Walden Dissertations and Doctoral Studies

2015

Success Experiences of Hispanic Nursing Students Who Persisted and Graduated after Academic Failure

Barbara Ninan
Walden University

Walden University

COLLEGE OF EDUCATION

This is to certify that the doctoral study by

Barbara Ninan

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Lewis Putnam, Committee Chairperson, Education Faculty
Dr. Mary Batiuk, Committee Member, Education Faculty
Dr. Janet Reid-Hector, University Reviewer, Education Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University
2015

Abstract

Success Experiences of Hispanic Nursing Students

Who Persisted and Graduated after Academic Failure

by

Barbara Lynn Ninan

MN, University of Phoenix, 1995

BS, Loma Linda University, 1969

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

August 2015

Abstract

Twenty percent of Hispanic nursing students at a west coast university are being

dismissed from the nursing program due to repeated failures in nursing courses. The

purpose of this study was to gain a better understanding of Hispanic nursing students'

experiences of successfully completing a nursing program, earning a baccalaureate of

science degree, and passing the state licensing examination for registered nurses despite

having failed a nursing course and having been placed on academic probation. Guided

by Tinto's theory of academic integration, a descriptive phenomenological design was

used to explore Hispanic nursing graduates' success experiences. Purposive sampling

was used to select a representative sample of 6 Hispanic registered nurses who achieved

success after academic failure in the nursing program. Data were collected through 5

face-to-face interviews and 1 telephone interview. Giorgi's steps for data analysis were

used to create a meaning structure of the success experience. Findings from analysis of

the data revealed that the general structure of the phenomenon of achieving academic

success is a process that occurs in 3 distinct successive stages: despair, self-reflection,

and change. During the self-reflection stage, a pivotal turning point was the recapture of

the dream to become a nurse. These findings lead to the preparation of a professional

development workshop that may acquaint educators with the stages of the success

journey for students such as these, and may equip educators with knowledge and skills to

intervene to support students through the stages of the success journey. Positive social

change may result from educators effectively guiding nursing students to achieve their

academic goals and successfully graduate from a nursing program.

Success Experiences of Hispanic Nursing Students

Who Persisted and Graduated after Academic Failure

by

Barbara Lynn Ninan

MN, University of Phoenix, 1995

BS, Loma Linda University, 1969

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

August 2015

Dedication

I dedicate this doctoral study to my dad, Norman H. Meyer. You have been there for me not only during my doctoral journey but throughout my life as well. You taught me the importance of getting an education. Your unwavering belief in my abilities has helped me through the times that I questioned my abilities. Your steadfast belief in God and your personal strength as a leader inspire me. You have served as my mentor throughout my professional working life. You hold a special place in my heart. You are my hero and I love you.

Acknowledgments

I want to thank my family, my friends and professors who have had a huge impact on my doctoral journey. Thank you for being there for me. I could not have made this journey alone.

I want to especially thank two people whom I consider to be the wind beneath my wings. To my twin sister, Bonnie Meyer, if it were not for you I would never have started on this doctoral journey. Because of your continued support, your belief in my ability to accomplish my goals and your willingness to read my writing and give me feedback, I am well on my way to accomplishing my goal. To my dear friend, Judy Farnsworth, thank you for your tremendous support. Your willingness to encourage and support me each step of the way has kept me moving forward. Thank you for reading many of my drafts and for asking many questions when my writing did not make sense to you. And I appreciated the fact that during periods of discouragement, you insisted that I stay focused on the positive. Thank you for believing in me.

Thank you to my wonderful family who have supported, loved and encouraged me. Ben, my dear husband, you have tolerated my ups and downs of this journey and have supported me in every way you could think of. Thank you for your belief in my ability to succeed. Mom, you have been an inspiration to me. From you I have learned that I am never too old to try something new! Thank you for your willingness to read drafts of my study and give me feedback. Your perfectionism has helped me perfect the little details in my drafts! And to Pat, my step mom, I want to thank you for asking me every week during this whole process how my schoolwork was progressing. Your

constant love and support is heartwarming. And last but not least, thank you to my adult children, David, Danny, Debbie and Stacy. You have been a continual source of inspiration and encouragement. Thank you all for believing in me.

Thank you also to my Walden professors who have inspired me and have contributed to my success. Dr. Louis Putnam, my chair, thank for accepting my request that you be my chair throughout this doctoral journal. I have appreciated your patience during the times that I made slow progress due to workloads and family needs. Thank you for communicating your belief that I am capable of completing this doctoral journey. Thank you for your quick response to my emails and your timely feedback of my work. Dr. Mary Ellen Batiuk, thank you for accepting my request for you to be my committee. During my coursework at Walden, you stood out as a kind, caring, and knowledgeable professor who wanted to inspire us and help us to learn. You were my role model. And thank you to Dr. Mario Castro, my Walden professor who by way of your assignments and comments on the discussion boards helped me to make sense of my dual cultural heritage and inspired me to move forward with my desire to study Hispanic students who were struggling to be successful in nursing school.

I also want to thank two teachers from my high school days who stand out as being inspirational in my life and who instilled a love of lifelong learning. Phyllis Benfield, my marimba teacher, you pushed me to excel by expecting no less than perfection and you taught me to believe in myself. Professor Moises Prates, my math and Portuguese teacher, you also expected perfection and you inspired me to aim high and not let anything get in the way of reaching my goals.

And finally thank you to my students in the Learning Assistance Program. You have inspired me to strive to find new and better ways to support your success.

