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Nurse Educators' Experiences of Student Remediation

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This is to certify that the doctoral dissertation by

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Walden University
2023

Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Little is known about the nurse educator's experiences in remediating novice undergraduate nursing students who failed an exam early in the program of study. While numerous strategies have been used by faculty for remediation, no evidence-based methodology for student remediation has been identified in published literature. The aim of this study was to build a foundation of qualitative research on nurse educators' experiences in the remediation of a student who failed an exam. This basic qualitative study, guided by Smith and Liehr's story theory, explored the nurse educator's experiences with remediation using interview data collected from six nurse educators. Interviews were conducted and audio recorded by Zoom and Otter, transcribed by the programs, and then reviewed. Thematic analysis progressed using story theory with past, present, and future filters to review the major themes. Using an interpretive framework, findings indicated seven themes grouped by the nurse educator's past, present experiences, and future expectations for remediation. Past themes were reports of fear, nervousness, insecurity, and not knowing what to do in the first and subsequent remediation of a new (novice) nursing student who failed an exam. Positive social change may be affected by improving remediation, which supports nurse educator training. Additionally, this support may improve the student's desire for learning and continue this desire for life-long learning, which is imperative for the nursing profession. Future research should focus on best practices in student remediation for nurse educators.

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Dedication

First and foremost, my thanks and praise for this accomplishment goes to my Lord Jesus Christ. I express my unwavering gratitude to my committee chairperson, Dr. Janice Long, who believed in me and encourage me through all of my personal trials.

This Doctoral learning experience and the dissertation process would not have been possible without the loving support of my husband, Bill Dever, or the friendship coupled with encouragement from my colleague Dr. Kelly Dyar.

Finally, this work is in honor of the many students who have graced my classroom and all of the nurse educators out in the world working to keep the professional nursing workforce knowledgeable and committed to lifelong learning.

Acknowledgments

I want to acknowledge all of the nurse educators before me who finished the quest

of obtaining a Ph.D. using only a manual or electric typewriter. God Bless You.

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Chapter 1: Introduction to the Study

Past and current research has predominantly focused on remediation to counter declining pass rates for the National Council Licensure Examination (NCLEX) for registered nurses (The National Council of State Boards of Nursing [NCSBN], 2018). NCLEX is a crucial measure for success, and boards of nursing, education and nursing accrediting bodies, and nursing programs have passing standards that must be met (NCSBN, 2018; Stonecypher et al., 2015). Each nursing program that falls below the required standard may result in loss of accreditations, funding, and increased boards of nuring surveillance of the nursing program (NCSBN, 2018; Stonecypher et al., 2015). Nurse educators may then find themselves, directed by their program directors, to remediate nursing students when the desired knowledge, skills, and attitudes do not meet the nursing program's criteria to pass an exam or provide for safe patient care. Currently, no evidence-based methodology for student remediation is available in published literature; however, numerous strategies have been used for remediation by faculty in nursing programs (Cleland et al., 2013; Maize et al., 2010; Mee & Schreiner, 2016; Pennington & Spurlock, 2010). Current research available on remediation in nursing education does not use higher quality intervention studies or provide follow-up evaluation of the remediation strategies used for knowledge deficiencies (Pennington & Spurlock, 2010). In this chapter, I discuss the background of this study, including the current gap in literature it addresses, the problem statement, and the purpose statement. Also, I discuss the primary research question, theoretical framework, nature of the study,

definitions, assumptions, scope, and delimitations. Chapter 1 concludes with the significance of the study and an introduction to Chapter 2.

Background of the Study

The purpose of this overview was to explore the literature related to remediation in nursing education, which indicates an area not explored, and the experiences of the nurse educator's remediating a student who failed a course exam. This unexplored job responsibility of the nurse educator, remediating the student, is a gap in the literature that warrants investigation. Beginning this overview by investigating the available concept analyses of remediation in nursing, Custer's (2018) concept analysis addressed the need for a shared consistent language and understanding of remediation with the operational definitions as timely, supplemental, individualized instruction, provided after identifying a deficit, academic, or otherwise, and which benefits the student. Furthermore, the implications for remediation with nursing students require further study on timeliness and methods in use, which provides measurable outcomes in successful lifelong learning, not only in NCLEX pass rates (Custer, 2018).

A student's history with learning and their perception of the ability to learn may be feeling or attitudinal in orientation. Bachman (2013) focused on the general undergraduate student's perception of their need for remediation, perception of self because of remediation, and their attitudes and feelings related to participation in remediation. Bachman found that the participants initially felt embarrassment and unworthy, reflected upon a lack of preparation for college from high school courses, and reported that the remediation was too easy and felt like a waste of time. The study

participants were identified as an exception to the "typical college student," noting their minority status or a conditional admission into a program of study (Bachman, 2013). Bachman noted that the course instructor was an important issue for each participant, and that a functional interaction occurred when the instructor cared about the learning and understanding of the knowledge deficit. The perceived student perspective emerging from the study was the caring exhibited about their understanding and learning in the remediation process (Bachman, 2013). Similarly, McFarquhar (2014) used a qualitative phenomenological approach to explore lived experiences related to NCLEX-RN failure as perceived by registered nurses. This study has a connection to my study in that the student's required remediation and experienced remediation in their nursing program may have affected their future performance. The participants in McFarquhar's study noted "poor testing skills," which is the foundation for the perceived poor class preparation, knowledge-seeking behaviors, and their confidence as a student nurse and future practicing nurse. The remediating nurse educator affects the foundational causes of the student failing an exam, course, or NCLEX-RN. In another study, Mee and Schreiner (2016) aimed to determine which remediation strategies used in nursing education resulted in improved student outcomes. The definition used for remediation in this review came from Culleiton's (2009) concept analysis, which refers to remediation as a process of identifying an action that if not done will lead to unfavorable outcomes. In contrast, an intervention strategy will address the situation (Mee & Schreiner, 2016). When and how much remediation is beneficial as well as cost-effectiveness was an issue noted for nursing faculty. Mee and Schreiner recommended future research in the context of the

"required investment," or knowing which strategies provide a return on the investment; a more significant aspect of this investment is the nurse educator's time.

Medical students face many of the same challenges as nursing students with learning. Cleland et al. (2013) provided a systematic review of remediation in medical schools that are changing the focus of teaching, learning, and assessment to include evaluation of the student's learning processes. No definition was provided for remediation in this systematic review; however, the process used to select studies followed three steps that consisted of identification or diagnosis, a remediation intervention, and then retesting. The authors noted that when deficiencies are not caught sooner and remediated, weak medical students who continue in a program become weak doctors; this critical issue is the cause of underperformance, which affects patient outcomes. As found in nursing education, medical students receive remediation in the latter portion of the program (Cleland et al., 2013). In contrast, early intervention with an introduction to learning strategies and guidance with self-regulation provides better learning outcomes (Cleland et al., 2013). In this literature review, there were indications that remediation in medical education is complex, and, in the past, the focus was on achievement and not on learning (Cleland et al., 2013).

Other types of health professional education, including pharmacists, also face similar challenges for nursing students with learning. Maize et al. (2010) provided a systematic review of remediation in pharmaceutical and other health professions education programs and espoused a belief that an optimal remediation system begins with prevention. The definition used for remediation in this review was the act of providing a

remedy to a problem or a process to correct an academic fault or deficiency (Maize et al., 2010). The specific focus in the review was the didactic progression policies for students failing a course early in the program of study (Maize et al., 2010). Along those same lines, Pennington and Spurlock (2010) provided a systematic review of the effectiveness of remediation related to NCLEX-RN pass rates. The definition used for remediation in this review was dictionary-based and was concerned with the correction of faulty study habits and the raising of a student's general competence (Pennington & Spurlock, 2010). The studies evaluated were based on the effectiveness of remediation intervention in improving NCLEX-RN outcomes. However, in this review, there was the absence of specific information on which remediation interventions exacted the improvement, leaving the reader to wonder if the repeat testing filled the knowledge deficit (Pennington & Spurlock, 2010).

Many nursing programs use computer-generated NCLEX adaptive quizzing software and standardized examinations that reveal knowledge deficiencies to aid in remediation (Corrigan-Magaldi et al., 2014; Stonecypher et al., 2015). With the addition of digital learning aids to remediate students, nursing education still lacks investigations into how a nurse educator chooses and implements a strategy for remediation. Furthermore, research in evidence-based remediation methods in healthcare education is limited (Culleiton, 2009; Custer, 2018; Mee & Schreiner, 2016; Pennington & Spurlock, 2010). The nursing education field needs high-quality studies on effective remediation strategies, including the student and the educator's perspective. An increased understanding of how and why a nurse educator selects and applies a remediation

strategy is necessary (Custer, 2018; Mee & Schreiner, 2016; Pennington & Spurlock, 2010). By exploring the nurse educator's experiences in remediation, the nursing profession may gain effective use of learning strategies with novice nurses and nursing students that aids in correcting knowledge deficits, which ensures safe, effective care and positive patient outcomes.

Problem Statement

Little is known on the undergraduate nurse educator's experience in remediating a novice nursing student who failed an exam early in the program of study. Understanding this unique experience may offer valuable insights into the strategies incorporated into nursing programs for student didactic exam remediation. There are ever-increasing demands placed upon nursing faculty to teach larger cohorts of diverse nursing students directly in response to the nursing shortage (Mintz-Binder & Sanders, 2012; Thomas et al., 2018). As nursing school class sizes increase, so does workload, including more time spent remediating at-risk and failing students (Brown et al., 2021; Thilges & Schmer, 2020). It is essential to realize that the demands of larger nursing school cohorts increase the individual remediation needs for students, which requires the support of the university for the course and workload adjustments necessary to promote student success (Fairchild, 2022; Jeffreys, 2014, 2015). Likewise, nursing education still faces challenges due to an insufficient number of faculty, adequate funds to hire new faculty, and the inability to recruit faculty due to competition for jobs with other markets (American Association of Colleges of Nursing [AACN], 2019; Brown et al., 2021; Culleiton, 2009; Gerolamo & Roemer, 2011; Thilges & Schmer, 2020). The experiences of the nurse educator

remediating a student who failed a course exam remains a meaningful gap in the literature upon review of remediation.

Purpose of the Study

The purpose of this basic qualitative research study was to build on the existing literature of qualitative studies that do not explicate the remediation experience by exploring the unique experience of the nurse educator remediating a novice nursing student for the first time. I identified and reported the experiences of the undergraduate nurse educators when remediating the novice nursing students who have failed a didactic exam in an associate degree (ADN) or baccalaureate degree (BSN) nursing programs. To address this gap, I conducted semistructured interviews to hear the nurse educator's story using authentic presence, reviewing the perplexing situations, and seeking a solution to the latter, which helped develop an understanding of the nurse educator's experience in the remediation process. Understanding the nurse educator's experience in this student interaction may explain how a student engages in the individual remediation process and how the decision emerges to select a specific remediation strategy. Furthermore, this study exposed processes into remediation that are beneficial or detrimental to a novice nursing student, which prompts future research.

Research Question

The research question for this study was as follows: What are the experiences of the undergraduate nurse educators when remediating novice nursing students who have failed an exam in a didactic course, in an ADN or BSN nursing programs?

Theoretical Framework for the Study

The framework for this study was based upon Smith and Liehr's (2013) story theory. The story theory is a midrange nursing theory that has theoretical significance in explaining the practical purpose of understanding the patient through the patient's personal story. People find social significance in that stories are how humans share experiences with future generations and how society, through reflection, can learn through others' failures and successes. Story theory has historically found a foothold concerning the patient's health challenges in quantitative and qualitative studies (Carpenter, 2010; Hain, 2008; Hain et al., 2011; Kelley & Lowe, 2012; Smith & Liehr, 2005). Story theory development came by Smith and Liehr (2013), who, as nurses, understood through instinct that recounting one's story could "clarify present meaning to the moment" (p. 227). Story theory has three interrelated concepts: intentional dialogue, connecting with self-in-relation, and creating ease (Smith & Liehr, 2013). Story theory uses intentional dialogue to engage individuals in sharing their story of a health challenge (Smith & Liehr, 2013). Notably, the conversation requires listening and the nurse's authentic presence while placing assumptions aside and viewing the storyteller as the expert in the interaction, thereby only interjecting to clarify meaning (Smith & Liehr, 2005). The nurse guides the storyteller to connect with self-in-relation to the event and as perplexing situations are explored, leading the storyteller to create ease as they move towards resolving and creating harmony in their being (Smith & Liehr, 2013). Applying these assumptions from story theory guided my understanding of the educator's challenges in remediation.

Nature of the Study

I used a basic qualitative approach to seek understanding of the human factors involved in the experience of remediating a novice nursing student (see Sloan & Bowe, 2014). Qualitative methodologies seek to recognize the subjective within an experience, which is where assumptions, beliefs, or perceptions give rise to actions in all settings (Munhall, 1994; Sloan & Bowe, 2014; van Manen, 2014). An interpretive framework was employed to search out the relationships and meanings of the nurse educator's shared stories (see Munhall, 1994; Smith & Firth, 2011; van Manen, 2014). Interpretation of the meaning found in the experiences of nurse educators remediating a student was circular, with understanding the individual parts of the data, the past, the present, the future, myself as the instrument understanding each unique part of the data, and referencing the data to the whole experience settings (see Munhall, 1994; Sloan & Bowe, 2014; Smith & Firth, 2011; van Manen, 2014).

Definitions

Key terms used frequently throughout this study are *developmental education, expert nursing instructor, novice, novice nursing instructor, novice nursing student, remedial education, remediation, storyteller, story theory – connecting with self-in-relation, creating ease*, and *intentional dialogue*. These key terms are listed and defined to mitigate misunderstanding:

Developmental education: An investment in a degree-seeking student that will aid in the successful completion of college-level coursework (Scott-Clayton & Rodriguez, 2012). It may be used interchangeably with remedial education (Boatman & Long, 2018;

Er, 2017; Kane et al., 2020; Klasik & Strayhorn, 2018). Developmental education is a skill-building course that is just below the college-level course (Boatman & Long, 2018; Er, 2017; Pain, 2015; Schnee, 2014; Scott-Clayton et al., 2014; Scott-Clayton & Rodrigues, 2012). The focus is on the process of learning the content that requires mastery (Higbee, 1993, p. 99).

Expert nursing instructor: "The academic nurse educator facilitates learning through curriculum design, teaching, evaluation, advisement, and other activities by faculty in schools of nursing" (National League for Nursing, n.d.). The expert nursing instructor instinctively knows, using implicit knowledge, what approach to use in facilitating learning through teaching, curriculum design, and advisement of nursing students (Benner, 2001).

Novice: A person who is new to or inexperienced in a field or situation. The novice has little understanding of an event or settings' meaning based on textbook learning (Benner, 2001; Dictionary.com, n.d.).

Novice nursing instructor: Leaving one's comfort zone as a clinician to instruct nursing students. The novice nursing instructor learns to break down problems step by step in nursing situations while selecting appropriate pedagogy strategies to guide students in their learning (Benner, 2001; Sorrell & Cangelosi, 2016).

Novice nursing student: The novice nursing student is a first to second term/semester nursing student with limited experience and inflexible behaviors associated with learning for mastery (Benner, 2001). These students follow the rules; however, they

lack experience in performing patient care in specific or new situations and have not developed a professional identity as a nurse (Benner, 2001).

Remedial education: Teaching the necessary skills to perform college-level work at the level determined by the institution (Er, 2018). The term may be used interchangeably with developmental education (Boatman & Long, 2018; Er, 2017; Kane et al., 2020; Klasik & Strayhorn, 2018). Remedial education is used to "remedy" academic deficiencies (Higbee, 1993, p. 99).

Remediation: Teaching the skills necessary to perform college-level work at the level required to be successful (Boatman & Long, 2018; Er, 2017; Kane et al., 2020; Klasik & Strayhorn, 2018; Pain, 2015; Schnee, 2014; Scott-Clayton et al., 2014; Scott-Clayton & Rodrigues, 2012).

Story path: The relationship structure that links present, past, and future of an unfolding story plot (Smith & Liehr, 2013).

Storyteller: The person of interest who is sharing a health challenge or for the purpose of this study a teaching challenge with remediation (Smith & Liehr, 2013).

Story theory - Connecting with self-in-relation: Where an individual reviews the steps or actions that have brought them to this point in time – the past (Smith & Liehr, 2013).

Story theory - Creating ease: Where the person who is sharing their story moves towards resolving and creating harmony in their being and the experience – the future (Smith & Liehr, 2013).

Story theory - Intentional dialogue: Being there in the moment with the person sharing their story and exhibiting a mature authentic presence – the present (Finfgeld-Connett, 2006; Smith & Liehr, 2013).

Assumptions

The primary assumption for this study was that undergraduate nurse educators would be interested in participating in this study. I also assumed that the participants who agreed to the interview would share candid, honest stories during the semistructured interview that represented their experience of the first time they remediated a novice nursing student who had failed a course exam (see Patton, 2015; Rubin & Rubin, 2012). To ensure candid and honest stories, I ensured the participants of anonymity and confidentiality so that their identity or the student's identity had no linkage to the data collected. A secondary assumption for this study was that the nurse educators' experiences of remediating a student who had failed a course exam would be similar to educators in higher education and other healthcare education professions (see Krzyzaniak et al. 2017; Poorman & Mastorovich, 2014; VanOra, 2019; Winston et al., 2012).

