resources to repair lines of resistance to protect their core.

Figure 7 illustrates step 3 on the path to recovery. Extrinsic resources from family and peers are beginning to be mobilized. Time and economic resources are obtained from family and peers. Continuous reinforcement of family and peer mattering are entering into the respondent system, supporting both the core and lines of resistance that protect the core. This input allows the respondent to reintegrate his/her perception of self-worth and personal confidence. This increase
in confidence permits re-establishment of relationships with individuals who were earlier identified as the individuals who marginalized the respondent. This increase in confidence also permits the move away from the respondents’ self-perception of failure to a belief that they matter to others, and are worthy to accept resources from others, including other faculty and institutional resources. Action that occurred during the third step primarily strengthened lines of resistance and permitted the individual to begin the mobility of intrinsic supports such as increasing autonomous activities, focusing on professional goals and improving their self-perception of competency.

Figure 7. In Step 3 of the model of student recovery, extrinsic resources have been mobilized permitting the individual the space to begin using intrinsic autonomy and focused goals to strengthen lines of resistance and begin the stabilization of lines of defense.
Figure 8 illustrates step 4 on the path to recovery. The stressors are no longer negatively affecting the core. Both autonomous and extrinsic motivators are involved in strengthening the core and lines of defense and resistance. As the core strengthens, there is increased demonstration of autonomous motivation, perception of competency, and attainment of educational goals. Changes have been made which involve modification of study habits, prioritization of activities related to work, study and relationships. This illustrates an improvement by the respondent’s self-care agency related to physical, mental, and spiritual health. These changes primarily influence both flexible and fixed lines of defense. As these changes are occurring to the lines of defense, the lines of resistance and core are stabilizing.

Figure 8. In Step 4 of the model of student recovery, both intrinsic and extrinsic coping strategies have been mobilized to a point where the transitional event is no longer destabilizing the individual. The flexible lines of defense are being repaired.
Figure 9 illustrates step 5 on the path to recovery. This is the step that illustrates student recovery from the transitional event. The stressors that led to the transitional experience of failure are no longer endangering the recovery of the core. The respondent’s system is fully intact and stabilized. The extrinsic motivators have been integrated into the lines of defense for the individual. The core is stable and the concept of mattering has been fully integrated into the psychosocial, spiritual, and developmental components of the core. This stabilization permits the maintenance of both lines of defense and lines of resistance through the application of intrinsic motivators, autonomous actions, self-perception of competency, and a positive perception of professional competency.

Figure 9. In Step 5 of the model of student recovery, the student system is fully stabilized and flexible lines of defense have been repaired, thus reducing negative impact on the system by the original stressor event.
The development of the “path to recovery” and the “model of student recovery” provide a visual tool to analyze student recovery, as well as provide a method for positive intervention. Focusing on stabilization of the at-risk student through the promotion of mattering provides a foundation for future interventions. If the at-risk student has not perceived that they matter to themselves or others, it is unlikely that any other interventions will lead to student improvement. During the time of this study, the author has successfully applied the path to recovery model with students who have failed clinical-nursing courses. An inventory was conducted with the students to reinforce concepts of mattering. Questions were posed, such as, “Why did they want to be a nurse?,” “How did they perceive the impact they had on patients that they had served?,” “What did they know now about nursing care that they did not know at the beginning of the last semester?,” and “How did they feel that they could help others in the future?.” Following self-acknowledgement of mattering by the student, an assessment was completed regarding personal and institutional resources, as well as development of a success plan.
Conclusion

“Mattering” was the phenomena identified that best answers the question posed in the introduction of this work: “What is the essence of change that occurs when a previously unsuccessful student ultimately succeeds?” Mattering as described by Schlossberg (1989) is critical to the health of the individual’s core. The initial expectation of the researcher based on literature from the etic perspective was that “fixing” a testing or competency issue would achieve recovery. The data did not support the expectation that improving student competency would be a major factor in recovery and success.

Through the examination of the issue from an emic perspective, mattering emerged as the higher-level theme. Mattering acted as the switch to facilitate self-motivation by the respondents toward recovery. Issues of mattering as well as competency would be critical issues to a nurse educator. The “person of nursing” in the case of a nurse educator is the student. It is critical to view the student from a holistic position. While competency is critical in nursing practice, caring is core to profession. In the case of these respondents, their story was not tied to competency and self-efficacy, but to mattering. Their success mattered, because of what they perceived as their worth to others.

The respondents’ holistic health was critical to their eventual success. Both autonomous and external motivators were critical to maintain and reinforce the lines of defense and resistance. Intrinsic/autonomous motivation was the major motivator related to developing professional competence and appears to have the greatest effect on the health of lines of resistance. Extrinsic motivation was a positive factor when associated with family/peers. In this study extrinsic motivators had a greater impact on lines of resistance than lines of defense. The identification of steps to recovery provides points for intervention by external recourse to promote student
recovery, with the initial point of intervention being counseling the student toward mattering. The linkage of the “Path To Recovery” to the “Student Recovery Model” illustrates the utility of using the Neuman System Model as a framework for explaining and promoting student recovery.

