EMPOWERMENT: NURSING STUDENT EXPERIENCES OF SUCCESS AND ATTRITION

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Abstract

This interpretative phenomenological study was conducted to understand how a nursing college’s organizational structure may affect a returning nursing student’s sense of empowerment and motivation to succeed. A returning student is a student who previously failed in a nursing program and was reaccepted to the Maine College of Health Professions’s (MCHP) nursing program. Inclusion criteria that needed to be met were the student’s classification as returning nursing students who were currently enrolled or graduated from MCHP’s nursing program within the past two academic years. Semi-structured interviews were conducted with nine returning students in an area of the participants choosing. The qualitative data was analyzed, framed, and guided by Kanter’s theory of structural empowerment. Through the course of the qualitative analysis, key themes that emerged were related to how MCHP has the ability to affect student empowerment and motivation as an organization, with subthemes of empowerment, horizontal violence, positive and negative faculty interactions, pedagogy and teaching. There are many factors that affect student empowerment. A student’s personal factors may affect their success. In this study, returning student narratives reinforce the idea that a college’s organizational structure has a tremendous impact on student empowerment and their motivation to succeed. The lived experience of the sample helps current educators to understand there are organizational factors at the college level that may affect a student’s sense of empowerment and motivation to complete their academic program.

Key words: returning student, empowerment, horizontal violence, nursing education
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Chapter One: Introduction

Nursing student attrition is one of the most important challenges facing the healthcare industry, as the financial and workforce goals of contemporary healthcare are reliant on an increasing number of graduates filling the growing number of nursing vacancies. Nursing programs face a persistent challenge wherein they need to address an ongoing nursing shortage while increasing retention rates for students enrolled in nursing programs (Williams, 2010). Failure rates in nursing education are excessively high, and many nursing colleges experience attrition rates of more than 50% (Abele, Penprase, & Ternes, 2013; Brown & Marshall, 2008; Harris, Rosenberg, & Grace O'Rourke, 2014). To successfully meet the needs of an evolving profession, nursing colleges need to improve nursing student retention and graduation rates to fill the growing vacancies found throughout the profession.

There are many factors associated with nursing student attrition. The literature strongly supports nursing student scholastic aptitude as a major factor in whether a student will complete her/his academic program (Abele et al., 2013). Aside from student scholastic issues, other organizational factors such as task associated learning, disempowerment, horizontal violence, and the inability to address student diversity all influence student success and attrition. Nursing student attrition and retention is a multifaceted issue that directly affects nursing education’s inability to produce new nurses to fill the growing number of nursing vacancies. The purpose of this Interpretative Phenomenological (IPA) study is to understand how the structure of a nursing program may influence the returning nursing student’s sense of empowerment and her/his ability to complete a nursing program at the Maine College of Health Professions (MCHP) in Lewiston, Maine.
The Maine College of Health Professions recently celebrated its 125th anniversary. Initially, the college started as a diploma-nursing program. Diploma programs in the United States were hospital associated nursing programs that were primarily designed to provide a skilled nursing workforce for a parent or affiliated hospital. Nursing diploma programs offered three-year educational programs, and from 1891 to 1976, the college was known as the Maine General Hospital Training School. The school provided a hospital based nursing curriculum and diploma program until 1976, and this time, the college underwent change and transitioned into an institute that offered an associate’s degree in nursing. During this educational juncture, the college was renamed the Central Maine Medical Center School of Nursing.

The college remained in this capacity until 2007, where the college added general education courses and renamed itself the Central Maine Medical Center College of Nursing and Health Professions (CMMC-CONHP). In 2009, the college merged with the hospital’s radiology program, and the college experienced rapid growth and added a post associate’s certificate program in nuclear medicine-the only program of its type in New England. Due to accreditation issues, the college has been moving away from its previous role of a hospital-based school. In 2014, the college changed its name to the Maine College of Health Professions (MCHP), to reflect how it was adapting from a hospital-based school, to an independent college of health professions. In the course of this study, MCHP was gracious to participate in a research project that reviewed the structural components of the college that affects empowerment and the students’ motivation to succeed. To enact change, an institution must take a critical look at its philosophy and organizational structure. MCHP has shown it is devotion to healthcare education by permitting a study that critically reviews the components of the college that can hinder or facilitate student success.
Structural empowerment is generally defined as characteristics of an experience in an organization that can either constrain or encourage optimal job performance, regardless of an individual’s habits or predispositions (Kanter, 1993). Knowledge generated in this study is expected to inform nursing colleges of the structural components of the institution that either encourage or diminish the student’s sense of empowerment and ability to succeed in a nursing program. In this dissertation, Chapter One begins with a statement of the problem with evidence from the literature supporting prior studies related to student attrition and an organization’s structural influences that may affect a student’s sense of empowerment. The significance of the study is discussed next, drawing connections to potential beneficiaries of the work, followed by the research question. Finally, the theoretical framework that serves as a lens for the study is introduced and explained.

**Context and Problem**

As nursing education changes to meet the evolving demands related to the complexity and scope of patient care in the 21st century, nursing programs in the United States need to adapt their curricula to foster student success and graduate new nurses who are proficient in providing patient care in complex care environments. To meet the needs of the changing patient population and encourage diversity throughout an important care based profession, nursing education needs to critically review factors that influence nursing student success. Nursing programs experience high rates of attrition where conventional lecture learning (CLL) does not promote a sense of empowerment with nursing students (Siu, Laschinger, & Vingilis, 2005; Williams, 2010). Nursing education in the United States is evolving from a task-oriented model to a philosophy of practice that encourages problem solving and independent thought. Due to the dichotomy that exists in nursing between task associated behaviors and critical thinking, many nursing programs
may not be preparing students for the demands associated with modern patient care. In many nursing programs, the focus on task completion persists and often overshadows the more complex aspects of learning the nursing practice (Ironside, Mcnelis, & Ebright, 2014). Nursing is changing in its scope and practice, and many nursing programs continually rely on passive task associated educational models that do not foster independent and empowered practices. Through its reliance on traditional, task associated curricula, nursing programs may not be graduating enough nurses who are able to meet the evolving needs of healthcare.

In traditional, clinically focused educational programs, nursing students understood their role as both a student and as a registered nurse. Historically, nursing was viewed as a skill based profession, where moral superiority and the ability to complete task was a hallmark attribute of nursing (Allen, 2010). As a result of the skills based nature of nursing, traditional task-associated learning in nursing education mirrored the profession, where the historical curriculum was designed to promote social cohesion and the accountability of the team to ensure quality and safe patient care (Brennan & Timmins, 2012). As nursing has evolved, problembased learning has emerged as a replacement for the skills or task based curriculum. Because of the changing dynamics of nursing education, many students have difficulty meeting the challenges of a problem focused educational curriculum and experience academic failure in their nursing programs.

In addition to the difficulty adjusting to problem centered learning, nursing student attrition is also a predominant concern with students of diverse academic groups. In nursing, there is a hidden nature of discrimination that maintains the privilege of those who fit the ideal of the “white good nurse” and alienates others who do not fit the idealized nursing norm (Giddings, 2005). Numerous works support a lack of educational diversity in nursing, as African
American nursing students and males have the highest failure rates found in all student groups (Harris et al., 2014; Macwilliams, Schmidt, & Bleich, 2013; Urwin, Stanley, Jones, Gallagher, Wainwright, & Perkins, 2010; White & Fulton, 2015). There are many challenges faced by diverse cultural, socioeconomic, and gender based groups related to attrition and the inability to meet the changing landscape of healthcare. Nursing’s lack of respect for cultural ideals and oppressive practices in the classroom are widespread in many nursing programs (Allen, 2010).

High attrition rates in nursing education are a complex phenomenon that do not subscribe to a single mediating factor. Nursing programs may present an ambiguous curriculum that blurs the role of the nurse as a task focused practitioner or adept critical thinker. The ambiguity that exists in the structural aspects of a nursing college may reinforce a student’s sense of disempowerment that may impact the student’s willingness or ability to succeed. When uncertainty exists in any system, the oppressed are reluctant to resist and confidence may diminish (Freire, 1970). Barriers in nursing education have been associated with the lack of respect for student diversity and cultural ideals where the resultant nursing programs may result in oppressive teaching practices and faculty intolerance (Allen, 2010). Nurse on nurse incivility is common throughout nursing, and uncivil actions are associated with the lack of empowerment throughout the nursing profession that is characterized by rude and maladaptive behaviors that are known collectively as horizontal or lateral violence (Bradbury-Jones et al., 2007,2010,2011; Giddings, 2010; Pines, Rauschhuber, Norgan, Cook, Canchola, Richardson, & Jones,2012). Oppressive teaching practices, may foster a sense of disempowerment that may affect the student’s ability to succeed.

High attrition rates in nursing education are a complex issue that may be attributed to something beyond a students’ academic aptitude or motivation to succeed. To address future
health care needs, educational institutions need to produce enough nurses to provide for the maladies of the acute and chronic patient. High attrition rates equate to a lower number of nurses who are available to provide patient care. From 2008-2015 MCHP has experienced attrition rates of 40-60%. Although there is no statistical data available related to student retention in the State of Maine, as compared to many nursing colleges at the national level, MCHP’s attrition rates are comparable to many parts of the United States as many States experience rates of attrition that are greater than 50% (Abele, et al., 2013; Brown & Marshall, 2008; Harris et al., 2014). In a recent retrospective study, the overall attrition rate for a six-college medical school cohort was 5.7% (Maher, Hynes, Sweeney, Khashan, O'Rourke, Doran, & Flynn, S. 2013).

In addressing the evolving demands of health care, MCHP must strive for attrition rates lower than its historical norm of 40-60%. The goal of this study examines how nursing students make sense of the structural components of their nursing college and how their experience affects their sense of empowerment and ability to succeed in a small health professions college in rural Maine. The purpose of this IPA study is to understand how the concepts of structural empowerment affect nursing student attrition for returning nursing students at MCHP. The knowledge generated from this study is expected to inform nursing faculty members of educational practices that may hinder or promote a returning nursing student’s sense of empowerment in their educational program.

As stated, nursing education in the United States is evolving beyond a task oriented historical context to an organizational structure that encourages problem solving and independent thought. Due to evolving educational paradigms that challenge existing task associated curriculums, the identification and critical reflection of nursing concepts by the nursing faculty can facilitate change in the nursing classroom (Allen, 2010). High attrition rates in nursing
education is excessive and the inability to create new nurses affects healthcare on numerous fronts. If nursing programs cannot adapt their practices to graduate new nurses, healthcare in the United States will suffer as there will not be enough nurses to fill the growing needs of the profession. To meet the changing needs of a diverse and sicker group of patients, nursing education needs to critically review factors that influence whether a nursing student will graduate from their academic program.

**Rationale and Significance**

The rationale for this study is to expand on the research related to nursing student attrition, and address how the organizational structure of a nursing program may affect a student’s sense of empowerment and intent to complete their nursing program. To meet the prospective nursing needs of the 21st century, nursing programs in the United States need to adapt their curriculum to foster student success in terms of graduating new nurses who can provide patient care in an evolving health care environment. Nurses are required to provide care for and do good for all members of society (Arnone & Fitzsimons, 2015). To meet future health care needs, educational institutions need to produce a diverse workforce who is proficient in caring for patients in a stressful and unforgiving environment. Nursing students graduate to become practicing nurses. Hence, the purpose of this research activity is to examine how nursing students make sense of the structural factors that affect their perceptions of empowerment and ability to succeed in their prospective nursing program.

**Evidence justifying the research problem.** Nursing education is a complex process where students need to be adept in both task oriented behaviors as well as principles related to physical and life sciences. Due to nursing education’s complex expectations related to care based traditions and science, many nursing programs experience high attrition rates. As baby boomers
retire, there is an impending nursing shortage, and nursing programs in the United States are not producing enough graduate nurses. In 2011, nursing programs in the United States turned away 75,000 qualified applicants as there was not enough space in preexisting programs to accommodate the needs of those prospective students (Harris et al., 2014). A shortage of nursing programs, as well as high attrition rates, are prevailing issues in nursing education. To better prepare students for the rigors of nursing education, many programs are implementing measures to help students who experience difficulties with the demands of a rigorous nursing curriculum.

The concept of perseverance was also deemed as a contributing factor for success when determining whether a student will succeed. Factors such as staying current with one’s work, not giving up, doing what needs to be done, and creating connections related to the use of resources were all associated with nursing student perseverance (Williams, 2010). The idea that students need to maintain momentum to keep up with their studies is a predominant theme of the literature. In addition, the literature reinforced the need for increased rigor in screening applicants and the provision of faculty and student support services (Custer, 2015, Harris et al., 2014). Although the research supports stringent admission criteria and ongoing student support and remediation, there is minimal research that explores how an organization’s structure can facilitate student success (Custer, 2015, Harris et al., 2014).

There are many factors that contribute to high rates of nursing student attrition. Nursing student attrition is a complex issue that is composed of student and institutional factors that challenge stereotypical assumptions related to a student’s nursing college progression (Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008). Although the literature does not support a single mitigating factor associated with students who fail their prospective programs, a primary finding from the literature supports the use of remediation programs to ensure student
success and decrease rates of attrition in nursing education (Abele et al., 2013; Brown & Marshall, 2008; Custer, 2106; Harris et al., 2014; Loftin, Newman, Gilden, Bond, & Dumas, 2013; Mulholland et al., 2008). Student factors that influence attrition are associated with poor admission criteria and the lack of faculty development and support (Abele et al., 2013; Harris et al., 2014). The idea that nursing college is difficult is never disputed. Rather, the majority of the literature that reviews student attrition supports the use of remediation and stringent admission criteria without reviewing an organization’s structural factors that may influence student success.

**Deficiencies in evidence.** Nursing student attrition is a complex issue that cannot be rectified by adopting a simple theoretical template that will ensure student success. There are multiple factors that affect student attrition, and the lack of research supports deficiencies in how an organization can properly support students from admission to the completion of their degree program (Urwin et al., 2010). Research has described concepts of disempowerment, horizontal violence, and deficiencies with student preparation, poor admission criteria, and the lack of student support as contributors to student attrition. (Abele et al., 2013; Bradbury-Jones et al., 2007,2010,2011; Brown & Marshall, 2008; Custer, 2016; Giddings, 2010; Harris et al., 2014; Loftin et al., 2013; Mulholland et al., 2008; Pines et al.,2012). However, there is minimal evidence to support how the structural components of a nursing college may affect academic success. Nursing educational organizations need to understand more thoroughly the multiple factors that affect the nursing students experience from admission to graduation (Urwin et al., 2010). Part of the process of understanding the student perspective involves the appreciation of the organizational factors that contribute to the students learning experience. As nursing is a profession that is continuing to evolve, traditional educational modalities may not be preparing students for the demands of nursing for the later part of the 21st century.
There is a deficiency in evidence related to how nursing education can produce an effective change in the education pedagogy as it relates to the structural components of an organizations educational system (Allen, 2010). When preparing new nurses for the evolving workforce, students and the faculty are dependent on each other to ensure a nursing programs success. Research has shown a link between nursing student attrition and authoritarian teaching practices and a student’s sense of empowerment and ability to critically think (Allen, 2010). A key theme that has emerged from the research literature has reinforced the need for nurses who are empowered practitioners in the contemporary care environment. To understand how to provide meaningful organizational change in a nursing college, a study that reviews how an educational institution facilitates or hinders student empowerment and academic success may provide additional insight in making sense of the factors that affect nursing student attrition.

**Relating the discussion to the audience.** By examining student narratives through a comprehensive qualitative research study, faculty members and college administrators may be able to better understand student attitudes and perceptions of the nursing college experience. In reviewing how traditional nursing educational practices affects contemporary student needs, faculty members may be encouraged to provide the impetus to facilitate change in a field of study that is mired in tradition. By understanding organizational factors that inhibit student empowerment and success, faculty members may be able to implement program level changes that may be able to foster student success.

**Significance of Research Problem.** A qualitative study that explores how students make sense of the organizational constructs of empowerment and attrition in a small nursing college in rural Maine is important on many fronts. Student attrition is a serious concern, and MCHP has experienced attrition rates in excess of 40-60% for the years 2008-2015. There is a need for new
nursing graduates to fill the growing number of nursing vacancies throughout healthcare (Harris et al., 2014). The continual pressure to succeed causes a tremendous amount of student stress that promotes a negative learning milieu that can lead to attrition (Urwin et al., 2014). Nursing student attrition at the local level has never been explored from the student perspective. To fully understand the dynamics associated with nursing college attrition rates, student reflections and narratives are critical in providing insight to concepts that may influence student success.

Obtaining a nursing education has proven to be a difficult proposition for many students, and the United States and the United Kingdom experience similar high rates of attrition in nursing education. (Abele et al., 2013; Brown & Marshall, 2008; Harris et al., 2014). At a global level, addressing nursing college attrition rates is important since current healthcare doctrine requires an increasing number of nurses to provide nursing care. The need for colleges to produce new nurses is evident. However, graduating adequate numbers of competent and diverse nurses in the United States has proven to be a challenging task (Harris et al., 2014). Students are failing their nursing programs for many reasons, and at the national level there are no concrete explanations that provide reasons for excessive student failures in nursing education.

To explore the factors that influence nursing college attrition, one needs to understand the organizational factors that may influence whether a student will succeed. Nursing education is an evolving phenomenon that is continually changing to prepare nurses for the provision of services in a diverse care environment. Due to the evolving nature of the nursing profession, nurses are moving beyond the realm associated with those of a task oriented practitioner. Traditionally, nursing was considered a task associated endeavor where nursing students learned nursing skills. In contemporary nursing, students are now required to learn nursing skills in addition to the development of keen assessment skills, critical thinking, and a comprehensive
understanding of the nursing process. Nursing is moving beyond the realm of practitioners who only complete care associated task. As nursing programs have evolved to meet patient care needs of the 21st century, subjects such as research, community health, genetics, and the need to apply concepts of pathophysiology beyond the scope of a single organ system is a defining attribute of the nursing profession. Students are encountering a nursing education that differs from the experiences of nurses who graduated during the past twenty years. Contemporary nursing trends are reinforcing the need for nurses to adopt the role of effective care managers. Hence, effective care management reinforces the need for students to develop critical thinking skills (Allen, 2010).

To curb student attrition and meet the current needs of healthcare, learning-centered education models are becoming more common in nursing education. Learning-centered nursing education focuses on student empowerment to ensure nurses embrace the attributes of lifelong learners who are adept in providing effective care for diverse patient needs in an ever-changing care environment (Allen, 2010). Historically, the nursing profession embraced Victorian characteristics that included submissiveness, obedience, and self-sacrifice. Physicians were responsible for curing, and nurses were responsible for caring. Hence, attributes of a good nursing education were associated with the application of technical skills (Allen, 2010; Nightingale, 1997). As nursing education continues to evolve, a component of student failure seems to be associated with the dichotomy between educational strategies related to skills progression, and the need for educational establishments to produce empowered and thoughtful providers of patient care (Allen, 2010; Urwin et al., 2010).

Nursing education attrition rates have a profound impact on the nursing profession. As the number of practicing nurses decrease as a result of baby boomer nurses retiring and the
difficulty in keeping new nurses in the nursing profession, high failure rates directly impact patient care. To facilitate student success, many nursing colleges are implementing student remediation programs for students at risk for not attaining academic success (Abele et al., 2013; Brown & Marshall, 2008; Mulholland et al., 2008). In reviewing attrition rates in nursing education, nurse educators need to explore whether the nursing curriculum is meeting the needs of the student, as well as the global needs of the nursing profession. The following section will review research questions and key terms associated with this study.

**Research Questions**

Given the high number of nursing students who are academically unsuccessful in their nursing programs, this study explores how associate’s level returning nursing students make sense of their experience as student nurses. The overarching research question and three sub questions guiding this study are as follows:

**Overarching question.** Based on the perceptions of nursing students who were not successful and are returning students in their nursing program, how do nursing students make sense of their nursing college experience and how can the structure of the Maine College of Health Professions (MCHP) promote the student’s educational experience to facilitate positive structural growth and student success?

**Sub Questions:**

1. How do returning nursing students who were previously unsuccessful make sense of the factors that influence their academic achievement at MCHP?

2. How does the returning nursing student correlate personal empowerment as it relates to their role and motivations as a student nurse?
3. Based on the perceptions of MCHP returning students who were previously unsuccessful, how did or does the structural components of MCHP affect the student’s sense of empowerment.