Scope and Delimitations

The scope of this study included participants who were willing to speak about their experiences as an undergraduate educator teaching in ADN and BSN nursing programs remediating novice nursing students who had failed an exam. The inclusion criteria required the participants to have a minimum of 6 months experience or more as a nurse educator who taught in a didactic course that required one-on-one remediation after failing a course exam and remediated a novice nursing student in the course. The

exclusion criteria for potential participants in this study were remediation experiences that focused on courses in skills, simulation, or clinical. The participants also agreed to be audio and video recorded and to have their interviews transcribed verbatim. Informed consent that acknowledges the potential risks and benefits of this study was obtained (see Patton, 2015). Transferability was sought through the opening of the sample to ADN and BSN nursing educators, having inclusion criteria that required time in the role of educator, which could apply to other types of undergraduate programs that require remediation.

Limitations

My lens as the researcher could be affected by their beliefs, judgments, and assumptions.

A personal belief could affect the interviews that I initiated and how the data were analyzed. I believed that this group of nurse educators provided the majority workload for the remediation of novice nursing students in their nursing programs. This belief required ongoing reflection in the interview and data analysis. The data collection challenge involved ensuring a clear separation of my role as a nursing educator from the role researcher. To address this lens, which focused on my beliefs in an interview, I used an interview guide sheet with a general prompt to ask the teaching challenge question: "Tell me about your first experience remediating a novice nursing student who has failed an exam in your course." I used active listening, giving the participant my undivided attention presence, and sought clarification responding to verbal and nonverbal cues elicited by the participant. Achieving clarification with open questions allowed the

participant to elaborate in whatever direction they choose (see Rubin & Rubin, 2012). For example, I asked questions such as, "Can you tell me more about your relationship with this student?" By moving away from a fixed interview guide and approaching the participant as I would a new patient exploring how they perceive their universe when discussing a challenge, my lens, values, and beliefs opened the new of this moment (see Mayeroff, 1971; Patton, 2015; Rubin & Rubin, 2012; Smith & Liehr, 2013). Additionally, to ensure data analysis integrity, I kept a reflexivity journal (see Guba & Lincoln, 1989).

Significance

My research helps fill a gap in understanding the experiences of nurse educators remediating a novice nursing student who has failed a course exam. The story commences in the past as the educator describes their first remediation experience, moving to present-day remediation experiences, and finally to the future and what remediation looks like for them and the students. The significance of this study is exploring how first remediation challenges guide nurse educators in future remediation challenges and seeking to understand what actions may be effective to guide future remediation strategies with nursing students. This experiential knowledge, from the educator's perspective, may allow students who are struggling to improve their learning outcomes, graduate, pass NCLEX licensure boards, add nurses to the workforce, and finally prepare nurses to seek roles as educators to educate our future nurses. Within the current literature covering the status of remediation in healthcare education and nursing education, there is no evidence-based methodology for remediating a student or the

educator's experience of remediating a student; however, numerous, nonresearch-based strategies to use in remediation are available (Cleland et al., 2013; Maize et al., 2010; Mee & Schreiner, 2016; Pennington & Spurlock, 2010). By identifying the educator's experiences in remediation, insights may guide me in understanding why the educator selects a specific strategy or approach in remediation with a novice nursing student. The nurse educator's experiences in remediation, which includes sharing successes and failures, may lead to positive social change by helping the novice nursing student explore new learning strategies, correct knowledge deficits, complete their nursing program, pass NCLEX-RN, and provide safe, effective care for positive patient outcomes. Furthermore, understanding the nurse educator's experiences may bring to light novel approaches and practical strategies to improve this student population's self-efficacy, desire for learning, and continuation of this desire for life-long learning.

Summary

In this chapter, I provided introductory information to describe the gap of the experiences of the undergraduate nurse educator remediating a novice nursing student who has failed a course exam. In Chapter 2, I present the literature review strategies to evaluate the theoretical framework and the literature review of the construct of remediation.

Chapter 2: Literature Review

Introduction

The purpose of the basic qualitative study was to identify and report the experiences of undergraduate nurse educators remediating novice nursing students who have failed a course exam. In this literature review, I explore why nurse educators select specific remediation strategies or specific approaches and how their remediation experiences, values, beliefs, and workload guide the process. In Chapter 1, I presented the research question, the significance of the study, aims, and theoretical basis of this study. Chapter 2 includes the literature search strategy, the theoretical foundation, the literature review related to key variables and or concepts, and a summary and conclusions.

Literature Search Strategy

I conducted a preliminary search for literature on remediation practices, experiences, and workload in higher education and health care education using the Walden virtual library's databases: ERIC, Medline, ProQuest, Ovid, CINAHL, and Thoreau. Filters set included peer reviewed, 2016-2022, academic journals, and English language. Search terms used for this study included *remediation, developmental learning, remedial teaching methods, higher education, college, university, nursing education, healthcare education, workload,* and *story theory*. A challenge with the search strategy for remediation is associated with environmental issues and mental health issues, which required specificity using the Boolean phrase "not." Medical and pharmacy education were added as search terms to provide more specificity for remediation in healthcare education. Additional searches were initiated to focus on the novice nursing student

failing an exam or course. The search terms for this focus included *nursing students, academic failure*, and *first course or first year.* Then, returning to the concept of remediation, the search terms included *nursing students, first course or first year or novice*, or *repeaters or preregistration*. The workload for faculty in higher education proved another challenge, which was solved using ERIC and Thoreau using the terms *faculty/instructor/professor, higher education*, and *workload*. The strategy using 5 years (2017-2022) for research garnered few works with the search terms leading me to use 10 years (2012-2022) and finally 15 years (2002-2022). Manual searching in the reference lists of each article from the initial search that met the criteria commenced for additional citations and relevant articles for this literature review. Thoreau's search engine for the literature on story theory was a small number of quantitative and qualitative studies that included this framework, and 19 abstracts were in review to provide an understanding of the theory. The studies, using story theory, focused on individuals with chronic illness to understand and explore how story theory applies to health challenges and lived experiences. However, I did not find studies addressing the experiences of nursing educators telling their stories of remediation. This area needs further study to help fill a gap in understanding the nurse educator's experience remediating a student who has failed a course exam.

Theoretical Foundation

Story Theory

The story theory is a midrange nursing theory rooted in the beliefs of unitary and neo modernist views. In this theory, humans are transforming and transcending in a give-

and-take action with their environment (Smith & Liehr, 2013). Smith and Liehr (2013) developed the story theory to use with a patient experiencing a health challenge; the theory can also be applied to an instructor experiencing a teaching challenge. People use stories to share their experiences with future generations so that society, through reflection, can learn through others' failures and successes.

The story theory consists of three interrelated concepts: intentional dialogue, connecting with self-in-relation, and creating ease (Smith & Liehr, 2013). Each concept has a corresponding built-in assumption. The first assumption connects to the concept of intentional dialogue when people live in the present and change internally and externally as they connect in their world. It is within this connection that people express their existence (Ramsey, 2012; Smith & Liehr, 2013; Walter, 2017). In the second assumption, the concept that corresponds is connecting with self-in-relation; this occurs when past and future events combine into the present and a person reconstructs meaning and decides what matters most to their being (Ramsey, 2012; Smith & Liehr, 2013; Walter, 2017; Whisenant, 2011). The final assumption connects to creating ease, which occurs when experience opens to possibilities and provides a person a feeling of balance in their meaning (Ramsey, 2012; Smith & Liehr, 2013; Walter, 2017). The person's story exists within these three assumptions, allowing one to understand the experiences and gather data to analyze and compare similar stories (Ramsey, 2012; Smith & Liehr, 2013; Walter, 2017; Whisenant, 2011). Given these points on the theory's assumptions, there is a need to explore the three interrelated concepts further.

Story Theory Components

The first component in story theory is intentional dialogue and is simply stated as being there in the moment with the person sharing their story—the act of engaging the owner of the story to share verbally and nonverbally specific life experiences. Smith and Liehr (2013) presented two processes are in use while engaging in intentional dialogue: true presence and querying emergence. Presence is a nursing skill seen in personally and professionally mature nurses (Finfgeld-Connett, 2006). In addition to maturity, true presence requires more than standing quietly at a bedside (Finfgeld-Connett, 2006; Smith & Liehr, 2013). The first process in intentional dialogue is a true presence that requires the listener to be nonjudgmental while maintaining an inner center of interest with a mature skill of refocusing the "energy" of the storyteller (Kelley & Lowe, 2012; Ramsey, 2012; Smith & Liehr, 2013; Walter, 2017; Whisenant, 2011). The storyteller's energy is a constant flow with what was, is, and in the possibilities of what can be (Kelley & Lowe, 2012; Ramsey, 2012; Smith & Liehr, 2013; Walter, 2017; Whisenant, 2011). The second process in intentional dialogue is querying emergence and is where the listener in true presence tries to understand the story and seeks clarification of unclear paths in the story (Carpenter & Smith, 2018; Smith & Liehr, 2013; Walter, 2017). In particular, assumptions in the storyteller's path miss the nuances that only the storyteller can share, and the story does not end once it is shared (Carpenter & Smith, 2018; Kelley & Lowe, 2012; Smith & Liehr, 2013; Walter, 2017).

The second component of story theory is connecting with self-in-relation and is a central concept. Self-in-relation is an aspect of human maturation within which the

individual can review the steps or actions that brought them to this point in time (Smith & Liehr, 2013). The individual reviews personal history and uses reflective awareness, which are the necessary processes for constructing meaning in the present moment (Smith & Liehr, 2013). Personal history is akin to reminiscence; however, it does not focus just on the enjoyable events. The storyteller reviews the perplexing situations that have occurred, looking for the unique meaning associated with the events, following a path of beginning, middle, end, present, and future (Smith & Liehr, 2013). Reflective awareness requires the individual to acknowledge body experiences, thoughts, and feelings, which is akin to dis-ease. With this awareness, the individual carefully considers the body experiences, thoughts, and feelings, striving to see the event as separate from their being (Smith & Liehr, 2013). The individual then moves to the realization that they are more than the event(s) of their story (Smith & Liehr, 2013).

The final component of story theory is creating ease, which is when the storyteller moves towards resolving and creating harmony in their being and the experience (Smith & Liehr, 2013). Using a neomodern view, the storyteller finds a solution for the health challenge, which sets the course of action for resolution or acceptance, while harmony within the spirit is in sync with values and feelings that resonate with the individual's present and perceived future (Smith & Liehr, 2013). Figure 1 is a representation of how I applied the components of story theory to this study on the experience of undergraduate nurse educators when remediating novice nursing students who have failed an exam in a didactic course. The storyteller is central and shares the story, starting in the present, moving to the past, and looks towards the future within which the creation of ease and

plans become known for working in or with the teaching challenge of remediation. The listener is on the outside of the circle quietly listening, guiding when appropriate with authentic presence.

Figure 1

Application of Story Theory Components
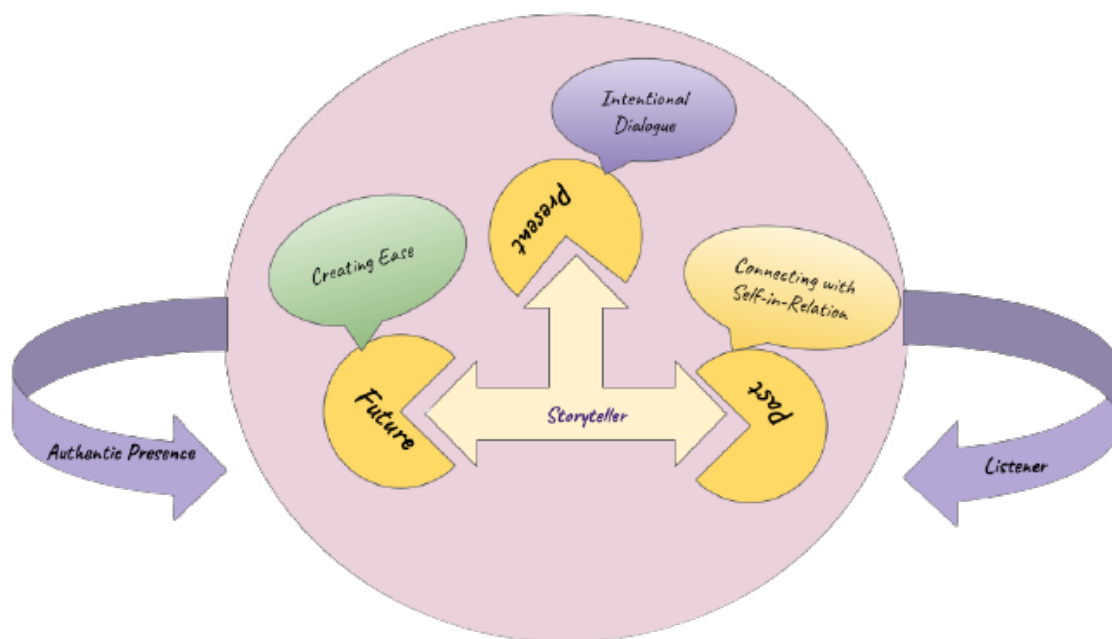
Note. From "Midrange Theory Known as Story Theory," by M. J. Smith and P. Liehr, 2013,. *Middle range theory for nursing* (3rd ed., pp. 225-251). Springer Publishing Company. For permission to use see Appendix E

Story Theory's Strengths and Weaknesses

Liehr and Smith (2020) referred to a "narrative wave" associated with story theory. The initial wave started with Nightingale. Nightingale reminded the practitioner to listen and not deluge the encounter with unnecessary words that distract from the moment, which parallels the story theory's intentional dialogue (Liehr & Smith, 2020).

The intentional dialogue component uses true presence, which is one of the strengths of story theory. Additionally, using a story path to initiate the dialogue is an effective way to capture the challenge's rhythm in a participant's story (Liehr & Smith, 2020). A story path starts at the present and then extends to the storyteller's past, relating the past to the present in the form of what is most important. Walter and Smith (2016) used the story path as a strength to understand the struggles of mothers with autistic children ascertaining the mother's level of development and individual stressors, which added to the body of knowledge for this population.

A weakness using a qualitative approach and story theory is the inherent bias that still permeates research and academia in the quest for rationalism versus empiricism. Ramprogus (2002) posited that nursing practice has a duality with physical and subjective reality providing patient care, as well as an amount of "predictability" and "casualty." I propose that nursing education epistemological practice involves a triality that requires body, mind, and spirit. The spiritual aspect of the triality is essential for the storyteller sharing an experience and the story receiver's true presence as they guide and query in the exchange (Caminotti & Gray, 2012; Finfgeld-Connett, 2006). A consequence of the exchange could be a dis-ease within the storyteller when reflecting on experiences that evoke painful exchanges that affect the mind and spirit, which may be a weakness using story theory. The dis-ease, though uncomfortable, requires the story receiver to be attentive and use guided inquiry, and allows the storyteller to find their solution to create ease in the shared health challenge, or, for the purpose of this study, a teaching challenge.

Similar Studies Using the Story Theory

Smith and Liehr's (2013) story theory impetus was exploring a health challenge that a patient was facing and by telling their story move towards resolution finding harmony for self in the experience. Story theory would be amenable in exploring a nursing instructor experiencing a teaching challenge, specifically the event of remediation with a student who has failed an exam—using an individual's story to share the experiences within a challenge, then comparing the experience with other stories guides the researcher in understanding failures and successes in improving or resolving the challenge.

Though there are no studies using story theory to address nursing educators' challenges, Carpenter's (2010) use of story theory as a teaching strategy with Honors students was innovative. The innovation allows non-Honors students enrichment and provides the Honor's student an experience in a clinical course that focuses on the patient's response to illness or the existing health challenge. The Honor's student collects objective and subjective information from the patient, grouping the information into nursing diagnoses, then evaluates the priorities (Carpenter, 2010). Transferring the patient's story into a patient's perspective worksheet is divided into four sections: the reconstructed story, naming the health challenge, describing the plot, and identifying the movement towards resolution (Carpenter, 2010). Leading a post conference, the Honors student discusses the findings while facilitating involvement with the non-Honors students. Carpenter asserted that the discussion required the Honors student to reflect on

actions while the non-Honors student engages and applies critical thinking skills reinforcing didactic learning.