Table of Contents

ii

Section 1: The Problem

Introduction

Nurses must have the knowledge and skills necessary to meet the challenging health care needs of today's increasingly diverse population. The Institute of Medicine (IOM, 2011) recognized that the U.S. has become a multi-ethnic society and has called for more diversity among nursing students in order to create a nursing workforce that can provide appropriate and ethnically sensitive care for everyone. Hispanics represent the fastest growing minority in the U.S. (United States Census Bureau, 2011). Hispanics have significant health disparities (Alicea-Alvarez, 2012). Further complicating the situation is the fact that Hispanics are underrepresented in the nursing profession (United States Department of Health and Human Services, Health Resources and Services Administration [USDHH/HRSA], 2010). Schools of nursing have a responsibility not only to recruit increasing numbers of Hispanic nursing students, but to find ways to support the success of Hispanic nursing students who are already in nursing programs.

For this project study, I interviewed Hispanic registered nurses (RNs) who, despite having been on academic probation during nursing school, were able to stay committed to their goals and to the institution and were able graduate with their baccalaureate degrees. By listening to the experiences of how these nurses achieved success while in nursing school, I was able to gain information and insight into what helped these nurses to become successful. The success strategies implemented by these students were used to develop a plan to support success of Hispanic nursing students in nursing programs.

Definition of the Problem

The diversity in today's nursing workforce does not mirror the diversity in the population of the U.S. (Juraschek, Zang, Ranganathan, & Lin, 2012; Melillo, Dowling, Abdaallah, Findelsen, & Knight, 2013). The ethnic group most underrepresented in the registered nurse profession is Hispanic. There are 109,387 Hispanic RNs out of a total of 3,100,000 RNs in the U.S. (USDHH/HRSA, 2010). This is less than 4% of the total nursing workforce. There are fewer Hispanic RNs per capita than any other ethnic groups of RNs in the U.S. Hispanics are the fastest growing ethnic group in the U.S. The 2000 census reported that Hispanics were 13% of the total population (United States Census Bureau, 2011) and it is projected that by the year 2050, 25% of the population will be Hispanic (United States Census Bureau, 2013). Today there are 53 million Hispanics out of the U.S. population of 314 million. This is approximately 17% of the total population (United States Census Bureau, 2013).

There are several reasons for the underrepresentation of Hispanic RNs. The pool of Hispanic applicants to schools of nursing is limited both in quantity of qualified applicants as well as quality of educational preparation of the applicants. Only 62% of Hispanics graduate from high school (Soloranzo, Villapando, & Oseguera, 2005; Executive Order No. 13555, 2010) thus reducing the number of Hispanic students who will attend college. Factors exist at the high school level that contribute to the lack of academic preparation of Hispanics for higher education. Many students from disadvantaged backgrounds have attended underperforming schools that lack resources to help the students develop the skills they need to succeed at the college level (Cavazos &

Cavazos, 2010). Hispanics are much more likely to attend high schools that are overcrowded, that lack curriculum vigor and educational resources that do not offer college preparation courses, and that have a shortage of qualified teachers (Cavazos & Cavazos, 2010; Madrid, 2011). Consequently, large numbers of Hispanics will be entering the workforce with lower levels of education leaving many unqualified for careers such as the health professions.

There is a serious lack of role models for Hispanic students both from within their families as well as within the educational institutions. Ninety-four percent of Hispanic higher education students come from families who have not attended college (Anders, Edmonds, Monreal, & Galvan, 2007). Students who are the first in their families to attend college are often less academically prepared for higher education (Mehta, Newbold, & O'Rourke, 2011). These first-generation higher education students have no one in their families to serve as role models. Only 12% of Hispanics have completed a baccalaureate degree and only 3% have completed a professional or graduate degree (Executive Order No. 13555, 2010). The number of Hispanics who hold educational degrees beyond a bachelor's is well below all other racial groups making the pool of potential Hispanic nursing faculty very small (Lucero & Poghosyan, 2012). This shortage of Hispanic nursing faculty contributes further to the lack of role models and mentors who can provide culturally sensitive educational support for the Hispanic student population.

Once admitted to schools of nursing, Hispanic students often report feeling overwhelmed by the workload and at a loss of knowing how to handle the high expectations of nursing school. The literature is replete with researchers who indicated

that ethnic minority students face multiple challenges as they progress through higher education (Alicea-Planas, 2009; Anders et al., 2007; Bond et al., 2008; Cason et al., 2008; Evans, 2008). A disproportionate number of Hispanic students coming from disadvantaged backgrounds are attending less prestigious institutions that have fewer resources to help these students transition to higher education (Soloranzo et al., 2005). Many Hispanic students need additional academic support from faculty in order to be successful in nursing school (Anders et al., 2007; Bond et al., 2008; Cason et al., 2008; Evans, 2008).

It is not clear what nursing educators can do to close this educational gap for Hispanic students to be successful in higher education. Although researchers have identified broad categories of barriers such as minority status, low social-economic status, first family member to attend higher education, English language learners that can potentially place students at risk for failure (Alicea-Planas, 2009; Anders et al., 2007; Bond et al., 2008; Breckenridge, Wolf, & Roszkowski, 2012; Loftin, Newman, Dumas, Gilden, & Bond, 2012), researchers have not identified specific strategies students use to be successful. Tinto (2012) indicated that knowing why students are not successful does not shed light on how to become successful because one is not the mirror image of the other. Tinto further posited that educational institutions are at least in part responsible for the continued inequity of graduation rates among minority students. However, Tinto acknowledged that the problem lies in the institution's lack of knowledge in how to support student success and not the lack of desire to promote student success. The gap in

educational practice being addressed in this study is the lack of knowledge of how best to support the success of Hispanic nursing students.