Towards achieving this goal, the researcher seeks to understand and make meaning of various nursing student’s experiences in how the returning student makes sense of the structural components of the college that may influence the student’s perceptions of empowerment and their willingness to succeed. The study explores the experience of students from a small nursing college in Lewiston, Maine.

**Definition of Key Terminology**

**Nursing Student Attrition** - A reduction in the size of a nursing class that is associated with the student who is not successful their nursing program.

**Horizontal violence** - A common term used throughout nursing where disempowered nurses present bullying behaviors towards one another (Bradbury-Jones et al., 2007, 2010, 2011; Giddings, 2010; Pines et al., 2012)

**Lateral Violence** - Synonymous with the term horizontal violence.

**Returning Student** - A student who has previously failed in their nursing program, has been readmitted, and is currently enrolled or have graduated from MCHP’s nursing program.

**Structural Empowerment** - Characteristics of an experience in an organization that can either constrain or encourage optimal job performance, regardless of an individual’s habits or predispositions. (Kanter, 1993).

**Student Empowerment** - Structures that empower students to effectively develop
autonomous professional practice skills and strategies for influencing change in the practice setting (Siu et al., 2005).

**Theoretical Framework**

The structure of a nursing college has a tremendous impact as to whether a student will be academically successful in their nursing program. There are personal and organizational factors that influence student success in their pursuit in becoming a nurse. Aside from a student’s inability to meet the academic challenges of a nursing program, organizational factors such as faculty and student incivility, disempowerment, horizontal violence, and the lack of an empowering learning milieu, have all been found to be organizational factors that affect student attrition (Allen, 2010; Babenko-Mould, & Laschinger, 2014; Bowllan, 2015; Bradbury-Jones, Sambrook, & Irvine, 2007, 2010, 2011; Ledwell, Andrusyszyn, & Iwasiw, 2006). The research literature supports nursing student scholastic aptitude as a major factor for whether a student will complete their academic program (Abele et al., 2013). Nonetheless, there is minimal information that reviews the organizational factors that may influence whether a student will succeed in their prospective program. In this study, my goal was to explore student perceptions of the organizational factors that may have affected their perceived sense of empowerment and motivation to succeed in their nursing program. Hence, the primary theoretical framework for my research study is guided by Kanter’s (1993) theory of structural empowerment.

**Theory and seminal and contemporary authors.** Kanter’s theory of structural empowerment focuses on the structures within the organization rather than the individual’s own qualities as they relate to whether individual feels empowered in the workplace (Bradbury-Jones et al., 2007; Kanter, 1993). Kanter’s theory reinforces the idea that a leader’s power grows by empowering others. Hence, by empowering others, organizations will experience increased
performance and a work environment where employees will be more likely to stay with an organization. Kanter’s (1993) seminal work provides the basis and theoretical underpinnings of the theory of structural empowerment. Kanter’s work may be used to explain factors that may influence organizational empowerment. Structural empowerment theory was intended as a framework to explain concepts related to the lack of opportunity and power that may result in high employee turnover, where the structure of the organizational culture is an important link between employee attitudes and behaviors. Opportunity, power, and social dynamics (perspective) all influence the overall concept of whether an individual will feel empowered in their workplace. The theory of structural empowerment suggests that individuals display different behaviors depending on whether their support structures facilitate empowering practices (Kanter 1993).

In nursing research, contemporary scholars have used Kanter’s theory of structural empowerment to study concepts of nurse empowerment, horizontal violence, workplace attrition, and the intent to leave the nursing profession (Bradbury-Jones et al., 2007; Ledwell et al., 2006; Nedd, 2006; Shanta & Eliason, 2014; and Siu et al., 2005). The studies found global similarities of empowerment that focused on organizational structures rather than individual attributes that contribute to one’s sense of self-worth. Empowerment is an important issue in nursing, and Kanter’s theory of structural empowerment has been useful in determining organizational structures that may affect a nurse’s overall sense of self and whether they will leave the nursing profession.

Tenets of the theory. Empowerment theory asserts concepts such as opportunity, power, and social dynamics influence whether an individual will feel empowered and remain in their workplace. The six tenets of Kanter’s (1993) theory of structural empowerment include the
following: opportunity for advancement, access to information, access to support, access to resources, formal power, and informal power.

**Formal power.** Formal power is typically associated with high visibility jobs and requires a primary focus on independent decision making. At an organizational level, when experiencing formal empowerment, an individual may experience a sense of empowerment when their job is central to organizational goals where the individual is empowered to make independent decisions for the greater good of the organization.

**Informal Power.** Informal power is associated with the social structure of building relationships with one’s colleagues. In any organization, the ability to form positive alliances is important when developing a sense of empowerment in the workplace. The formation of alliances can be compared to fitting in within one’s organization. If individual feels as though they are part of a team, their sense of empowerment may grow to support the collective good of an organization.

**Opportunities for advancement.** When individuals feel empowered in the workplace, they may feel accepted with their work group and believe they have the opportunity to advance and grow as a member of an organization. Those who do not believe they have opportunity, may lack the motivation to advance with their organization, and this may result in a downward trend as it relates to an individual’s perception of disempowerment and deprivation. (Kanter, 1993).

**Access to resources.** A sense of empowerment may be attained when an individual has access to resources that may help them to attain success in their organization. Access to resources of any type promotes empowerment, as the powerful have access to the tools to help them succeed (Kanter, 1993).
Access to support. For an individual to become empowered in their workplace, a supportive organizational environment is an important component when facilitating a sense of empowerment in an organizational setting. In the clinical setting, retention is often associated with a supportive organizational structure (Wiens, Babenko-Mould, & Iwasiw, 2014). If an individual perceives they are supported in their workplace, they may attain a sense of empowerment that will help them to maintain a sense of resilience that will reinforce their ability to cope when negative interactions are encountered in their organization.

Access to information. Access to information is important in the formation of an optimal organizational setting. Concepts such as workplace transparency and an organization’s willingness to share information provides an important component of an empowered organizational setting.

Summation of tenets. When building an empowered organizational structure, all six tenets of Kanter’s theory provide an important component to the promotion of personal empowerment. Components of Kanter’s theory combine to facilitate active participation in the work role. A worker gains a sense of meaning from their work when there is a sense of congruency between role requirements and personal values (Wiens et al., 2014). As an employee attains a sense of congruency between one’s role and personal values, they may develop a sense of confidence in their ability to flourish in their organization, and this sense of accomplishment reinforces personal feelings of empowerment. When an individual is supported on numerous fronts, empowerment leads to success as one believes they can meet organizational expectations as they may feel supported and empowered when assuming their role.

Critics and counter arguments. Kanter’s theory of structural empowerment has been tested extensively in nursing research, and there seems to be a consensus that a nurse’s sense of
empowerment can be influenced by an organization’s social structure, power based dynamics, and avenues for opportunity that adheres to the basic constructs of Kanter’s theory. Although nursing research has been favorable in regards to the theory of structural empowerment, critics of empowerment theory have reinforced the idea that Kanter’s work may not address factors outside of the confines associated with the organizational influences related to empowerment (Ledwell et al., 2006). There are many issues related to personal, familial, and socioeconomic variables that may affect an individual’s sense of empowerment. Kanter’s theory does not focus on individual actions. Rather, the theory of structural empowerment focuses on the organizational constructs that are needed to promote a sense of empowerment for an organization’s employees.

Additional research has correlated a nurse’s sense of empowerment with autonomy, stress resilience, and job satisfaction. Due to the nursing profession’s unique structure, it has been questioned whether Kanter’s theory could address issues of organizational empowerment outside of nursing. In terms of a theoretical counter argument, Kanter’s theory does not address all of the variables that may affect an individual’s sense of empowerment. In a practical sense, Kanter’s structural empowerment theory (1993) provides a framework for understanding empowering workplaces and empowered employees (Orgambídez-Ramos & Borrego-Alés, 2014). Although Kanter’s theory does not address all factors that may affect empowerment, an organizations structural practices are well founded when describing empowerment in an organization’s structural context.

**Rationale.** In nursing, Kanter’s (1993) theory of structural empowerment has been extensively used to explore concepts related to nursing empowerment, attrition, and the effects of horizontal violence from the perspective of registered nurses who serve as faculty members or as
providers of direct patient care (Bradbury-Jones et al., 2007; Ledwell et al., 2006; Nedd, 2006; Shanta & Eliason, 2014; and Siu et al., 2005). Perceptions related to the lack of empowerment is a serious concern in nursing, and disempowering feelings have been contributed to nurse burnout and high rates of attrition throughout the nursing profession. Although Kanter’s (1993) theory is relatively new, her work has been useful to describe the structural components that affects whether an employee will develop the perseverance to succeed in their organization. Many of the perceptions and behaviors related to the lack of empowerment may be similar in nursing schools as compared with the feelings found throughout the nursing profession. In the context of the author’s proposed research, Kanter’s theory may provide a sound theoretical framework to help the researcher make sense of the organizational factors that may influence a nursing student’s perceived sense of empowerment as it relates to the belief of whether they will succeed in their academic program.

**Application of theory to study.** In developing a research study to explore nursing student attrition from the student perspective, theoretical concepts such as opportunities for advancement and access to information, support, resources, and informal power, are components of Kanter’s theory that may be applied to the nursing student experience. Opportunities for advancement may be synonymous with graduation, and if a student believes they can graduate, they may be more empowered to maintain resiliency and the momentum to complete their program. Accessing support and access to resources and information are also areas that can be applied to the nursing college experience. The concept of informal power in regards to relationship building is important in any context; however, the high visibility format of formal power may not be applicable to the experiences of nursing students. Although the attributes of
independent thought are crucial for a nursing student, factors associated with a high visibility job or position may not be feasible in the college setting.

For this research, it is valuable to explore structural factors that may affect student empowerment. In this study, the researcher used structural empowerment theory to explore how students make sense of the structural components of their nursing institution as they apply to their sense of empowerment and perceived ability to succeed in their nursing program. Since the study utilized a qualitative method using an IPA approach and the use of open-ended questions, it was possible for the researcher to review student empowerment and attitudes of success from a student perspective. In this study, the researcher sought to discover a deeper understanding of the concepts that may influence nursing student empowerment. In applying Kanter’s theory of structural empowerment, various open-ended interview questions were developed to illicit answers that can be analyzed within an IPA framework. The implications of a research study to explore nursing student empowerment may be far reaching. Nursing students often present themselves as a disempowered group who seem to become dependent and unmotivated learners through the progression of their nursing education. Hence, a study that reviews organizational influences of empowerment is useful when a learning institution develops procedures designed to facilitate student success.

As nursing moves beyond the task associated practices to those of an adept critical thinker, students as well as practicing nurses need to be empowered practitioners who can apply critical thought in providing optimal patient care. Implications for nursing students may be related to new educational practices that foster educational success, and with their newfound perceptions of empowerment, students as well as nurses may be inclined to be in control of their individual destinies to promote meaningful change throughout the nursing profession. In
contrast, the broader research community may gain the impetus to explore new educational ideas to promote empowerment that moves beyond the traditional paradigm that continually defines nursing education.

A major limitation of Kanter’s theory is related to the organizational constraints of her theoretical design. Kanter’s (1993) theory of structural empowerment focuses on an organization’s role in promoting positive employee empowerment. The theory does not approach empowerment from an individual perspective. Rather, Kanter’s theory focuses on the global organizational behaviors that may influence whether an individual may experience empowerment in the workplace. In explaining the student experience using Kanter’s theory, I am interested in the organizational structure of my college, and how the educational practices at MCHP may affect student perceptions of empowerment and academic success.

Theoretical framework summary. In many ways, the culture of a nursing college is like a nurse’s work environment. Nurses as well as students may feel disempowered, and both groups often experience bullying behaviors that are reflective of horizontal violence. Attrition is a costly endeavor throughout the nursing profession, and high rates of attrition start as soon as students enter their educational program; hence, a void form as there are fewer graduates to fill positions as older nurse’s reach retirement age. Nursing education attrition is a complex phenomenon that is influenced by a student’s gender, age, country of origin, and prior educational success (Mulholland et al., 2008). To understand nursing student attrition, one needs to review numerous variables that may influence whether a student will succeed in their nursing program. Although the constructs of a school may differ from one’s workplace, Kanter’s theory (1993) is useful in constructing a research design that explores structures of empowerment that may influence whether a student will successfully complete their academic program. Appendix A provides for a
concept map that reviews Kanter’s theory as it may be used in an IPA study associated with nursing student attrition. (See Appendix A).

The consequences of this research study can be far reaching. As nursing moves beyond the task associated practices to those of an adept critical thinker, students as well as practicing nurses need to be empowered practitioners who can apply critical thought in providing optimal patient care. Implications for nursing students may be related to new educational practices that foster educational success, and with their newfound perceptions of empowerment, students as well as nurses may be inclined to be in control of their individual destinies to promote meaningful change throughout the nursing profession. In contrast, the broader research community may gain the impetus to explore new educational ideas to promote empowerment that moves beyond the traditional paradigm that continually defines nursing education.

The concept of empowerment may provide additional insights and ideas related to the evolving nature of nursing education. Future work may review student empowerment with diverse student groups as they relate to differing cultures, race, gender inequalities, and sexual orientation. There are many groups who enter nursing outside of the domain of the traditional “young white nurse.” The patient population represents a diverse representation of the population, and in the future, prospective research may review aspects of student empowerment and success for groups of students who fall outside of the white female norm. In promoting student success and diversity in nursing education, the nursing profession and all aspects of healthcare will benefit from the experiences of a diverse nursing profession.

Student attrition is a complex issue in nursing education. Although there are many variables associated with whether a student will succeed, it is important to uncover factors for why so many nursing students fail. Chapter Two reviews components of student attrition to
include historical perspectives related to nursing education, student empowerment, and issues of social justice and diversity in nursing education. (See Appendix A)

Conclusion

Nursing student attrition is a complex issue where multiple factors may affect whether a student succeeds in their nursing program. In this study, the researcher conducted a qualitative IPA study using Kanter’s (1993) theory of structural empowerment to explore how nursing students make sense of the organizational factors that may affect their perceptions of empowerment and their resultant academic success. Chapter One described the problem of practice, research question, and theoretical framework to explore how nursing students make sense of their college experience. The next chapter reviews the literature on nursing attrition to include streams of knowledge related to traditional education modalities, empowerment, and diversity issues in nursing education. In Chapter Three, the author’s positionality and methodological approach is introduced, and and research design is articulated. Chapter Four reviews the findings of the study, and Chapter Five discusses key findings to include limitations and implications for the nursing community and future research.
Chapter Two: Literature Review

Nursing student attrition is one of the most important challenges facing the healthcare industry, as the financial and workforce goals of contemporary healthcare are reliant on an increasing number of graduates to fill the growing number of nursing vacancies. High attrition rates in nursing education is excessive and the inability to create new nurses affects healthcare on numerous fronts. If nursing programs cannot adapt their practices to graduate new nurses, healthcare in the United States will suffer as there will not be enough nurses to fill the growing needs of the profession. Nursing programs face a persistent challenge wherein they need to address an ongoing nursing shortage while increasing retention rates for students enrolled in nursing programs (Williams, 2010). Throughout nursing, failure rates in nursing education are excessively high, and many nursing colleges experience attrition rates of more than 50% (Abele et al., 2013; Brown & Marshall, 2008; Harris et al., 2014). To successfully meet the needs of an evolving profession, nursing colleges need to improve nursing student retention and graduate new nurses to fill the growing vacancies found throughout the profession.

To meet future healthcare needs, educational institutions need to produce a diverse workforce who is proficient in caring for patients in a stressful and unforgiving environment. The nursing profession is reliant on nursing programs to graduate enough empowered nurses to meet the professional needs of nursing. Hence, the purpose of this proposed research is to examine how nursing students make sense of the structural factors that affects their perceptions of empowerment and ability to succeed in their prospective nursing programs. To meet the needs of the changing patient population and encourage diversity throughout an important care based profession, nursing education needs to critically review factors that influence nursing student success.
In the course of this literature review, three strands of research based evidence explores predominant themes associated with nursing student attrition. The first strand reviews historical perspectives related to nursing education. In the second strand of the literature review, concepts associated with nursing college attrition and components of individual and structural empowerment is discussed. The third strand will review issues of social justice and diversity in nursing education. The literature review will analyze and discuss claims of fact and worth for each of the three themes or strands of knowledge. In addition, key points associated with each strand of knowledge will be discussed to clarify research findings related to the major factors that may influence nursing student attrition.

**Historical Concepts Related to Nursing Education**

Nursing is an evolving profession that reinforces skills based practices with changing care demands that stress problem solving and independent thought. Nursing practices are continuing to evolve, and nursing education is in a state of change as colleges try to prepare prospective nurses for entry into a practice that is mired in tradition and a reliance on completing nursing skills. As nursing education has evolved from hospital based systems that focused on nursing skills to an academically focused discipline, students are often conflicted with their role and sense of belonging in hospital based settings (Brennan & Timmins, 2012). Tradition provides the structure for how nursing students are taught and how they will ultimately function as registered nurses. To address nursing college attrition, one must understand how tradition has influenced the evolution of the nursing profession. The following two sections review the Nightingale nursing model and the progression of nursing education from a task associated model to a practice that relies on problem solving and critical thought processes.
Traditional Nightingale Model

Nursing education has a rich history that has roots in the Crimean War with Florence Nightingale’s theories of nursing that implemented the use of medical evidence into nursing practice (Arnone & Fitzsimons, 2015). Although nursing started off as a task or skills based endeavor related to patient care, contemporary nursing is evolving, and many practices conducted in the profession are being replaced by activities that require keen assessment strategies and critical thinking skills.

Florence Nightingale changed the nursing profession and education through the use of research and medical evidence in her nursing practice. Nightingale’s work in the Crimean War laid the foundation for the advancement of the nursing profession (Arnone & Fitzsimons, 2015), and through the use of research based inquiry, Nightingale helped change the paradigm of nursing in the United Kingdom, and introduced the concept of evidence base medicine into nursing education and eventual practice (Mackey & Bassendowski, 2016). Nursing has quickly evolved from a care based model to a practice that relies on research as a means of discovery for the basis for patient care. On a historical context, Nightingale’s hospital based schools provided an organized basis for nursing education. Hence the concept of hospital based nursing education provided an educational ideal that proved to be a predominant model of nursing education from the nineteenth to a greater part of the twentieth century.

Moving Beyond Task Associated Learning

As nursing has evolved to meet progressing patient care needs, nursing started to develop several different avenues for a nurse’s entry into practice. In 1965 the American Nurses Association (ANA) tried to implement a two-tier criterion for entry into practice that would encompass associate degree nurses in a technical role and bachelor’s level graduates as
professional leaders (Fairman, 2011). The American Medical Association (AMA) and American Hospital Association (AHA) opposed the idea of a multi-tiered education model as a means for a nurse to gain entry into practice (Fairman, 2011). As a result of the stagnation of education that resulted from an inconsistent model for entry, the profession adopted entry level practitioners who entered practice from hospital diploma, associates, and bachelor’s level programs. The nursing profession was unable to delineate the differences between baccalaureate and associate degree nurses, except in the areas of specific knowledge such as public health nursing, mental health nursing, and critical care (Fairman, 2011). Confusion related to the roles of associate degree versus bachelor’s level degree nurses produced a sense of disorder in both nursing education and the profession.

In an attempt to add legitimacy to nursing education, bachelor level programs were further encouraged to move beyond the narrow scope of hospital based diploma and associate’s degree programs. The University of Edinburgh developed a nursing program in 1965, and it was found that many students who enrolled in the program initially did not attend the university to become nurses (Brooks, 2011). Many students enrolled in Edinburgh’s nursing program to engage in the experience of college life. Although the graduates of the program pursued nursing careers after graduation, it appears many students viewed hospital based programs as a better option when pursuing a nursing career. As nursing continued to evolve, the prevalence of bachelor’s level programs reinforced the students desire to engage in a university education, while the hospital based programs continued to provide nurses for task oriented hospital systems.

As nursing programs evolved in the later part of the twentieth century, educational modalities have moved beyond the realm of task oriented nursing that is found in the acute care setting. In an attempt to prepare nursing students for entry into numerous practice domains that
includes community and public health, nursing is evolving from a task oriented profession, to an
deavor that fosters critical thinking (Allen, 2010). When developing curricular activities to
alleviate high levels of attrition and facilitate critical thinking, nursing programs need to be
redesigned to meet the evolving needs of both health care and potential nursing students. Nursing
education is in a state of transformation. The transformation of traditional nursing education is
apparent as students are moving beyond a skills and lecture based model to a learning centered
design that challenges traditional nursing education (Allen, 2010).