Resources that were primarily used by students in their eventual success involved family, peers, changes in self, related to mattering, use of motivation for growth, and changes in study and work patterns. Resources leading to success were both intrinsic and extrinsic. The course failure was not a motivator for student recovery. Five of the six respondents reported that the failure resulted in symptoms of marginalization. The students’ perceptions of the potential loss of their future professional identity as a registered nurse was a major trigger for their accepting that they mattered.

With this sample group, recovery occurred as a result of resources obtained by each respondent. The use of formal intervention activities by faculty or the institution was not identified as a factor in the students’ eventual success. There were unintentional limitations within this study due to the composition of the respondent group, which included such factors such as: limited variance in social-economic status, no reported discrimination issues, no history of prior academic failure or learning disabilities, or other personal traits described in the literature as factors related to academic failure.

**Implications for Practice**

The research supports the use of the Student Recovery Model variation of Neuman’s System Model as the framework for student recovery. At the point of failure and transition, the stressors have breached the lines of defense and resistance and are affecting the health of the individual’s core. It is critical to stabilize the core and begin to repair lines of resistance. The concept of mattering was identified as the key factor to begin the stabilization process. It is crucial
that the student who has failed be supported in a manner that demonstrates and fosters mattering. Initial interventions may include discussion between faculty and the student regarding the student’s strengths, and how he or she positively influenced their patients and/or peers. Interventions need to include staff encouragement to students to assess available resources and to reach out to others as a method of re-affirming connection with family, peers, significant others, or faculty, who may provide assurance that the student matters to them. Also, through counseling, faculty or staff may encourage the student to reach out to assist others. This provides an opportunity for relationships to develop between the struggling student and peers that will promote mattering as a factor in recovery. This research identified family and social resources as factors in student recovery. Assessment of family and social resources is necessary, due to the fact that students may or may not have intact family resources. Family and peers can act as a line of resistance against the stress of academic failure. Students may already have a strong history of family support that they use as a line of defense, but not all do.

The respondents’ experiences suggest the need for institutions to support faculty development in the areas of promoting the concept of mattering and decreasing marginalization within the educational environment. Faculty members need to permit space for intrinsic driven student autonomy within both lecture and clinical environments. Respondents in this study described how the undermining of autonomy led to hopelessness and a decrease in confidence and competent practice. Use of extrinsic motivators by faculty, such as use of fear and threat of tests, was a factor in student failure among this respondent group. Developing assessment methods, which promote student learning and autonomy, has the potential of enhancing achievement of course outcomes. By reducing the extreme stress of the learning environment described by the respondents in this study, course failures may be reduced. Faculty training to reduce extensive use
of extrinsic motivators to achieve student outcomes is supported in both the literature and respondent data. Overt use of fear of failure as an extrinsic motivator needs to be eliminated. Building on student success, instead of threatening non-progression if tasks are not performed, has a strong potential to reduce marginalization that leads to lack of confidence, the self-fulfilling prophecy of failure. Institution inclusion of faculty-evaluation benchmarks that measure the promotion of a positive learning environment that does not tolerate patterns of student marginalization has the potential of promoting student success, as well as decreasing academic failure.

Institutional changes related to student selection into nursing cohorts and activities that promote student self-value also are potential areas for professional success. Appropriate identification and selection of students into a nursing-program cohort who have a perception that they have something to offer others as nurses would support student resiliency when they are academically challenged. The respondents involved in this study were able to use their perception of having the goal of being a nurse, who would benefit others, as the focal point of their recovery. Inclusion of additional service learning early in the curriculum has the potential to reinforce the personal concept of “mattering,” thus strengthening the student as an individual system. In these situation the institution is either assessing the core of the student, as a system, or strengthening the core.

This research did not support the development of institutional structures to “fix” the problem of student recovery. The respondents’ stories did not focus on academic remediation as a major component of their paths to recovery. Respondents in this study did not identify institutional remediation resources such as tutoring, learning centers, testing assistance, or
specialized advising as being used for their recovery. Only one respondent used the campus counseling center as a resource for her recovery.

Respondents did self-establish learning-support groups in order to reinforce learning activities following their initial course failure. Two of the respondents stated that they believed that mentoring by senior students would be a positive method of academic support. One respondent indicated that she had been told that her mentoring activities following her failure supported the success of nursing students. Organizational support and facilitation of student-led mentoring within nursing programs has potential to both prevent and/or promote student success.