Scholars have used story theory as the framework for quantitative and qualitative studies to describe the experiences of a health challenge with various patient health issues and life situations. For instance, Maiocco and Smith (2016) initiated a qualitative study using story theory to look at women veterans returning from a military conflict. The participant recruitment was non-Veterans Administration affiliated, meaning they used private healthcare providers and had been back in the community for 24 to 48 months (Maiocco & Smith, 2016). As well as hearing the female veterans' stories, the researchers sought to fill a gap in the participants' subjective experiences to help identify mental health issues. Story theory guided eight female veterans recounting their story, and phenomenology was the analysis method to uncover themes in the story. Six themes emerged from the stories, which were coming home with mixed

> sentiments ranging from fear to joy, happiness to sadness, guarded to subdued, and close to distant; a change of view of self, family, and others that was evolving; aggravation from conversations and actions of friends, families, and coworkers; confounding broken relationships, frequent deployments, and leaving the military; remembering war experiences that never end; and seeking an opportunity for what is possible. (Maiocco & Smith, 2016, p. 396)

As a result of the shared stories, the participants acknowledged in their "being" the trauma affecting the mental health issues (challenge), which led the participant to create ease. All the issues with coming home and integrating back into the community were not

solved; however, the participants were able to share their story in a way they never had before, thus being able to move from some of the issues and to have a renewed hope to "seek the possible."

Researchers also used a qualitative design with story theory to guide the collection of stories from mothers caring for an autistic child and sought to understand how the lifelong commitment and responsibility may lead to mental health challenges (Walter & Smith, 2016). Seven mothers participating in the study shared their stories, which revealed four themes on mothering a child with autism (Walter & Smith, 2016). The themes expressed the challenges these mothers face, which are "acknowledging that the child's development was not normal, coming face to face with the reality of autism, taking on challenges in living every day, and living an uneasiness about the future of the child" (Walter & Smith, 2016, p. 600). By allowing these mothers to share their stories in a safe place, they could express thoughts and feelings about mothering a child with autism. The storytelling was cathartic, and the challenges will change as the child goes to high school and on into adulthood, which indicates that more research would benefit the child, mother, and nurse providing care. Notably, the nurse can understand the struggles and stressors of the mother and guide her in the situation.

The studies selected from Maiocco and Smith (2016) and Walther and Smith (2016) used story theory as a framework and a phenomenological approach to analyzing data. Both studies provided a space for the participant to share the story of a social and the personal challenge that has affected their everyday life, self-perception, and perplexing issues. Using story theory in a basic qualitative study to identify the

experiences of undergraduate nurse educators and remediating students who have failed a course exam provides a safe space for the educator to share their story of the challenges they face. In other words, the researchers explored the perplexing issues, selection of specific remediation strategies or approaches with a student, values, and beliefs in the provision of remediation, and how the assigned workload guides the process.

<div align="center">**Literature Review Key Variables and Concepts**</div>

The key constructs for this study are discussed to show how previous researchers have used them, how they approached the problem of remediation and the strengths and weaknesses of the studies related to each construct. I provided a rationale for the selection of the constructs and the associated subconstructs. The key construct for this study is *remediation* and the subconstructs are, *remediation in higher education*, *remediation in health care education, remediation in nursing education, remediation strategies, experiences in remediation*, and *workload in remediation*.

Remediation

As a concept, *remediation's* definition in the simplest of terms is fixing (remedy) something that is not working as it should; however, remediation in education has many dimensions that take on form and shape with each student encounter, which requires individualization of strategies and approaches (Culleiton, 2009; Custer, 2018; Thilges & Schmer, 2020). These dimensions include but are not limited to developmental or remedial coursework, self-regulation, self-awareness, responsibility, motivation, a knowledgeable facilitator, and a mentor who is nurturing (Cleland et al., 2013; Patel et al., 2015a; Patel et al., 2015b; Schnee, 2014; Scott-Clayton et a., 2014; Winston et al.,

2010). Understanding these dimensions requires the educator to keep an open mindset and reflect after each remediation session. Understanding this experience starts with gathering the educators' shared stories using an open interview methodology. The researcher finds thick, rich descriptions and meanings within each story, and deeper meanings build as each new story is shared (Rubin & Rubin, 2012). Research has approached remediation quantitatively as a fix (remedy) using measured outcomes in a benchmark grade while using different strategies to enhance test-taking and learning. Some researchers have employed surveys and interviews of students who require or have engaged in remediation to explore the student's perspective of the experience and perceived outcome. In secondary and higher education settings, remediation is an action that has diverse approaches and different names. Remediation may occur when an educational program's primary design is to identify a student in need of guidance to correct a poor learning outcome that could slow advancement in a program as well as matriculation (Culleiton, 2009; Custer, 2018; Patel et al., 2015a; Thilges & Schmer, 2020). A form of remediation in higher education is remedial or developmental instruction to assist in bridging gaps of knowledge, comprehension, and application of mathematics, reading, and writing skills (Flink, 2018; Houser & An, 2015; Rasinski et al., 2017; Woods et al., 2019). Surprisingly, there is much talk about remediation. Along with the different names, there are variations in a state's or an institution's terminology for remediation as indicated by the cutoff score in use to make the determination for supplemental or additional education for a degree-seeking student (Boatman & Long,

2018; Er, 2017; Kane et al., 2020; Klasik & Strayhorn, 2018; Pain, 2015; Schnee, 2014; Scott-Clayton et al., 2014; Scott-Clayton & Rodrigues, 2012).

Remediation in Higher Education

Mathematics, reading, and writing skills are necessary foundational skills that support college readiness and lifelong learning (Fink, 2018; Houser & An, 2015; Klasik & Strayhorn, 2018; Rasinski et al., 2017; Woods et al., 2019). When a college degree-seeking student does not have mastery of these skills, as indicated by placement exams, the college or university requires them to enroll and complete remedial or developmental courses to advance to a college-level course. The placement benchmarks in use are high-school transcripts, ACT/SAT and or the addition of COMPASSⓇ or ACCUPLACERⓇ scores obtained (Boatman & Long, 2018; Klasik & Strayhorn, 2018; Pain, 2015; Rasinski et al., 2017; Scott-Clayton et al., 2014; Scott-Clayton & Rodriguez, 2012). Researchers have indicated that there are positive and negative outcomes when a student requires remedial or developmental courses. The outcomes may be tangible as in financial cost and degree completion, or intangible as in longer timeframe to achieve goals, appreciation for the opportunity to grow, anger or feeling stigmatized due to placement, and a loss of motivation due to self-perception of a low potential for success (Boatman & Long, 2018; Klasik & Strayhorn, 2018; Scott-Clayton & Rodriguez, 2012; Schnee, 2014). Researches have also found that the students scoring just above and just below the benchmark, which results in placement remedial or development courses, have varied outcomes that appear to correlate with motivation, attitude, and desire to learn (Er, 2018; Kane et al., 2020; Schnee, 2014; Scott-Clayton et al., 2014). Students selecting voluntary

remediation regardless of their benchmark scores, as initiated in the Florida College System, found statistical significance within the remedial English and mathematical courses. The proportion of successful students, as measured by receiving a grade of C or higher, decreased by 13% and 19.3%, respectively, when allowed to take the remedial courses voluntarily (Pane, 2018). An alternative to voluntary or assigned remediation that has shown promise is concurrent or corequisite with remedial or development course work taken with core classes (Kane et al., 2020; Pane, 2018). A weakness in these studies is the same as the admissions department in each higher education institution: determination for remediation or development courses hinges on evaluating one score taken from a placement exam. The exams have a standard error measurement of up to eight points in algebra and higher for reading/writing scores (Scott-Clayton et al., 2014). Each higher-education system selects what the benchmark is for placement in remedial courses. With the changing demographics due to the influx of nontraditional students, there is an increasing need for remedial courses and evaluation of the set benchmark (Boatman & Long, 2018; Klasik & Strayhorn, 2018). Strength in these studies lies in the researcher's ability to concur that there is a stigma, perceived or actual, when a higher-education student's assignment to remedial or developmental courses occurs. (Boatman & Long, 2018; Klasik & Strayhorn, 2018; Schnee, 2014; Scott-Clayton & Rodriguez, 2012). The student carries the stigma of remediation, and a meeting with the course instructor requires courage. The gap found in these studies is exploring values, beliefs, biases, and expectations the instructor brings to the remediation experience.

Remediation in Health Care Education

The review of the literature on healthcare education remediation has a general focus on medical, pharmacy, and nursing programs. In this section, the discussion entails medical and pharmacy remediation in didactic courses and clinical. Medical and pharmacy education programs report a range of 3.4% to 11.6% in attrition rates in the United States (Bennion et al., 2018; Ellaway et al., 2018; Harmon et al., 2021). High attrition rates may be indicative of poorly defined and applied remediation or the student, who is struggling in a course or a clinical component, reluctance to access the remediation program (Bennion et al., 2018; Cleland et al., 2013; Ellaway et al., 2018; Harmon et al., 2021; Martin et al., 2018; Patel et al., 2015a; Patel et al., 2015b; Winston et al., 2010). Bennion et al. suggest that finding a remediation tactic that works for a student is like untying the "Gordian" knot. Understanding the reference to the Gordian knot is seen as a need for a bold solution to solve the remediation problems that plague healthcare education programs (Bennion et al., 2018). Likewise, Cleland et al. (2013) addressed that along with the implication that many of the remediation plans studied were complex and missing the functional components of the process to replicate the study in an active program. Moreover, a student with self-regulation with learning is more likely to succeed in course work and clinical, therefore not requiring remediation (Bennion et al., 2018; Cleland et al., 2013; Patel et al., 2015a; Patel et al., 2015b). Generally speaking, remediation is necessary for all educational endeavors for students and, with instructors, a learned skill from trial and error.

Early recognition of the struggling student is essential for remediation to have the best outcome for learning and matriculation. Medical and pharmacy programs look at the student's metacognition and noncognitive traits such as professionalism, motivation, responsibility, self-awareness, and self-regulation (Cleland et al., 2013; Maize et al., 2010; Martin et al., 2018; Patel et al., 2015a; Patel et al., 2015b; Winston et al., 2010). Cleland et al. (2013) assert that "weak medical students go on to become weak doctors" (p. 243), which is reinforced by Patel et al. (2015b), who maintain that "students who struggle at medical school may be at risk of struggling as doctors" (p. 1). Studies have indicated that students feel stigmatized when singled out for remediation as well as defensive since failure on an exam or a course failure is an event that is foreign to them, and the student may lack experience in self-awareness and taking responsibility for the failure (Bennion et al., 2018; Cleland et al., 2013; Patel et al., 2015a; Patel et al., 2015b). Along with stigmatization, a student may struggle with professionalism and self-awareness, impeding self-regulated learning (Cleland et al., 2013; Patel et al., 2015a; Winston et al., 2012).

Professionalism is a competency or skill embedded in healthcare education and the healthcare industry, whereas self-awareness is a conscious knowledge of one's character, feelings, and motives. Brennan et al. (2020) reviewed professionalism lapses in medical students that involve knowledge, skills, and professional behaviors (p. 197). Until recently, the focus on remediation has been on the academic knowledge aspect while placing the behavior/attitude as an event that occurs during the educational process. Professionalism issues can be linked to a student's self-awareness and can create

roadblocks to successful remediation (Brennan et al., 2020). Most professionalism issues that require remediation are in conjunction with clinical skills; however, there are events requiring remediation actions for ethical boundaries and disruptive behavior (Brennan et al., 2020). In contrast, Bransen et al. (2019) focused on professional development (professionalism) with SRL and social interactions that coincide with coregulated learning (CRL), which could be defined as the regulation of one behavior/attitudes while coproducing and cocreating in one's environment. CRL external influences are met through socialization with mentors and classmates in the clinical setting. These elements are essential to professional development and forming a professional identity (Bransen et al., 2019). Given these points, a student with deficiencies who eventually cares for a patient requires remediation in knowledge, skills, or behavior, including the growing element of professionalism. Remediation actions in these areas are imperative for positive patient outcomes that future medical or pharmacy students affect.

A weakness in these studies is inherent when looking for best practices and finding an ongoing problem with a lack of quality studies that assess a remediation intervention (Brennan et al., 2019; Gortney et al., 2019; Harmon et al., 2021). Additionally, in these studies, a notable absence of researchers addressing a stigma, either perceived or actual, when an assignment to remedial programs or courses to correct professionalism issues occurs for a student in medical or pharmacy programs (Bennion et al., 2018). Couple with the weaknesses above, medical and pharmacy education programs have not explored the instructor's experiences in remediation, which may garner an understanding of any bias that may occur in the remediation of knowledge, skills,

behaviors, and professionalism (Bennion et al., 2018; Brennan et al., 2019; Ellaway et al., 2018). The strength of these studies was an acknowledgment of the importance of addressing metacognition and socialization in practice and the noncognitive traits of professionalism, motivation, responsibility, self-awareness, and self-regulation and their role in remediation (Cleland et al., 2013; Maize et al., 2010; Martin et al., 2018; Patel et al., 2015a; Patel et al., 2015b; Winston et al., 2010). The gap found in these studies is a dearth of research exploring the values, beliefs, biases, and expectations an instructor brings to the remediation experience.

Remediation in Nursing Education

In nursing education, the final goal is for the student to pass the NCLEX to determine if you are safe to begin practice at an entry-level. The focus of remediation in nursing education has consistently geared teaching and learning to pass the licensure examination upon the first attempt after graduation. Culleiton (2009), Custer (2018), and Thilges and Schmer (2020) all address the changes occurring in nursing that have affected the NCLEX-RN pass rate. These changes or issues range from the initial change to computerized licensure testing, the need for a standardized definition for nursing remediation, a lack of rigorous studies on effective remediation strategies, and now the growing number of needed nurses to cover retirement in healthcare institutions as well as academia to educate the next generation of nurses (AACN, 2021; Culleiton, 2009; Custer, 2018; Dickison et al., 2019; Thilges & Schmer, 2020). Upon search, most of the database findings lead to remediation in association with NCLEX; however little focus on remediation in learning and applying the learning to each examination in a required

nursing course, as well as evaluating the nurse educators' experiences in remediation. Correspondingly, when evaluating the literature on remediation in nursing education, an association with the constructs of attrition, retention, workload, and interventions emerges, which adds more layers to the remediation issue (Bumby, 2020; Corrigan-Magaldi et al., 2014; Custer, 2018; Mee & Schreiner, 2016; Thilges & Schmer, 2020).

Recognition of the need for remediation usually occurs after a novice nursing student has failed an exam or a course or a significant problem presents in the clinical environment (Culleiton, 2009; Evans & Harder, 2013). A pedagogical point that needs addressing in nursing education remediation is when the learning problem presents itself. Upon identification of this point, further inquiry into how the nurse educator guides the student to make the connections between learning and lifelong learning using the three selves; self-awareness, self-efficacy, and self-regulation in learning (Mee & Schreiner, 2016; Myles, 2018; Silvestri et al., 2013). Self-awareness in learning is the ability to recognize one's emotions, thoughts, and values and how they influence one's behavior (Hagen & Park, 2016). This awareness aligns with Knowles et al.'s (2012) assumption on "self-assessment" is where the student can affirm the discrepancy between where they are and where they need to be with their learning Self-efficacy in learning is a belief in one's capacity to carry out a particular behavior to achieve a goal (Silvestri et al., 2013; Wlodkowski, 2008). A source of self-efficacy can come from someone the student trusts who encourages them to believe they can succeed (Wlodkowski, 2008). Self-regulation in learning is the ability to regulate one's thinking, motivation, and behavior in the learning environment (Wlodkowski, 2008; Zimmerman, 1989). Wlodkowski contends that self-

regulation and motivation enhance students' ongoing internal dialogue about their learning. Activating the three selves can be overwhelming for novice nursing students struggling in a course when they have no frame of reference for the difficulty or failing grades earned. The nurse educator's understanding of the three selves may be a platform to initiate remediation for a student who has failed a course examination.

Educators may use numerous remediation modalities to help a student succeed. Wiles (2015), using a testing review grid, was able to remediate nursing students individually or in small groups to improve course test scores. As a result of the nursing-educator interaction, students reported less embarrassment with remediation and a better understanding of identifying error patterns in thinking and test-taking (Wiles, 2015). Successful remediation affects the bottom line in education: student retention and success. Using a descriptive pretest-posttest design, Fairchild (2022) investigated five remediation actions that nurse educators can implement in a nursing course to promote student success, which showed statistical significance $p < .0001$. The five remediation strategies combined one-on-one faculty/student meetings scheduled for 30–60-minute intervals, using the time for an in-depth review of incorrect test questions, instruction and application of critical reading of test questions, review of current study habits and preparation for exams, review of how to read assigned course content, and finally making available audio-lecture media. Fairchild's processes for nursing students require attention in new and creative ways. A prerequisite grade point average should not be an assumption or measure of a new nursing student's test-taking skill or ability, and consideration must start with each student's limited experience and inflexible behaviors

associated with learning (Benner, 2001; Custer, 2018; Fairchild, 2022; Jeffreys, 2014; Wiles, 2015). Nurse educators must ensure that students given a seat in a nursing program have the tools for success while also guiding them on how to use the tools correctly and how to adapt a tool to their learning style. Mooring's (2016, p. 206) evaluation of the problem of nursing student retention exposed a theme of "aggressive advising as a potential solution" in the literature. In this interaction with the nursing student, the educator engages in proactive advising that entails frequent meetings that focus on "educational and personal stressors" (Mooring, 2016). This increased interaction with students and educators can improve learning, improving self-confidence, and persistence (Custer, 2018; Jeffreys, 2014; Mooring, 2016).