Nursing’s transformation has led to an identity crisis for nursing students. In the past, nursing
students were an integral component of hospital based nursing programs (Brennam &
Timmins, 2012). In contemporary nursing education, students are often conflicted with their role
as both a student and their sense of belonging in hospital based systems. Although critical
thinking has been nurtured in the university to guard against ritualistic nursing practices, the
highly regulated expert/novice style of student learning in the hospital setting continually
remains a cornerstone of nursing education (Brennan & Timmins, 2012). The ambiguity that
exists between college nursing programs and the clinical setting in hospitals is creating a chasm
related to employee loyalty and occupational integrity. Students may be conflicted with their
loyalties between their college and hospital based setting. This disjointed view also affects
potential hospital growth as older nurses begin to retire.

Due to increasing patient measures related to high medical acuities and evolving
utilization of nursing and medical research, healthcare started to shift away from the norms
associated with traditional nursing care. The focus of nursing is continuing to shift from a
paradigm of research utilization to one that endorses evidence based practice to achieve high-
quality health outcomes (Beyea & Slattery, 2013). The shift from research utilization to evidence
based practice changed the nursing profession and nursing education paradigm. Nursing was moving away from a skills based profession to one that endorsed evidence that far exceeded Nightingale’s initial theories. Hence, implementing evidence into practice provided additional pressures and increased responsibilities on nursing education. For example, in Brazil, modern education evolved as a need for the State to control epidemic and endemic disease (Leonello, Neto, & Oliveira, 2011). In creating a modern model of nursing education, science was combined with task oriented skills. Hence, the education to become a nurse became increasingly difficult as students needed to be adept in both technical skills and the physical and life sciences.

**Conclusion**

Nursing is an evolving profession that combines skills based care principles with keen assessment processes and critical thinking. The nursing profession is in a state of flux related to entry into practice, as the traditional entry model favored hospital based nursing schools to bachelor level nursing programs. It was identified in 1965 that nursing needs to implement a two-tier approach to education to provide associate level nurses for technical nursing and bachelor level programs for professionals in nursing practice (Fairman, 2011). However, nursing is divided on how to progress in terms of entry into practice.

Nursing’s unease with minimal educational levels for practice has split the profession, and nursing is currently conflicted within itself for how to progress in both education and entry into practice. As nursing education has evolved from a hospital based system to an academically focused discipline, the literature additionally supports continual issues related to student identity and the student’s sense of belonging in hospital based settings (Brennan & Timmins, 2012). In addition to the nursing profession’s reliance on traditional teaching modalities, the literature supports a relationship between nursing student attrition and perceptions of empowerment. The
next stream of literature will review components of nursing student empowerment and additional issues related to nursing student attrition.

**Empowerment and Attrition**

Failure rates in nursing education are excessively high, and many nursing colleges experience attrition rates that often exceed 50% (Abele et al., 2013; Brown & Marshall, 2008; Harris et al., 2014). Attrition is a costly endeavor in nursing education. Many students acquire significant debt associated with their nursing education, and high attrition rates contribute to a decreased number of nursing graduates to fill positions as older nurses begin to retire. Nursing education attrition is a complex phenomenon that is influenced by a student’s gender, age, country of origin, and prior educational success (Mulholland et al., 2008). To understand nursing student attrition, one needs to review numerous variables that influence whether a student will succeed in their nursing program. The following stream of knowledge reviews nursing college attrition, student empowerment, factors related to student incivility, and the structural mechanisms that may influence student empowerment.

**Nursing College Attrition**

Nursing education is a complex process where students need to be adept in both task oriented behaviors as well as scientific principles related to physical and life sciences. Due to nursing education’s complex expectations related to care based traditions and science, many nursing programs experience high attrition rates. As baby boomers retire, there is an impending nursing shortage, and nursing programs in the United States are not producing enough graduate nurses. In the United States, 75,000 qualified applicants were turned away from nursing programs due to the lack of clinical sites and qualified faculty (Harris et al., 2014). A shortage of nursing programs, as well as the inability for students to succeed, are prevailing issues in nursing
education. To better prepare students for the rigors of nursing education, many programs are implementing programs to help at risk students.

The research literature does not reveal a solitary contributor to high nursing attrition rates. Rather, attrition is correlated with multiple and counterintuitive relations between diversity and stereotypical assumptions that challenge attributes of nursing college progression (Mulholland et al., 2008). Although there appears to be no absolute variables associated with attrition, the nursing literature supports the use of remediation programs to ensure student success and decrease rates of attrition in nursing education (Abele et al., 2013; Brown & Marshall, 2008; Loftin et al., 2013; Mulholland et al., 2008). Factors that affect attrition is associated with poor admission criteria and the lack of faculty development and support (Abele et al., 2013; Harris et al., 2014).

Although many of the articles in the literature review support stringent admission criteria and ongoing student support and remediation, there was scant evidence related to nursing’s organizational role in preventing attrition. Four themes associated with nursing student persistence reinforced a mindset of “Keeping Up, Not Giving Up, Doing It, and Connecting to the use of resources” (Williams, 2010, p.362). The idea that students need to maintain momentum to keep up with their studies is a predominant theme of the literature, as well the importance of screening applicants and the provision of faculty and student support to decrease nursing college attrition rates.

**Concepts of Empowerment and Incivility**

The literature also correlates high attrition rates in nursing education with concepts of horizontal violence, disempowerment, and uncivil actions between faculty members and students (Babenko-Mould, & Laschinger, 2014; Bowllan, 2015; Bradbury-Jones et al., 2007/2010/2011;
Nurses frequently exhibit bullying behaviors towards one’s peers and this action is often referred as horizontal violence (Bradbury-Jones et al., 2007; 2010; 2011). Continual pressures from the nursing faculty are often perceived as bullying behaviors by the students. Bullying behaviors and horizontal violence is pervasive in the nursing culture, and it is believed to start in nursing education and has spread to all areas of the profession (Bradbury-Jones et al., 2007). Nurse’s experience bullying behaviors from other nurses, and their role is often minimized by physicians and other members of the patient care team. It is important to address issues of student empowerment as a disempowered student will grow to become a disempowered nurse.

Other concepts related to student disempowerment are associated with uncivil acts between students, nurses, and the nursing faculty (Clark, 2008; Clark, & Davis Kenaley, 2011; Clark, Olender, Cardoni, & Kenski, 2011). When students are not empowered, they may exhibit behaviors that may manifest as rude and uncivil actions towards one’s faculty members and peers. Increased levels of stress may impact a student’s likelihood of completing their nursing program. The ability to handle stress is predictive of empowerment. Students who experience high stress of use avoidance and accommodation styles of communication rather that collaborative styles of communication to manage conflict (Pines et al., 2012). To facilitate empowering student behaviors, the ability to handle stress seems to be an important concept related to nursing student attrition, as maladaptive stress induced behaviors are common with many nursing students.

**Structural Empowerment**

The concept of empowerment discussed in the literature is a far reaching term that includes: workplace attrition, incivility, horizontal violence, workplace longevity, and factors
that promote or hinder with student success (Babenko-Mould, & Laschinger, 2014; Bowllan, 2015; Bradbury-Jones, et al., 2007/2010/2011; Clark, 2008; Clark, & Davis Kenaley, 2011; Clark et al., 2011; Ledwell et al., 2006). When reviewing the factors that may influence an individual’s sense of empowerment, organizational effectiveness and an individual’s motivation to succeed are linked dimensions of power that includes opportunity, resources, information, and support (Singh, Pilkington, & Patrick, 2014). Structural empowerment is important for individual success. When a person believes they have the structural resources to provide support in all aspects of their life, they will be more effective in their work (Kanter, 1993).

Kanter’s (1993) theory of organizational empowerment proposed how workplace structure can reduce stress by empowering employees to accomplish their work in meaningful ways (Kluska, Spence, Laschinger, & Kerr, 2004). In the workplace, a nurse’s sense of empowerment can have a negative impact on job performance as empowerment has been associated with burnout, job tension, and job strain (Greco, Spence Laschinger, & Wong, 2006; Laschinger, Finegan, Shamian, & Wilk, 2001; Laschinger, Wong, & Grau, 2013). Conceptions of job stress are often limited, as the research extensively focuses on the organizational differences that impact an employee’s success rather than individual perceptions or behaviors related to their job.

Hospital nurses who perceive themselves to be empowered are more likely to feel respected in the workplace (Faulkner & Laschinger, 2008). Although structural empowerment was intended to predict behaviors found in the workplace, Kanter’s theory has also been used to study student empowerment as it relates to learning and the organizational structure of nursing colleges. Models of structural empowerment have been used to study acts of incivility amongst nursing students and teachers (Shanta & Eliason, 2014) and the positive effects of problem
centered learning on the development of student empowered (Siu et al., 2005). Structural factors of both nursing colleges and businesses all influence an individual’s perceptions of empowerment. Although an individual’s perception of empowerment may be subjective in nature, there are organizational factors that influence an individual’s ability to feel empowered. Nursing students experience episodes of empowerment and disempowerment in their clinical education and those feelings center of three themes: learning in practice, team membership, and power (Bradbury-Jones et al., 2007). Although the structure of nursing colleges is fundamentally different from traditional business organizations, many of the structural factors that affect the development of empowerment is similar between the business and academic environment.

Conclusion

Nursing education attrition rates have a profound impact on the nursing profession. As the number of practicing professionals dwindle as a result of retirement and changes in the nursing profession, nursing education is not producing enough graduates to fill the growing number of vacancies found throughout nursing. It is recognized that the stressful environment found in nursing adversely affects student success as well as the promotion of feelings of disempowerment that may result in uncivil actions. It is recommended that students find a means of reducing stress to ensure they have the capability to resolve conflict to alleviate disempowering behaviors in the academic setting (Pines et al., 2012).

Remediation programs for at risk students are a predominant theme related to the reduction of nursing student attrition (Abele et al., 2013; Brown & Marshall, 2008; Mulholland et al., 2008). In addition, adjusting admission criteria to ensure academic success, fostering skills in perseverance, and remediation activities may not be enough to stem the flow of students who fail out of their nursing programs. In reviewing nursing attrition rates in nursing education, nurse
educators need to explore whether the attributes of the curriculum are meeting the needs of the student, as well as the global needs of the nursing profession as it relates to feelings of empowerment in a diverse professional environment.

Issues related to structural empowerment are also a fundamental theme found across the literature. Organizational influences can promote or hinder perceptions of individual empowerment. The concept of empowerment is important in nursing education, as an empowered student may promote civil interactions, and an increased sense of civility may decrease acts of horizontal violence in nursing. The next stream of literature reviews issues related to race, gender, and issues of injustice in nursing education.

**Attrition, Social Justice and Difference**

In healthcare, the demographics of nursing professionals often do not mimic the diversity of the population they serve. Nursing education has been dominated by the traditional, white, female ideal (Giddings, 2005). Diverse groups of nursing students have higher levels of attrition as compared to the traditional, white, female cohort (Harris et al., 2014). To justly serve patients, the nursing workforce needs to mimic the diverse cultures and ethnicities of the healthcare populations that many nurses serve. The next stream of knowledge reviews how gender, race, and the lack of diversity in nursing education may affect student success.

**Issues of Social Justice**

Nursing education is in a state of flux as traditional white female dominated mores intermingle with the diverse needs and attitudes associated with other sociocultural groups. White, female nurses represent the dominant and mainstream majority in their profession. As a result, the dominant group has the privilege to influence the implementation of care, research, education, and development of healthcare policy (Hall & Fields, 2012). As a professional entity,
nursing education and the resultant nursing practice is bound by tradition, and there is a hesitancy to accept those perceived as the “other”, and those feelings further facilitate feelings of disempowerment for nurses who do not fit in. Whether an act is seen as discriminatory depends on one’s position. The hidden nature of discrimination within the nursing profession maintains a sense of privilege to those who fit in the ideal of the “white good nurse” and other groups who are not part of this ideal are marginalized (Giddings, 2005). To meet the needs of contemporary healthcare, nursing education needs to find a means to accept and welcome a diverse student population that represents a degree of heterogeneity that is experienced outside of nursing’s perceived white female norm.

In the nursing educational setting, the idea that all students need to be the same does not promote a sense of fairness or equality in the learning process. The Victorian nursing paradigm is associated with white, upper class ideals. Traditionally the nursing workforce was composed of laborers of a lower socioeconomic class, and the efforts of Florence Nightingale were essential in turning nursing into a profession (Allen, 2010). However, the “whiteness” of the nursing profession has brought forth newfound issues as the profession has evolved for the twenty first century. Critical race theory shifts the center of focus of nursing from a white, middle class culture, to a culture represented by “Communities of Color” (Yosso, 2005). Although nursing has a strong traditional white following, individual ideals such as a race, gender, and sexual orientation must be addressed to help with the evolution of the nursing profession.

**Gender and Nursing Education**

Nursing is predominantly a female dominated profession where males are often considered an anomaly for choosing a profession that is often associated with stereotypical male roles. Although the number of males entering the profession is slowly increasing, it has been
suggested that nursing education could be more proactive in providing an appropriate learning milieu for male students (Meadus and Twomey, 2006). In general, males experience higher rate of attrition in nursing educational programs than females (Macwilliams et al., 2013). As with all occupations, the mixing of genders has a positive influence in one’s given profession and nursing has experienced a similar change with the influx of males into the profession. It has been viewed by nursing scholars that males can help change the status of the nursing profession as their masculine presence would counterbalance their alleged lack of political power in a female dominated profession (Ayala, Holmqvist, Messing, & Browne, 2014). As males enter nursing education, they are in effect not empowered to challenge the status quo. Due to the impact of learning in a white, female dominated environment, male nursing students experience loneliness, and may experience higher attrition rates as teaching is normally conducted using a lecture based format where many males are kinesthetic and tactile learners (Macwilliams et al., 2014). In essence, males in nursing education experience higher rates of attrition as they are expected to adopt a white, female nursing paradigm, and many of the experiences faced by males in the profession are representative of other disempowered groups found throughout nursing.

A diverse student population has a tremendous impact on the character of nursing and nursing education; however, such diverse groups experience higher rates of attrition. It has been proposed that there is a link between attrition and key social diversity variables (Mullholland et al., 2008). Issues of gender, race, and socioeconomic status are serious concerns in nursing education where perceived differences challenge traditional nursing educational ideals of the white, female, nurse (Giddings, 2005). When addressing issues of diversity and attrition in nursing education, it is recommended that nurse educators’ highlight, acknowledge, and celebrate student differences related to race, gender, and social standing. This may be
accomplished by “Acknowledging nursing’s roles in disparities, positive profiling, highlighting the political aspects of diversity, avoiding microaggressions, attenuating the effects of whiteness and white privilege in education” (Hall & Fields, 2012, p.171). To curb disparities related to racial and gender profiling and intolerance, faculty members need to receive education in cultural competence and maintain an awareness of the student population to meet the needs of all students (Loftin et al., 2013). An awareness of issues related to diversity and education are key variables for minimizing attrition rates related to gender and sociocultural differences.

**Conclusion**

Nursing attrition rates are high in nursing education, and part of those increases may be due to the nursing professions homogeneity in regards to the stereotypical vision of the white, “good” nurse. The nursing culture has been slow in changing to meet the needs of a diverse patient population. Nursing programs are influenced by the philosophical doctrine of their parent institution (Brown & Marshall, 2008). If an organization does not accept diversity amongst its student population, the needs of the students may not be met, and the institution will experience continual attrition. Every student, regardless of one’s race, gender, or disability has the desire to be heard and appreciated for their own unique qualities. Although Florence Nightingale was able to change an entire profession through the use of scientific based practice and enhanced professionalism, the literature supports the decline of the white, female myth, and issues of diversity need to be explored to decrease the rise of attrition in nursing education.

**Argument of Advocacy**

Nursing education has evolved from Florence Nightingale’s initial foray into research and evidence for the provision of patient care, as nursing has moved beyond the realm of task oriented hospital based modalities to a profession that is becoming reliant on its use of evidence
and science in its practice (Beyea & Slattery, 2013). As a result of nursing’s dichotomy between technical skills and science, education needs to change to meet the growth of new nurses. In 1965, nursing recognized the need for education, and the ANA recommended a two-tier approach for entry into practice. The AHA and AMA repulsed nursing’s intent to embrace technical and professional nurses; hence, the nursing profession is continually confused as it ponders on the concept of multiple entries into practice (Fairman, 2011). Due to nursing’s reluctance to standardize minimal requirements for entry into practice, the growth of nursing has been hampered by the profession’s inability to dictate minimal degree requirements.

Unlike government led nursing colleges such as those found in Brazil, nursing education in the United States and the United Kingdom has been hampered by traditional hospital based nursing programs (Brooks, 2011; Leonello et al., 2011). In order to foster a sense of collegiality in a non-hospital focused environment, bachelor’s level programs attempt to provide a well-rounded educational curriculum that combines nursing theory and clinical practice. In essence, nursing is conflicted in its identity. As nursing programs try to implement scientific based modalities with technical skills, many students are having difficulty with their nursing education. It has been proposed that nursing continually reflect on its history or engage in historical thinking as it prepares for the future, as the trials and tribulations of historical nurses can aid current nurses with contemporary nursing issues. (Smith, Brown, & Crookes, 2015; Toman, & Thifault, 2012). In terms of historical aspects of nursing education, Nightingale initially proposed the use of research based nursing principles (Arnone & Fitzsimons, 2015). As nursing continues to evolve, nursing education needs to progress with it, as the profession is much more than a skill based endeavor. Nursing is currently experiencing change at a rapid rate, and nurses
may benefit from understanding the historical context of nursing, as well as embracing education as a means for contemporary nurses to meet the challenges of the twenty first century.

It is interesting to note that nursing educational research describes deficiencies with student preparation, admission criteria, and the importance of student support, and the literature does not mention how the nursing curriculum can be revised to meet the needs of contemporary students. Research supports the need to understand the numerous factors that impact the experience of student nurses as a means to establish a lasting relationship with them that starts from admission through the completion of their program (Urwin et al., 2010). Part of the process of understanding the student perspective is being considerate of the factors that contribute to the students learning experience, as well as those of the nursing curriculum. As a profession that is continuing to evolve, traditional educational modalities may not be preparing students for nursing in the later part of the twenty first century.

Attrition rates are an important component of nursing education. Graduate nurses are needed to fill vacancies throughout the profession. A point of interest in the literature supports the notion that high attrition rates in nursing education are the fault of the student, rather than the nursing educational establishment as a whole. Harris et al. (2014) states:

By understanding the current attrition rates among nursing schools, at-risk student characteristics, and attempts at increasing student success, nursing school administrators and faculty can gain insight into the issues related to attrition and determine the potential methods to increase success within their own programs.

(p.31)

Nursing education attrition is a multifaceted problem that is influenced by numerous factors.

Although the literature encourages faculty and student support services and the use of
remediation to help at risk students, attrition related research does not address fundamental issues related to the strength and constructs of the nursing curriculum.

Nursing education is moving beyond the realm of traditional teaching methodologies, where the curriculum and educational practices were geared to traditional, white female norms associated with nursing in the United States and the United Kingdom. Before Nightingale, females who engaged in nursing were different from Nightingale’s norm of a white, upper class, Victorian female (Arnone & Fitzsimons, 2015). As a result of Nightingale’s desire to increase the professionalism of the nursing profession, attributes of the white, middle class female became the norm in the profession, and nursing education was directed to this homogeneous group of students. There is empirical evidence that links social diversity with nursing student attrition (Mulholland et al., 2008). Hence, nursing education needs to explore and celebrate student differences when developing nursing programs that reflect the diversity and culture for the populations they are about to serve.

The framework of a traditional, white female nursing culture has fostered many of the issues of diversity that we experience today. “The hegemonic construction most evident in the stories was the ideal of the ‘‘White good nurse.’’ Nurses of color in both countries [United States and United Kingdom] talked of how they were confronted everyday with denial of their right to be a ‘‘real’’ nurse” (Giddings, 2005, p.310). Attrition rates are high in nursing education, and those same rates of attrition are increasing for diverse groups related to race or gender. In order to address attrition rates in nursing, faculty members and the nursing educational establishment needs to use a critical lens when addressing differences amongst students. When reviewing socio-cultural factors that may affect attrition rates in nursing education, educational curriculums and support services need to address behaviors and concepts that affects diversity as well as
providing instruction in cultural and gender based competence for members of the nursing faculty.