**Implications for Theory Development**

The study supports the utility of Neuman’s System Model for understanding student academic recovery as well as addressing the guidelines for research using NSM described in the literature review posed by Fawcett and Gigliotti (2001). The seven guidelines focus on purpose of research, phenomena of interest, problems to be studied, source of data, research methods, data analysis, and contributions (Fawcett & Gigliotti, 2001).

The research identified how client-system stability is achieved. The stability process was explained through the development of the “Path of Recovery” and “Student Recovery Model”. The concept of mattering was identified as linking the variables of psychological, social-cultural, and spiritual values that provide stability to the core.

Fawcett and Gigliotti’s final requirement was that research should advance the understanding of stressors and client-system stability (2001). This was achieved in the following manner. Mattering is viewed as integral to the health of the individual’s core. Once the core is stable, the individual is able through autonomous motivation to focus on goal attainment and to increase his positive perception of competence in order to re-establish lines of defense.
Interventions required for recovery may be preventive primary, secondary, or tertiary. Upon return of stability to the system, defined as academic recovery, interventions to maintain the stability of flexible lines of defense would be primarily preventive.

Using provisional and theoretical coding provided a structure to analyze the points of overlap between the NSM, SDT, and STT. Analysis supports that STT, SDT, and NSM are congruent, and the SST and SDT further define the interactions between lines of defense, lines of resistance, and core of the Neuman system model. The SDT describes two primary types of motivation, autonomous/intrinsic and controlled/extrinsic. These motivational types were found to affect lines of resistance and lines of defense in specific ways. Extrinsic motivators related to professional competence appeared destructive to stability of the lines of resistance and ultimately, the system core. Extrinsic motivators related to social-cultural competence appeared to strengthen lines of defense. Intrinsic motivation was key for repair of both lines of defense and resistance, thus permitting stability to return to the system core. The concept of mattering was critical to begin stabilization of the core, which provided the strength to the individual to apply intrinsic motivators. This overlap of models is illustrated in Figure 10.
Figure 10. The research supported the development of a student recovery conceptual model integrating components of NSM, SDT, and SST. Adapted from: Neuman’s System Model (Butts & Rich, 2015)
Opportunities for Further Research

The study identified mattering as key to the recovery and academic health of the subject. Developing a strong perception of mattering early in the academic-nursing program may have the potential to prevent failure or accelerate recovery. Research regarding the self-perception of mattering related to ultimate academic success may be beneficial both in selection of individuals for entry into a nursing clinical cohort as well as incorporation of supporting the development of personal mattering within the curriculum. Research could also be conducted to assess whether student participation in nursing-related service-learning projects can increase self-perception of “mattering.” Using this same concept of personal mattering as a potential for identification of students who may be more likely to achieve academic success, research could be conducted to assess if the use of aptitude testing, for the purpose of identifying “nursing identity” as a metric used in nursing-program admission, would lead to improved program retention and student success.

This study’s respondents attributed the use of extrinsic motivation, used by faculty, as a factor that undermined academic success. Research exploring teaching and learning methodologies that promote student autonomy while ensuring patient safety within clinical settings would be significant for nursing education. The use of high stakes testing for certification as a registered nurse is standard practice in North America. Assessment within nursing programs is designed to replicate the NCLEX-RN type of exam. This assessment design may not be the best tool to use in the learning environment. Research exploring the relationship between high stakes testing and achievement of student-learning outcomes in undergraduate nursing education may lead to assessment methods which provide valid measurement without causing marginalization.
In this study, it was found that stress led to marginalization. Stress has also been shown to be a motivator for academic success (Ji, H., & Zhang, L., 2011). Research to identify variances in type and duration of stress that trigger either marginalization or mattering would be beneficial in maximizing a positive learning environment.

This qualitative study was conducted with students who had a consistent prior history of academic success, similar cause of failure, and had similar resources. Replication of the study using students whose primary cause of failure was clinical error or a pattern of academic struggle could be considered. The sample group in this study all had significant family support as well as positive social skills for developing collaborative relationships. This study could be replicated with individuals who primarily presented without strong family and peer relationships to see if the path leading to nursing-school success differed related to coping methods and resources. None of the subjects in this study perceived that their failure was due to discrimination. Replication of this study using subjects who experience chronic discrimination related to race, gender identity, or one of the other “isms” should be considered.

**Personal Growth Related to Development of Dissertation**

This is the first time that this researcher has formally used a qualitative-research design. Using qualitative research was found to be an excellent tool for identifying the complexity within issues that often are addressed using simple but ineffective interventions. The nuances that can be filtered from qualitative data provide a more dynamic picture of students, their needs, and their resources. Using a quantitative model for this type of research may have a greater potential for acceptance in practice, but also has the potential of only permitting the measurement of a concept that may not reflect the essential information that can truly make a difference.
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