A weakness in these studies is that the focus is predominately on NCLEX success or pass rate and not on how to help the novice nursing student learn and prepare for lifelong learning, which is a requirement of a professional nurse (Culleiton, 2009; Custer, 2018; Mee & Schreiner, 2016; Thilges & Schmer, 2020). Additionally, in these studies, a notable absence of researchers was found to address stigmatization, either perceived or actual, for the student or the instructor when a student requires remediation for a failed exam. On the negative side, coupled with the weaknesses above, nursing education has not explored the instructor's experiences in remediation, which may garner an understanding of values, beliefs, biases, and expectations that may occur in the remediation of a novice nursing student. The strength of these studies lies in the acknowledgment that remediation is affected by numerous constructs; while important, the main focus should be on the nursing student's success in learning (Bumby, 2020;

Corrigan-Magaldi et al., 2014; Custer, 2018; Evans & Harder, 2013; Knowles et al., 2012; Mee & Schreiner, 2016; Silvestri et al., 2013; Thilges & Schmer, 2020; Wlodkowski, 2008). Another strength is early intervention with the at-risk or failing student, with one-on-one remediation. It employs motivation, building on learning strengths, addressing issues that impede learning, and modeling professional identity actions that bring positive student outcomes (Fairchild, 2022; Jeffreys, 2014; Jeffreys, 2015; Wiles, 2015). Additionally, a strength found in the reading was the common themes of self-awareness, self-efficacy, and self-regulation needed for nursing students to be successful in their learning (Mee & Schreiner, 2016; Myles, 2018; Silvestri et al., 2013).

Remediation Strategies

Remediation strategies and approaches vary in higher education and healthcare educational programs. Higher education leaders measure successful outcomes with course completion and passing grades, whereas healthcare educators' key measure of success is passing a professional board examination after graduation (Bahr, 2012; Maize et al., 2010; Mee & Schreiner, 2016; Woods et al., 2019). A problem I have noted in the literature is that researchers have not identified which developmental learning approach or remediation strategy is most effective (Bahr, 2012; Brennan et al., 2019; Gortney et al., 2019; Harmon et al., 2021; Maize et al., 2010; Mee & Schreiner, 2016; Woods et al., 2019). For this reason, higher education and professional education programs need to promote further studies on developmental practices and effective remediation strategies to ensure learning and student success.

The strength of these studies is the acknowledgment of the problem(s), in higher education and health care education, with remediation and remediation strategy effectiveness (Bahr, 2012; Brennan et al., 2019; Gortney et al., 2019; Harmon et al., 2021; Maize et al., 2010; Mee & Schreiner, 2016; Woods et al., 2019). As with the strength, these same attributes contribute to the weaknesses of these studies, which is a lack of a uniform and shared plan to assess strategies used in remediation that are effective (Bahr, 2012; Brennan et al., 2019; Gortney et al., 2019; Harmon et al., 2021; Maize et al., 2010; Mee & Schreiner, 2016; Woods et al., 2019).

Experiences in Remediation

The definition of experience, at a base level, is the practical contact with and observation of facts or events. Experience as a process is how a person perceives the world around them. Other words that may replace experience are patience, skill, struggle, understanding, and wisdom. Stories can explain how skills were acquired, the struggle and patience required for success, and how understanding learning requirements leads to wisdom. The stories shared by students and educators help both populations better understand the experience and provide insight into how to better serve the student's learning needs. The literature lacks research into the experiences of nursing educators telling their stories of remediation. Reviewing the following experiences helps to understand this gap better: college students' perceptions of developmental education, medical students' voice for the theory and practice of remediation, medical educators' perspectives on remediation, and teachers' stories of blame when assigning a failing grade.

Higher Education

When a college degree-seeking student does not have mastery of the foundational skills of mathematics, reading, and writing, a developmental or remedial course may be a requirement of the college or university that the student must complete to advance into core coursework (Fink, 2018; Houser & An, 2015; Klasik & Strayhorn, 2018; Rasinski et al., 2017; VanOra, 2019; Woods et al., 2019). VanOra (2019) notes a gap in qualitative studies concerning students' perceptions of remediation and how these perceptions changed over time. Fifteen students placed into the lowest developmental reading and writing level agreed to participate in this study. The sample consisted of six women and nine men between 18-30, with three reporting English as their second language, and using semistructured interviews over 3.5 years, with the first interview addressing why they chose to come to college and their feelings about placement into the developmental reading and writing course (VanOra, 2019). One hundred percent of the participants responded negatively to the initial placement into the developmental course using descriptors such as "felt bad, felt kind of dumb, I was devastated," as well as the concern of what other students not in the developmental courses, were saying about the "dumb students who couldn't spell and were illiterate" (VanOra, 2019). A year and a half later, 90% of the students discussed how the courses had helped them become more confident and skilled in their writing, with many reporting a newfound passion for writing (VanOra, 2019). Accomplishing developmental or remedial courses well, the potential for skills attainment, and the struggles of conflicting emotions help the educator better understand what approaches to take with the learner (VanOra, 2019).

The weaknesses of this study are the focus on one community college with a small sample size of students (VanOra, 2019). A strength of this study is the use of the student's actual words, which described the sigma/stigmatization feeling with the assignment to the developmental course (VanOra, 2019). Additionally, there was more than one interview with each participant, and the interviews continued over a 3.5-year period, which was able to capture the student's change in attitude with the assignment to a developmental course, as well as the gains they were able to perceive in their academic performance (VanOra, 2019).

Healthcare Education

There are sparse studies of the educator's experiences in student remediation in medical or pharmacy programs; however, there are numerous studies on the student's perspective and experience. Winston et al. (2012) aim in a qualitative study using a complexity framework was to examine the role of the educator in remediation in medical programs and build toward a practical theory (p. e773). The student's view was essential to understand the educator's role, so deep probing survey questions were sent to 310 students through email (Winston et al., 2012). The four participating educators were surveyed and participated in a flexible semistructured interview to give a "voice" - share their story of how they understand their role in the remediation of a student (Winston et al., 2012). Five roles of the educator emerged, which correlated with the student's survey; active facilitator, nurturing mentor, disciplinarian, diagnostician, and role model (Winston et al., 2012, pp. e735-e736). These roles require a strong teaching presence and flexibility to meet the individual needs of each student in the remediation journey.

Winston et al. proposed a tentative theory of remediation that applies to at-risk medical students by evaluating the stories shared by the educators and students from the interviews and surveys. The key takeaway was that the remediation experience must support emotional needs and promote cognitive and metacognitive skills to develop the required self-regulation and critical thinking for safe patient care (Winston et al., 2012). An essential ingredient to the latter is "joy" in learning engaged throughout the learning community (Winston et al., 2012).

Using a constructivist qualitative approach, Krzyzaniak et al. (2017) aimed to explore and expand the understanding of medical education from the perspective of a diverse group of medical educators. Looking at current practices, attitudes, and successful methods of identifying students needing remediation was the expectation, along with developing a holistic framework for remediation (Krzyzaniak et al., 2017). Using purposive sampling and snowball sampling, the researchers found 33 physicians who chose to participate in the study, which led to 19 participants who could attend a focus group of 2-5 physicians (Krzyzaniak et al., 2017). In an analysis of the transcripts, the investigators used inductive and deductive coding techniques, which led to six categories using the deductive approach and seven intuitive "novel" categories that emerged using an inductive approach (Krzyzaniak et al., 2017). The six stated deductive categories were "types of problems residents struggle with, objective and subjective criteria for determination of remediation, personal factors that contribute to the need for remediation, actions that constitute remediation, and how to identify successful

remediation" (Krzyzaniak et al., 2017, p. 968). The "novel" intuitive categories that Krzyzaniak et al. were able to develop were as follows:

> The predictors of successful and unsuccessful remediation, barriers to identification (of resident needing remediation), the role of the program administration, barriers to implementing a remediation plan, and the impact of remediation on the resident and others (involved in the remediation) (p. 968)

In developing the proposed holistic framework, discussion of the deductive and "novel" intuitive categories led to an approach that attends to environmental and emotional factors, the resident's knowledge, skills, and attitudes, encompassing the whole being in their learning (Krzyzaniak et al., 2017). The researchers further delineate the holistic framework into four steps; identify, clarify, intervene, and assess. Identification of these steps led the researchers to a final component of the framework: the need for faculty development in each of the four steps (Krzyzaniak et al., 2017).

A minor perceived weakness found in Krzyzaniak et al. (2017) study was assigning numbers to the deductive and intuitive "novel" themes, which did not correspond to the data presented. The strength of Winston et al. (2012) and Krzyzaniak et al. (2017) studies was the ability to seek out the instructor's beliefs and concerns about remediation. Further strengths I have noted are the desire to give "voice" to both instructor and student and the ability to acknowledge that there is a need for faculty development as it pertains to the elements of remediation (Winston et al., 2012; Krzyzaniak et al., 2017).

Nursing Education

Remediation in nursing education focus is on NCLEX success. There is scarce literature on educators' experiences remediating a student who has failed a course exam. A close comparison exists with Poorman and Mastorovich's (2014) study, where the experiences of nurse educators who shared in their stories self-blame and self-questioning that followed after assigning a failing grade to a nursing student. Poorman and Mastorovich's study aimed to explore the lived experiences of undergraduate faculty evaluating nursing students, embedded with the hope of finding ways to improve student-faculty relationships. Purposeful sampling began by asking for volunteers from state, regional, and national conferences, then garnering further volunteers from snowball sampling (Poorman & Mastorovich, 2014). The study commenced with 30 nurse educators from various nursing programs (BSN, ADN, and diploma) in five states. The volunteers' representation consisted of male and female educators with 2-28 years of experience (Poorman & Mastorovich, 2014). Interpretive phenomenology illuminated the meaning of the participants' experiences evaluating nursing students with each shared story from the nurse educators (Poorman & Mastorovich, 2014). Poorman and Mastorovich kept a reflexive diary throughout the study to ensure the trustworthiness of the data, which according to Patton (2015), is essential to establish the credibility of your findings and interpretation. The researchers defined blaming as "saying or thinking that someone or something is responsible for a problem or a bad situation" (p. 94). The stories shared frustration with not reaching a student (in learning), not taking time to learn more about the student's living environment, and being bullied by a student to change a

marginal grade. Another frustration shared involved the fear created when tension rises between the student and a family member threatening physical harm to the instructor for a student's failing grade (Poorman & Mastorovich, 2014). The researchers have noted that many nurse educators shared that evaluating students can be uncomfortable, bringing to attention the need to educate instructors about evaluation formally (Poorman & Mastorovich, 2014).

A perceived weakness of this study is the presentation of the findings in the publication. The themes found during the data analysis were not present for the audience; however, elaboration was evident that themes occurred and that the researchers discussed, questioned, and challenged the findings (Poorman & Mastorovich, 2014). Though the researchers discuss other concepts in the discussion and implications without knowing the major themes, the information is difficult to follow and connect to the study's original purpose. This study does not assess remediation; however, the evaluation of a student parallels the concept of remediation. A strength of this study relates to the implication that nurse educators need more formal education on evaluating students and the everyday practice that a nurse educator faces with each nursing cohort that aspires to be a nurse (Poorman & Mastorovich, 2014).

Workload in Remediation

An integral aspect of remediation is the requirement of time needed to provide coaching, mentoring, caring, and with the student's input, work on learning strategies to help the student meet the course objectives (Culleiton, 2009; Custer, 2018; Labrague et al., 2016; Thilges & Schmer, 2020). An integral aspect of workload for educators is the

quality time spent with students in class and one-on-one meetings to remediate the

student to help them meet the course objectives. The literature is ambiguous in research

related to remediation in workload. Workload studies use terms like student advisement,

advising, nonclassroom activities, invisible labor, and student engagement that may

represent remediation (Bittner & Bechtel, 2017; Gerolamo & Roemer, 2011; Hamblin et

al., 2020; Hamlin, 2021; SmithBattle et al., 2021). Research is available on workloads

focusing on equity and formulas; however, there is no mention of advisement, advising,

nonclassroom activities, invisible labor, student engagement, or remediation (Blodgett et

al., 2018; Wilborn et al., 2013). The term remediation is hard to discern in the literature

and research for the educator's workload, though its importance in student success

coupled with the desire to reverse the trends in attrition for degree-seeking students is

abundant (Bumbly, 2020; Custer, 2018; Esposito et al., 2019; Harding, 2012; Harmon et

al., 2021; Scott-Clayton et al., 2014; Thilges & Schmer, 2020).

   SmithBattle et al. (2021) note that the literature is scant on workload equity, and

inequity in teaching workloads "may compromise student outcomes, undermine scholarly

productivity, contribute to faculty dissatisfaction, and make recruitment and retention

difficult" (p.43). SmithBattle et al.'s revelation in a study of 224 deans and directors

across the U.S., four categories of concerns related to workload appeared: limited

understanding of workload, inequitable distribution of workload, research and scholarly

productivity, and nonworkload related inequities duties (SmithBattle et al., 2021).

Remediation was revealed under the category "inequitable distribution of workload" as

"demands of class size, overload, and advising load" duties (SmithBattle et al., 2021).

The researchers further revealed that advising time was a rarity in workload assignments and that this teaching element requires even more time as class size grows to help stanch the growing nursing shortage duties (SmithBattle et al., 2021).

The mystery of workload is a detriment that may affect the nursing faculty shortage, influencing the nursing shortage (Bittner & Bechtel, 2017; Gerolamo & Roemer, 2011). Bittner and Bechtel aimed to address factors contributing to the nursing faculty shortage using a survey of 182 respondents. The researchers observed that the group that spent most time teaching in the classroom (39%) were the full-time, non-tenure-track respondents. The addressing of remediation workload was missing; however, the term advisement was present and attributed to seven percent of time-related tasks with associates and bachelor degree programs (Bittner & Bechtel, 2017). In contrast, Gerolamo and Roemer review the literature to identify the known nurse faculty workloads and compare the workload's equity with other academic disciplines. Surprisingly, this review found a state study explicitly addressing remediation with the increase in student enrollment due to the nursing shortage, stating that "there is a greater number of students requiring remediation" (Gerolamo & Roemer, 2011, p. 261). Gerolamo and Roemer also address another state study that reports the colleges are not capturing aspects of the nurse educator's workload, one being other nonclassroom activities which could be an inference to remediation. Remediation could also be invisible labor, as Hamblin et al. (2020) addressed. Comparatively, Hamblin et al. aimed to examine the perceptions of faculty in higher education to understand the concept of invisible labor better. Using a qualitative approach, the researchers used a community

college with four campuses using purposive and snowball sampling to interview 16 participants in 30 to 45-minute-long sessions (Hamblin et al., 2020). Open coding to analyze the collected data commenced discovering concepts that lead to five categories associated with invisible labor (Hamblin et al., 2020). The categories were academic, administrative, engagement, self-presentation, and adjunct versus full-time (Hamblin et al., 2020). Within the academic category was evaluating the students' learning, which is associated with remediation; the engagement category focuses on engagement activities that require an extension of office hours to meet the needs of student assistance which may involve remediation (Hamblin et al., 2020). The faculty member determines the student's time in engagement based on their expectations and perceived responsibility as an instructor (Hamblin et al., 2020). A perceived weakness in these studies is the ambiguity in addressing remediation with students (Bittner & Bechtel, 2017; Gerolamo & Roemer, 2011; Hamblin et al., 2020; Hamlin, 2021; SmithBattle et al., 2021). The strengths of these studies are the acknowledgment that faculty workload does affect student success, and in nursing, education workload does trickle down and affect the overall nursing shortage (Bittner & Bechtel, 2017; Gerolamo & Roemer, 2011; Hamblin et al., 2020; Hamlin, 2021; SmithBattle et al., 2021).

Summary and Conclusion

My literature review provides insight into the key construct of remediation and its application in the subconstructs of higher education, medical and pharmacy education, nursing education, remediation strategies, remediation experiences, and remediation workload. Upon entering higher education, developmental instruction is a form of

remediation to help students complete core courses; however, a perceived stigma lies in this placement for the student. In medical, pharmacy, and nursing education, remediation exists to aid the student given a seat in a highly competitive program, who is struggling, guidance with metacognition and traits such as motivation, responsibility, self-awareness, self-efficacy, self-regulation, and anxiety-reducing actions to help promote successful completion of the program. A trend in the literature was present within the implications, which repeatedly indicates a need for a uniform and shared plan to assess effective remediation strategies (Culleiton, 2009; Custer, 2018; Thilges & Schmer, 2020). There is a good representation of students' experiences of remediation; however, there is a gap in evaluating educators' experiences while remediating a student who is doing poorly or failing a course. Remediation in professional education that requires passing a state licensure exam is a necessary component in each program and requires additional workload hours. The setting of workload hours calculation occurs with formulas, and remediation can go by many names giving this vital function a coat of invisibility (Bittner & Bechtel, 2017; Gerolamo & Roemer, 2011; Hamblin et al., 2020; Hamlin, 2021; SmithBattle et al., 2021).

My research fills a gap in understanding the experience of a nurse educator who remediates a novice nursing student who failed an exam. My study allowed us to hear the stories of nurse educators in the teaching challenge of remediation and better understand the challenges, successes, and failures. Positive social change is affected as better remediation enhances student learning, creating a successful graduate who passes

professional licensure exams, helps alleviate the nursing shortage, and improves patient

outcomes (Culleiton, 2009; Custer, 2018; Thilges & Schmer, 2020).