<div align="center">**Rationale**</div>

Unsuccessful completion of nursing school by Hispanic students creates a problem for society, for the nursing school, and for the individual nursing student. Hispanic individuals in the U.S. not only face the worst health indicators, they are often provided care by registered nurses who may not be sensitive to their cultural needs (Cantu & Rogers, 2007). Schools of nursing are confronted with the challenge of recruiting adequate numbers of Hispanic nursing students as well as retaining the ones that they have. Nursing students who fail nursing coursework are at increased risk of not completing their nursing degree.

Evidence of the Problem at the Local Level

Fourteen and a half million of the 53 million Hispanics in the U.S. reside in the state of California. This represents 28% of the nation's Hispanics, making California the state with the highest population of Hispanics (Brown & Lopez, 2013). Hispanics have the fewest nurses per capita of any group and this disparity is expected to increase (Waneka, Spetz, & Lee, 2013). There has been a slight decline in graduation from nursing schools of Hispanics from 21% in 2003 to 17% in 2012 (Waneka et al., 2013). Projections for California indicated that Hispanics are the only ethnic group whose ratio of RNs to the population is expected to continue to decline. The ratio of RNs to all other groups is expected to remain the same (Waneka et al., 2013).

A small sectarian private university was used in this proposed project study as an exemplar at the local level. This school is located in a region of California that has one of the largest disparities between Hispanic RNs and the Hispanic population. According to the U.S. Census Bureau (2011), the Hispanic population in 2010 for the county in which the nursing school is located was 50% and is continuing to grow making it one of the highest percentages in the nation.

There are approximately 400 undergraduate students enrolled in the nursing program at this university. Of these, 88 students are Hispanic (D. ███████, personal communication, April 5, 2012). At 22% of the total nursing school population, the Hispanic nursing student population does not mirror the composition of the county. Additionally, 20% of the Hispanic students at the nursing school have repeated failures and are dismissed from the nursing school further contributing to the inequality between percentage of Hispanics in the graduating class and percentage of Hispanics in the Inland Empire (M. Herrmann, personal communication, June 7, 2013).

Nursing students are placed on academic probation during their nursing education when they have failed a nursing course or they have withdrawn from a nursing course after failing an examination (█████ Handbook, 2012). Nursing students on academic probation are required to enroll in a one-unit course titled Strategies for Academic Success. During some quarters as many as 50% of the students enrolled in the course are Hispanic. This is over two times the representation of Hispanic nursing students in the nursing population of the school (M. ███████, personal communication, June 7, 2013). Students may enroll in this course up to three times because every time they withdraw

from a nursing course while failing or receive a failing grade in a nursing course they are placed on academic probation and are required to take the course. The school policy states that the student will be allowed to repeat different nursing courses up to three times; two times due to withdrawal from a nursing course after failing a midterm examination and one time after failing a nursing course (███████ Handbook, 2012). Students are dismissed from the nursing program following the second failure in a nursing course. It was concerning that despite the fact that students may take the remediation course up to three times, some students still fail a second course and are dismissed from the program.

Students not prepared for the rigors of nursing school are likely to receive lower grades in nursing courses (Enriquez & McGee, 2012). Lower grades in nursing courses put students at risk of not completing nursing school. In addition, those who do complete the nursing program are at increased risk of failing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) thus not becoming licensed to practice nursing (Horton, Polek, & Hardie, 2012). At the west coast university being studied, the dean of the nursing school examined the records of 107 nursing students who received a C or C+ in one or both of the two nursing courses, Fundamentals of Nursing and Basic Nursing Skills, that are taken during the first quarter of the nursing program. Twenty-seven of these students were dismissed from the nursing program prior to completion due to failure. Another 17 students withdrew from the nursing program. Of the remaining 63 students who completed the program, 17 failed the NCLEX-RN, 34 passed and 12 had

not taken the examination for unknown reasons (M. ███████, personal communication, November 1, 2013).

There is a need to learn more about what contributes to the success of Hispanic nursing students. Some students, despite experiencing academic difficulty, are able to persist and stay committed to their goals and to the institution and successfully graduate and pass the NCLEX-RN. It is not clear what these students do to be successful. A better understanding of how they were able to achieve success may provide insight into how to help other Hispanic nursing students succeed.

Evidence of the Problem from the Professional Literature

The growing diversity of the U.S. and the lack of diversity in nursing leave a nursing workforce that is lacking the expertise to consistently provide culturally sensitive care to its diverse population. The ethnic group most affected by this inequity is the Hispanic population. Hispanics are not only the fastest growing minority in the U.S., they are also disproportionately affected by poverty and health disparities resulting in poor health outcomes (Alicea-Alvarez, 2012; Perez-Escamilla, 2011). When there is a better match of culture and language between the healthcare provider and recipient, there is better access to care, greater satisfaction with the care provided, and improved quality of outcomes for the underprivileged populations (Grumback & Mendoza, 2008; Loftin et al., 2012; IOM, 2004).