Summary

The reasons why nursing students fail in their academic programs is a complex phenomenon that is reliant on many interrelated variables. Historical learning contexts, empowerment, and issues of social justice and diversity. Each of the three streams of knowledge represents an important area for consideration when exploring why nursing students fail. Attrition rates in nursing colleges are remarkably high and, in most States, there is an exceedingly high number of applicants seeking admission into nursing programs. Although many academics stress the importance of increasing admission criteria for nursing programs, it is uncertain whether difficult admission requirements would address high failure rates in nursing education.

On a global scale, the literature review has addressed three comprehensive streams of knowledge that may address why nursing students fail. It is understood that each of the three streams would have been deemed worthy of their own literature review. There are numerous factors that influence whether a student will succeed in their prospective nursing program (See Appendix B for the multiple factors that affect nursing student attrition). Although the information in this literature review represents a comprehensive analysis of the factors that may influence nursing student attrition, concepts such as traditional educational practices, student and faculty empowerment, and issues of diversity and social justice may influence whether a student will succeed in their academic program.
Chapter Three: Research Design

Methodology

Given the high number of nursing students who are academically unsuccessful in their nursing programs, a qualitative approach to explore nursing student attrition would be most appropriate when answering the following research question: Based on the perceptions of nursing students who were not successful and are returning students in their nursing program, how do nursing students make sense of their nursing college experience and how can the Maine College of Health Professions (MCHP) promote the student’s educational experience to facilitate positive structural growth and student success? Nursing student attrition represents a major issue for the healthcare industry, as healthcare institutions rely on an increasing demand for graduates to fill the growing number of vacancies found throughout the profession. Nursing programs are continually challenged to address the needs of an ongoing nursing shortage while increasing retention rates for students enrolled in nursing programs (Williams, 2010). Graduating adequate numbers of competent and diverse nurses in the United States has proven to be a challenging proposition (Harris et al., 2014). Students are failing their nursing programs for many reasons, and at the national level there are no concrete explanations that explain why nursing attrition rates remain high. At this point, there is no research that addresses how a nursing college’s organizational structure affects student empowerment and overall rates of attrition.

The purpose of this qualitative study is to understand how the structure of a nursing program may influence the returning nursing student’s sense of empowerment and her/his ability to complete a nursing program at the Maine College of Health Professions (MCHP) in Lewiston, Maine. Hence, in expanding on this idea, the researcher’s intent is to understand the meaning of the returning nursing student’s experiences to see how the returning student makes sense of the
structural components of the college that may influence the student’s perceptions of empowerment and their willingness to succeed. Through an interview process, the student shared how the structural components of their nursing college influenced their sense of empowerment and perceptions for whether they would succeed in their nursing program.

In understanding the perceived empowerment and success of the student, identifying an organization’s structural barriers that prevented the student from learning needs to be understood. In addressing nursing student attrition, the current literature reinforces concepts related to poor admission criteria, poor faculty development, the lack of student support, and the inability to embrace student diversity, as major contributors to nursing student attrition (Abele et al., 2013; Custer, 2015; Giddings, 2005; Harris et al., 2014). Hence, a qualitative study that reviews how the structural components of a nursing college affects student attrition may provide a different perspective for why so many nursing students do not succeed in their programs.

The ideal methodology to examine the lived experiences of returning nursing students would use a qualitative methodological approach. Understanding the lived experience of a nursing student through their explanations for how the organizational structure of their learning institution affects their sense of empowerment and ability to succeed in purely an individualized experience. When utilizing a qualitative approach, the researcher attempts to gain and explore a problem and develop a detailed understanding of a central phenomenon (Creswell, 2012).

The core phenomenon associated with this study is the idea that nursing student empowerment and success may be influenced by the organizational factors of their learning institution. When reviewing the characteristics of the students lived experience, an interpretivist paradigm may flow with this prospective research as the attributes of the lived experience are studied based on one’s perceptual experience (Ponterotto, 2005). Interpretivism believes reality
is not a discrete and measurable object. Rather, interpretivism is subjective, and the human mind may conjure up differing views or perspectives that cannot be directly measured (Merriam, 1991). In the interpretivist paradigm there are no absolute truths. The human mind, reality, and perception is continually changing; hence, “every group or culture privileges the truth of their particular viewpoint (Butin, 2010, p.60). As interpretivism does not have the goal of seeking absolute or even partial truth, all a researcher can do is accurately and thoroughly document the perspective being studied (Butin, 2010). The interpretivist paradigm may offer different views of a phenomenon based on the group or culture studying it. Every individual is unique in how they perceive a given situation or phenomenon. Although a qualitative study may not be statistically quantifiable, the need to understand the human experience is an important area to explore. Hence, a qualitative interpretive approach is best suited to explore student perceptions of empowerment and attrition.

**Research Tradition and Approach**

Interpretative phenomenological analysis (IPA) is a qualitative research method that has gained prominence during the last twenty years, and the methodology was designed to “make sense” in how participants “make sense” of a given situation as the researcher tries to gain meaning of an individuals lived-experience. IPA’s primary goal is to understand how people make sense of the interconnected components that contributes to their unique lived experience” (Larkin, Eatough, & Osborn, 2011). As a qualitative research methodology, IPA combines attributes of phenomenology with interpretation to aid the researcher in making sense of their participant’s life-experience.

IPA has developmental roots in the discipline of psychology, and the methodology reinforces the central role for the researcher in making sense of the personal experiences of the
participants. IPA researchers endorse an inductive, double hermeneutic methodology to facilitate the researcher in making sense in how their participants make sense of a given experience or situation (Smith, 2004). As hermeneutics is the act of interpretation, a double hermeneutic methodology allows the researcher to view a phenomenon through the mental and personal capacities of their participant. The researcher only has access to the participant’s experience through the accounts of their subject’s narratives. Hence, the researcher follows an IPA approach to examine what an experience is like for an individual and how the research subject makes sense of the phenomenon they are experiencing.

IPA has evolved from the theoretical realm of phenomenology, and the aim is to provide “the rigorous and unbiased study of things as they appear in order to arrive at an essential understanding of human consciousness and experience” (Dowling, 2007, p. 132). IPA is a methodology that distinguishes itself philosophically from more descriptive phenomenological approaches such as those proposed by Husserl who is often cited as a predominant philosopher of human consciousness and experience (Pringle, Drummond, McLafferty, & Hendry, 2011; Smith 2004). As such, an IPA approach is immersed in hermeneutics and does not follow traditional descriptive methods associated with phenomenology.

There are three theoretical principles associated with IPA. Firstly, IPA values the participants’ own perspectives of their experience. Secondly, IPA is dedicated to examining the unique experience of the research participants from which themes of research questions emerge, and thirdly, IPA follows an interpretive tradition rather than a descriptive methodology found in traditional phenomenology (Jeong, & Othman, 2016). Rather than following a descriptive phenomenological approach, IPA focuses on the interpretation of the experience that is unique
for the research study’s participants (See Appendix C for a comparison of the three theoretical principles of IPA).

Participants

The ideal subjects for the study to review structural factors that may affect returning student empowerment and attrition needed to meet several critical points of consideration for participation. Criteria for participation include the following: participants will need to be returning nursing student who are currently enrolled in an Associates level nursing program; the subject needed to be proficient in speaking English; and students will hold a valid email account. Since the primary consideration of the study is the status of the student who is returning to their nursing program, it is important that the returning student is able to reflect upon their educational experience. The student body at MCHP includes both traditional and non-traditional students, and variables such as student age was not relevant for the selection of the research participants.

A returning nursing student can be defined as a student who has previously failed, has been readmitted, and is currently enrolled or have graduated from MCHP’s nursing program within the past two academic years. In the study, a key attribute is the status of the subject who is a returning nursing student. The final criterion that needed to be met was the need for the study participants to share their experiences as they make sense of the organizational factors that have affected their perceptions of power and success. Participants need to be able to articulate their experiences in English, and the student needs the ability to read and write in English to sign consent and complete demographic materials. In addition, participants will need an active email account to communicate meeting times and confirm availability- all communications need to be completed in English. By meeting the criteria for participation, the sample was homogeneous in
the sense that all participants are returning nursing students who are proficient in the English language.

**Recruitment and Access**

In order to find a cohort of participants meeting the described criteria, several methods of recruitment were used to find qualified applicants. Prior to the recruitment process, all research is required to be approved by the college’s (MCHP) institutional review board (IRB). MCHP is a health professions college that offers Bachelor’s and Associate’s level programs in nursing, radiological technology, and general education offerings. Initial Emails were sent to the Director of Nursing and Dean of the College to discuss the study and requirements for IRB approval. Once the process for IRB approval was met, returning nursing students were emailed by a third party. Students were given the email address of the third-party member to contact if they felt they met the inclusion criteria that was previously discussed in the third-party email.

Through continual communication with the third-party contact, the researcher met with potential returning students to solicit participation. Once one student had expressed interest, the researcher asked the participant about other students who might fit the research criteria. The researcher also asked other faculty members about students who may fit the criteria for the study. In doing so, potential participants and faculty members may elicit additional responses through a “snowball” or “chain effect” (Creswell, 2013).

Other than a gift card to a local coffee shop, no monetary incentives were provided to participants due to the possibility of the incentive in creating a favor based bias. In addition, there is a possibility that the research participant were recent students of the researcher, and financial compensation may create a dynamic that may affect the study results. When conducting a qualitative study, the study is not reliant on a large sample size to elicit strong narratives related
to the proposed research. When attempting to elicit strong narrative to evoke strong narratives of one’s lived experience, a smaller sample size is ideal when constructing narratives of a lived experience. (Creswell, 2013). In this study, the ideal sample size is limited to nine participants to create and explore commonalities related to the structural factors of a nursing college that may affect a student’s sense of empowerment and motivation to succeed.

**Data Collection**

IPA studies are similar to many qualitative methodologies as they incorporate the use of interviews in their data collection process. Smith et al. (2009) states, “Data collection is usually (but not necessarily) on the form of semi-structured interviews when an interview schedule is used flexibly, and the participant has an important stake in what is covered” (p.4). It is recommended that a researcher suspends any preconceptions related to interviews or other data collection methods (Smith, 2010). A key component of data collection for any study is associated with the need to allow the participant to express their concerns in a format where they may feel comfortable. The whole notion of data collection in an IPA study is to allow the participant the freedom to express their concerns in a manner that facilitates the ease in which they can share their experience and story.

Although the semi-structured interview is the primary means of conducting an IPA study, the participant should be given the opportunity to explore their ideas through multiple formats that may aid them in how they make sense of a given experience. Interviews may be helpful in allowing a study’s participants to express their concerns, and other tools such as concept mapping may help the participant and researcher make sense of the participant’s lived experience. IPA requires the participant to be reflective of their own experience. Hence, in helping the researcher with the double hermeneutic that is associated with IPA, a means of
adapting one’s interview or data collection strategy is important when helping an interviewee make sense of their experience (See Appendix D for the interview protocol that will be used in this study).

Data Analysis

There are no prescriptive methods for analyzing data for an IPA study (Smith & Osborne, 2008). However, when analyzing data for an IPA study, it is important for the researcher to be aware of both the phenomenological and hermeneutic components of the research study. An IPA study is dependent on the subject’s experience as well as the interpretations of those experiences. Smith et al. (2009) states, “Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen” (p.36). In analyzing the data from an IPA study, the researcher needs to be aware of the experience of the participant as well as finding a means of interpreting and making sense of the subject’s lived-experience. When analyzing IPA data, the researcher will be analyzing for the complexity of meaning rather than for the given frequency of an evolving theme.

Although there are no prescriptive methods for analyzing and IPA study, Smith & Osborne (2008) have recommended the following steps when analyzing research data: Looking for themes in the first case, connecting the themes, and continuing the analysis with other cases. When reviewing their interviewee’s transcripts, researchers are engaged in the hermeneutic process to capture the meaning of their respondent’s interactions with the physical, social, and psychological world. Although an interviewee’s sense of their surroundings may not be readily apparent, the researcher must continually take the time to review the transcripts and narratives of the research participants to find common themes and find a sense of meaning related to their subject’s experience. Obtaining meaning goes beyond the tabulation of common themes from the
research study, in a well-constructed IPA analysis, the researcher continually analyzes themes to interpret for meaning as they try to make sense of their participant’s personal experience.

Criteria for Quality Qualitative Research

Self-reflexivity and Transparency

The act of interpretation is a crucial attribute of the research process. Researchers must be able to draw conclusions from an observed phenomenon. In essence, the researcher is forming interpretations based on unconscious motivators and perceptions that are influenced by one’s bias. In order to be fully engaged in the interpretive process, researchers need to be aware of their own positionality and potential bias that may affect their interpretations of an observed phenomenon (Machi & McEvoy, 2012). Understanding positionality is important when reflecting on one’s position in society and how potential biases may affect our views. Before scholar practitioners can explore the stories of others, they need to be aware of their own vulnerabilities as those actions may affect one’s interpretation of the data or storied event (Takacs, 2002).

As a scholar practitioner, I would like to explore perceptions of nursing student attrition through a student’s perspective. Failure rates in nursing education are excessively high, and in order to better understand nursing student attrition, I will need to review my motivations, background, and psychosocial and socioeconomic variables that influence how I interpret and form my world view. In my positionality statement, I will review how my background, personal position, and biases may affect my interpretation of prospective research data related to nursing student attrition.

Personal and professional background
As I begin my journey in reviewing my personal position and bias, I must admit that I often feel frustrated when it is assumed that I have been born to a position of power. In my childhood, I encountered emotional and physical abuse, and future prospects often appeared bleak. Growing up, college was never a consideration. Thus, I joined the military as an avenue to leave home, and only through time was I able to understand that I had the ability and motivation to achieve academically. Although I am labeled as a member of a group who is in a position of power, I am still conflicted as it relates to my position in society. I now understand that my position has changed because of my role as a faculty member and as a student in an EdD program. There was a time in my life where I did not have the ability to appreciate my social or professional position. Nonetheless, through reflection, I now understand the social, experiential, and cultural influences that have created the world view I experience today. Although I suffered as a child, as an adult white male who descended from a French-Canadian working class heritage, I am cognizant that my position in society affords me power as I can walk outside at night with impunity and never worry about being harassed or arrested over my race.

In my professional life, I have worked as a secondary science teacher, critical care nurse, and as a nursing faculty member. Through my professional endeavors, I have always identified myself as a teacher, and this belief has carried on to my professional practice. I frequently make the analogy that “I am a teacher who happens to be a nurse,” rather than “a nurse who happens to teach.” This distinction is made as it reinforces my own personal philosophies and love for teaching that carries on into my professional practices. Professional satisfaction is attained from my joy of teaching. Hence, I believe I could attain the same joy as an educator regardless of the discipline. Satisfaction in my professional life is related to my continual success as an educator.
Amongst my nursing colleagues, I often feel isolated as I place a greater emphasis on teaching, rather than reinforcing my accolades as a nurse. In nursing, concepts such as caring are frequently expressed, but those behaviors may not always present themselves in the classroom. At my college, the nursing curriculum is highly structured, and students experience little freedom and often feel disempowered as they progress in their nursing education. Nursing literature has shown that bullying and horizontal violence is pervasive in the nursing culture, and nursing’s hierarchical structure affects power in all aspects of the nursing profession (Bradbury-Jones, Sambrook, and Irvine, 2007). Horizontal violence is linked to disempowerment, and those acts of violence manifest themselves as acts of incivility throughout nursing. A challenge at my college is related to exaggerated perceptions of power exhibited by members of the nursing faculty and disempowering behaviors expressed by nursing students.

In my work as a nurse and teacher, I have experienced horizontal violence and disempowerment. As a male in a female dominated profession, I frequently need to suppress my ideas as they often go against the status quo of nursing education and the ideals of the nursing profession. In terms of power, I am a capable teacher, and my teaching experience affords me a certain degree of influence in my workplace. Hence, I use my power to enhance student advocacy, as I understand oppressive acts through the lens of my childhood and as a male who works in a female dominated profession.

**Reflections on personal positionality and bias**

As individuals, we have our own biases related to our unique histories, ethnicity, and sense of place in society. Understanding one’s bias is equally important when assessing access to power and the effects of oppression. Takacs (2002) asserts, “Only by truly listening to others can I see how I am constrained and how I can become aware of the conceptual shackles imposed by
my own identity and experience” (p.170). Reflection and discussion are needed attributes when exploring one’s positionality or bias.

It is common for privileged groups to broadly subordinate those who are less privileged by assuming their beliefs and actions are superior to those of the less dominant group (Briscoe, 2005). In regards to my own positionality, I need to be aware that my beliefs may not always be the same as other individuals, and I need to be aware of opposing views. As a nursing faculty member, my position in education and nursing is unique in that I work in a female dominated profession. I have experienced horizontal violence from my peers and nurses in the hospital setting, and I believe I am sometimes held to a higher standard than many of my peers. “Understanding positionality means understanding where you stand in respect to power, an essential skill for social change agents” (Takacs, 2002, p.169). In my own social standing, my position as a male has little relevance at my college. In essence, I am respected for my abilities, although many of my peers may have difficulty understanding how I can exhibit stereotypical care based nursing behaviors as a male.

Approaching my research, two significant areas of potential bias are related to my intolerance for unprofessional behaviors found in the nursing profession, and my empathy for nursing students. Due to my experiences with horizontal violence and nursing’s intolerance to change, I am aware that my mistrust of nurses must not dictate how I interpret data and review student narratives. Additionally, I need to remain objective when reviewing student reflections and stories related to their nursing college experience. Fennel & Arnot (2008) asserts, “Relational worlds that are mediated by members of a community cannot therefore be fully comprehended by models that follow single lines of causality” (p.530). In addressing my problem of practice, generalizations cannot be made about students or the nursing faculty. To
develop a greater understanding for the factors that influence nursing student attrition rates, I need to be mindful in my own positionality and how my intrinsic views may affect how I interpret student reflections and their lived experience.

Reflecting on one’s positionality and bias can be an enlightening endeavor. While I am still at odds related to my demographic position as a white male, I believe my personal experience has helped me understand components of oppression. Although my life experiences have influenced my current views and actions, I understand I will never fully comprehend the plight of marginalized groups. When reflecting on one’s biases, it is easy to lose awareness of subordinate groups. Hence, continual self-reflection and discourse with marginalized groups is an important factor in gaining awareness of one’s identity, bias and perceptions of power.

Summary

As a scholar practitioner, I need to be aware of my biases and positionality as I explore nursing student attrition through a student’s point of view. Failure rates at my college frequently exceed 50%, and to better understand nursing student attrition, I need to reflect on how my life has influenced my ability to interpret and form perceptions related to a given experience. Although I believe I possess the ability to discern global patterns that form my perceptions of the world, I will be aware of the factors that influence my attitudes and overall behavior. In addressing nursing student attrition, I understand to the need to be aware of my negative bias related to the evolution of the nursing profession, and my global sense of empathy for nursing students.

Key components of my positionality are associated with my continual interactions with a disempowering profession, and how my attitudes and behaviors are the net result of all the experiences that have formed my world view. To truly understand my student’s experience, I
need to understand the factors that influence my ability to interpret a phenomenon, as well as understanding personal biases that may affect my ability to form narratives of the student experience as it relates to attrition rates at my college.

**Limitations**

Limitations that may affect the study outcomes include the transferability of the research to venues outside of nursing colleges. The experiences of six to ten returning nursing students represent a small percentage of all the students who pursue a post-secondary education. As this an IPA study, a homogeneous sample group will be studied, and the work is intended to reflect upon the experiences of a small number of participants who experienced the phenomenon under study.

In addition, the guiding theory is limited when studying the individualized experience of the returning nursing student. Kanter’s theory of structural empowerment has been tested extensively at the organizational level. Although research has been favorable in regards to the theory of structural empowerment, critics of the theory have reinforced the idea that Kanter’s work may not address factors outside of the confines associated with the organizational influences related to empowerment (Ledwell et al., 2006). There are many issues related to personal, familial, and socioeconomic variables that may affect an individual’s sense of empowerment. Kanter’s theory does not focus on individual actions. Rather, the theory of structural empowerment focuses on the organizational constructs that effect individual empowerment and willingness to persevere and succeed.
Chapter Four: Report of Findings

After the recruitment process, the study’s participants volunteered to participate in the study to share their educational experience as students who failed and were readmitted to their nursing programs. Interviews were conducted in an area of the interviewees choosing, and all interviews were recorded and transcribed and no participants added additional information after the interviews were transcribed. During the interview process, all interviewees agreed to have their data to serve as an integral component of the study’s research findings. The returning students who were interviewed composed a homogenous sample who represented current or recently graduated (within the past two years) nursing students who returned to their nursing program after they have previously failed. This homogeneous group was composed of nine participants who are current students or who have recently graduated from MCHP’s nursing program (See Table One for the participant’s demographic data).