Chapter 3 covers a basic qualitative approach using story theory as the theoretical

framework and the inductive approach for data analysis. This chapter examines the

research design, my role as the researcher, qualitative methodology, and trustworthiness

issues.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to build on the existing literature of phenomenological studies regarding the experiences of nurse educators who remediate novice nursing students who have failed a course examination. In this chapter, I discuss the research design and rationale, my role as researcher, methodology, and issues of trustworthiness.

Research Design and Rationale

The following research question guided this study: What are the experiences of the undergraduate nurse educator when remediating novice nursing students who have failed an exam in a didactic course, in an ADN or BSN nursing programs? The phenomenon studied was the nurse educator's challenge in their first experience of remediation with a novice nursing student, hearing their story of the past, present, and future. Using qualitative research is a means to explore the meaning, interpretation, and perception of the individual involved in the phenomena (Patton, 2015). A research design is a plan or proposal for conducting a study of the phenomenon, which involves coordinating the philosophy approach to a selected framework (Patton, 2015). There are eight qualitative research approaches: case study, ethnography, evaluation research, generic/general basic/traditional/pragmatic qualitative, grounded theory, narrative, phenomenology, and Photovoice/visual research (Walden, 2018). Consideration of other research designs occurred for conducting this study, for example, narrative inquiry, which involves the researcher using interview skills to elicit the participant's thoughts, feelings,

and interpretation of their life experience (see Rubin & Rubin, 2012). This approach

would have paired well with the story theory framework; however, the chance of

impeding the flow of the participant's story with probing questions in an interview was a

deciding factor to use the basic qualitative approach (see Rubin & Rubin, 2012; Smith &

Liehr, 2013). Consideration of grounded theory was at the forefront of this study, guiding

me in developing a theory from the nurse educators' stories (see Charmaz, 2006).

However, this approach involves being available to observe numerous and diverse

scheduled remediations, which in itself would be a difficult hurdle and one of many to

overcome (Charmaz, 2006). For this study, a basic qualitative approach to address the

challenge of remediation experiences of nurse educators was the chosen design. The

basic qualitative approach was flexible and flowed with the interpretive approach to data

analysis (see Creswell & Creswell, 2018). More important is that this constructivist

approach allowed me to understand the experience from the participant's story (see Guba

& Lincoln, 1989; Smith & Liehr, 2013).

Role of the Researcher

A researcher in a qualitative study has two roles, the primary being the instrument

for data collection, then after immersion into the data, being a vehicle to analyze (Lincoln

& Denzin, 2003). Data, gathered through hearing an individual's story, require no

filtering by the researcher's values, interests, and preconceived notions. My lens in this

study began as a nurse educator required to remediate the novice nursing student who

was failing course exams in a foundational nursing course. This prior knowledge and

experience could lead to preconceived notions. However, I sought to remain objective by

identifying and reviewing my assumptions and personal values with each interaction with the data. The selection of an interpretative approach was appropriate to answer the research question, and this methodology was consistent with my views as the researcher (see van Manen, 2014). To place controls for objectively, credibility, and to remove bias in each step of the design and process, the following actions on my part occurred:

- I screened all prospective participants and ensured that the participants did not work with me or had worked with me in a nurse educator capacity in the past.

- I used bracketing in the data collection and analysis process, setting aside preconceived notions and suspending belief regarding what the researcher knows (see Chan et al., 2013; Munhall, 1994, 2012; van Manen, 2014).

- I used member checking with the participants to check accuracy asking clarifying questions and asking them to review the transcript of the interview (see Birt et al., 2016; Guba & Lincoln, 1989).

- I used a reflexive diary throughout the study to ensure the trustworthiness of the data, which, according to Patton (2015), is essential to establish the credibility of the findings and interpretation of the data. By making regular entries during the research process, I recorded methodological decisions and the rationale for the choices and reported on my values and interest as they emerged and changed during the study (see Guba & Lincoln, 1989).

Methodology

The impetus of this basic qualitative research was to explore the experiences of nurse educators who remediated novice nursing students. Qualitative research explores

the meanings, interpretations, and perceptions individuals attribute to a social or human issue (Creswell & Creswell, 2018). Qualitative research intends not to prove, disprove, or test theories; it is an iterative process that allows for the theory to emerge in an inductive manner (Errasti-Ibarrondo et al., 2018; Rudestam & Newton, 2014). The research design chosen for this study was the basic qualitative design; Mihas (2019) explained that the primary purpose of using this design is to guide the researcher in solving a challenge or identifying themes that are relevant to a challenge. Qualitative research intends not to prove, disprove, or test theories; it is an iterative process that allows the theory to emerge inductively after data collection (Errasti-Ibarrondo et al., 2018; Rudestam & Newton, 2014). This methodology provided an opportunity for nurse educators to share their stories. The stories help me and potential audience better to understand the initial remediation experience and present-day remediation for the nurse educator. Finally, the stories help to understand the teaching challenge of remediation and what it looks like for them and their students in the future, which may help other nurse educators reflect and grow from their experiences.

Procedures for Recruitment, Participation, and Data Collection

Participant Selection Process

The study population included a representative group of undergraduate educators teaching in ADN and BSN nursing programs. The criteria to participate in this study were the following: a minimum of 6 months or more experience as a nurse educator who taught in a didactic course that required one-on-one remediation after failing a course exam and who remediated a novice nursing student in the course, currently teaching in an

undergraduate nursing program, and teaching in an ADN or BSN program in a school in the United States. The exclusion criteria for potential participants in this study were remediation experiences that focused on courses in skills, simulation, or clinical. The participants had to agree to be audio and video recorded and to have their interviews transcribed verbatim. Informed consent that acknowledges the potential risks and benefits of this study was also obtained (see Patton, 2015).

The sampling strategy was purposeful. This strategy allowed me to ask interested nurse educator volunteers from the Georgia Association for Nursing Education and Walden University research participant pool. More volunteers were garnered from snowball sampling (see Patton, 2015). Facebook was another avenue used to solicit research participants who were nurse educators through the groups Teachers Transforming Nursing Education and Walden Ph.D. Nursing, both of which are private. The Teachers Transforming Nursing Education Facebook page administrator permitted the solicitation of participants. I also sent a request to the administrator of the Walden Ph.D. Nursing Facebook page. According to Stokes et al. (2019), potential participants may access social media when bored or need a distraction; the researcher could receive real-time alerts to messages, posts, or groups that they are tagged. Social media can provide fast, efficient screening and contact of potential participants if used judiciously. A concern of finding a broad geographic range and diversity of participants was noted by Stokes et al. Additionally, a snowballing effect referred to as "organic" from this strategy occurs when nurses and nonnurses forward the recruitment message through "shares" and "tags' (Stokes et al., 2019). Because this method did not provide a sufficient number of

potential or actual participants, I created an advertisement that targets nurse educators on

LinkedIn and Facebook. Forgasz et al. (2018) touted the cost-effectiveness of Facebook

as a recruitment tool and this tool having the ability to target potential participants by

their self-reported demographics in their profiles. The flyer to recruit (see Appendix A)

provided the following information:

- Need for nurse educators currently teaching ADN or BSN students in the

  United States.

- Screening (see Appendix B) to ensure that the participant met the criteria.

- A time commitment of 60 minutes was desirable; however, the development

  of a realistic plan for a participant who wished to participate in the study was

  available.

- Informed consent.

- Virtual meeting using Zoom as the platform.

- Visual recording using my private Zoom account, a video teleconferencing

  software that provided a time-stamped transcripts of the interview.

- Audio recording backup using my private Otter account, which is a mobile

  phone app that records and provides real-time transcription using artificial

  intelligence.

- Confidentiality.

- An IRB approved token for the participant's participation in the interview. A

  monetary gift was given to the participant after the interview.

- Administration of the approved monetary gift.

Instrumentation

As the researcher, I was the person that conducts all interviews. I created the collection instrument (see Appendix C), which was a 12-question survey built and administered through Google Forms. This online survey captured demographic information that helped to establish criteria along with the initial screening survey (see Appendix B) administered before approval to proceed in this study. The survey was a requirement that provided detailed information about the population to recruit, the purpose of the study, available times for the participant to interview, and the consent to participate. The interview date and time were established between myself and the participant. The scheduled virtual interview using a guide I created (see Appendix D) used the components of the story theory, starting with the past, moving to the present, and ending with the future (see Smith & Liehr, 2013). I used responsive interviewing to build a relationship of trust between myself and the participant (see Rubin & Rubin, 2012). Clarification questions were flexible, allowing me to respond to the story and tap into the experiences of each participant (see Rubin & Rubin, 2012; Smith & Liehr, 2013). The participant was first encouraged to share a little background information about themselves, then move into their story about the first time they remediated a novice nursing student who had failed an exam in their course. The next question allowed me to explore the participants' present experiences when remediating a student who has failed a course exam (see Rubin & Rubin, 2012; Smith & Liehr, 2013). A final question allowed me to explore the participant's future and how they plan to grow in the area of remediation with a student who has failed a course exam (see Rubin & Rubin, 2012;

Smith & Liehr, 2013). The first interview question, "Tell me about your first experience remediating a new (novice) nursing student who failed an exam in a course you were teaching," captured the initial experience and perception of the nurse educator and the perplexing issues, values, and beliefs in the provision of remediation. The follow-up questions aligned with Smith and Liehr's (2013) story theory framework to describe a "health challenge;" however, in this study, exploring a teaching challenge led me and the participant through the experience in past and present. I then moved towards the future and sought resolution or "ease" as the participants moved to the realization that they are more than the event(s) of their story (see Smith & Liehr, 2013).

In collecting qualitative data, saturation indicates when the data obtained provides enough information and when further data collection brings redundancy (Patton, 2015). Saturation for this study occurred when the interviews no longer revealed any new content or did not add anything new to be observed by the data. Creswell and Creswell (2018) noted that a phenomenology sample size should be between six and 10 participants to reach saturation. In the grounded theory research approach, theoretical saturation occurs when all of the "main variations" of a phenomenon emerge (Guest et al., 2006; Mason, 2010). Using a basic qualitative research approach and by keeping the above guidance into account, I sought data saturation/redundancy, meaning the data were collected until no more patterns or themes were emerging (Guest et al., 2006; Guest et al., 2020; Lowe et al., 2018; Mason, 2010). In my study, six interviews were the minimum for interviews; then, three additional interviews would follow if data saturation did not occur. However, if data redundancy did not occur after the three additional interviews,

then single interviews would continue until 12 interviews were completed (see Guest et al., 2006; Guest et al., 2020). If saturation did not occur by 12 interviews in the past, present, and future filters used for coding, then data saturation would have been set using a prospective data saturation calculation. According to Guest et al. (2020), this calculation would use the elements of base size, run length, and setting a new information threshold. In my study, setting the information threshold to determine data saturation/redundancy at ≤10% if 12 interviews did not meet saturation was the plan; however, data saturation did occur at six interviews, so the threshold was not an issue.

Data Analysis Plan

The analysis process began with the transcription of the recorded interviews. Otter provides this service, designed into a phone app, which converts the recording into a transcript Word document with time stamps. The Zoom video recording also had a transcript generated with timestamps. The downloading of the electronic transcripts and MP4 files on a password-protected memory stick, which was kept secure in a home safe that requires a thumbprint, provided the confidentiality and security of the participant's information.

The analysis of the transcribed interview is an iterative process of simultaneous review and refinement between the interview findings and emerging themes (Patton, 2015; Saldaña, 2021). After each interview, time to read, reread, and immerse my focus deeply into the participant's story occurred. Interpretive analysis requires the researcher to live in the data and become part of the participant's world (Lincoln & Denzin, 2003; Saldaña, 2021; van Manen, 2014). Coding begins with immersion and reading of

transcripts seeing patterns emerge in subsequent interview transcripts, which occurs as the researcher recognizes like patterns as they subconsciously anticipate or intuit similar elements in a story (Lincoln & Denzin, 2003: Saldaña, 2021). Using this approach, logging the thoughts and metacognition for actions relating to coding into a reflexive diary, the process for building the themes was cataloged to aid confirmability.

Coding the data required me to break down the corpus into pieces with a consistent system and bring the pieces together meaningfully (see Creswell & Creswell, 2018). I manually coded using an elemental coding method known as structural coding, which started with the primary filters of past, present, and future, aligning with the story theory framework (see Saldaña, 2021). This initial step allowed the me to examine comparable segment commonalities, differences, and relationships (see Saldaña, 2021). The coding started in each interview transcript, then was transferred into an electronic spreadsheet and tracked using the participant's pseudonym.

Issues of Trustworthiness

As I carried out this qualitative research, it was essential to ensure that the data collection and reporting were trustworthy and that veritas, in all actions taken in this study, was apparent for the reader. Creswell and Creswell (2018) noted the importance of validity in quantitative research to assess and ensure accuracy and credibility in the findings aligned with qualitative research trustworthiness. Trustworthiness provides the veritas to the four areas in qualitative research that the researcher must address to ensure trustworthiness which are credibility, applicability or transferability, consistency or dependability, authenticity, and confirmability.

Credibility

Veritas in credibility refers to how the findings reported in this study correlates with the nurse educator's reality of remediation of a novice nursing student who has failed a course exam. Enhancement of credibility can occur through the actions of member checking, triangulation, peer inquiry audit, fiscal audit of the accounting process, and prolonged engagement (Guba & Lincoln, 1989). Each participant was invited in the consent process to participate in member checking by reviewing their transcript and reviewing the study findings. Member checking occurred during the interview as statements require clarification and restated to the participant.

Applicability or Transferability

Veritas in applicability or transferability refers to how this study's findings can apply to other settings (Guba & Lincoln, 1989). A purposeful sampling of nurse educators provides enhancement of transferability within this population. The selection of participants from both ADN and BNS nursing programs also enhanced transferability. Descriptions of the demographics of the participants aided in transferability. Finally, rich, detailed, thick descriptions of themes supported by participant narratives enable the audience to understand the findings.

Consistency or Dependability

Veritas for consistency or dependability refers to the ability to repeat this study at a future date and arrive at similar findings (Guba & Lincoln, 1989; Munhall, 2012). The enhancement of consistency occurs when the researcher follows the plan described at each stage, allowing for replication of the study (Lincoln & Guba, 1985; Munhall, 2012).

Confirmability in data collection and interpretation that shows consistency in action occurs through the researcher's records containing raw data, data reduction and analysis products, process notes, reflexive notes, and instruments developed to contain and understand the data (Lincoln & Guba, 1985). A fiscal audit allows reviewing the audit trail provided by the researcher, allowing an accounting process to confirm gathered and interpretive information (Lincoln & Guba, 1985). The audit trail is available to the dissertation chair and committee members. There were meetings with the dissertation chair and committee members to review the study's progress. The consistency in these actions coupled with the member checking for credibility and peer audit/debriefing for confirmability is triangulation, which adds to the probability that the findings are credible therefore trustworthy.

Authenticity

Veritas in authenticity occurs with the researcher being true to their personality, values, and spirit, regardless of pressure to act otherwise. Authenticity in the study applies to the fairness and usefulness of the findings (Guba & Lincoln, 1989; Lincoln & Guba, 1986). This aspect of trustworthiness is where the researcher's construct or lens in viewing and interpreting the data can impact a study's outcome (Guba & Lincoln, 1989). For authenticity to be evident, the focus must remain on the participant's veritas in the story (Munhall, 2012; van Manen, 2014). This authenticity comes by providing the participants' narratives to support the inductive themes arrived at by the researcher, as well as member checking for the themes. The overall authenticity of the finding should ensure that stakeholders, nurse educators, and the reader find the information helpful.

Confirmability

Veritas in confirmability refers to the objectivity of the researcher with data collection and reporting of findings. Allowing the participants to review the transcripts and clarify the researcher's interpretation of the story enhances veritas for the participant concerning their personality, values, and spirit (Guba & Lincoln, 1989). Audits of the researcher's accounts and record-keeping enhance confirmability in collecting and analyzing qualitative data (Guba & Lincoln, 1989; Lincoln & Guba, 1998). Peer inquiry with debriefing occurred with my chairperson who provided an audit on the first and second interviews to evaluate the flow of clarifying questions from the researcher to participant to ensure there is no infection of preconceived notions by the researcher (Guba & Lincoln, 1989; Lincoln & Guba, 1985). Keeping a reflexive journal and having all audit trail documents available to my dissertation committee enhanced the dependability, confirmability, and neutrality of this study.

Ethical Procedures

As the researcher, I kept the ethical considerations and accommodated each research participant. Approval was obtained from the Institutional Review Board (IRB) at Walden University before any data collection. To prepare for this approval, my CITI program ID1373549 was up to date for the basic course, conflict of interest, and information for privacy security.