The prevalence of certain health conditions and the lack of access to quality health care have contributed to health disparities of Hispanics. Although foreign born Hispanics tend to be healthier, the longer Hispanics reside in the U.S. the greater the

health disparities, thus the process of acculturation has a negative affect on the health of Hispanics (Perez-Escamilla, 2011; Vega, Rodriguez, & Gruskin, 2009). Diabetes and obesity are serious problems among Hispanics in the U.S. There has been an increase in chronic diseases caused by these conditions as well as increased mortality rates (Lucero & Poghosyan, 2012; Vega et al., 2009). There is a rapid growth of aging Hispanics who have increased health care needs. By the year 2019, it is expected that Hispanics over the age of 65 will be the largest minority of aging Americans (U. S. Department of Health and Human Services, Administration on Aging [USDHHS/AoA], 2010). In 2000 there were approximately 1.8 million elderly Hispanics and by the year 2030 it is anticipated that there will be more then 8.6 million (Ennis, Rios-Vargas, & Albert, 2011).

Access to care has been challenging for the Hispanic population. One in three Hispanics have no health insurance making them the largest ethnic group of uninsured individuals in the U.S. (Lucero & Poghosyan, 2012; US Census Bureau, 2011). Reasons for lack of health insurance include the fact that many Hispanics are part of the lower socioeconomic working class whose employers often do not offer health insurance and the fact that many Hispanics see themselves as healthy; they do not see the need to have health insurance (Perez-Excamilla, 2010; Vega et al., 2009). Lack of health insurance often means no access to healthcare providers. No healthcare leads to a lack of preventive care as well as late detection and management of disease. In turn, this contributes to increased morbidity and mortality (Vega et al., 2009). With the implementation of the Affordable Care Act (ACA) in 2014, an estimated 32 million uninsured Americans have become eligible for insurance coverage (Lucero & Poghosyan, 2012). This means that

large numbers of Hispanics have suddenly become eligible for healthcare. However, having insurance does not automatically guarantee access to healthcare and better health outcomes (Lucero & Poghosyan, 2012).

There are multiple challenges many Hispanics face when attempting to access healthcare. Among these challenges are language barriers, difficulty understanding how to access the healthcare system, and cultural beliefs and values that differ from traditional Western healthcare providers (Natale-Pereira, Enard, Nevarez, & Jones, 2011; Strunk, Townsend-Rocchiccioli, & Sanford, 2013). When there is a lack of concordance of language and culture between healthcare providers and patients, there is often poor communication, misunderstanding, mistrust of the provider, and poor adherence to the treatment and teaching plan leading to continued health disparities (Smedley, Butler, & Bristow, 2004; Vegas et al., 2009). Boyas (2011) studied levels of trust reported by patients who were cared for by medical personnel of different racial and ethnic backgrounds. Hispanics reported more than 3.15 times lower levels of trust when cared for by healthcare professionals of a different racial and or ethnic background as compared to white non-Hispanics. This held true even when controlled for education, income and other socio-demographic factors.

In an effort to address health disparities in the U.S., the Office of Disease Prevention and Health Promotion (ODPHP) within the U.S. Department of Health and Human Services (HHS) created goals and objectives with 10-year targets that have the underlying purpose of improving the health of the U.S. population (United States Department of Health and Human Services, Office of Disease Prevention and Health

Promotion, 2011). The overarching goal of Healthy People 2020 is to address

determinants of health across the lifespan that will improve health disparities and overall

health. Identified goals for 2020 include achieving health quality, eliminating disparities,

and improving health across all life stages for all people. The availability of and access to

health care providers who are culturally sensitive has been identified as an important

element in influencing health and achieving the Healthy People 2020 goals and

objectives. Hispanic nurses who speak the language and have an understanding of the

cultural beliefs, and customs of Hispanics are in a position to positively affect quality

improvement and better patient outcomes in this population faced with poverty and health

disparities (Alicea-Alvarez, 2012; Betancourt, Green, Carrillo, & Park, 2005; Ennis et al.,

2011; Perez-Escamilla et al., 2010).

Schools of nursing have been tasked by the IOM (2011) to increase the diversity

of their nursing students. Increasing the enrollment of minority students does not

guarantee increased graduation rates. Minority students in nursing education including

Hispanics have lower rates of completion (Alicea-Planas, 2009). Increasing the

enrollment of minority students without finding ways to retain them does not solve the

problem. Given the complexity of recruitment and retention of underrepresented minority

students, schools of nursing are faced with a daunting task as they attempt to change the

composition of their graduating classes to more closely mirror the diversity of the

population.

Nursing educators have a responsibility to find better ways to respond to the

growing health disparities of Hispanics. After reviewing the literature on

underrepresentation of Hispanics in nursing and the health disparities of Hispanics, it was clear that schools of nursing must take action to retain Hispanic students who are enrolled in their nursing programs. This project study was designed to explore strategies that Hispanic nursing students who had been placed on academic probation used to achieve success in nursing school.

This was studied using an emic approach, rather than an etic approach. Researchers using the emic approach explore the situation from the inside view of the participant, whereas researchers using the etic approach explore the situation in the context of an outside point of view (Holloway & Wheeler, 2010; Leininger, 1985; Patton, 1980). This approach allowed me to gain insight into how Hispanic students were able to achieve success in completing their nursing program despite having experienced academic difficulty. The results of this study provided information that can contribute towards filling the gap in the educational practice regarding how to support success in nursing education. Findings were used to develop a program to further support the success of Hispanic nursing students.