The focus of this research study was to understand the experience of current and recently graduated students in MCHP’s nursing program. The overarching research question for the study was to explore the perceptions of nursing students who were not successful and are returning to their nursing program, to find how the students make sense of their nursing college experience and how can the structure of MCHP promote the student’s educational experience to facilitate positive structural growth and student success. Data was collected in the form of semi-structured interviews where the interview schedule was flexible to allow the participant to share their lived experience as they have an important stake in what is covered during the interview process.

To protect the student’s privacy, pseudonyms were given to each interview participant and the assigned name was used in the interview results. All interviews were conducted in an area of the students choosing on a time that was scheduled between the interviewer and study
participant. Participants understood their participation was voluntary before each interview and during and after each interview. All participants were students who have failed in their nursing program. Of the students who failed, six were currently enrolled in the nursing program, three graduated within the past two academic years, and one of the participants failed a nursing program outside of the confines of MCHP. All of the study participants described their nursing college experience, and attempted to make sense of the variables that may have promoted or hindered their academic success. After the interviews were completed, interviews were transcribed and coded using NVivo Pro.

**Homogeneous Sample**

In this IPA study, convenience sampling was utilized where a homogeneous sample group were allowed to reflect upon their associate degree nursing college experience with no repercussions from the college or faculty. All participants were returning nursing students who failed in their previous nursing programs. Of the study participants, six were currently enrolled in MCHP’s nursing program, and three participants graduated during one of the past two academic years. One student failed in a nursing program outside of MCHP and was admitted to the senior class. In terms of high stakes testing, one participant experienced this form of testing throughout their entire program, one participant never experienced high stakes testing, and seven participants experienced high stakes testing during their first attempt in their nursing program and did not experience high stakes tests as returning students. To negate the effect of response effect bias, study participants were encouraged to share their experience as returning students, as the researcher had no intent in directing participant responses. The participants lived experience was the most important component of this study, and all interviewees were continually reminded
that the interview milieu was a safe environment where all participant were free from faculty retribution.

Study participants who shared their experience to address structural factors that may have affected their sense of student empowerment were all students who previously failed and reentered MCHP’s nursing program as returning students. Criteria for participation in the study included the following research: participants will need to be returning nursing student who are currently enrolled in an Associates level nursing program; the subject will need to be proficient in speaking English; and students will hold a valid email account. Since the primary consideration for the study explored the experiences of students who returned to their nursing program, it is important that the returning student is given the opportunity to reflect upon their nursing college experience. The student body at MCHP includes both traditional and non-traditional students, and the participant’s age, sex, and socioeconomic standing was not a contributing selection factor for the study.

In the context of this study, a returning nursing student can be defined as a student who has previously failed, has been readmitted, and is currently enrolled or have graduated from a nursing program within the past two academic years. In the study, a key attribute of the selection process was the status of the subject who was a returning nursing student. As the study followed an IPA methodology, participants needed to possess the ability to articulate their experiences in English, and all participants were able to read and write in English to sign consent and communicate via email to confirm meeting times and availability. By meeting the criteria for participation, the sample for the study was homogeneous in the sense that all participants were returning nursing students who are proficient in the English language.
The homogeneous sample was composed of nine students who failed out of their nursing program and were admitted or readmitted to MCHP’s nursing program. Eight of the participants were prior MCHP students and one student was admitted to MCHP after withdrawing from her previous bachelor’s level nursing program. Of the nine returning study participants, seven students experienced high stakes testing during their initial nursing college experience, one participant experienced high stakes test for their entire nursing college experience, and one student never experienced high stakes testing. In terms of high stakes testing, all of the study participants who experienced high stakes testing expressed increased anxiety when they encountered grading protocols that required minimal test grades before the student could progress. Historically, high stakes testing has been associated with a single test that is used as a predictor of NCLEX success (Spurlock, 2006; Tagher & Robinson, 2016). However, most of the study’s participant’s experienced high stakes testing in the form of a minimal test average that needed to be attained before other grades were counted in an individual’s final grade.

The study population consisted of nine participants. Six participants were returning students in either the freshman or senior year at MCHP. The remaining three students graduated from the program during 2016 or 2017. Of those participants, seven students were female, and two participants were male. The males in the study were 22% of the total study population and this male to female ration was similar to the norms published by the National League of Nursing for 2014 (Percentage of Students Enrolled in Nursing Programs, n.d.). The male participants were assigned the pseudonyms Steve and Ray. Steve is a 35-year-old returning student who experienced high stakes testing during his initial foray with MCHP and was completing his final semester at the time of the interview. Ray is a 28-year-old participant who graduated from
MCHP’s nursing program in 2016. Ray experienced high stakes testing during his entire stay at MCHP.

The female participants ranged in age from 22 to 48. Of that group of participants, Eve and Lisa are returning senior level nursing students who failed in their freshman year. Both participants experienced high stakes testing as freshman, and did not experience high stakes testing when they were readmitted to MCHP. Jennifer and Ann are students who were readmitted to their first year of their nursing program. Jennifer experienced high stakes testing during her initial semester at MCHP and has not experienced high stakes testing after she was readmitted to the college. Ann was readmitted to the freshman class and has never experienced high stakes testing. Sarah is a 23-year-old participant who is an outlier in the sense that she was admitted to MCHP’s senior nursing class after withdrawing from a local bachelor’s level program. Sarah experienced high stakes testing at her previous college and did not experience high stakes testing at MCHP during her senior year. The two remaining female participants- Mary and Sally graduated from MCHP in 2017. Both students experienced high stakes testing during their freshman year and did not experience high stakes testing during their senior year (Please see Table One for the demographics of the study groups).

Data Results

After the participants were interviewed all interviews were transcribed, data was collected, and the raw data was reviewed multiple times using NVivo Software. As the result of an evaluation process that continually reviewed the participant’s transcripts, various themes emerged and became readily apparent. During each reading, a separate search was conducted relating to the primary terms of the organization, pedagogy and teaching, faculty interactions, and the participant’s experience at MCHP. Emergent themes were then sorted based on the four
key terms and sub themes also arose from the emergent themes. Under the idea of the organization, sub themes were then classified on ideas of organizational structure, empowerment, horizontal violence, and a sub-theme of organizational structure that encompasses MCHP’s positive reputation in the community. In terms of the faculty, major emergent themes included positive and negative faculty interactions. When reviewing the term pedagogy and teaching, emergent themes that arose included ideas related to testing and content delivery. For the term experience, emergent themes included unsuccessful study skills and subtheme of study skills and other emergent themes including student positive and negative experiences.

**Theme of Experience**

All participants who were interviewed were eager to share their experiences as returning students at MCHP. The participants shared both positive and negative experiences related to their lived experience as returning nursing students. Additional ideas that were explored reinforced the need to adopt positive study skills when trying to succeed as nursing students. Most of the participants discussed situations that positively and negatively affected their nursing college experience. From the idea of experience, subthemes developed and were classified based on positive and negative scenarios that affected their nursing college experience as well as the need to develop strong study skills to help them overcome the difficulties that arose as returning students.

**Positive student experience.** Although all the study’s participants experienced failure in their prospective nursing programs, as returning students, each participant was able to share positive reflections related to their nursing college experience. Reflections of one’s experience reinforced the positive changes that were implemented at MCHP. Jennifer commented, “This time around, it's so much better. It's more, I don't know. I feel like more people want me to
succeed more” and “It's gotten better. It's more, I don't know, more easier to understand the learning, a better learning environment” reinforces the student’s perception that MCHP has made positive changes when she returned as a returning student. Steve also supported Jennifer’s statements. Steve stated, “Since I've been back my experience has been completely different, not as far as the teachers go, and my instructors. But as far as my overall experience for just being here, I feel more comfortable than it was before.” Jennifer’s and Steve’s statements reinforce a positive student experience as compared to their previous years where they failed.

Other positive experiences included the perception that faculty members cared and smaller class sizes reinforced ones’ learning success. Lisa Stated, “For the positive experiences is that the teachers that we have now, I feel like they care. They're willing to give time, you can go and talk to any of ’em, and get an answer” and “it was a different surrounding [environment] as far as people were willing to learn, people were willing to help.” The idea that MCHP appeared more helpful reinforces the notion that the college has made positive changes since the participants initially failed in their nursing program. Sally stated, “I think the small classrooms helped my success, 'cause like I said, I was able to actually feel comfortable enough to talk to my teachers about stuff that I was concerned about.” The smaller classroom sizes asserted positive feelings between the students, peers, and faculty. Ann reinforced how the college takes care of their students, and Sarah reinforced how MCHP was “more supportive” and you weren't a number.” Positive experiences related to faculty and administrative support reinforce the educational ideal that students are valued members of the college.

**Negative student experience.** Most of the course participants reflected upon many positive experiences while they were students at MCHP. However, through the course of the interviews, many of the participants shared negative encounters and experiences while they were
students at the college. Many students felt a high degree of anxiety and feel as though they were treated disrespectfully at the college. Jennifer stated, “My first time around was exciting but nerve-racking,” and experienced “a lot of anxiety, kind of not knowing what to expect, and all this information thrown at you like you were just overloaded.” Ray supported Jennifer’s views related to the high amounts of anxiety at MCHP. Ray asserted he was:

Anxious about learning everything that I need to know in the timeframe that was given to me. Anxious that there really wasn't a whole lot of time, and it was all grade based, and it's all based ... it was all based on how well we did on tests.

Sally also reinforced how her anxiety was propagated by stress, “I just know that that was the most stressful, hardest time ever. If you have any personal issues or problems going on, well too bad, you're not allowed to.” Through the course of the interviews, the results find that the increased levels of stress and anxiety contributed to negative student experiences, and many of those experiences were related to grades, changing requirements, and disrespectful interactions with MCHP’s faculty and administration.

According to numerous interviews, students experienced distress in not knowing what was expected or were confused with expectations that were changed with minimal notice. Jennifer stated there were “a lot of change in like wrench in the plan, and then just expect us to shift,” and Sally shared, “They were constantly changing the rules, like, "Oh, this year, you're allowed to fail all of your exams, but if you're passing overall, you still get to move on," but before that, it was the opposite.” The continual changing of the curriculum during and after each academic year was stressful for many of the study participants. Eve also reinforced her stress associated with continual negative changes associated with the college and the curriculum:
Stop giving bad news to these exhausted people who are about to graduate. I think the school needs to recognize that towards the end of your senior year, when you're down to a month, month and a half, stop going back and telling students things like they're not getting flowers for graduation.

Study participants reinforced how they needed a sense of continuity with the college in regard to the curriculum and their teaching. Jennifer reinforced how communication at the college was one sided and students had little input to their educational needs. Jennifer stated, “It's always been kind of one way. The teacher knows it, and that's it. And this is the way it's being taught, and that's it.” Jennifer, Eve, and Steve have all reinforced how they felt they were not listened to at MCHP. Study participants correlated not being listened to with disrespectful faculty and administrative interactions.

When discussing interactions with the college’s faculty and administration, Eve explained, “I expected it to be more professional” and Steve reinforced “I don't think I was treated properly or treated like an adult when inquiring about his acceptance status as a returning student. Steve shared:

I didn't feel like I was being treated respectfully. When I was replying I wasn't being rude or anything of that nature. I was being respectful, and I was basically just looking for an answer, and I've obviously never got that answer.

The idea of not being able to communicate with the faculty or administration represents a profound negative experience that was found in the surveys. Eve was told by a nurse administrator “Have you thought about applying to another place, another school?” when she reapplied to MCHP and Steve reinforced his displeasure in not knowing why he was initially denied acceptance as a returning student. Steve explained:
When I got notified that I didn't get back in, I was just looking for a short explanation just for some closure. To understand why, and maybe I can do something differently for the next time I applied to get back in. I was [not] given anything via email, via phone call. I just felt like I was being dodged.

Communication with the nursing administration was difficult as illustrated by Ray’s comment, “The D.O.N., the Director of Nursing. And at the time, the person in that position was not very helpful, and made it pretty difficult to get an appointment and was very, almost, degrading in a way.” Although many of the study’s participants were negative before they failed, many students felt the culture of MCHP improved when they returned as returning students.

In regard to her nursing college experience, Lisa shared, “[1st time at MCHP] It wasn't as organized. I feel like the organization that we have now is a lot more organized than it was when I ever first came in.” Jennifer also reinforced that the college needed to be:

To be more understanding of the situation. To be more and give better explanation as to why I wasn't accepted, and instead it was just like there was no answer.

There was nothing to support why I shouldn't have been re-accepted. And I don't know. Now, there really isn't anything. Now, it's different…

Although study participants acknowledged they have seen improvements at MCHP. The effects of miscommunication were still present. Eve reinforced her feelings related to previous dysfunctional communication when she stated, “What that did for me in that moment was I lost any trust that I would have had in that person.” The study’s participants reflected how they were negatively affected by one sided and ineffective communication with the faculty. Jennifer reinforced she felt “Kind of discriminated kind of. It's hard to explain. I felt like there definitely were favorites, and there were definitely times when you went for help, and they couldn't be
bothered.” Study participants agreed that negative faculty to student interactions negatively
affected their outcomes as nursing students

**Negative experience and the lack of success.** Study participants reinforced how
negative interactions ultimately affected their motivations and desire to succeed. Jennifer shared,
“you tried, and you tried, and things weren't working, but you were still made to feel like I was
not smart enough.” When sharing their experience for when they initially failed, students support
the idea that they could have changed their study skills as well as believing they could excel
through supportive and positive faculty and administrative interactions. Comments such as “No.
That's not good enough,” or "You're telling me you're surprised?" hindered the student’s belief
that they could succeed. In addition, faculty tone affected the participant’s sense of self. Sally
stated:

> They warned us that if you fail, they call you and tell you. I was so nervous for
> my phone to ring all day when grades came out. Yeah, I obviously got the phone
call, and she was just so awkward and told me what I needed to get on my final,
> which I think was an 84 and told me that I got like an 82 or just under it, which
> was the best grade I'd gotten all year on exams. I think she was uncomfortable and
> she was giggling.

Sally was disturbed by the administrator’s unease and nervous giggling when she was told that
she failed. Although many of the participants supported the idea that they held a stake in their
own failure, student interviews support the idea that dysfunctional communication can affect
student outcomes.

**Study skills.** Through the course of their prospective interviews the study participants
were vocal about the contributing factors that influenced their experience at MCHP. However,
the students also agreed they needed to change their study habits if they were going to succeed as returning students. Steve explained, “I should've went [to get faculty help] right after the first test instead of waiting. Oh, I'll do better on the next test. I should've seeked help earlier. That's part of the responsibility as a student is to do that.” The idea that the participants should have received help sooner is a common theme related to the student’s study skills. Ann reinforced how she should have talked with her teachers sooner and Lisa further commented:

Like it was a lot of information so I was trying to figure it out on my own, and I had other people help me, but I think that I didn't reach out but I didn't know who to reach out to, because I wasn’t sure who there was to reach out to as far as knowing the cardiac system.

The idea that nursing college is difficult is a common theme and many of the participants agreed they should have gotten help sooner. Study participants found that they needed to change their study habits to succeed in their nursing program. Mary explained, “[flunking] it stopped how I did everything at that moment because up until then I was studying to pass the test because it was tests that had to get me through.” Memorizing for a test proved to be an unsuccessful learning strategy for the course participants. Steve stated:

I’m learning how to critical think, work your way through. And having a solid foundation of the pathophysiology and in the nursing process to be successful when I wasn't really in tune to that. The first time through I was doing the work, but I wasn't getting the results. I was more or less, trying to memorize instead of understand[ing] the application of everything.

The message that students need to incorporate critical thinking into their studying was a predominant subtheme related to their negative nursing college experience. Ann clarified, “Study
and organize your time, and ... It's not easy. You can't just not read your books, or read it one week before a final exam. You really have to have a whole system and be really organized.” Organization and purposeful studying beyond the scope of a single exam was an important message from the study participants.

Steve, Sally, Ann, and Sarah all reinforce the need to adapt one’s schedule to accommodate the demands of their nursing programs. Ann expanded on how her study skills changed as a returning student:

I feel like I know how to manage my time, and I can ... I would never go talk to the teachers about what's going on. So, I feel like I talk to them, I tell them if there is anything going on.

The results of the interviews reinforced the idea that the study participants were able to apply their negative study experience to facilitate positive change. Steve states, “The first time through I was doing the work, but I wasn't getting the results. I was more or less, trying to memorize instead of understand the application of everything.” Steve’s comment supports many of the experiences of the study group. By adapting their negative nursing college experience in terms of studying, the study group was able to find a means of succeeding at MCHP.

Theme of Faculty

A college’s faculty and members of the administration are integral components of a student’s nursing college experience. In the study, participants shared their positive and negative experiences they had with MCHP’s faculty. The theme of faculty will be further divided into sub themes of positive and negative faculty interactions. Most of the study participants wanted to reinforce their appreciation for the faculty in terms of the guidance and support that was provided. However, the students also shared negative experiences that often contradicted what
they shared in relation to their positive experience. For example, numerous students shared how they felt both supported and unsupported by the college’s faculty and administration. Part of this discrepancy may be related to organizational changes the study participants may have encountered from the times that they failed to when they returned to MCHP’s nursing program.

**Positive faculty interactions.** Seven out of nine study participants shared positive faculty interactions they encountered at MCHP. Many of the students who were surveyed indicated faculty interactions improved when they returned to the college. Jennifer explained:

> Just the whole feel, the staff, the support, and not all of the staff, but the people have changed, I guess, and the program has changed. It's gotten better. It's more, I don't know, more easier to understand the learning, a better learning environment.

The results found there was a positive change at the organizational level in how the faculty and administration interacted with students. Steve stated his experience was, “Better than it was when I was here the first time, a lot better. From the end of my experience the last time, that's what I'm basing a lot of my information on from.” Steve’s comment is further supported by Lisa’s reflection, “I think that my second time around here I feel that there's more openness than there has been before.” The study participants support the idea that the college has changed. Although the results do not state the faculty became more receptive to the needs of the student in absolute change. The returning students did notice a change in the educational milieu at MCHP. Steve elaborated, “Since I've been back my experience has been completely different, not as far as the teachers go, and my instructors. But as far as my overall experience for just being here, I feel more comfortable than it was before.” A predominant message from the study participants reinforce the idea that the general atmosphere of MCHP has changed in a positive manner.
Other areas related to positive faculty interactions were supported by the course participants experience with faculty members who were open and available to address student needs. In terms of the nursing faculty, Ann shared, “They’re very involved “and are “caring, and aware of what's going on with their students. And making sure that, as long as they're in school, that they can help them with anything.” The notion that MCHP’s teachers are available to the students is a predominant message gleaned from the student interviews. Comment such as “very welcoming, “and “everyone has an open-door policy,” reinforced the students view on positive student interactions. Mary further explained faculty interactions, “That was the biggest thing for me about this school is that people really cared and took the time to get to know me. That was amazing.” Students also explained how the faculty members and the administration was there for the students. Sarah stated her experience, “It was very positive. The doors were open”, and Steve reinforced his experience, “In general, the faculty now that I'm back in, from top to bottom, from the President all the way, the Dean, our instructors, nursing, the Director of Nursing, they are real willing to help you succeed.” The majority of the study’s participants shared the view that the faculty was always available for the students. As reinforced by Sally:

I was comfortable enough to just go to my teachers’ offices all the time, and cry, and be a psycho. I could just be myself and express how I was feeling, and I wasn't worried about them judging me or being like, "I don't have time for this."

The majority of the study participants shared they were comfortable with MCHP’s faculty and felt members of the college’s teaching and administrative staff were available to help with the student’s learning needs.

**Negative faculty interactions.** During the interviews, six of the nine study participants shared their negative interactions with MCHP’s faculty and administration. Although many of
the negative experiences contradicted their reflections related to their positive faculty interactions, common themes that arose were related to the faculty and members of the administration who were unsupportive and disrespectful to the college’s students. Jennifer stated the faculty was, “not supportive. Whenever I reached out for help, I felt stupid” and Ray further explained, “The D.O.N., the Director of Nursing. And at the time, the person in that position was not very helpful, and made it pretty difficult to get an appointment and was very, almost, degrading in a way.” Narratives that reinforced negative and degrading faculty/administrative interactions was a common concern for many of the interviewed students. Ray further elaborated on his experience interacting with MCHP’s faculty:

The good ones took the time to explain things fully. The others would say "This is right," and that's just what it is, kind of thing, and especially with test questions. The good professors would break down the question, talk about [interference] and where ... what we're actually asking, and break it down. The others would be like, "Well, this is the right answer." Tough luck, you got it wrong, kind of thing.