Ethical concerns surrounding the recruitment of participants was mitigated by always providing full disclosure of the purpose of the study, participant benefits, and the assurance that the participants did not feel pressured or coerced to participate (see

Crewsell, 2014). At any time, the participants were able to remove themselves from the

study without question and be thanked for their time and contribution. As the primary

researcher, I provided assurances that all identifying information, including names,

audio/video recordings, and notes, was kept confidential. This assurance occurred by

keeping the material on a password-protected memory stick housed in a fingerprint

accessible home-safe when not in use and destroyed after the amount of time required by

IRB approval. Printed material, which includes the list of participants' names,

pseudonyms, and demographics, were kept in a fireproof lockbox in my locked

outbuilding garage when not in use for analysis. Access to this data was limited to me as

the primary research and dissertation committee, comprising three faculty members at

Walden University. IRB approval for this basic qualitative research commenced on

March 30, 2022 (IRB Approval No. 03-30-22-067357.

Summary

In this chapter, I described the primary methodology for my basic qualitative

study, which includes the research design, instrumentation, and recruitment method.

Additionally, I addressed trustworthiness and ethical considerations that needed to be met

in this qualitative study. My proposal guided my research and provided a framework for

recruiting participants, collecting data, analyzing the corpus of data, and reporting on the

findings. Chapter 4 provides my study's recruitment and data collection efforts in addition

to in-depth data analysis, results, and evidence of trustworthiness.

Chapter 4: Results

Introduction

The purpose of this basic qualitative research study was to fill the gap of existing literature of qualitative studies that do not explicate the remediation experience by exploring the unique experience of the nurse educator remediating a novice nursing student for the first time. This exploration occurred through the identifying and reporting the experiences of the undergraduate nurse educators when remediating novice nursing students who had failed a didactic exam in an ADN or BSN nursing program.

The following research question guided this study based on the problem and purpose stated: What are the experiences of the undergraduate nurse educator when remediating novice nursing students who have failed an exam in a didactic course, in an ADN or BSN nursing programs? Exploration of this question commenced using the components of the story theory, guiding the participant through the past, moving to the present, and ending with the future. The use of prompts specific to the research topic, allowing the clarification and detailed understanding of the participant's story, was in use.

Interview Question 1: Tell me about your first experience remediating a new (novice) nursing student who failed an exam in a course you were teaching.

Interview Question 2: Tell me about your current experience remediating a new (novice) nursing student who failed an exam in a course you were teaching.

Interview Question 3: Tell me about your plans to grow in the area of remediation for a new (novice) nursing student who failed an exam in a course you were teaching.

This chapter includes the setting and demographics of all participants who were used to address the research question. A detailed description of the collection methods and analysis of the data gathered from the participants are reported. The chapter continues with the results from the participants, the evidence of trustworthiness, and a summary.

Setting

Upon receiving IRB approval for this basic qualitative research on March 30, 2022 (IRB Approval No. 03-30-22-067357), I began collecting data, electronic and audio interviews, via my password-protected Google Suite account and Zoom videotelephony communication platform. A total of 20 nurse educators completed the online participant recruitment screening hosted on password-protected Google forms, and six completed the audio interviews via a password-protected Zoom platform. The six participants completed the demographics survey hosted on password-protected Google forms. The participants did not express personal or institutional conditions or issues that could influence the story they were sharing on the educator's experience of remediating a student who had failed an exam in a course they were teaching. I maintained a spreadsheet in Google Suite as a log to track each participant's status. The log included time zones, dates, and times available to interview and the selected pseudonym of the participant.

Demographics

I purposefully asked interested undergraduate nurse educators teaching in ADN or BSN nursing programs who taught novice (new) nursing students. The following inclusion criteria were used:

- Minimum of 6 months or more experience as a nurse educator.

- Currently teaching in a didactic course that required one-on-one remediation.

- Teaching in an ADN or BSN program in a school in the United States.

Survey Demographics Summary

Demographic data are presented for the six participants in a narrative format to provide additional, comprehensive information (see Table 1). The participants were from across the United States. I used the U.S. Census Bureau's Regions and Divisions of the United States (n.d.) to describe the participant's region; there was one participant from the Pacific West, two from the West South Central, one from the West North Central Midwest, one from the Middle Atlantic North East, and one from the South Atlantic South. All six participants were female. The participants' education level was three MSN-prepared nurse educators and three Doctorate-prepared nurse educators. Time in the nurse educator role was split evenly into three with 3 to 5 years and three with 10+ years. The Doctorate-prepared educators predominantly taught in BSN programs with a 2 to 1 ratio, whereas the MSN-prepared educators predominantly taught in ADN/ASN programs with a 2 to 1 ratio. Only one participant reported that their institution provided training for nursing faculty on how to remediate a student who has failed an exam. Two

participants reported receiving workload accommodation for meeting a new (novice)

nursing student's remediation needs.

Table 1

Demographic Information of Participants

Demographic information	Number of participants *(n=6)*
Year of experience as a nurse educator	
½ to 2	0
3 to 5	3
10+	3
Highest level of education completed	
ADN	0
BSN	0
MSN	3
Doctorate	3
Type of program taught	
Diploma	0
ADN	3
BSN	3

Note. *n = 6*. Participants' education level was three MSN-prepared nurse educators and

three Doctorate-prepared nurse educators. Time in the nurse educator role was split

evenly into three with 3 to 5 years and three with 10+ years. The Doctorate-prepared

educators predominantly taught in BSN programs with a 2 to 1 ratio, whereas the MSN

prepared educators predominantly taught in ADN/ASN programs with a 2 to 1 ratio.

Data Collection

Participant recruitment and data collection began after approval was granted by Walden University's IRB. A flyer was posted on two Facebook groups, Teachers Transforming Nursing Education and Walden Ph.D. Nursing, and then on the Walden University research participant pool. Twenty-five individuals initially volunteered to participate in the study during the recruitment process. Of the 25, 12 met the inclusion criteria, and eight responded with signed consent, completing the demographics survey, and a desire to schedule an interview. Two consenting participants were not included in the study due to a lack of response in setting up an interview or failure to attend the scheduled interview.

To obtain data for my study, I completed six interviews with nurse educators who had remediated novice nursing students who had failed a course exam in a didactic class the nurse educator was teaching. Before data collection, Walden University's IRB obtained permission to collect data from human subjects. Approval was granted on March 30th, 2022, approval number 03-30-22-0673571. After IRB approval was obtained, a recruitment flyer (Appendix A) was posted on Walden's Walden University research participant pool and two Facebook groups whose members consist primarily of nurse educators. The Facebook volunteers were directed to a Google Form link to fill out a screening tool (Appendix B) to evaluate if the inclusion criteria were met. The Walden University research participant pool volunteers emailed through my Walden email account to ask to participate, and inclusion criteria were provided, or clarification was requested through further correspondence. The snowballing technique was encouraged to

increase the exposure of the recruitment flyer. A volunteer who did not meet the inclusion criteria was sent a thank you email with a request to share the flyer with a colleague. Also, the participants who completed the interview were sent a thank you email with a copy of the flyer to share with a colleague. Once a participant gave informed consent and filled out the demographics survey, the interview was scheduled. All interviews were conducted between April 1st, 2022, and July 30th, 2022. Six interviews were audio-recorded within the Zoom video-conferencing program. I chose audio conferencing for this study, as face-to-face interaction was impossible due to geographic instances between myself and the participants. The initial video-conferencing allowed the participant and I to meet and have a visual image of each other to aid the storyteller in the communication exchange and the recipient of the story as I listened. Once the interview began, the video screen was turned off, allowing only audio recording. Additional audio recordings were simultaneously obtained using the Otter recording smartphone app that recorded the interviews and allowed for verbatim transcripts to be created. These recordings were transmitted confidentially through Otter's password- protected app on a password and facial recognition-protected iPhone. Completed verbatim transcripts were then sent to a password-protected email and were accessed and downloaded onto a password-protected computer and stored on a password protected memory stick.

An interview guide (Appendix D) was used, and notes were taken if a topic needed readdressing for clarification. I used open-ended questions for the interview to allow research participants to share their experience stories starting with the past, moving to the present, and finally asking about future remediation plans. A final question was

asked before closing the interview of each participant: "During your Master's in Nursing Education courses, were you ever taught how to remediate a student?"

Each interview lasted approximately 30 minutes. Field notes about impressions and observations were written down to assist and support the data analysis process. Sufficient data to answer the research question were collected with a total of six interviews. Data saturation was reached as the same concepts and ideas began to repeat themselves and no new insights were provided. Additional recruitment ceased upon reaching saturation.

Variation in Data Collection

There was a variation in the data collection plan from Chapter 3 during the IRB process. As requested by the IRB, a new plan required removing the videotaping to protect participant confidentiality. The original plan was to video and audio tape participants to capture the words spoken with nonverbal cues to understand the participant's story and the nuances. Instead, participants were welcomed via video to initiate a greeting and establish a visual representation of the storyteller and story receiver. The participant turned off their video to deidentify, and the interview commenced with an audio recording on the Zoom platform and my backup Otter accounts. A planned strategy for purposeful sampling was to ask interested nurse educator volunteers from the Georgia Association for Nursing Education, but I did not use this strategy.

Data Analysis

The data analysis began during the data collection stage through an iterative process of simultaneous review and refinement between the interview findings and emerging themes. To minimize my bias, I bracketed preconceived ideas and assumptions and allowed the nurse educator's story to guide the analysis (see Chan et al., 2013). The interviews were read and reread as I focused deeply into each participant's story. Reviewing the story path several times allowed the study themes and subthemes to emerge from the data using an elemental coding method known as structural coding. In Chapter 3, I indicated that I would use this elemental coding method, which started with the primary filters of past, present, and future, aligning with the story theory framework. Elemental coding uses basic but focused filters reviewing the corpus and then building an understructure for subsequent coding and building of categories and themes (Saldaña, 2021).

Themes emerged from each filter of past, present, and future with key thematic content. The lines from each transcript associated with the nurse educator's past, present, and future experiences were copied into a sheet and assigned names of interviews with corresponding numerals that indicated the order of each participant's story. The manual coding process started with finding the keywords from the data associated with past, present, and future experiences that were highlighted, reflected upon, and reread five times. Initial baseline keywords with definitions obtained from the online Oxford English Dictionary (n.d.) were copied onto a sheet with the associated storyline. The keywords were then defined using scholarly sources from education and nursing. I then created a

visual drawing of the codes freehand that captured the story path. Themes began to coalesce after the first three interviews, and additional interview data aligned with labeled thematic content as identification of no new themes emerged during the final three interviews. Because the identification of no new themes emerged during the final three interviews, the saturation of the data occurred and therefore concluded future data collection.

I analyzed the data through the lens of Liehr and Smith's (2020) story theory filters (story path) of past, present, and future. When applying the story path with elemental coding in the first cycle, I took things apart, meaning I read, reread, and reread again the interview and found the elements of experience in the storytellers' words and phrases (see Liehr & Smith, 2020; Saldaña, 2021). In the second analysis cycle, after reviewing the meaning of keywords applied to education and nursing, synthesis was used to put the words and phrases into a new explication collection of remediation experiences (see Saldaña, 2021). I then took each spreadsheet, combined the data, and sorted by past, present, and future, looking for repeats of codes, categories, and themes in each interview. My analysis used an inductive process to describe and categorize the interview data (see Errasti-Ibarrondo et al., 2018; Liehr & Smith, 2020; Saldaña, 2021). The codes were grouped into categories based on the story theory filters, as shown in Tables 2, 3, and 4. Table 5 summarizes the themes identified through the filter of past, present, and future of the participants' stories.

Table 2 provides the data resulting from the focused analysis in second cycle coding, which looked at conceptual similarity, moving to how the categories relate to

identifying three themes (see Liehr & Smith, 2020; Saldaña, 2021). After completing the

grouping and categorizing into themes following story theory as a guide, I identified

responses to the three interview questions. The past filter for coding was used to answer

Interview Question 1: Tell me about your first experience remediating a new (novice)

nursing student who failed an exam in a course you were teaching.

Table 2

Past Using In Vivo Coding

	Code	Category	Theme	Description
1.	Novice	Novice Nurse Educator	Novice as a Nurse Educator, Expert as a Practicing Nurse	Leaving one's comfort zone as an expert nurse to instruct nursing students in the classroom
2.	Competence	Questioning Competence	Do I know what I am doing?	Questioning competence to remediate the nursing student successfully and effectively.
3.	Afraid, Insecure, Nervous, Perplexed	Dissonance	Feelings of dissonance in new role.	Feelings of dissonance and ability as learning the art of teaching nursing students.

Table 3 provides the data resulting from the focused analysis in second cycle

coding, which looked at conceptual similarity, moving to how the categories relate to

identifying three themes (see Liehr & Smith, 2020; Saldaña, 2021). After completing the

grouping and categorizing into themes following story theory as a guide, I identified

responses to Interview Question 2. The present filter for coding was used to answer

Interview Question 2: Tell me about your current experience remediating a new (novice)

nursing student who failed an exam in a course you were teaching.

Table 3

Present Using In Vivo Coding

	Code	Category	Theme	Description
4.	Reflective	Reflection on practice	Questioning and dissonance lead to reflection	After reflection of remediation experience nurse educator reaffirms competence and appreciates their ability, knowledge, and skills.
5.	Confident	Confidence grows	Experience in role grows confidence	Belief in ability to teach, assess, evaluate, and remediate a nursing student.
6.	Student-Centered, Student-Responsible	Dissonance	Feelings of dissonance in new role.	Feelings of dissonance and ability as learning the art of teaching nursing students.

Table 4 provides the data resulting from the focused analysis in second cycle coding, which looked at conceptual similarity, moving to how the categories relate to identifying one theme (See Liehr & Smith, 2020; Saldaña, 2021). After completing the grouping and categorizing into themes following story theory as a guide, I identified responses to Interview Question 3. The future filter for coding was used to answer Interview Question 3: Tell me about your plans to grow in the area of remediation for a new (novice) nursing student who failed an exam in a course you were teaching.

Table 4

Future Using In Vivo Coding

	Code	Category	Theme	Description
7.	Practice Recitation Experiential	Plans	Plans to enhance student remediation and learning.	Nurse educator plans to enhance student learning through remediation.

Table 5 presents the seven emergent salient themes and their descriptions to address the research questions through the story theory using the filter of past, present, and future that explores the experiences of the undergraduate nurse educators when remediating novice nursing students who have failed a didactic exam in an ADN or BSN nursing program.

Table 5

Emergent Themes From the Interview Transcripts

	Filter	Themes	Descriptions
1.	Past	Novice as nurse educator, expert as a practicing nurse.	Leaving one's comfort zone as an expert nurse to instruct nursing students in the classroom.
2.	Past	Do I know what I am doing?	Questioning competence to remediate the nursing student successfully and effectively.
3.	Past	Feelings of dissonance in new role.	Feelings of dissonance and ability as learning the art of teaching students.
4.	Present	Questioning and dissonance leads to reflection.	After reflection of remediation experience nurse educator reaffirms competence and appreciates their ability, knowledge, and skills.
5.	Present	Experience in role grows confidence.	Belief in ability to teach, assess, evaluate, and remediate a nursing student.
6.	Present	Student is responsible for their learning.	Nurse educator understands that the nursing student has to invest their time, energy, and focus to learn required content.
7.	Future	Plans to enhance student remediation and learning.	Nurse educator plans to enhance student learning through remediation.

The themes developed were used to address the findings concerning the purpose of this research study which was to build on the existing literature of qualitative studies which do not explicate the remediation experience of the nurse educator remediating a novice

nursing student for the first time. The nurse educators represent a sampling of experiences across the United States. In the Results section of this chapter, I present the findings following the themes that emerged from the data analysis procedure. These themes are presented in line with story theory's past, present, and future filters.

Evidence of Trustworthiness

Credibility

I ensured the study's credibility by using two artificial intelligence transcription software, which was printed and compared to the recorded audio file from each Zoom session. Member checking was offered to all six participants to confirm the consistency of the interview transcripts; however, no return acknowledgment or change request was received.

Applicability or Transferability

Guba and Lincoln (1989) describe veritas in applicability or transferability, which refers to how a study's findings can apply to another situation. My selection of nurse educators currently working in the role enhances the applicability or transferability of this study. All participants were currently teaching in an ADN or BSN nursing program from another state, and I had not previously taught with or worked with the individual. Enhancing transferability occurs by presenting the results meaningfully using quotes from the transcripts to support the themes.

Consistency or Dependability

I ensured veritas for consistency or dependability by following the plan described at each state in Chapter 3 while noting the required changes requested by IRB and

choosing not to solicit volunteers from the Georgia Association for Nursing Education. Maintaining consistency occurred by keeping records of raw data (interviews), data reduction and analysis (spreadsheet), and a reflexive diary developed and used to understand the data (See Lincoln & Guba, 1985).

Authenticity

I ensured veritas in authenticity by remaining true to my values and spirit and taking time without pressure to engage with the data. According to Guba and Lincoln (1989), Liehr and Smith (2020), and Saldaña (2021), by placing my lens as a nurse educator on hiatus, taking the basic meaning of keywords, then letting the participant's story move me to inductive themes lends authenticity to the findings and ensures that stakeholders, nurse educators, and interested readers will find this information useful.