Definitions

Hispanic students: Hispanic students are those students who self-identify as Hispanic. They may be persons from Spanish speaking ethnic groups originating from Central and South America and some Caribbean Islands (Epstein, Duran, & Pacheco, 2000) and may include persons from many racial backgrounds (Lucero & Poghosyan, 2012).

Academic probation: Students placed on academic probation are those students who have failed one nursing course and/or have withdrawn from a nursing course after failing an examination in the course. Students are removed from academic probation after successfully completing the nursing course they are repeating. Students are allowed to fail one nursing course and withdraw from two nursing courses while receiving a failing grade on a midterm examination before they are dismissed from the nursing program (████ Handbook, 2012).

Success: Successful students are those students who completed their nursing education and received a baccalaureate degree and passed the NCLEX-RN.

Significance

Having a better understanding of how Hispanic nursing students achieve success can assist educators to identify strategies that support success. No published research was found on how nursing students who have been on academic probation are able to stay committed to their goals and the institution, and to achieve success by graduating with their baccalaureate degree as well as by passing the NCLEX-RN. Findings from this study provided essential information that can be used by educators to further develop programs that can potentially support success of Hispanic students by improving educational outcomes. Higher rates of nursing school completion by Hispanics will lead to increased diversity in the nursing workforce (Alicea-Planas, 2012). In turn, more nurses will be prepared to provide culturally sensitive care to the increasing Hispanic population.

The Hispanic population is faced with health disparities. Graduating more Hispanic nurses can positively affect health outcomes of Hispanics. In the Sullivan Commission on Diversity in the Healthcare Workforce (2004), it was suggested that diversity among healthcare professionals does not mirror the changing demographics of the U.S. and that this fact may be an even greater cause of health disparities than the fact that there has been inadequate health insurance. In that the largest segment of health professions is nursing and the largest underrepresented ethnic group in the nursing profession is Hispanic, the population most affected by the lack of diversity in nursing is Hispanic (Lucero & Poghosyan, 2012). Increasing the numbers of Hispanic RNs who understand the language and the culture of Hispanics will improve healthcare outcomes for Hispanics (Alicia-Alvarez, 2012; Perez-Escamilla, 2010; Tellez, Black, & Tinoco, 2011).

The IOM (2011) called for an increase in diversity of the nursing profession's workforce to meet the needs of the diverse population in the U.S. today. Thus schools of nursing have a responsibility to graduate nurses from diverse backgrounds who can meet the needs of society. Increasing the numbers of Hispanic RNs is a step towards increasing the ethnic diversity of nursing to more closely mirror the diversity of the U.S. population. However, because Hispanic nursing students have lower levels of completion, it is not enough to merely recruit more Hispanic students. It becomes vital that faculty learn how to support the success of Hispanic nursing students so that they can be retained. In order to be successful, nursing students must not only graduate from a nursing program, they must also pass the NCLEX-RN before they can practice as registered nurses. Schools of

nursing are expected to graduate qualified and competent students who pass the NCLEX-RN on the first attempt. Poor first time NCLEX-RN pass rates can place nursing schools at risk of losing accreditation. Supporting the success of nursing students will increase the number of students who will graduate from nursing and pass the NCLEX-RN on the first attempt.

When students are able to be successful in nursing school, the burden of failure for nursing students will be reduced. The impact of failure on the lives of nursing students is significant. In addition to the emotional impact and sense of failure, there is a significant financial impact as well. Students who repeat nursing courses incur additional debt. Being that the cost of one unit at this university is $575 (███████ University Catalog, 2012-2013) and each nursing course consists of between six and eight educational units, each time students repeat a nursing class, they incur an additional cost of $3,450 to $4,600 plus another $575 for the required Strategies for Academic Success Course. This cost is for tuition alone and does not cover the cost of housing and other living expenses such as childcare, transportation, and food. Because nursing classes can be repeated up to three times, students who have been on academic probation will graduate with as much as $13,000 more debt for tuition alone than those who do not repeat classes. Students who exceed the number of failures and are dropped from the program may be left with a significant debt for which they have little means to pay. Further, those who complete their nursing degree but are not able to pass the NCLEX-RN have incurred the full cost of their nursing education but are unable to work as a registered nurse. Because students from underprivileged backgrounds have the most

difficulty in higher education, this group carries the heaviest burden of failure. Programs that can support the success of these students can decrease this burden.

Improving the success of Hispanic nursing students has the potential to positively impact society, nursing schools and nursing students. Graduation of more Hispanic nurses can increase the diversity of the nursing profession as well as increase the number of nurses who can positively impact health disparities of Hispanics. Accreditation of nursing schools can be supported by improved graduation rates and improved NCLEX-RN pass rates. The burden of debt can be reduced for nursing students who successful complete their nursing education. And the financial future and quality of life for the students who come from underprivileged backgrounds can be positively affected. Finally graduate Hispanic nurses can be role models and educators who can improve cultural awareness of other nurses.

By analyzing the results of this project study I gained valuable information about how the participants in this study were able to achieve success. Sharing these results with nursing faculty will provide them with an opportunity to reflect on current support programs for students and to then make decisions of how to make changes to better support success of Hispanic students.

Guiding/Research Question

The guiding question for this research study was: How do Hispanic nursing students turn their academic failures into successful completion of the nursing program? My review of nursing literature revealed multiple studies in which researchers explored challenges and successes in nursing undergraduate education. However, no research was

found where students reported how they were able to stay committed to their goals and to the institution after experiencing academic difficulty in their nursing education. I wanted to learn what nursing students did to become successful after they failed a nursing course and were placed on academic probation.