At least that's what I felt like.

The study participants found they were treated to varying degrees of disrespectfulness by the college’s faculty. Jennifer elaborated on this varied treatment, “I didn't feel supported. Some of the staff were amazing, but it was probably two or three of them out of the whole.” The interview participants expressed a number of professional interactions with members of the staff, faculty, and administration. However, it seems that intermittent disrespectful interactions have significantly affected many of the study’s participants overall view of the faculty.

In terms of additional negative faculty interactions, Eve stated,” it seemed that teacher instructors were biased towards the younger female students” and “I expected it [the college] to
be more professional.” Study participants were uncomfortable with their experience with closed communication and unprofessional interactions with the faculty and members of the administration. Eve further elaborated on her reapplication experience:

What do I need to do to be back in here the following fall, or spring, or whenever?” At that time, I was told, and I guess this is something that I can never forget, as I was looked at and I was told, “Have you thought about applying to another place, another school?

Sub themes related to insincerity and unprofessionalism were associated with many of the student’s negative interactions with MCHP’s faculty and administration. Jennifer shared, “there was either no answer, or, "That's great." But it didn't feel sincere, so it made me really bitter,” and her interactions with the college wanted her to pursue her study’s elsewhere. Although the students expressed genuine appreciation, respect, and regard for their nursing professors, frequent negative and unprofessional interactions affected the student’s perception of the college.

**Theme of Pedagogy and Teaching**

Interview results showed many responses related to the study participant’s educational experience in regard to pedagogy and testing. Most of the study participants questioned many of the testing protocols used at MCHP and shared their reflections on how their courses were taught. In terms of the theme “testing,” students expressed concern with their experience with high stakes testing and the college’s refusal to allow students to review their exams. In accordance to the theme “content delivery,” students found that there was a lot of information that was covered and felt as though they were being “pumped full” of information. The following section will review student experiences related to testing and content delivery.
Testing. The theme of testing was an important topic for all of the study participants. As returning students, every participant failed in the testing portion of their nursing program, and only one student experienced high stakes tests for his entire time as a student. For the remaining study participants, all of the students experienced high stakes testing during their initial year as a nursing student and did not experience high stakes testing when they returned. In terms of high stakes testing, many of the study participants were distressed when they shared their nursing college experience where they needed to maintain a 74-test average before any of their other grades were counted into their final grade. Lisa shared her feelings related to high stakes testing:

Like it's the first time that I didn't pass a test with a 74 or higher. It was like, I'm done, and I'm done. Now, I can say, okay, well I didn't pass with a 74 or higher, but if I make sure I stick and I focus on everything and, you know, as I have throughout the semester, I'm gonna be okay. And so some of that burden of the stress has come off. Yes it's still there because I've already failed once. And I don't wanna fail again

Lisa’s reflection compared her previous experience with high stakes testing to her recent experience as a returning student when MCHP no longer endorsed high stakes tests. Sarah shared how high stakes testing was used at her previous college and how she felt success at MCHP was more attainable. Steve supported the views of Lisa and Sarah. Steve felt stressed and hopeless when addressing high stakes testing. “Basically, all of our test scores were the only thing that counted towards our final grade. They didn't take into account all the extra work that we do as students” and “at that time, it was very stressful. Because you do badly on one test, and that will pretty much sink you for the semester, is the way I felt” reinforce Steve’s sense of urgency related to high stakes testing. A common theme for eight out of nine study participants were
related to minimal test grades that needed to be achieved before quizzes, projects, and papers were averaged into the final grade. The results indicate that high levels of stress were related to MCHP’s prior use of high stakes tests. Jennifer further elaborated on the overall impact of high stakes testing, “there were maybe four exams in total, and if you got like a 72 or a 70 on two of them, then you could pretty much count on not passing the semester no matter how hard you tried” and “a 74. Yeah, everything was based on it.”

Apart from the effects of high stakes testing, students were also concerned with the weights of their exams as they correlate to their final course grades. Eve stated:

When an exam is 50% of your grade, and you are not a good test-taker anyways, that's a lot riding. That's a lot of stress. Your grading isn't the same as ... I believe your grading is 25 to 30% for midterms and finals, which is more doable, and it's not as stressful.

Another predominante testing issues related to the study participants experienced was related to the students not being allowed to review their tests. Sally, Jennifer and Ann expressed difficulty in not being able to review their exams. Sally explained, “we never were able to go over our exams and even know what our grades were gonna be. We had to wait that full week, and that sucked.” Many of the students had to wait a full week to see their exam grades and once the grades were official, students were not given an opportunity to review their work. Jennifer further reinforced:
That is a big thing. Not seeing our exams... learning from your mistakes because if our finals are accumulative, and let's say that question comes up again for some reason, or something related to that area, that you had gotten wrong, how are you going to know what your strength and your weaknesses are to better prepare yourself without knowing that?

The idea of not being allowed to review exams was a major issue for the 1st year returning study participants. Ann spoke of her experience related to not being allowed to review her test, “well, we don't go over tests, so you don't know what you did wrong, or what you should do better on” and “we forget. We don't know what we did bad on, so I feel like it would help if we knew which section we did bad on so we can focus on that more.” Ann and Jennifer believed the inability to review their tests may ultimately affect them in the future as they believe they may not be afforded the opportunity from their mistakes. Jennifer asserted, “If you go out in the field for nursing, and you make a mistake. You're going to know what mistake you made, and they're going to correct you on how to fix it so that that doesn't happen.” When entering a field where it is important to learn from one’s mistakes, students want to be given the opportunity to review their exams.

Content delivery. Study participants freely shared their experience related to how the educational content was delivered to them at MCHP. Many of the students experienced teaching modalities that tried to fill the students with information. Comments such as “Just too much going on”, wasn't a lot of reiterating”, “didn't feel like we were provided with the tools to really succeed”, and “we were given a ton of information” supports the student’s experience that the way content was delivered was not conducive to student learning. Students further reflected on how the method of content delivery changed when they returned to the college after previously
failing. Lisa explained how her classes changed over two years, “the very, very first two semesters that we did prior to me failing, we were given a ton of information” and “now it makes sense on how things kind of come together. It wasn't [did not] always made sense of how things came together.” The study participants agreed that the manner in which information was transmitted changed from their initial experience, where success felt more attainable than their first time around as a student at MCHP.

Many of the study participants believed when they returned as returning students, the information in their lectures was broken down in a more effective manner than what they previously experienced. Ray elaborated on how his instruction change as a returning student. “Some lecturers would literally just read off of the slides and not really elaborate much. That was pretty early on in my schooling, but that got better. That got better.” Jennifer’s view is similar to Ray’s as she stated, “Just too much going on and too much information. There wasn't a lot of reiterating, they’re taking the time now. They're breaking things down more. They're spreading it out, the education. They're making it more retainable.” The study participants were appreciative to the fact that many of their teachers were taking time to breakdown difficult nursing concepts, and Sally related this phenomenon to helping her with her interpretation of the class content:

I need the reinforcement. When I'm reading something, I don't always necessarily understand it the first time, so then if I read it and then go to class and have the teacher actually go over it, it clicks in my head.

Study participants expressed their desire for teachers who were actively engaged in their education. A predominant theme associated with content delivery was connected with the students desire to receive additional help and guidance in interpretation to help them understand
difficult nursing content. Student reflections reinforced the idea that faculty guidance was a needed component of their college success.

Study participants reinforced their need for teachers to aid the students in interpreting difficult course content. The desire for teachers to breakdown content was a strong message from the returning students, and teaching methodologies such as the “flipped classroom” added to the student’s confusion when trying to understand nursing concepts. Sally explained:

there were times, which I think, mostly in psych and maternity was the case where we would read it, and then we would just do group work, and the teacher never really went over stuff with us. You were kind of unsure of what you needed to focus on.

Study participants believed they needed assistance in interpreting their course content. Sarah explained, “He tried to flip classroom, which worked for a point, and then he was able to sit there and write it on the board and break it down so we're like, "Okay now I understand it." Although Sarah understood the intent of group work as directed by the “flipped classroom” pedagogical techniques, many of the study participants needed to have their nursing teachers to expand upon and review course content regardless for how it is taught.

**Theme of Organization**

The study’s participants shared their experience for how MCHP as an organization either facilitated or hindered their learning success. The theme of organization is further broken down into subthemes of organizational structure, empowerment, and horizontal violence. For the subtheme of organizational structure, the content is further divided into a subtheme of the organization’s positive reputation. All of the study participants shared how MCHP was a positive influence in their learning, and comments such as “year’s prior was not so good” and “very
welcoming” reinforces how the students perceive MCHP as an organization that is evolving to meet the students learning needs.

**Organizational structure.** The study participant’s reflections reviewed factors related to the college’s organizational structure that hindered or facilitated their academic success. Many of the student reflections expand upon the participant’s positive experience at MCHP which was attributed to the productive changes the college is making in terms of its curriculum and organizational structure. Lisa elaborated:

The organization when we first arrived in the very first semester ever of nursing school, I think it was, “well we're gonna try this,” “so we're gonna try to see if we do this better than that.” And I think some of that was very ... It wasn't as organized. I feel like the organization that we have now is a lot more organized than it was when I ever first came in.

Lisa reflects upon the positive structural changes, as MCHP appeared to be more organized when she came back as a returning student. Numerous students supported Lisa’s view, “Just the whole feel, the staff, the support, and not all of the staff, but the people have changed, I guess, and the program has changed. It's gotten better.” Many of the study respondents gave examples MCHP being “more organized” as an example of their witnessed change at the college. However, another positive contributor to the organization’s change was compared to the college’s smaller class sizes.

Mary and Sally attribute MCHP’s smaller class sizes as a positive indicator for how MCHP has changed. Mary shares her experience with large nursing classes:
The semester that I failed out the classes were much larger and there was a lot of ... I mean even the background noise of like 30 people writing on a piece of paper you hear every single and it's distracting. It was a very large class. Then when I came back the classes I felt like they were smaller, maybe they weren't but I did feel like they were smaller. I felt like I don't know I just felt like it was a small atmosphere.

The smaller class sizes were less distracting for the many of the study participants. Sally explained, “I think the small classrooms helped my success, 'cause like I said, I was able to actually feel comfortable enough to talk to my teachers about stuff that I was concerned about or didn't understand, or whatever.” The smaller class size was reported to foster a more comfortable learning environment where the returning students felt a bit more comfortable to talk with their teachers. Student participants reinforced the idea that positive structural influences such as an organized but small classroom environment was associated with student comfort and success.

Although surveyed students believed increased levels of organization and smaller classes contributed to their college success, negative issues related to continually changing schedules and the college’s inability to empathize with the student’s needs was an issue for many study participants. Jennifer stated how she believed students needed time to adapt to last minute scheduling changes as students need “fair time to prepare for things. If something's going to change, then accommodate that time.” The results indicate that students need time to adapt to change. Mary reported “the crappy parts were so when I went to school there was some staffing changes and this and that and things were up in the air.” This degree of uncertainty has a detrimental impact on students, as Eve shared:
Because in the end, you get tired. We're tired. We've got a month, month and a half left. We all know the famous pinning situation, okay? That should have just been told right up front, because at this point, I'm going to say it and I don't care that I'm on tape, I don't give two shits anymore about the pinning. I don't care anymore.

The results indicated that the students are frustrated by ever-changing schedules and practices. For many of the study participants, organizational structures such continual change and the perceived disregard for the student’s wellbeing influenced their perception as to whether the college cared, and this affected their desire to succeed.

*Positive organizational reputation.* Many of the study participants were conflicted with their negative organizational experiences with MCHP, as many of the surveyed students reported MCHP’s positive organizational reputation for being a reason why they applied to the college. Mary and Sally reported a component of MCHP’s positive reputation was the college’s high NCLEX pass rates. Other survey participants reported the applied to MCHP due to positive feedback from friends and family members who completed the program. Jennifer stated, “I had a lot of friends that went here that liked it here” and Lisa shared “I had had a few nurses from the hospital that had gone here prior, saying that they really liked it. It's a good program.” Study participants applied to MCHP as the college maintains a positive regard in the surrounding nursing community. Ann explained, “I heard good things about this school. And the one thing that I liked was the small classes that they offered, versus the ones at other colleges with the big classes. So, I liked the whole intimate teaching.” In terms of MCHP’s positive reputation, small class sizes and high NCLEX pass rates were given as predominant reasons why the returning students applied to this nursing college.
**Empowerment.** Initially, many of the study participants had difficulty addressing the term empowerment. Through continual discussion, the participants shared their personal stories related to empowerment as it applies to their self, role as healthcare professionals, and experience related to MCHP. Comments such as “not give up”, “people just felt like they had your future in their hands”, “make decisions for ourselves”, “we weren't just a student”, “you're making a difference”, and “didn't feel like my opinion mattered,” reflect the students varied perception for what defines empowerment. Although the study participants did not have a clear defining description for what entails empowerment, they were able to share experiences that either promoted or hindered their sense of empowerment as a nursing student.

At the organizational level, Eve believed MCHP has given students the tools needed to be empowered. “The school empowers us to get feedback. It empowers us to make decisions for ourselves to a certain extent.” Mary agreed with Eve’s view as she stated, “They [MCHP faculty] were empowering that student to kind of voice what they were thinking, and it was awesome when the instructor would get so excited and then be like yeah yeah that's exactly it or I never saw it that way.” At the institutional level, MCHP has practices in place to help students develop their role and actions as empowered students. Although the students were initially confused with the term empowerment, they believed the organizational structure of MCHP fostered empowerment by giving students the tools they needed to assert themselves as nursing professionals.

Although many of the study participants expressed they felt empowered as students as it relates to their role as a prospective nurse, many of the interviewees expressed how they did not feel a sense of empowerment as a student. Ray shared:
I didn't feel like my opinion mattered that much. I mean ... I think in a student sense I didn't feel that empowered. Obviously, I was learning everything new.

Didn't really know what I knew and what I didn't know, I guess.

Ray’s apparent sense of disempowerment was related to his unease and lack of confidence as a student. Sally shared Ray’s sentiment, “As a student, I was pretty much always worried and like, "Oh my God, am I ever gonna actually be able to really be a nurse?" Yeah. It was like constant fear, I think, as a student.” The student’s unease appears to affect their sense of empowerment as uncertainty in their role seems to have affected their perception that they could succeed. The study participants seemed to have differing tolerances to whether they would be disempowered by their nursing college experience. Ray expanded on his experience with disempowerment related to reviewing test questions, “You can ... you can talk your side blue in the face, and if they're ... At the time, the D.O.N. was either "This is what it is, or " and if you didn't pick that answer then you're wrong.” Rays experience illustrates concepts of empowerment at the organizational level that correlates with the student’s perception that they are heard and appreciated. Ann states, “when I talk to a certain teacher, she always tells me that I'm doing great, and I'll be a great nurse, and I'm almost there, and I'm doing a good job, to keep it up.”

Ann’s experience reinforced the notion that positive feedback at any level can foster an increased sense of empowerment.
**Horizontal violence.** Nursing students frequently exhibit bullying behaviors towards their peers and this action is often referred as horizontal violence (Bradbury-Jones et al., 2007; 2010; 2011). The literature supports high rates of horizontal or lateral violence in the nursing profession and many of those behaviors start when the student enters their nursing program. In addition to lateral bullying behaviors from one’s student peers, continual pressures from the nursing faculty are often perceived as bullying behaviors by the students. Bullying behaviors and horizontal violence is pervasive in the nursing culture, and it is believed to start in nursing education and has spread to all areas of the profession (Bradbury-Jones et al., 2007). Nurses and students often experience bullying behaviors from their peers, and their role is often minimized by members of the student’s faculty. The results of the study reinforce the idea that horizontal violence is rampant in the nursing profession and disempowered students will evolve to become disempowered nurses.

Study participants were initially confused with the term “horizontal violence, and two of the interviewees stated, “I’m not sure” and “That just sounds horrible altogether, I just want you to know that. I don't know what that means to me” when asked what horizontal violence meant to them. Other participants were able to define the term. Sarah explained, “Horizontal violence is people at the same level that are negative, that impact your physical, emotional or mental wellbeing. I think of nursing eating their young.” Although a single student was able to classically define the term “horizontal violence,” many of the study participants described uncivil actions that they have experienced as both a student, and for some participants as a practicing nurse.

Steve correlated horizontal violence to uncivil actions he experienced as a nursing student who failed out of his nursing program. Steve expanded on his experience, “Horizontal violence
for me, would be like when I applied to get back in. I would email somebody, then they'd send me to somebody else. Then I'd get very rude reply back in response” and “Yeah. Nobody was paying attention to me, dodging my questions.” Although Steve acknowledged his experience may not adhere to horizontal violence’s classical definition, he equated the term with the uncivil actions he encountered when he tried to reapply to MCHP. Ray equated horizontal violence to his experience as a returning student and as a registered nurse. Ray stated:

I think some teachers want to feel right, just as everybody, but I think it was more of "I'm right, you're wrong, 'cause I'm here and you're there" kind of thing. Yeah. No, I think that horizontal violence is an issue both workplace and in the school, and probably throughout all professions, really. I mean ... New doctors, I'm sure, get hazed.

Ray’s experience reinforced the idea that horizontal is found throughout healthcare, and for nursing, uncivil actions associated with horizontal violence may start in nursing school. Ann believes she never experienced horizontal violence and Sally believes she has experienced both respectful and disrespectful interactions as a student nurse. Sally explained:

Yeah. I would say a couple of the nurses were kind of just annoyed that the students were there following them around, especially the first two semesters when we couldn't really do anything, and we were just kind of in the way. But that being said, there were also some nurses that were great, and loved it, and would teach us everything, and explain everything, and make us think, and ask us, "Why are we doing this? Why do you think this?" There was a little bit of both. Sally’s experience indicated horizontal violence occurred during her tenure as a student. However, she also worked with many individuals who were respectful towards the needs of her
learning. Although the study participants had difficulty in defining horizontal violence in the classical sense. The results indicate uncivil actions are common throughout nursing and for many of the study’s participants, those uncivil actions started during the student’s nursing education.

Summary of Findings

The nine participants shared similar stories related to how they made sense of their lived experience as returning students at MCHP. The primary research question of the study aimed to understand how returning nursing students make sense of their nursing college experience and how the structure of MCHP can facilitate positive structural growth and success for the returning students. Common themes and sub themes became apparent through the gathering and coding of the interview data. The interviews were structured using semi structured questions that allowed the students to make sense of their experience as returning students. Interview protocols allowed flexibility for student answers and clarifying questions were asked as needed. A key component of the study was to understand the student experience through an interpretive phenomenological analysis to help the researcher understand how the study participants made sense of their initial and later nursing college experience. By analyzing the returning students experience through an IPA approach, the information gained will help educational practitioners in gaining insight into potential barriers and practices that may hinder student success.

Several shared experiences became apparent amongst the sample of nine returning nursing students. The study participants were composed of two males and seven females, and the majority of the returning students experienced high stakes testing to varying degrees. Emergent themes that arose were related to MCHP as an organization, and sub themes were classified based ideas of organizational structure, empowerment, horizontal violence, to include a sub-theme of organizational structure that explored MCHP’s positive reputation in the community.
When reviewing the students experience with the faculty, major ideas included positive and negative faculty interactions. Additional narratives included experiences with pedagogy and teaching, which included emergent themes related to testing and content delivery. For the term experience, emergent themes included unsuccessful study skills and other emergent themes included positive and negative student interactions that were found throughout the organization.
Chapter Five: Discussion and Implication for Practice

The purpose of this IPA study was to determine how returning nursing students made sense of their nursing college experience. In the study, nine participants shared their lived experience as it related to their success and failure in MCHP’s nursing program. The overarching research question was based on the perceptions of nursing students who were not successful and are returning students in their nursing program, to explore how nursing students made sense of their nursing college experience and how does the structure MCHP promote the student’s educational experience to facilitate positive structural growth and student success. Sub questions further expanded on the primary research question as follows:

1. How do returning nursing students who were previously unsuccessful make sense of the factors that influence their academic achievement at MCHP?
2. How does the returning nursing student correlate personal empowerment as it relates to their role and motivations as a student nurse?
3. Based on the perceptions of MCHP returning students who were previously unsuccessful, how did or does the structural components of MCHP affect the student’s sense of empowerment.