Confirmability

Guba and Lincoln (see 1989) describe that allowing audits of the researcher's accounts and record-keeping enhances confirmability in collecting and analyzing qualitative data. Digital records of each transcribed interview and data analysis in an excel spreadsheet are available.

Results

This section presents the findings following the themes that emerged from the data analysis procedure. These themes are presented within the filter of story theory's past, present, and future delineation. The interview questions used during data collection aimed to explore the unique experience of the nurse educator remediating a novice nursing student who had failed a didactic exam in a class that they were teaching.

Discrepant findings were reports of remediation being a complication due to using a virtual environment employed with the start of COVID-19 and its use beyond this time in nursing education. The data associated with this complication were excluded from the coding cycles. The following seven themes were identified from the interview responses to answer the research question "What are the experiences of the undergraduate nurse educator when remediating novice nursing students who have failed an exam in a didactic course, in an ADN or BSN nursing programs" and two other interview questions relating to the present and future remediation experience.

Past: Novice as a Nurse Educator, Expert as a Practicing Nurse

The theme of novice as a nurse educator and expert as a practicing nurse describes the new educators leaving their comfort zone as expert nurses to instruct nursing students in the classroom. The theme reflects the role change, and though competent as practicing nurses in a new role as nurse educators, they lack experience in a new role as a nurse educator. Being a novice educator was mentioned numerous times by the participants.

For instance, Participant 1 said, "I was a novice myself at the time, I had them come to my office, I pulled up their exam." Participant 2 shared, "I think that's very common as a novice educator, to feel that way." Participant 3 added, "I had never done that before (remediated), I was very sad for the student." Participant 4 commented, "Yeah, as a novice nurse educator you are not confident in yourself or your abilities or know what will work with the students." Finally, Participant 5 explained, "I was a novice teacher."

Past: Do I Know What I Am Doing

The theme of do I know what I am doing describes the new nurse educators questioning of competence to remediate the nursing student successfully and effectively. The theme examines the feelings of a competent nurse who is now a novice nurse educator facing a student who needs remediation to understand the material and knowledge necessary to meet the course objectives. Novice nursing educators may be assigned to teach foundational courses in which novice nursing students will be enrolled. Though an experienced nurse, now with new knowledge and competence in teaching nursing students, confidence in this new role requires mentoring and reflection. Being a novice educator in a foundational course was mentioned numerous times by the participants. Participants shared the questioning of competence. For instance, Participant 1 said, "Most students do some reviews to my way of remediating, because I had no idea what I was supposed to do. It was my first time, nobody explained to me what I was supposed to do." Participant 3 elaborated, "I thought maybe I had written the questions incorrectly, or I had done something wrong. So really, am I doing this right?" Moreover, Participant 4 commented,

> So, you take it more to heart, when they don't do well. Like it's something you could have done better. When you get your first test, as a nurse educator, and sometimes when students don't do well, you feel like it's your fault, like you didn't do something?

Participant 5 explained, "It was my first time teaching them and I was actually afraid of like, oh, making them complain about me."

Based upon the participant's responses, the struggle in the new role of educator causes angst and perhaps fear when remediating a student who has failed an exam in their course. However, the participants voiced ownership of the exams administered and were uneasy over a potential conflict with teaching methods or exam questions from student(s).

Past: Feelings of Dissonance in New Role

The theme of feelings of dissonance in new role is akin to the new nurse working on the unit and feeling unsure of ability to care for a hospitalized patient. Just like the new nurse working in the hospital, the new nurse educator will learn from good and bad experiences and reflect on necessary changes, which should build confidence in their abilities and bolster self-assurance. Participants shared these feelings of being afraid (fear), insecure, nervous (anxious), and being perplexed (disbelief). For instance, Participant 1 said, "I was nervous, mostly because I didn't know what I was doing. I was also afraid. What if a student argues with me to the point where maybe they actually do know the right answer and I'm wrong." Participant 2 stated, "Oh, well, initially you're anxious because you already knew that the student was on guard and the student was upset." In addition, Participant 3 mentioned, "Yeah, so it was kind of nerve wracking. What did I feel, I was terrified. …I was shocked that students would even fail." Participant 4 added, "So, my feeling was that I was curious (why the student failed the exam)." Participant 5 explained, "Oh, actually, I was afraid of the students. I was like, kind of disappointed that a student failed, because I would literally, literally stand in front

of the class and we do (review) the concepts before (the exam) week." Participant 6 asserted,

> Once we turned them (students) loose for the day, I went back to my mentors office and said "what is wrong with these people (students)? But just how aggressive they (students) were. I was just in disbelief; my teaching buddy normally has pretty quick comebacks, she was just silenced.

> As an experienced nurse working on the floor with a new patient, new situation, or an aggressive patient, earned competence with experience led the nurse to positive outcomes due to feelings of self-assurance and confidence. In contrast, the novice nurse educator lacks the experience to exude confidence in the wake of an angry student or potential perceived conflict.

Present: Questioning and Dissonance Leads to Reflection

The theme of questioning and dissonance leads to reflection, is where the once novice nurse educator reaffirms their competence and appreciates their ability, knowledge, and skill. This change occurs after each remediation experience with a different nursing student with reflection-on-action of the remediation event. The feelings expressed by the participants for present (current) remediation experiences with novice nursing students who have failed a course exam were reflective. For instance, Participant 2 said, "I've learned over the years that it is better technique in the sense of developing our clinical reasoning and decision-making skills that new nurses need." Participant 5 stated, "Like I'm not concerned, but they (the student) had so much anxiety, it was causing me anxiety. I have learned from my mistakes, and (also learned) that

students have a short-attention span. I have a set of tools with me (I carry with me) that I can learn from my past experiences with past students." In addition, Participant 6 mentioned, "Surprisingly, it went pretty good. I expected the student(s) to be hostile, but they were not. They (student) came in and they were completely professional. They (student) were open to encouragement."

Present: Experience in Role Grows Confidence

The theme of experience in role grows confidence is where the nurse educator holds a belief in their ability to teach, assess, evaluate, and remediate a nursing student. Confidence in remediation means believing in your ability as a nurse and nurse educator to accomplish the outcome of supporting the student's learning and practice goals (Duphily, 2011; McDermid et al., 2016; Schoening, 2013). The feelings expressed by the participants for present (current) remediation experiences with novice nursing students who have failed a course exam were confident and empowering. For instance, Participant 3 said,

> But I wasn't scare. I feel more like I know what I'm doing. I feel like I can base it
> (the remediation) on the individual student. I feel like I can help to put a plan
> together that maybe doesn't quite follow a policy, but follows what going to help
> the student be successful.

Participant 4 stated,

> Yeah, I actually was impressed with this class and they were all freaking out and I
> was like they 're doing well better than any class taught honestly. Like I'm not
> concerned, but they had so much anxiety, it was causing me anxiety.

Participant 5 added, "Okay, well I feel a little bit better, a little bit more empowered, that I can actually tell them the truth now" (that the student is doing poorly).

Present: Student Is Responsible for Their Learning

The theme of the student is responsible for their learning examines the feeling of the nurse educator who can now internalize the nursing student's responsibility for learning. The participant's perception of student responsibility for learning and focus on student-centered learning was expressed with confidence. For instance, Participant 2 commented:

So, I let the student(s) drive the remediation and the student has to then explain what their thinking was, why they made the decision that they did, and if the decision was not correct, then I tell them you know (the concept), then I have them work it out themselves and say okay, tell me why. And it puts the ownership back on the student to understand their areas that they need to improve on. When you put the remediation back in the students' hands and you have them use clinical reasoning to say well why and using judgment to why they made those choices versus why the answer was actually correct and have them explain it.

Participant 3 commented,

What can I do to facilitate your learning better? I can give you suggestions, but you need to decide what it is you're going to do to help to do better (on exam) next time. So, I think the best way to say it, so the students know when they have failed, they know their scores, so I contact them or sometimes they contact me, and we talk about it.

Moreover, Participant 5 elaborated,

> Well, you're (student) going to have to take responsibility for your own education so that you can convey the nursing care and the science to the patient so that they (patient) can live a better life. If you (student) don't participate in class and our little group activities and discussions that are in our class, then you are going to fail. I take it off as me being the teacher and I give it back to them (student) being responsible for their life.

Future: Plans to Enhance Student Remediation and Learning

The final theme is plans to enhance the student's remediation and learning which shares the nurse educator's plans with different education learning modalities to remediate the student better. These modalities include practice, recitation, and experiential learning to increase novice nursing students' understanding and application of essential knowledge. Here the participants expressed their desire to anticipate better the failing student's needs and effectively provide practice, recitation, and experiential learning. For instance,

Participant 1 stated,

> I wish there were webinars (for nurse educators to learn more about remediation) I use Nurse Tim and AACN. I always have them (student) practice tests and I tell them you know even download question on your phone because sometimes it's just learning how to be a good test taker for some students. So, if there was just a way to figure out how to actually do things to help them (student) learn more in a hands-on type of atmosphere, it would be a lot better for them taking exams.

Participant 3 explained,

> I wish sometimes that I could anticipate it (failing) sooner or if there's some way
> we had more of an earlier response or an early alert to the fact that maybe they
> (student) will have difficulty. I think early alert like being aware of it sooner, and
> having a mechanism for them to get better support than their peers.

Participant 4 mentioned,

> I don't use all of my test, so they (student) can practice the test taking
> environment at home so they could kind of work on their anxiety which seemed to
> help and had a lot of positive feedback. It seems like something that's very
> simple, but it never occurred to me before.

Participant 5 said, "So, I give them a time to think and reflect in recitation or mandatory tutoring…. like when I took chemistry a long time ago." In addition, Participant 6 asserted, "I see that it should be more hands on and experiential."

Summary

Based on the participant's responses, novice nurse educators felt unprepared to remediate a novice nursing student who failed a course exam. Though confident and competent as an expert nurse with a patient, the confidence, self-assurance, knowledge, and skill were low for the nurse educator remediating a student for the first time. As nurse educators reflect on each experience, their confidence and self-assurance grow, and they select student-centered actions for remediation to guide novice nursing students in their learning. Chapter 5 includes an interpretation of the study findings as they align

with story theory, study limitations, recommendations for further research, the

implications for social change, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this research study was to fill the gap on the existing literature of a novice nursing student for the first time. The nurse educators taught ADN/ASN and BSN nursing students across the United States. The main research question was as follows: What are the experiences of the undergraduate nurse educators when remediating novice nursing students who have failed an exam in a didactic course, in an ADN or BSN nursing programs? I developed a greater understanding of this unique experience through this basic qualitative research study. I also gained insight into strategies used by the nurse educator in this role that is incorporated by nursing programs for student didactic exam remediation.

Story theory guided the research questions using past, present, and future filters, with the research questions, instruments, and data analysis process. Seven themes emerged from the data: past (a) novice as a nurse educator, expert as a practicing nurse; (b) do I know what I am doing; (c) feelings of dissonance in new role; present (d) questioning and dissonance leads to reflection; (e) experience in role grows confidence; (f) student is responsible for their learning; future (g) plans to enhance student remediation and learning. Chapter 5 explores the interpretation of findings and presents the study's limitations. The recommendations are presented for further research and are grounded in the participant's story. The implications and conclusion of the study are discussed in detail.

Interpretation of the Findings

In this study, seven themes emerged from the participant's stories of remediation of a novice nursing, student. Based on the interview questions, this section's organization is in story theory's filters of past, present, and future, with associated themes garnered through inductive analysis. When revisiting the literature, I found that past and current research in nursing has predominantly focused on remediation to counter declining pass rates for the NCLEX for registered nurses (NCSBN, 2018). There still is an ever-increasing demand placed upon nurse educators to teach larger cohorts of diverse nursing students in response to the nursing shortage (Mintz-Binder & Sanders, 2012; Thomas et al, 2018). Concurrently, as class sizes increase, so does workload, including more time spent remediating at-risk and failing nursing students (Brown et al., 2021; Thilges & Schmer, 2020). Likewise, nursing education still faces challenges due to an insufficient number of faculty, adequate funds to hire new faculty, the inability to recruit faculty due to competition for jobs with other markets, and now the exodus related to the COVID-19 pandemic (AACN, 2019; Brown et al., 2021; Culleiton, 2009; Gerolamo & Roemer, 2011; Giddens & Mansfield, 2022; Thilges & Schmer, 2020). Furthermore, all these educational challenges, coupled with novice nurse educators teaching and remediating in foundational courses, call for social change to improve remediation for the novice nursing student.

Within this study's analysis, the story theory framework uses components of intentional dialogue, connecting with self-in-relation, and creating ease (see Smith & Liehr, 2013). Intentional dialogue has the elements of true presence and querying

emergence, connecting with self-in-relation, allowing the individual to reflect on past, present, and future events, then creating ease where the storyteller moves towards resolving self and the experience (see Smith & Liehr, 2013). These elements follow a story path, and in this study, the path started with the filter of the past, moving on to the present, then to future experiences with new (novice) nursing students. Story theory's initial use was to assist patients facing health challenges and life situations. Story theory was used in this study to better understand the nurse educators' teaching challenges in remediation and their challenges, successes, and failures.

Past: Novice as a Nurse Educator, Expert as a Practicing Nurse

In my study, I found that all nurse educator participants initially taught foundational nursing courses, for example, fundamentals, health assessment, med surge, pathopharm, pharmacology, and theory. The study revealed that each nurse educator was an expert in their area of patient care but felt hesitant as a novice nurse educator. In a like manner, Duphily's (2011) study of novice nurse educators' stories told of a challenging learning curve with apprehension, ambivalence, and uncertainty as part of the role change from the expert practicing nurse. In my study, five of the participants voiced in their story that they were novice educators or teachers during this first interaction with remediation.

Using story theory to guide the storyteller, as with a patient experiencing a health challenge, the nurse educator is experiencing a teaching challenge (see Smith & Liehr, 2013). The challenge is how one remediates a failing student by applying best practices that align with Winston et al.'s (2012) and Krzyzaniak et al.'s (2017) studies that gave voice to both instructor and student in acknowledging the need for faculty development

that pertains to the elements of remediation. In a like manner, Culleiton (2009), Custer (2018), and Thilges and Schmer (2020) indicated that remediation in education has many dimensions that take on form and shape with each student encounter, which requires individualization of strategies and approaches. The dimensions of remediation are not available in a tidy package (best practice) for the novice nurse educator to deploy as they sit with that first failing student and subsequent students while gaining experience in this new role.

Past: Do I Know What I Am Doing

The study revealed that novice nurse educators, as they gain experience the first and subsequent times, question their competence to remediate the failing nursing student successfully and effectively. Cabanas and Dano (2022) investigated millennial nurses' frustration in a clinical setting. They found that millennial nurses experienced frustration as a deep chronic sense or state of insecurity and dissatisfaction that arose from unresolved problems or unfulfilled needs. Nurse educators are not in a clinical setting; however, the educator is in a learning setting with a high-stakes and high-stress element while evaluating the performance of a future nurse. In this instance, the novice nurse educator's unfulfilled need is education and practice in the art of remediating a novice nursing student with evidence-based best practices. Components of questioning one's competence are frustration, fear, and stigma. Poorman and Mastorovich (2014) acknowledged educators' frustration of not reaching a student (in learning) and fear (from the student or parents) in giving a failing grade. Boatman and Long (2018), Klasik and Strayhorn (2018), Schnee (2014), and Scott-Clayton and Rodriguez (2012) all concurred

that there is a stigma associated with remediation carried by the student. However, there is a notable absence of studies addressing the perceived or actual stigma an educator may feel when students fail an exam. A close comparison exists with Poorman and Mastorovich's (2014) study, where nurse educators shared their stories of self-blame and self-questioning after a student earns a failing grade.

Past: Feelings of Dissonance in New Role

The study's findings revealed that nurse educators felt dissonance and questioned their ability as they learned the art of remediating nursing students. In this study, the nurse educators remediating the new (novice) nursing student who failed a course exam were fraught with feelings of dissonance by describing the dissonance as being afraid, insecure, nervous, and perplexed. Intermingled with these feelings were moments of sadness and disbelief. As with Cabanas and Dano (2022), the sense or state of insecurity from unresolved problems or unfulfilled needs for the millennial nurse is like the nurse educator who feels insecure due to a lack of confidence in the expected student remediation. Similarly, McDermid et al.'s (2016) study on developing resilience with novice nurse educators shared stories of stress and anxiety due to a lack of confidence in their teaching abilities. Dissonance with the nurse educator is revealed with the reports of perplexity and disbelief when a new (novice) nursing student fails the exam. As a result, through this dissonance, story theory looks for the unique meaning associated with these events with the nurse educator as we follow the story path in the past, present, and future, where the seeds of reflective awareness begin to grow (see Smith & Liehr, 2013). The insecure feelings can be linked to changes in nursing education. The nurse educator can

no longer use how they were educated to become a registered nurse to guide their teaching practice and now must incorporate the 2021 essentials and the next-gen examination framework into their teaching (AACN, 2021; Dickison et al., 2019; Giddens & Mansfield, 2022).