The research question was designed to provide more specific information that is lacking in the literature regarding how Hispanic nursing students were able to achieve success after experiencing academic failure. The question was purposefully broad because my goal was to listen to the voices of the Hispanic students in order to develop research based descriptions of the factors that contributed to their success and to discover and better understand what they did and what supports they accessed to help them succeed. I explored changes students made in their environment both inside and outside of school, changes they made in their personal lives, and support and information they obtained that helped them succeed in the face of failure.

Review of the Literature

To address the problem of underrepresentation of Hispanics in nursing to care for the growing Hispanic population with unique healthcare needs, it is important that nursing educators understand what contributes to the success of Hispanic nursing students. I chose to focus on understanding the experiences of Hispanic students in a baccalaureate-nursing program who persisted following placement on academic probation. The literature that I reviewed to support this research project fell into four main categories. I will discuss the theoretical model that I used to frame this study. I will discuss background variables that influence the success of Hispanic nursing students. I

will examine factors that can influence the success of Hispanic nursing students. Finally I will review programs and projects that have been designed to promote the success of Hispanic nursing students.

The literature review included books, peer-reviewed journal articles, government websites, and professional online databases and websites. The following databases were used: CINAHL, MEDLINE, ERIC, and PsycInfo. Keywords used in online searches included: *Hispanic, Latino, nursing student retention, success, minorities in nursing, underachievement, barriers, supports, first-generation nursing students, academic-success,* and *at-risk nursing students.*

Theoretical Framework

Student attrition and persistence have been researched extensively both in higher education and in nursing education. The early work on student retention focused on the belief that the student, not the institution, was the problem (Tinto, 2006, 2012). Student academic failure was blamed on the student's lack of ability and motivation. This point of view stayed constant until the 1970s when a shift was made to acknowledge a connection between the environment and the academic social system (Tinto, 2006). Today it is well accepted that multiple factors internal and external to the student can impact the student's persistence and success in higher education.

Tinto (2006, 2012) argued that the institution is responsible for creating an academic and social environment that contributes to student success. Tinto (1975) created the Student Integration Model (SIM) based on the theory that student attrition is related to the interplay of the students' precollege attributes or characteristics and their integration

into both the academic and social environment of the institution. Central to Tinto's theoretical model is that students enter higher education with two major goals. These are the students' goals of graduation from the course of study and graduation from the specific university. The strength of the students' commitment to their goal depends on their dedication to the completion of the requirements necessary to attain their educational goal (Tinto, 1993). Tinto (1975) identified variables or background characteristics including family background, skills and abilities, and past educational experiences that influence the students' goal commitment and ultimately the persistence and success of the students. The strength of students' commitment to the institution depends on how well students are able to integrate into the social and academic environment of the educational institution.

The SIM theoretical model has been widely used and agreed with in research of academic attrition and persistence (Braxton & Mundy, 2001; Caison, 2005; Milem & Berger, 1997). Braxton, Sullivan, and Johnson (1997) completed an in-depth review of multiple research studies that examined Tinto's (1975) theoretical construct of academic integration and its effect on institutional commitment and student persistence and found that these studies further confirmed the validity of Tinto's theory. While the researchers did not focus specifically on Hispanic students, minority students were included in some of the studies. Arbona and Nora (2007) explored factors that contribute to baccalaureate degree attainment of Hispanic students using Nora's Student/Institution Engagement Model. Nora's model incorporated principles of academic integration from Tinto's theoretical framework and found it to be effective in addressing retention of both

minority and nonminority students (Arbona & Nora, 2007). Based on findings from these studies, Tinto's model may be effective with Hispanic students.

There were some who did not see Tinto's (1975) model as the most appropriate to study attrition from higher education. Brunsden, Davies, Shevlin, and Bracken (2000) submitted that in most studies of Tinto's model researchers have focused on parts of the model rather than on the whole. In addition, these researchers were concerned about the flexibility of the model that they placed more in the category of a concept rather than a rigidly defined theory that can be tested with hypotheses. Brunsden et al. concluded from their research that the model was not a good fit to study attrition from higher education and they advocated for a model that is more student driven with a focus on interactions rather than integration.

There has been increasing emphasis on retention of minority students. Oseguera, Locks, and Vega (2009) conducted a literature review to study retention of Latino students in baccalaureate programs. The authors posited that Latino students have unique challenges such as negative stereotyping by faculty and peers. They have also been reported to experience cultural and social isolation as well as a lack of supportive educational environments; and that race-sensitive conceptual frameworks are needed to study this population. Oseguera et al. argued that not only are traditional persistence theories such as Tinto's (1975) integration theory designed with the white student in mind, but the weight of responsibility for integration rests on the student, not on the institution.

In this project study, I examined Hispanic students' perceptions of their experiences of persisting while on academic probation in nursing school using Tinto's SIM. It was a good fit for several reasons. Multiple studies have researched and validated the model. The fact that some have stated that it is too flexible will not be a problem with a qualitative study that will use the model as a framework to guide the study and not to test a hypothesis. Tinto's work has also been used in the field of nursing. Both Shelton (2012) and Jeffreys (2007) incorporated Tinto's work into their models of nursing student retention. Understanding the unique needs of Hispanic nursing students and understanding what affected their goals and their institutional commitment provided insights into measures that can be taken to support the integration, persistence and success of future students.