In the study, I sought to understand how returning nursing students made sense of the structural components of their college that affected their perceptions of empowerment and how those constructs may have affected their willingness to succeed. The overarching research question and sub questions were explored and guided by Kanter’s theory of structural empowerment to help the researcher understand the lived experience of the returning nursing student.

Through the course of the study, several themes arose amongst the sample of nine returning nursing students. An important emergent idea focused on MCHP as an organization
with themes that were further subdivided into ideas of organizational structure, empowerment, and horizontal violence. When reviewing the ideas related to the participants experience with the faculty, major themes included positive and negative faculty interactions. Additional participant narratives included experiences with pedagogy and teaching with emergent themes related to testing and content delivery that were found to be concerns for many of the study participants. In terms of the idea of experience, emergent themes that arose included the participants experience with unsuccessful study skills and positive and negative student interactions that were found throughout the organization. To understand the needs of the contemporary nursing student, administrators and faculty members need to listen to and be mindful of the concerns of their organization’s students.

The current literature has shown that nursing student attrition is a complex issue that is reliant on many interrelated variables. The literature has found the concept of nursing attrition was related to historical learning associated with nursing education, issues of empowerment, and educational inequalities related to social justice and diversity. As returning nursing students, the participant’s experience supports many of the ideas found in the current literature. The current literature reviews streams of knowledge that supports why many nursing students fail. Although many nursing programs are dependent upon the high number of applicants who compete for coveted student slots in nursing programs, high attrition rates ensure many vacancies found throughout the nursing profession will not be filled.

Apart from high rates of attrition, the current literature also explored the concept of horizontal violence that is prevalent throughout nursing. Horizontal violence is a term where nurses frequently exhibit bullying behaviors towards their peers (Bradbury-Jones et al., 2007; 2010; 2011). The current literature has made an association with attrition rates in nursing
education to concepts of horizontal violence, disempowerment, and uncivil actions between faculty members and students (Babenko-Mould, & Laschinger, 2014; Bowllan, 2015; Bradbury-Jones et al., 2007/2010/2011; Ledwell et al., 2006). The literature as well as the study’s participants expound upon the continual pressures from the nursing faculty whose actions may be interpreted as bullying behaviors by the students. Bullying behaviors and horizontal violence is a pervasive negative characteristic of the nursing culture that starts early in the nursing educational process (Bradbury-Jones et al., 2007). Hence, it is important for all members of the student’s educational team to understand how one’s behavior may be interpreted by the student. During the course of the study, many of the participants described their experience with incivility and horizontal violence that is found throughout nursing. Although there were a few returning students who stated they never heard the term “horizontal violence,” many participants shared stories related to negative behaviors and interactions that were experienced during their education.

In the current research literature, there was a lack of evidence that explored the student perspective related to nursing student attrition. This gap of knowledge is important as students are educational consumers, and a deeper understanding for why students are unsuccessful may provide educators, deans, and a college’s upper administration with the impetus to enact change in an organization. The lack of student input related to nursing student attrition provided the motivation for developing the research questions that guided this study, and the lack of student narratives in the literature provided a vacancy in the knowledge that motivated the researcher to study empowerment and attrition from the student’s point of view.

To explore the overarching and supporting research questions, a qualitative research approach that incorporated an interpretive phenomenological analysis design as the researcher
wanted to understand how returning nursing students make sense of their experience as students who initially failed in their nursing program. There are three theoretical principles associated with IPA that were useful in exploring how the returning student made sense of their nursing college experience. IPA values the participants' unique perspectives of their experience. Through the course of the interviews, an IPA analysis was valuable in examining the unique experience of the study’s participants, and from those experiences, themes related to the research question began to emerge. The third attribute of an IPA analysis that was beneficial to the study followed an interpretive tradition rather than a descriptive methodology that is normally found in traditional phenomenology (Jeong, & Othman, 2016). In this study, an IPA analysis focused on the interpretation of the returning student experience that was unique for each of the study’s participants.

The research project was framed around Kanter’s theory of structural empowerment. Due to high rates of attrition found in many nursing programs, Kanter’s theory was useful in determining the structural components of MCHP that may either promote or hinder a nursing student’s sense of empowerment, since an individual may not stay in a job or may not be successful in their educational program since they may be disempowered and lack the motivation to persevere.

Theme of Experience

All of the interviewed students shared positive and negative experiences as a returning student at MCHP. Every participant experienced failure in their nursing program. Although the interviewees experienced a sense of loss as they realigned themselves with their nursing studies with the aim to succeed, the study participants were thoughtful in sharing their positive and negative experiences as students at MCHP.
**Positive student experience.** All of the students enrolled in the study were able to share positive experiences that they encountered at MCHP. Comments such as “This time around, it's so much better. It's more, I don't know. I feel like more people want me to succeed more” and “It's gotten better. It's more, I don't know, more easier to understand the learning, a better learning environment,” reinforce the idea that MCHP as a college is sending students a positive message that the college cares and are vested towards student success. The study respondents reinforced the idea that they felt better about themselves when they interacted in a positive manner with the college. Structural empowerment is be generally defined as characteristics of an experience in an organization that can either constrain or encourage optimal job performance, regardless of an individual’s habits or predispositions (Kanter, 1993). In providing a positive environment for nursing students, optimal performance may be achieved through the use of empowering practices. Positive student experiences reinforce the ideal of an empowered environment. When attempting to facilitate positive student empowerment, educational institutions, administrators, the faculty, and curriculum should consider empowering strategies to facilitate student growth.

**Negative student experience.** When sharing their experience as a student at MCHP, many of the course participants reflected tried to stay positive when sharing their experience who previously failed. However, through the course of the interviews, many of the participants grew more comfortable and shared negative their negative experiences while they were students at the college. Many of the students felt disrespected by members of the college’s faculty and administration. Comments such as “I just know that that was the most stressful, hardest time ever. If you have any personal issues or problems going on, well too bad, you're not allowed to,” reinforced the degree of stress and anxiety the students encounter at MCHP that resulted in
feelings of feeling as though they were treated disrespectfully at the college. Study participants associated negative interactions and experiences with the lack of support from their faculty members and administration.

**Negative experience and the lack of success.** Study participants reinforced how their negative interactions with members of MCHP’s faculty and administration ultimately affected their desire to succeed. Although many of the participants correlated negative interactions with the promotion of stress, continual negative experiences from members of the college affected most of the participants at a personal level. Many of the interviewees correlated the term support with their positive and negative experiences. Access to support is a primary tenet of Kanter’s theory. According to Kanter (1993), for an individual to become empowered in their workplace, a supportive organizational environment is important when facilitating a sense of empowerment in an organizational setting. If an individual perceives they are supported in their workplace, they may attain a sense of empowerment that will help them to maintain a sense of resilience that will reinforce their ability to cope when negative interactions are encountered in their organization. Kanter’s theory can be used to overlap the concept of empowerment that is experienced in the workplace as well as an educational organization. A major implication of this research reinforces the idea that students need to be treated respectfully if they are to succeed. To ensure student success, members of the faculty and the administration need to review their educational practices as they relate to fair and respectful treatment to students.

**Study skills.** Through the course of the interviews, the study participants were open about the contributing factors that influenced their success at MCHP. Although the majority of interview data focused on positive and negative experiences, nearly all of the participants expressed the need to adopt strong study skills to ensure success in their nursing program. The
students were in consensus that they needed to change their study habits if they were going to succeed as returning students. Steve explained, “I should've went [to get faculty help] right after the first test instead of waiting. Oh, I'll do better on the next test. I should've seeked help earlier. That's part of the responsibility as a student is to do that.” The idea that the participants should have received help sooner was a common message associated with the student’s study skills.

The participants experience with study skills can be compared to Kanter’s tenet “Opportunities for Advancement.” When individuals feel empowered in their organization, the worker or individual may feel accepted with their work group and believe they have the opportunity to advance and grow and succeed in their organization. Those who do not believe they have opportunity, may lack the motivation to advance with their organization, and this may result in a downward trend as it relates to an individual’s perception of disempowerment and deprivation (Kanter, 1993). When applied to the returning students new found study skills, study participants believed they had a greater opportunity to succeed, and this led to the students adopting stronger study skills as they understood their opportunity to advance was related to their academic success. Kanter’s framework reinforces the ideal for the college’s faculty and administration to promote a strong sense that the student is capable of advancing in their nursing program. Hence, an educational experience that is positive and promotes the belief that the student can graduate is a key message obtained from the student interviews.

Theme of Faculty

The majority of the study participants shared their appreciation for and issues they have experienced with MCHP’s faculty. All of the students interviewed reported how members of the faculty were an important component of their nursing college experience. Participants shared their positive and negative experiences they had with MCHP’s educational team, where they
expressed they felt both supported and unsupported by the college’s faculty. Faculty interactions with the student are important as many of the participants correlated their interactions with faculty members with organizational support. In Kanter’s (1993) work, the theoretical tenet “access to support” is synonymous with a supportive organizational environment that will foster a sense of empowerment in the workplace. In a clinical nurse setting, retention is often associated with a supportive organizational structure (Wiens, Babenko-Mould, & Iwasiw, 2014). To aid in student retention, educational institutions would increase student empowerment by facilitating a supportive learning environment.

**Positive faculty interactions.** As previously mentioned, seven out of the nine study participants believed they shared many positive interactions with members of MCHP’s faculty. Comments such as “feeling supported” and “I think that my second time around here I feel that there’s more openness than there has been before” reinforced the participants description of MCHP as a supportive institution. The majority of the study participants shared they were comfortable with MCHP’s faculty and felt members of the college’s teaching and administrative staff were available to help with the student’s learning needs. A key message gleaned from the positive faculty interactions reinforce the importance of Kanter’s (1993) concept of a supportive organizational structure. Many of the study participants reinforced how positive faculty interactions were empowering, and as returning students, they flourished their second time around in a supportive organizational environment.

**Negative faculty interactions.** Although many of the study participants were eager to share their positive experiences with MCHP’s faculty, six out of nine students shared their negative interactions with members of the college’s faculty. Comments such as “not supportive,” “Whenever I reached out for help, I felt stupid,” and “degrading in a way” reinforced key
negative themes associated with the participant narratives. Narratives that reinforced negative and degrading faculty/administrative interactions was a common concern for many of the interviewed students. Although many of the participants reinforced the idea that they experienced many positive interactions with the faculty, negative interactions with the faculty did not foster a supportive learning environment.

The study participant’s negative experience with the faculty sends a powerful message as it relates to Kanter’s (1993) theory of structural empowerment. A supportive organizational structure is important when establishing a sense of empowerment in the workplace. As an organization, a college may experience many of the same issues related to empowerment and retention. Negative faculty interactions reinforce an unsupportive organizational environment, and a college’s faculty and administrations need to be mindful for how positive and negative interactions affects their student’s sense of empowerment. Individual interactions can be interpreted differently amongst faculty members and students. Therefore, a primary consideration associated with empowerment is a supportive learning environment. Faculty members cannot control how their message is heard 100% of the time. However, the need to remain respectful and supportive is tantamount with retention and empowerment.

**Theme of Pedagogy and Teaching**

An important interview topic shared by all of the study participants was associated with testing and methods of content delivery at MCHP. Study participants were anxious when discussing testing protocols and instructional methodologies used at the college. The use of high stakes exams with the inability to review exams was a disempowering issue for many of the students. Additionally, educational modalities related to the use of a flipped classroom and content centric lectures was troubling for many of the participants. Although there is no direct
correlation between the theoretical tenets of Kanter’s theory of structural empowerment to pedagogy and teaching, attributes of a facilitating learning environment are key component of a college’s organizational structure that may be implemented to ensure student empowerment and academic success.

**Testing.** Testing was an important topic for the nine study participants. As returning students, all of the study participants failed the testing component of their nursing program, and a single participant experienced high stakes tests for his entire time as a student. For the remaining students, they experienced high stakes tests during their initial year as a nursing student and did not experience high stakes testing when they returned. A key takeaway from the students was associated with the college’s previous requirement to maintain a 74-test average before any of their other grades were tabulated into their final course grade. Minimal test averages and high exam weights promoted a sense of anxiety with all of the study participants. If the student is anxious, they may be less inclined to be an empowered student who is able to muster the long term goal of achieving in their nursing program.

Other testing issues were related to high weighting scales on test and the inability to review exams. Jennifer reflected upon an important issue related to exam reviews when she stated, “if you go out in the field for nursing, and you make a mistake. You're going to know what mistake you made, and they're going to correct you on how to fix it so that that doesn't happen.” Study participants expressed their need to review their exams as they believed an exam review afforded them the opportunity to learn from their mistakes.

The opportunity to review test and succeed with their nursing exams is an empowering activity for all of the study’s students. Kanter’s (1993) seminal work provides a theoretical framework for the concept of structural empowerment. Kanter’s work may be used to explain
factors that may influence whether an individual feels empowered in their organization.

Structural empowerment theory was intended as a framework to explain concepts related to the lack of opportunity and power that may result in high employee turnover. However, in the context of a nursing college, the organizational structure of the learning institution has the ability to control organizational structures of opportunity, power, and social dynamics that lead to individual empowerment. In this study, a key takeaway for colleges, faculty, and curriculum designers is to be aware of the many unnoticed factors that may ultimately effect student empowerment and the resultant perseverance to succeed. In the realm of exams and grading, student motivation and empowerment is associated with the summative evaluation of their performance. Although nursing educators continually follow historical methods related to testing and grades, reviewing one’s evaluation criteria may be needed to review its impact on the student’s motivation and intent to succeed.

**Content delivery.** The means for how content is delivered to the student was another pedagogical issue that concerned many of the study participants. Students expressed concern with teaching modalities that either filled them with information or utilized a “flipped classroom” where participants felt they were on their own to learn course content where they had no assistance in interpreting their course content. Sarah explained, “He tried to flip classroom, which worked for a point, and then he was able to sit there and write it on the board and break it down so we're like, "Okay now I understand it." Students were not distressed with group work or preparing for a class in advance. Rather, the study participants asserted they needed help with the interpretation of difficult concepts. When reviewing their interviewee’s lived experience, the researchers is engaged in the hermeneutic process in an attempt to capture the meaning of their respondent’s interactions with the physical, social, and psychological world. When reviewing the
concept of content delivery, meaning was attained from the interviewee’s narratives. Students who express anxiety and disempowerment related to how information is presented to them reinforce a major concept that was gleamed from the student interviews.

The concept of content delivery was a predominate concern for many of the returning students. Students continually expressed the need for faculty members to explain difficult content to aid the student in their interpretive process. In terms of empowerment, Kanter’s (1993) theory reviews organizational factors that may affect a student’s sense of empowerment. The study participants did not feel empowered when they were presented with high stakes testing or teaching methods that made the student primarily responsible for their interpretive process. In the college setting, organizational factors such as testing and teaching are integral components of an institution’s structure. To facilitate student empowerment, faculty members and administrators should review protocols and teaching methodologies to review whether current strategies foster a sense of empowerment with students. An empowered student will be more inclined to complete their educational program. At an organizational level, empowerment is associated with retention. For a student to succeed in the nursing program, colleges would benefit from the exploration of alternative educational methods that would empower students.

Theme of Organization

Although the results support the student’s story in terms of experiences that either promoted or hindered their sense of empowerment, many of the participants provided rich narratives related to the organizational factors of MCHP that affected their sense of empowerment and motivation to succeed. At an organizational level, students shared their experience for how MCHP either facilitated or diminished their learning experience. Through the interpretation of the student narratives, the theme of organization was subdivided into subthemes
of organizational structure, empowerment, and horizontal violence. The theme of organization includes many theoretical tenets of Kanter’s (1993) theory of structural empowerment. Educators and administrators should be concerned with the organizational factors that may limit the student’s sense of empowerment or diminished their motivation to succeed. Students were complimentary to their experience towards MCHP. Nonetheless, the study participants provided rich narratives that may offer guidance for educational institutions to review their practices and implement prospective change to ensure continual student success.

Organizational structure. The study participant’s narratives reviewed multiple factors for how MCHP as an organization either facilitated or hindered the returning student’s academic success. It should be noted that many of the student narratives reinforced their positive experience for how the college has changed its practices to ensure students were motivated and succeeded in the college’s nursing program. Comments such as “Just the whole feel, the staff, the support, and not all of the staff, but the people have changed, I guess, and the program has changed. It's gotten better,” reinforces the positive changes that MCHP has undergone during the past few years to reduce attrition and ensure students succeed in the nursing program. The subtheme of organizational structure adheres to Kanter’s (1993) theory of structural empowerment, as the recent changes at the college are viewed by the returning students as empowering educational practices.

Disempowering organizational structures at MCHP includes last minute scheduling changes and the degree of uncertainty in the nursing program. Comments such as “last minute scheduling changes” and the need for “fair time to prepare for things” reinforced the need for the student participants to attain a semblance of stability in their nursing education. Students are frustrated by their changing course schedules. Student interviewee’s correlated continual care
practices with a caring learning milieu that does not hold the student’s interest with any regard. A key takeaway from the student narratives reinforced the idea that productive change at MCHP is apparent. However, tiny infarctions related to last minute schedule changes can have a detrimental impact on students.

**Positive organizational reputation.** It should be noted that nearly all of the students decided to apply to MCHP due to its positive reputation as an excellent provider for nursing education. Reflections such as “small class sizes,” “intimate teaching,” and “high NCLEX pass rates,” reinforce the interviewee’s interest in seeking an education at MCHP. Students were also conflicted when providing negative experiences they may have encountered at the college. The student’s ambiguity was apparent when sharing their experience. However, study participants believed their input may be benefit the college as it grows as a major college for nursing in Central Maine.

At an organizational level, MCHP’s positive reputation is important for recruiting new students. Students desire a college with a positive reputation to ensure they are successful in their prospective careers. Hence, it is important for MCHP to review and make possible changes related to the student narratives provided in this study. Many organizations have failed as they may have become stagnated and failed to remain innovative in their prospective field. Although MCHP enjoys a strong reputation in nursing education, and organizational issues such as ever-changing schedules may have a detrimental effect on student learning outcomes and the overall health of the organization. To maintain its strong reputation in nursing education, MCHP must strive to remain innovative as all members of the college’s educational team must pay attention to the student’s concerns if meaningful change and growth is going to continue at the college.
**Empowerment.** In the interviews, many of the study’s participants had difficulty elaborating on the term empowerment. Student comments such “not give up”, “people just felt like they had your future in their hands”, “make decisions for ourselves,” “you're making a difference,” and “didn't feel like my opinion mattered,” reflected the myriad of responses related to how the student defines empowerment. Although the study participants did not have a clear definition for what defines empowerment, they were able to share experiences that affected their sense of wellbeing and whether they felt motivated as nursing students. At the organizational level, students believed MCHP incorporated practices to help students develop their role and actions as empowered students. Although the students were initially confused with the term empowerment, they believed the organizational structure of MCHP fostered empowerment by giving students the tools they needed to assert themselves as nursing professionals.

Empowerment is a subjective term that is difficult to define. Although the study participants experienced difficulty in defining the term, they believed the experiences they encountered at MCHP promoted or hampered their sense of empowerment as a nursing student. The term empowerment is an all-encompassing term that has a relevant association with every theme found throughout the study. Kanter’s (1993) work focuses on employee empowerment at the organizational level. In essence, if an employee is not empowered, they may be less likely to remain in their current position. A comparable analogy can be made with the nursing student. Students are affected by the social, structural, and psychological factors that affect whether they are empowered in their position as a student in a learning institution. Numerous factors affect empowerment, and a key implication of this study reinforced the idea that educational professionals need to be aware of the many factors that affect whether students will feel empowered and succeed in their chosen educational program.
**Horizontal violence.** The concept of horizontal violence was an important theme for many of the study participants. Although many of the students had difficulty defining the term, most of the respondents shared stories related to this critical issue. Horizontal violence is a common term used throughout the nursing profession, and the behavior manifest itself through bullying behaviors found between individuals who hold lateral positions (Bradbury-Jones et al., 2007, 2010, 2011; Giddings, 2010; Pines et al., 2012) Horizontal violence is associated with disempowerment, and many individuals experience bullying behaviors from their peers and other individuals who are perceived to be in power. Nursing students frequently display bullying behaviors towards their peers and their actions may be related to the degree of disempowerment they experience in their nursing program.