Present: Question and Dissonance Leads to Reflection

The study's findings revealed that nurse educators use reflection after remediation experiences, which leads to reaffirming competence and the appreciation of the ability, knowledge, and skills they bring to the student encounter. According to Wlodkowski (2008), competence allows the individual to become more confident, and this arises from our "desire to be effective at what we value" (p. 111). McDermid et al. (2016) studied novice nurse academics (educators) and found that reflection was a key element when used in difficult situations, which develops resilience. The first remediation session with a new (novice) nursing student, done by a novice nurse educator, could be difficult. The difficult situation causing dissonance guides the storyteller (nurse educator) in connecting with self-in-relation, allowing reflection on the present. According to McDermid et al., this reflection transforms into realization for the novice nurse academic (educator), and this awareness leads them to need and create strategies for student encounters. With my study, a demographics question was, "Does your institution provide training for nursing faculty on how to remediate a student who has failed an exam or course?" Only one reported yes and was given directions to watch videos from the nursing program's selected testing and review platform that the nursing students must use. MSN educational programs focus on curriculum and writing valuable test items, which are essential tools

for the nurse educator (AACN, 2019; Giddens & Mansfield, 2022; Poindexter, 2013). However, applying remediation elements and skills in MSN education is essential for the novice nurse educator to improve the failing student's learning outcome.

Present: Experience in Role Grows Confidence

The study's findings revealed that the nurse educators developed confidence with each remediation experience. Though experience with reflection is essential for growth in confidence, support through peer mentoring, whether formal or informal, is paramount. Providing support to nursing faculty is akin to the presence that an educator should role model with students and connect this presence to the application of the art of nursing (Custer, 2018; Culleiton, 2009; Coorigan-Magaldi et al., 2014; Ramprogus, 2002). Just as a new (novice) nursing student needs a nurturing mentor and role model (Labrague et al., 2016; Poindexter, 2013; Winston et al., 2012), so does the novice nurse educator. According to Schoening's (2013) study, none of the participants (new nurse educators) felt they received adequate orientation into the faculty role. Furthermore, Schoening expressed that orientation programs must be long enough and slowly provide time for the new educator to become accustomed to full teaching responsibilities. In this instance, the nurse educator is growing confident in the remediation of the student who has failed a course exam. Here in the present, the nurse educator acknowledged growth in confidence, connecting with self-in-relation (to the experience) and creating ease with the teaching challenge (see Smith & Liehr, 2013). My study revealed that the nurse educators developed confidence with each remediation experience.

Present: Student Is Responsible for Their Learning

The study's findings revealed that after experience and growth in confidence, nurse educators understood that the new (novice) nursing student has to invest their time, energy, and focus on learning the required content. The nurse educator is now student-centered and can direct the new (novice) nursing student to their responsibility to manage their time, learning, and outcome for exams. As the nurse educator realizes during dissonance, their confidence comes from the desire to be effective at what they value (Wlodkowski, 2008); likewise, they now mentor this same value to their nursing student(s). Promoting student responsibility is seen by having the nursing student identify their strengths and opportunities for improvement (Abualhaija, 2019; Wiles, 2015). Mooring (2016) noted that early research on academic advising suggested that learning is the student's responsibility; however, shared responsibility with the nurse educator builds rapport. Another key point that aligns with building rapport is that using a student-centered approach creates a positive learning environment for the new (novice) nursing student, which will subsequently motivate learning and the will to succeed (Abualhaija, 2019; Custer, 2018; Jeffreys, 2014; Mooring, 2016).

Future: Plans to Enhance Student Remediation and Learning

The study's findings revealed that the nurse educators found learning modalities that they were passionate about and confident using as a means to enhance student remediation. The remediation choices were obtained from trial and error; for example, one nurse educator remembered how well recitation worked for them when earning their undergraduate degree and has plans to incorporate recitation into the mandatory tutoring

for a new (novice) nursing student who failed the exam. Not using recitation as in repeating something aloud from memory, but having time outside the classroom for metacognition, "to think about one's thinking." Winston et al. (2012) expressed the importance of emotional support and promoting cognitive and metacognitive skills. Metacognitive skills and reinforcement of the three selfs, self-awareness, self-efficacy, and self-regulation, in learning are a solid foundation for building recitation remediation (see Mee & Schreiner, 2016; Myles, 2018; Silvestri et al., 2013).

Additionally, in this study, I discovered that some of the participants planned to use practice tests and use the technology available today; for example, the student's phones. Using experiential learning for remediation was seen as a way to connect the new (novice) nursing student to the material through video games or going into a simulation that covers the material where the student(s) performed poorly. The remediation plans described are in addition to the required time for coaching and mentoring that the student needs to meet course objectives (Culleiton, 2009; Custer, 2018; Thilges & Schmer, 2020). The additional workload to achieve these plans was discussed by the nurse educators. One nurse educator reported that time was allotted additional workload hours specifically for remediation. In the storytellers future theme, plans to enhance student remediation and learning, the nurse educator has created ease and has moved towards resolving self in relation (see Figure 1) to the experience of remediating that first and subsequent new (novice) nursing student who failed a course exam (see Smith & Liehr, 2013). The result of my study revealed that nurse educators are looking forward to the future with plans to incorporate new ways to remediate; however, according to Gerolamo

and Roemer (2011) and SmithBattle et al. (2021), nurse educators will face a higher workload as class size increases and work overload occurs due to the shortage of nursing faculty and practicing nurses.

Limitations of the Study

The study was limited to nurse educators who taught in the United States ADN and BSN nursing programs. Consequently, nurse educators who work in licensed practical nurses or licensed vocational nurse nursing programs may have slightly different experiences as well as nurse educators in other countries. To prevent bias in the analysis and interpretation, I was challenged to use several methods for triangulation, such as audit trails, record keeping, and a reflexive journal with the collection and analysis of the data (see Guba & Lincoln, 1989; Lincoln & Guba, 1985). As a nurse educator who has remediated novice nursing students who had failed class exams and failed required nursing courses, I had to check my beliefs and experiences before and after each interview and when analyzing the data to maintain the authenticity of the study's findings (see Munhall, 2012; van Manen, 2014). Finally, multiple electronic databases were queried, and additional databases may have provided more literature to review that was not found during this research.

Recommendations

The findings and recommendations from this study are grounded in the nurse educator's stories and the literature reviewed. According to the studies conducted by nursing, medicine, and other healthcare education programs, there is a need for best practice and quality studies assessing remediation interventions (Bahr, 2012; Brennan et

al., 2019; Gortney et al., 2019; Harmon et al., 2021; Maize et al., 2010; Mee & Schreiner, 2016; Woods et al., 2019). In nursing programs, the dominant focus is on students passing the NCLEX; however, lacking focus on helping them learn and prepare for life-long learning, which is essential for the professional nurse (Culleiton, 2009; Custer, 2018; Mee & Schreiner, 2016; Thilges & Schmer, 2020). Coupled with the above research is the opportunity to address perceived or actual stigmatization for the student or nurse educator when a student or many students require remediation after failing an exam. Studies have acknowledged that faculty workload affects student success, and I recommend that the time has come to have an independent national study on workload and remediation in nursing programs. In the final analysis of the nurse educator's experience remediating a new (novice) nursing student who had failed a course exam, each participant was asked an impromptu question at the end of the interview. "Did you or do you recall being taught how to remediate a student in your MSN educator program?" Each participant responded with a "no." So, the final recommendation would be to study how to improve best practices to provide remediation education and experience(s) for current and future nurse educators.

Implications

Significance to Nursing Education

This study is the beginning of filling the gap in understanding the experience of the nurse educator remediating a new (novice) nursing student who has failed an exam. The findings presented a new understanding of these experiences as the nurse educator grew in the art of educating a future nurse. Consequently, I found that each educator was

a new (novice) nurse educator teaching foundational nursing courses when they remediated their first and subsequent novice nursing students. Furthermore, each nurse educator in this study reported that they did not recall learning about or practicing remediation in their respective MSN educational programs.

Implications for Positive Social Change

Positive social change may be accomplished through nurse educator programs applying strategies to improve and support the new (novice) nurse educator's knowledge, skill, and confidence in remediating the new (novice) nursing student who has failed a course exam. Positive social change can occur using the findings from the past filter reports of low confidence, fear, insecurity, and nervousness during the first and subsequent remediation experience and also integrating the present filter reports of reflection that were followed by confidence and empowerment with experience while focusing on student-center responsibility in learning. Then finally, looking towards the future, using new learning modalities to remediate the student. Support may increase positive social change by developing and training nurse educators in using proven remediation strategies to enhance student learning, creating a successful graduate who will pass the professional licensure exam, helping alleviate the nursing shortage, and improving patient outcomes. Additionally, this support may improve the student's desire for learning and continue this desire for lifelong learning.

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Conclusion

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Academic excellence requires appropriate remediation for the student grounded in evidence-based practice. The remediation of individuals or groups of nursing students

requires a nurse educator who is knowledgeable and confident in delivering student-centered, evidence-based strategies to improve learning outcomes. As the national nursing shortage grows, there will be increasing demands on the nurse educator, novice or expert, to teach larger cohorts of diverse nursing students, which will increase the individual remediation needs for new (novice) nursing students (see Fairchild, 2022; Jeffreys, 2014; Jeffreys, 2015; Mintz-Binder & Sanders, 2012; Thomas et al., 2018). Having each student accepted into a nursing program, successful in their learning, graduating from the program, and passing the licensure exam on the first attempt is key for improving and filling the future professional nurse and nurse educator workforce. Likewise, having each nurse educator confident and competent and using evidence-based remediation strategies is imperative for academic excellence, which is key to positive patient outcomes.

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Appendix A: Participant Recruitment Flyer

Online survey study seeks participants to interview for stories about remediation of nursing students who have failed a course exam.

There is a new study called *"Nurse Educators' Experiences of Student Remediation."* This study focuses on the educator's first and present remediation experiences remediating new nursing students one-on-one after failing an exam in a course they are teaching. I am seeking nurse educators with more than six months experience as a nurse educator, teaching in ADN/ASN or BSN nursing programs with this population of students. I hope you will participate in my study to advance the knowledge of nurse educators' experiences in the remediation of nursing students.

This survey is part of the doctoral study for Holly A. Dever, a Ph.D. student at Walden University.

About the study:

Complete a participant recruitment screening questionnaire online. (5 minutes)

If you meet the criteria then the study will involve you completing the following steps

Complete a twelve-question survey online prior to scheduled interview. (10 minutes)

Take part in a confidential audio/video recorded interview virtual conference. (I hour)

Review a typed transcript of your interview to make corrections if needed (email option available) (10 minutes)

Speak with the researcher one more time after the interview to hear the researcher's

interpretations and share your feedback (this is called member checking and it takes 20-

30 minutes, phone option available)

To protect your privacy, pseudonyms will be used

Volunteers must meet these requirements:

Nurse educators in an ADN/ASN or BSN nursing program

Minimum of six-month experience in the educator role

Taught in a didactic course that required one-on-one remediation after a failed exam

> To confidentially volunteer, click the following link (or copy and
> paste into your browser) to complete a participant recruitment screening
> questionnaire online:**https://forms.gle/TNiS1gxaFAmvppqr8**

Appendix B: Participant Recruitment Screening Questions

1. Are you currently a registered nurse working as a nurse educator in an ADN/ASN or BSN program?

2. Have you worked as a nurse educator in an ADN/ASN or BSN nursing program for more than six months?

3. Are you required to provide one-on-one remediation to nursing students who fail a course exam?

Appendix C: Instrumentation 1: The Survey

This questionnaire is the second step in the data collection. It is intended to collect demographics about the participant. This questionnaire may take 5-10 minutes to fill out. The third part of the data collection will be to set up a virtual one-on-one meeting for the interview that will be audio/video recorded which will take approximately 60 minutes.

Thank you so much for your interest and our future collaboration.

Holly Alicia Dever

Walden University Doctorate candidate

XXX@waldenu.edu

IRB approval Number 03-30-22-067357

IRB Expiration Date March 30th, 2023

What is your contact Email address (do not use work email)

1. Screen Name (do not use real name) Provide a pseudonym for this study.

2. What is the highest level of education you have completed?

1. ADN

2. BSN

3. MSN

4. Doctorate

5. Other (describe)_____

3. In what state do you currently teach?

4. How many years have you been a nurse educator?

1. 6 months- 2 years

2. 3-5 years

3. 10+ years

5. Does your institution provide any training for nursing faculty on how to remediate a student who has failed an exam or course?

1. Yes

2. No

6. If you answered Yes to question 5, describe briefly what the training consisted of?

7. In which type of program do you teach?

1. Diploma

2. ADN

3. BSN

8. Are you provided workload hours to accommodate your novice nursing student's needs with remediation?

1. Yes

2. No

3. Unsure

9. If you answered Yes to question 8, please provide the amount of time and or how the hours are derived?

10. The next step is to set up the virtual interview via Zoom meeting. Please select the days that are more convenient for you to set up the virtual meeting. (Select all that apply)

1. Monday

2. Tuesday

3. Wednesday

4. Thursday

5. Friday

6. Saturday

7. Sunday

11.   Please select the best time to schedule the virtual meeting using your time zone?

1. Early Morning (6 am-10 am)

2. Afternoon (11 am-2 pm)

3. Late Afternoon (3 pm-6 pm)

4. Evening (7 pm-9 pm)

12.   What is your time zone?

1. Eastern Time

2. Central Time

3. Mountain Time

4. Pacific Time

5. Alaska Time

6. Hawaii Time

A copy of your responses will be emailed to the address you provided

Appendix D: Instrumentation 2: Interview Questions

Before Recording

Greetings

Thank you for your support in this doctoral study. This is the part of the research where you begin with your story of the first time you remediated a novice nursing student who had failed a course exam in a didactic course. Was there a pseudonym that you would like to use for your name in this interview/study? _____

Do you have any questions?

If you agree, I will now start the video/audio recording.

Start Recording

Today date is _____ and the Time is _____

Hello "participant selected pseudonym". I would again like to thank you for consenting to participate in this qualitative research study examining the lived experiences of the undergraduate nurse educator remediating a novice nursing student who has failed a course exam.

Confidentiality of disclosure. I would like to assure you that what you share in this interview will have no attribution to you or any institution where you have been employed. Also, I need to inform you that I will be video recording this interview as well as voice recording the interview. The video recording is for me as the researcher, and the voice recording is for the transcriptionist. Are you agreeable to the recording of this session? Please do not say your name, institution, or student names while we are recording.

Do you have any questions before we begin with your story?

Tell me briefly about your role as an educator and what course you teach with novice nursing students who may require remediation after an exam?

Past

RQ- Tell me about your first experience remediating a new (novice) nursing student who failed an exam in a course you were teaching?

□ Clarification requested: Key word(s)_____

□ probe or marker required: Key word(s)_____

Present

Tell me about your current experience remediating a new (novice) nursing student who failed an exam in a course you were teaching?

□ Clarification requested: Key word(s)_____

□ probe or marker required: Key word(s)_____

Future

Tell me about your plans to grow in the area of remediation for a new (novice) nursing student who failed an exam in a course you were teaching?

□ Clarification requested: Key word(s)_____

□ probe or marker required: Key word(s)_____

Closing

That covers the things I wanted to ask, is there anything you care to add?

If you remember something you would have liked to share during this interview, please know you can contact me through my email address and make arrangements. I would like to arrange for a follow-up shorter interview after reviewing the transcripts to clarify anything that I do not understand. This has to be optional and you need to let them know sooner in the process that you might want to talk with them more. Honestly, you should be asking clarifying questions during the interview itself. What time frame would work for you? Also, I will provide you a copy of the transcript to check for the accuracy of the information.

Appendix E: Permission to Use Story Theory Figure

**Story Theory adaptation of Model for Dissertation**
2 messages

Sun, Sep 19, 2021 at 12:34 PM

Dr. Liehr,

It has been my pleasure to apply the principles of the story theory in my practice as a nurse and as a nursing educator. Now I find myself, at 62-years-old, completing a goal set many years ago to obtain my Ph.D. My dissertation is built up the story theory and using a teaching challenge instead of a health challenge to apply the components of the theory. I have created a representation of how I will apply the components and now seek yours and Dr. Smith's permission to use the figure I created. The figure is attached and I look forward to hearing from you.

Respectfully,
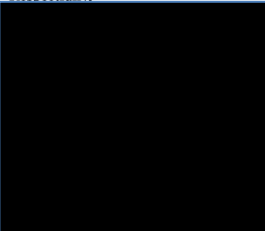
This email and any attachments may contain confidential and privileged information. If you are not the intended recipient, please notify the sender immediately by return mail, delete this message, and destroy any copies. Any dissemination or use of this information by a person other than the intended recipient is unauthorized and may be illegal or actionable by law.
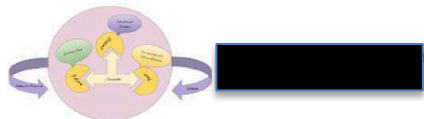
Sun, Sep 19, 2021 at 5:31 PM

Smith, Mary" <mjsmith@hsc.wvu.edu>

Thank you Holly for letting us know about your work. Dr. Smith and I are working together today, and we both agree that you do not need our permission to move forward with your innovative model. We will look

forward to seeing your publication about your dissertation study! Our best to you as you complete dissertation research.

Sincerely,

Pat

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