Background Variables that Influence Success of Hispanic Nursing Students

Despite the fact that attrition and persistence in higher education have been studied for many years, the problems persist, particularly among minorities and those from lower socioeconomic classes. Students' family backgrounds, their skills and abilities and previous educational experiences influence their ability to succeed in higher education (Tinto, 1993). The background characteristics that are present before entering nursing school may lead to difficulty meeting the academic demands of higher education and being able to fully integrate into the academic and social system of the college, which, according to Tinto, is essential to student success. Exploring factors that affect success of Hispanic students in higher education and nursing school will lead to a better

understanding of the effort required by Hispanic nursing students to stay committed to their goals, to the institution, and to persist in the face of academic difficulty.

A review of the nursing literature revealed numerous factors that may create challenges for Hispanic nursing students as well as influence their success. Alicea-Planas (2009) conducted a metasynthesis of the qualitative literature published from 1992 to 2007 about Hispanic nursing students and identified five overarching themes that can be seen as facilitators or barriers to success. Education comes with a financial cost. Adequate financial support contributes to accomplishing educational goals whereas a lack of financial support may contribute to inadequate time to study due to the need to work. The degree to which students are prepared for the difficulties of nursing school can also have an impact on their success or failure in nursing school. Further, cultural similarities and differences can have an impact on student performance. The degree of faculty support or lack of support as perceived by the students is another theme that can affect student success. Students' personal strengths and motivation can influence success. These same themes have continued to be present in subsequent research of Hispanic nursing students (Enriques & McGee, 2012; McCallister, Evans, & Illich, 2010; Mehta, Newbold, & O'Rourke, 2011). In the next section I will discuss barriers related to the students' family backgrounds that may impact their success in higher education.

Family background. Numerous barriers that may affect the success of Hispanic college students are reported in the literature. Barriers related to family background may include, socioeconomic status of the family, educational level of the family, first in the family to attend college, and cultural and language barriers (McCallister et al., 2010;

Jeffereys, 2012; Mehta et al., 2011; Moceri, 2010). For some students, managing all these barriers can be overwhelming.

Finances. The socioeconomic status of many Hispanic families is very low. As part of the working class of America, the families often lack financial resources. Many Hispanic families experiencing economic difficulties may be unable to provide financial support to assist their college student (McCallister et al., 2010).

Hispanics are disproportionately affected by the high cost of college education (Gonzalez-Guarda & Villarruel, 2012). Breckenridge et al. (2012) conducted a retrospective study with a sample of 255 to determine if it can be predicted which of the students who completed their baccalaureate in nursing are most likely to pass the required NCLEX-RN following graduation. Student demographics were included in the study as well as normal academic risk factors. The researchers were surprised to find that the strongest predictor of failure was family income at poverty level followed by low grades in science classes. Breckenridge et al. supported previous researchers who suggested that family income influences the success of students in higher education (Anders et al., 2007; Bond et al., 2008; Reyes, Hartin, Loftin, Davenport, & Carter, 2012; Tinto, 2012).

Financial concerns continue to be a common theme in the research regarding barriers to success among Hispanic nursing students (Enriques & McGee, 2012; McCallister et al., 2010; Mehta et al., 2011). Hispanic nursing students are often working eight to twenty hours per week or even more to support themselves, their families, and to pay tuition and fees not covered by their student loans (Anders et al., 2007; Bond et al., 2008). Working takes away from study time that in turn can lead to a negative impact on

academic performance. Reyes et al. (2012) reported a negative correlation to academic success for those who worked 16 hours per week or more as compared to students who did not work. Financial barriers go beyond the cost of tuition and fees. Many students lack funds for the basic necessities such as childcare, gas, transportation and housing (Bond et al., 2008). Students from low-income families who do not have adequate financial support throughout nursing school often face significant financial challenges as they progress through nursing school. In addition to financial barriers often experienced by Hispanic students, many students come from families with limited education.

Educational level of the family. Families with low-income levels are likely to have low levels of education as well. In fact, the educational attainment level of Hispanics is the lowest of all groups (Alicea-Planas, 2009). Many Hispanic students are first-generation college students (Moceri, 2010). Anders et al. (2007) reported that 94% of the Hispanic students were the first in their families to attend college. Hispanic students' success in college was also reported to be influenced by the educational level of their parents (Crisp & Nora, 2010). Mehta et al. (2011) studied first-generation students and found that they were less academically prepared, came from low-income families, worked more hours, and relied on sources outside their family to pay for their education. First-generation students also reported feeling more stressed and depressed (Stebleton & Soria, 2012). Tinto (2012) reported that after adjusting for student ability and family income, first-generation college students do not do as well as non-first-generation students.

Tinto (2012) further stated that the differences between first-generation college students and non-first-generation college students seemed to affect students' academic performance to the same extent as did differences for students from low-income families and those from families who were not low-income. Because Hispanic families are disproportionately affected by both low-income and low-levels of education, Hispanic students are already at high-risk for academic challenges when they enter higher education. Another barrier experienced by many Hispanic students is that their cultural background differs from that of the educational institution they are attending.

Cultural background*.* Cultural background can also be a barrier to success for many students. Stephens, Fryberg, and Markus (2011) questioned the findings in the psychological literature that people prefer to make their own independent choices. They questioned this position believing that this position represented the middle class not the working class of America. Stephens et al. created three quantitative research studies based on their belief that the working class often focused on the needs of others before their own. The findings that were duplicated in all three studies revealed that for the working class, a concern for others is often the norm, placing the group over the individual. When a person from one socio cultural background evaluates and judges another by their personal view of the world, there is a mismatch.