The current literature supports the incidence of high rates of horizontal or lateral violence in the nursing profession and many of those behaviors start when the student enters their nursing program. In addition to experiencing bullying behaviors from their student peers, study participants associated continual pressures from the nursing faculty as bullying behaviors. Horizontal violence and bullying is common in the nursing culture, and the maladaptive behavior is believed to start in nursing education and has spread to all areas of the profession (Bradbury-Jones et al., 2007). Many of the study participants described episodes of horizontal violence that they have experienced as both a student, and for some participants as practicing nurses. The participant Steve correlated horizontal violence with uncivil actions when he stated, “Horizontal violence for me, would be like when I applied to get back in. I would email somebody, then they'd send me to somebody else. Then I'd get very rude reply back in response.” A primary message of the study reinforces the idea that horizontal violence as well as rude or uncivil interactions are not uncommon behaviors experienced at MCHP.
Kanter’s (1993) theory can be used to describe how horizontal violence, work place or educational attrition, and the desire to leave the nursing profession may be due to the lack of empowerment at the organizational level (Bradbury-Jones et al., 2007; Ledwell et al., 2006; Nedd, 2006; Shanta & Eliason, 2014; and Siu et al., 2005). The literature reinforced the idea that the development of empowerment is reliant on the organizational structures of an institution rather than individual attributes that contribute to one’s sense of self-worth. Empowerment is an important issue in nursing, and Kanter’s (1993) theory of structural empowerment has been useful in determining organizational structures that may affect a nurse’s overall sense of self and whether they will leave the nursing profession. Members of the faculty and administration need to be aware of the numerous factors that may affect a student’s sense of empowerment. Although there may be individual issues that may prevent students from succeeding, empowering behaviors and practices are reliant on the protocols and philosophies set forth by individual institutions. The learning institution needs to maintain a sense of awareness that individual differences as well as the college’s actions, are both important in promoting positive and negative student outcomes.

**Implications to Nursing Education**

The information gleaned from this study reinforces the idea that educational organizations play a major role in facilitating student empowerment. The current literature has correlated a nurse’s sense of empowerment with autonomy, stress resilience, and job satisfaction. Although Kanter’s theory of structural empowerment has been disputed as it may not explain all aspects related to the development of empowerment, Kanter's (1993) structural empowerment theory provides a framework for understanding empowered employees and workplaces (Orgambídez-Ramos & Borrego-Alés, 2014). A critical message of this study reinforces the idea
that nursing colleges play a significant role in the development of empowered students. A nursing mentor once told me a study of this type would never work as educators do not care what the students have to share in regard to their education. The mentor reinforced the ideal that students adapt to the college’s curriculum and once they graduate in essence they are forgotten. The information in is important in nursing education as the student’s experience expounds upon MCHP as an organization, and how the practices and curriculum of the college affected the students sense of empowerment and their overall motivation to succeed.

The information in this study is important as it suggests an alternate view for how we view learning institutions. Students in contemporary education are expected to be astute critical thinkers who are well versed in collaborative learning. All colleges need to examine how they teach as nursing graduates must possess a new set of skills that were not needed in the past. In all fields, previous curriculums that placed all control with the faculty and students followed along as “good students” may not necessarily meet the future learning needs of any profession. The popularity of active learning reinforces the ideal that education is changing to meet the needs of an evolving workforce. Hence, empowerment is a key component of this new learning paradigm as a motivated student needs to be motivated if they are to succeed. Motivation is a process of conscious or unconscious actions that is recognized by consequent rewards and the levels of motivation vary between students (Clark & Kenaley, 2011). Faculty members play a crucial role in stimulating motivation with their students. Therefore, empowering practices play a pivotal role in nursing education as empowered students may develop the motivational sense to succeed.

To ensure elevated levels of motivation to ensure nursing success and reduce rates of attrition, faculty members, educational deans, curriculum developers, and administrators could
adopt educational practices that could be used to foster empowerment and high levels of student motivation to ensure success. Nursing education is no longer a stagnant entity where students are expected to adopt and adhere to a nonchanging set of expectations that have not evolved with the changing workplace. Students are now expected to problem solve and engage in critical thinking, and older, paternalistic teaching modalities may not be preparing students for the workforce. In adapting empowering educational practices, the study reinforces the need for respectful interactions between students and members of the collegial team. Apart from random differences that can be found in all students, empowerment is an entity that is dependent upon the organizational structure of an organization. When asked “what can we do with this information from this study,” it is important for the educational institution to be self-reflective in addressing whether the organization is facilitating an empowered learning environment.

**Applying Empowering Practices to Nursing Education**

When implementing the information gathered from this study, faculty members and members of the college’s administration should consider adopting four components of an empowered learning environment. Firstly, educational teams should self-evaluate their current practices to ensure they are providing an empowering and motivating educational setting. On a global scale, are students being treated with respect, and does the college offer fair grading and testing policies? In effect, the first step in developing an educational structure that fosters empowerment, all members of the college’s educational team need to critically analyze whether they believe their current educational structure supports an empowering learning environment.

Secondly, after reflecting whether they offer an empowered learning environment, educators and administrators should explore whether their learning institution is respectful with all of their interactions with students. The lack of empowerment is associated with horizontal
violence and incivility in an organization. By having a no tolerance policy towards disrespectful interactions between any members of the learning institution, the college may promote an organizational structure that promotes a respectful and empowered learning environment.

Thirdly, upon self-reflection, colleges should consider whether they offer fair and realistic grading and testing practices. Are all of the test high stakes? Are the majority of the course grades based upon the student’s skill in taking exams? Additionally, are students allowed to review their exams so they can learn from their mistakes? Finally, the fourth empowering strategy educators and administrators should consider implementing would be effective teaching modalities that would not rely on content driven presentation formats. Rather, an active learning format that encourages problem solving and a means to aid with interpretation would aid the student in developing a sense of empowerment in the learning process. The following four sections will review the four recommendations for building a learning organization that is based on empowering educational practices.

Self -Reflection. Self-reflection is always an important activity to consider when reflecting on one’s actions or being engaged in the change process. Kanter’s (1993) theory of structural empowerment focuses on the structures within the organization, rather than the individual's own qualities as it relates to whether individual feels empowered in the workplace (Bradbury-Jones et al., 2007). Kanter’s theory reinforces the idea that a leader’s power grows by empowering others. Hence, by empowering others, organizations will experience increased performance and a work environment where employees will be more likely to stay with an organization. A similar analogy can be made with education. If students are empowered, they may experience increased performance where the educational environment fosters an increased
sense of motivation where students will have a greater chance to succeed in their educational program.

Since structural empowerment theory focuses on what an institution can do to increase empowerment, it would be beneficial for all members of a college’s educational team to review the communication, testing, and teaching strategies of the given institution to ensure empowering and motivating practices are implemented at one’s school. If empowering practices are not being applied at the organization, changes should be employed to ensure the college creates and empowering learning milieu. Change is a difficult proposition for any party that is involved. As illustrated by the interviews, students had difficulty with the change process. To ensure a productive change environment, the first step is to explore and reflect upon the college’s practices and curriculum to determine if the institution and students would benefit from the change associated with the tenets of an empowered learning institution.

**Effective and Respectful Interactions.** Effective and respectful interactions were a crucial area addressed by many of the study participants. Many of the study participants shared their positive experiences when interacting with MCHP’s faculty. All of the students interviewed reported how their interactions with members of MCHP’s faculty and leadership was an important component of their nursing college experience. Nonetheless, negative interactions with faculty members were experienced by many students, and those interactions reinforced a disempowering feeling amongst the study participants. Through those negative interactions, the study’s participants shared how they felt both supported and unsupported by the college’s faculty. Faculty interactions with the student are important concept related to organizational support. In Kanter’s (1993) work, the theoretical tenet “access to support” is synonymous with a supportive organizational environment that will foster a sense of empowerment in the workplace.
To foster a sense of empowerment with students, faculty members, college administrators, and staff should review how student interactions are conducted, develop communication policies, and adopt a zero-tolerance policy related to uncivil actions between members of the learning institution. Clark et al. (2011) asserts “An emphasis on individual accountability at all organizational levels, as well as organizational adoption of a culture of civility, would be required for policies to be effective” (p.328). To ensure a civil environment exists between all members of the learning organization, accountability would be the responsibility for students, teachers, and administrators alike.

**Realistic Grading and Fair Testing.** Returning student interview results reinforced the student’s unease with high stakes testing, excessively high exam weights, and their inability to review their exam scores. Faculty members, academic deans, and other administrators would need to review the college’s educational philosophies and examine the evidence based literature to explore this important student issue. Study participants all expressed a degree of anxiety and disempowerment related to their grades and associated exam procedures. Although the majority of the nursing students are no longer required to maintain a 74-test average before any of their other grades are calculated into their final grade, there is still a common belief amongst many nursing instructors that minimal exam averages and high exam weights will positively affect the college’s first-time pass rates for the NCLEX exam. As previously mentioned, minimal test averages that must be met to proceed to the next term and high exam weights contributed to a sense of anxiety with all of the study participants. If the student is anxious, they develop a sense of disempowerment and may lose their motivation to achieve their goal of becoming a registered nurse.
To address the effects of high stakes testing, high exam weights, and the student’s inability to review their exams, educational professionals need to review the pros and cons of their current practices. For example, learning encompasses many domains, and a productive learning experience is not always expatiated through the use of high exam weights and multiple-choice test. To ensure an empowered learning environment, educators should review other factors that can be used for formative and summative assessments. An area to consider be the implementation of two-stage examinations. Two-stage exams serve as powerful learning experiences that include high student motivation, communication, and immediate feedback with one’s performance in addition to providing a summative assessment associated with a traditional exam (Gilley & Clarkston, 2014). Although educators may need to review their curriculum, philosophies, and policies related to testing and grading procedures, the research literature has found two-stage testing to be an effective tool in increasing student empowerment and motivation.

**Effective Educational Modalities.** Study participants continually reinforced the need for their teachers to be engaged in the active learning process and consider how traditional lecture based teaching formats that “fill” the student with information is ineffective in promoting long term learning. To ensure an empowered learning environment, colleges need to review how they teach and provide a supportive learning environment that adheres to Kanter’s (1993) tenet of organizational support. Current research has shown that new approaches of teaching are needed to support students and help them persist in their nursing (Williams, 2010). When implementing a motivating and empowering learning environment, educators need to question the need to saturate students with PowerPoint presentations and consider the use of active learning strategies such as the “flipped classroom.”
Student feedback reinforced the need for teachers to be engaged in the active learning teaching paradigm. Most of the study participants were open to the idea of group work and active learning. However, a key concern with many of the students was associated with their unease in creating their own interpretations of difficult content. High achieving students will always succeed. However, instructors may want to consider the use of a supportive learning structure that aids the lower and middle level student with their interpretation of difficult content. The interviews reinforced the idea that the participants were initially motivated and wanted to succeed. To implement an effective and empowering learning environment, it is recommended that instructors consider the use of active learning strategies while fine tuning their students’ knowledge by helping students with their interpretive process.

**Barriers to Consider**

There has been a tremendous amount of research that has studied nursing student attrition. Failure rates in nursing education are extremely high, and many nursing programs experience failure rates in excess of 50% (Abele, Penprase, & Ternes, 2013; Brown & Marshall, 2008; Harris, Rosenberg, & Grace O'Rourke, 2014). To produce enough nurse graduates to meet the needs of an evolving profession, nursing colleges need to improve nursing student retention and graduation rates to fill the growing needs of the profession. Most of the nursing literature has reviewed student attrition from the lens of what students are lacking or lack the motivation to excel in their learning. Although there are students who intrinsically lack the motivation to succeed, a large percentage of nursing students are motivated to learn, and they lack the necessary support to feel empowered to excel in their prospective program. This study approached the concept of nursing student empowerment and attrition through the lens of returning nursing students. Hence, a potential barrier may be related to a shift in the paradigm for
how nurse educators view student success. Instead of focusing on what the students are lacking, this study reviewed the organizational factors of a small nursing college in Maine that affected the student’s sense of empowerment and motivation to succeed.

Other potential barriers may be associated with a nursing college’s need to maintain high NCLEX certification exam pass rates. Due to accrediting body requirements for nursing programs to maintain minimal NCLEX first time pass averages, educational programs adopted high stakes testing where high attrition rates ensured a high percentage of graduating students pass NCLEX. To overcome this barrier, nursing institutions and accrediting body’s need to explore the realistic practicality of students pass rates that do not adhere to the current first time pass rate requirements. Due to the need to maintain high NCLEX first time pass rates, prospective barriers may be associated with the change process as many nursing programs may not want to take a chance in adopting changes to see certification exams pass rates fall. Although there is no clear answer related to NCLEX first time pass rates and how the nursing curriculum has evolved, nurse educators need to address the issue of whether they are teaching for the students to pass their certification exam or graduate students who are empowered providers of patient care.

Other potential barriers may be associated with an educational institution adopting Kanter’s theory when promoting change at an organizational level. Critics of empowerment theory have reinforced the idea that Kanter’s work may not address factors outside of the confines associated with the organizational influences related to empowerment (Ledwell et al., 2006). Students experience many issues related to personal, familial, and social variables that may affect the student’s sense of empowerment. Kanter’s (1993) theory does not focus on
individual actions. Rather, the theory of structural empowerment focuses on the organizational constructs that are needed to promote a sense of empowerment for an organization’s employees. Due to the nursing profession’s unique structure, it has been questioned whether Kanter’s theory could address issues of organizational empowerment within the nursing profession. Kanter’s theory does not address all of the variables that may affect an individual’s sense of empowerment. However, learning institutions have control of their curriculum and Kanter’s structural empowerment theory (1993) provides a framework for understanding empowering organizations and people (Orgambídez-Ramos & Borrego-Alés, 2014). Although the use of Kanter’s theory may provide a potential barrier as is does not address all factors that may affect empowerment, an organizations structural practices are well founded when describing empowerment in an organization’s structural context.

**Conclusion and Future Research**

The rationale for this study is to expand on the research related to nursing student attrition, and address how the organizational structure of a nursing programs may affect a student’s sense of empowerment and intent to complete their nursing program. To meet the prospective nursing needs of the 21st century, nursing programs in the United States need to adapt their curriculum to foster student success in terms of graduating new nurses who can provide patient care in an evolving health care environment. Nurses are required to provide care for and do good for all members of society (Arnone & Fitzsimons, 2015). To meet future health care needs, educational institutions need to produce a diverse workforce that is proficient in caring for patients in a stressful and unforgiving environment. Nursing students graduate to become practicing nurses. Hence, the purpose of this proposed research activity is to examine
how nursing students make sense of the structural factors that affect their perceptions of empowerment and ability to succeed in their prospective nursing program.

The purpose of this qualitative study was to understand the lived experience of returning nursing students and explore their story as it relates to their nursing college experience. Using interviews from a small nursing college in rural Maine, it was understood that there were many areas of the college’s structure that could either positively or negatively affect the student’s sense of empowerment. Several themes arose through the course of the study. Themes related to MCHP as an organization included important subthemes of empowerment, MCHP’s organizational structure, and episodes of horizontal violence. Other themes that emerged were related to positive and negative faculty interactions, pedagogy and teaching, and positive and negative faculty interactions that ultimately affected the participant’s experience at MCHP.

The study population consisted of nine participants. Six participants were returning students in either the freshman or senior year at MCHP. The remaining three students graduated from the program during 2016 or 2017. Of those participants, seven students were female, and two participants were male. The homogeneous sample was composed of students who failed out of their nursing program and were admitted or readmitted to MCHP’s nursing program. Many of the study participants experienced high stakes testing at some point during their nursing education.

The returning student participants shared their personal experience as they returned to the college after previously failing out a previous semester or from a different nursing program. Using an IPA methodology and following Kanter’s (1993) theory of structural empowerment as a framework for interpreting the data results, it was clear that there were many mitigating factors that could affect a student’s sense of empowerment and motivation to succeed. There are few
study’s that explore nursing student attrition and empowerment from the student perspective. Overall, the study showed an association with how the structural components of a college can affect a student’s sense of empowerment. Although there are personal factors that can influence whether a student remains motivated or empowered, the study reinforced the need for an organization to be cognizant of its actions and how it may affect student empowerment and their overall motivation to complete their academic program. Future research may explore the concept of structural empowerment outside of the confines of nursing education. All students need to attain a sense of empowerment if they are to stay motivated to complete their academic program. To promote student empowerment, the scholar practitioner must be aware of how a college’s structure may influence student success
References


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doi:10.1016/j.colegn.2014.04.005


APPENDICES

Appendix A

Factors Influencing Nursing Student Academic Success
Appendix B

Kanter’s Theory and Nursing Student Attrition

- **Methods of Instruction**
  - Educational Structure
  - Critical Thinking vs Task Associated Instruction

- **Issues of Social Justice**
  - Institutional Structure
  - Promotion of a just and equitable learning environment

- **Student Empowerment**
  - IPA
    - How students make sense of their experience

- **Nursing Student Attrition**
  - The lack of empowerment leads to attrition and horizontal violence
  - Perceived Sense of empowerment leads to success and productive interactions

Kanter’s Theory of Structural Empowerment
APPENDIX C

Theoretical Assumptions of IPA

Theoretical Assumptions of IPA

Interpretative Phenomenological Analysis
APPENDIX D

Interview Protocol Form

Institution: Maine College of Health Professions (MCHP)
Interviewee:
Interviewer: Michael Boucher, MSN, RN

Research Question

Overarching Question:
Based on the perceptions of nursing students who were not successful and are returning students in their nursing program, how do nursing students make sense of their nursing college experience and how can the structure of the Maine College of Health Professions (MCHP) promote the student’s educational experience to facilitate positive structural growth and student success?

Sub Questions:
1. How do returning nursing students who were previously unsuccessful make sense of the factors that influence their academic achievement at MCHP?
2. How does the returning nursing student correlate the concept of personal empowerment to their role and motivations as a student nurse?
3. Based on the perceptions of MCHP returning students who were unsuccessful, how did or does the structural components of MCHP affect the student’s sense of empowerment.

Part I

Introductory Session
You have been selected to speak with us today because you have been identified as someone who has a great deal to share about factors related to your experience as a student at MCHP. My research project focuses on the experience of nursing students and how the organizational structure of MCHP influenced your sense of empowerment and motivation to succeed. Through this study, we hope to gain more insight into the organizational factors that contribute to student academic success. Hopefully this will allow us to identify ways in which MCHP can facilitate academic success.

Because your responses are important and I want to make sure to capture everything you say, I would like to audio tape our conversation today. Do I have your permission to record this interview? I will also be taking written notes. I can assure you that all responses will be confidential and only a pseudonym will be used when quoting from the transcripts. Do you have any questions about the interview process or how your data will be used?

This interview should last about 45-60 minutes. During this time, I have several questions that I would like to cover. If time begins to run short, it may be necessary to interrupt you to push ahead and complete this line of questioning. Do you have any questions at this time?

Interviewee Background

Objective: To establish rapport and obtain the story of in the participants’ general with the research topic. This section should be brief as it is not the focus of the study.

A. Interviewee Background
1. Tell me something about yourself that describes why you decided to become a nurse.
   (introduction)
2. Can you tell me why you decided to pursue your nursing education at MCHP?

**Part 2**

One of the things we are interested in learning about are the organizational factors of MCHP that contributed to your academic success. I would like to hear about your perspective or experience about your nursing college experience in your own words. To do this, I am going to ask you some questions about the key experiences you encountered. If you mention other people, please do not mention names. You say that you are giving the person a pseudonym.

1. Could you tell me what it was/is like to be a student at MCHP? (tour question)
2. What is a typical day at MCHP like? (micro tour question)
3. Overall what has been your experience with MCHP’s nursing program? (experience question)
4. Based on your experience at MCHP, what organizational factors contributed to or thwarted academic success (experience question)
5. If someone stated they wanted to become a nurse, what would you advise? (hypothetical)
6. Describe your experience with the MCHP faculty. (experience)
7. What do the terms horizontal violence and empowerment mean to you? (key term)
8. Tell me how you view the college’s role in ensuring your academic success. (slant probe)
9. Could you describe to me how MCHP facilitated your academic success? (open ended focused)
10. Do you have any recommendations for what MCHP could have done differently to support your academic success? (follow-up)
11. Based on your own experience, what would you have done differently to ensure your academic success in the nursing program? (open ended focused)
12. What are your feelings about this interview and all that we have covered? (closure)
13. Do you have any questions and thank you for your participation?
Table One

Study Participants

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<tr>
<th>Participant</th>
<th>Pseudonym</th>
<th>Status</th>
<th>Age</th>
<th>Sex</th>
<th>Experienced High Stakes Testing</th>
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<td>Ray</td>
<td>G</td>
<td>28</td>
<td>M</td>
<td>Throughout entire program</td>
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