When the cultural background of the student differs from the cultural norm of the college or university, the student faces additional challenges. Stephens, Fryberg, Markus, Johnson, and Cavarrubias (2012) reported that the culture of American universities is a reflection of the culture of middle and upper class America that value independence. The

researchers further posited that the working class who has been socialized to the value of interdependence would encounter a mismatch of cultures when they enter the university setting.

Stephens et al. (2012) conducted multiple studies with the goal of testing the cultural mismatch theory that their research group developed. The researchers concluded that there is often a mismatch between the cultural norm of the student and the cultural norm of the university. They found that the culture of American universities reflect the middle-class norm of independence whereas first-generation college students who are representative of the working class scored twice as high on interdependent motives for attending college when compared with nonfirst-generation college students. Consequently the academic performance gap was significant for students who were motivated by interdependence but who attended universities that focused on independence. Jeffreys (2012) also suggested that nursing education reflects the dominant culture of America that is heavily influenced by the value system of Western Europe. The dominant culture of colleges and nursing schools may be very different from the culture of today's diverse student body.

Bicultural challenges experienced by nursing students surfaced repeatedly in the literature. A cultural mismatch can cause perceived discrimination by nursing students when there is a difference in the cultural norms and values between students and faculty. Velez-McEvoy (2010) described her personal experiences of discrimination from some of her instructors while in nursing school. Velez-McEvoy perceived that faculty often demonstrated a lack of understanding and respect as well as a lack of acceptance of

Velez-McEvoy's Hispanic culture. Moceri (2010) explored obstacles faced by Hispanic nursing students and also found many obstacles to be in the category of a cultural mismatch. Students reported a lack of flexibility and understanding for their need to work and to meet family obligations expected in their culture.

Rivera-Goba (2008) also found that Hispanic nursing students experienced difficulties due to differences in cultural values. The students shared challenges they experienced as they juggled work and family with academic demands of nursing school. Hispanic families maintain a strong sense of family in their culture and family expectations continue while in nursing school often competing for the student's time and attention. Students in Rivera-Goba's study reported that persistence got them through the tough times when they felt unsupported and they believed that their culture was not understood nor valued.

Feelings of discrimination due to stereotyping, a lack of understanding of the Hispanic culture by faculty and peers, and difficulty navigating the educational system due to being first-generation college students can all lead to feelings of isolation (Moceri, 2010). Attending nursing school may require a student to move away from home often contributing further to the feeling of isolation for the Hispanic student. This feeling of isolation can be attributed to the collective nature of the Hispanic culture in which family and friends are highly significant in providing support and structure (Veloz-McEvoy, 2010). Students reported feeling isolated when apart from their families particularly when they did not feel that sense of belonging while at school.

Living at home can also be stressful for nursing students. When students live at home while attending college, they are often expected to continue with their same home responsibilities while they are in school. These responsibilities may cut into study time as well as afford them little free time to take part extra-curricular school activities making integration into the institutional environment challenging (Olive, 2008). Consequently students caught between two cultures can experience significant amounts of stress and feelings of isolation.

For English language learners, lack of English skills can be a challenge that interferes with success in college. Hispanic students whose primary language is not English have difficulty with reading comprehension that may affect their academic achievement and the time they need to study in a very demanding nursing program (Anders et al., 2007). Not only are there often a lack of resources for these students, the English language learners spend so much time studying that there is little time left for socialization which could further assist with language acquisition (Bifuh-Amber, 2011). Most nursing students find nursing education to be very demanding and those who struggle with English are not only trying to keep up with the demands of nursing school, but they are also dealing with a new culture as well as the demands of mastering a new language. Another factor that may impact the success of college students is their skills, abilities, and prior schooling.

Skills Abilities and Prior Schooling. Success in college requires that students have the skills, abilities and the educational background to be successful. Strong grades in high school and high SAT scores predict higher success in college and in nursing

school (Hopkins, 2008; Oseguera & Rhee, 2009). Underprepared college students lack basic skills for academic success including skills in organization, time management, note taking, studying, and exam taking; and often have difficulty with self-discipline and motivation (Jeffreys, 2012). Inadequate preparation and academic skill development can affect students from any socioeconomic class. Balduf (2009) studied the causes of underachievement of seven college freshmen that were considered to be gifted in high school and who received academic warnings or probation during the first year of college. Results of this study showed that these students did not feel prepared for college, did not know how to manage their time, and experienced a lack of self-discipline and motivation. This study confirmed the importance of entering college with adequate academic skills to be successful and that failure to do so increased the risk for academic difficulties.

Hispanic students face significant challenges in acquiring the necessary skills and abilities to be successful in college. Students of lower socioeconomic status often attend underperforming high schools that lack resources to help the students develop the necessary skills to succeed at the college level (Cavazos & Cavazos, 2010; Tinto 1993). In addition, there is a prevalence of low academic performance expectations for Hispanic students (Cavazos & Cavazos, 2010). Most first generation college students lack the knowledge of what to expect in college and what it takes to succeed in college and have parents who lack the education and skills in knowing how to guide them (Mehta et al., 2011; Tinto, 1993). Low performance in science and math courses is likely to lead to academic difficulty in the nursing program (Rivera-Goba, 2008). Students without the

skills and abilities necessary to succeed in college are at risk for failing and of being dismissed from the nursing program.

Hispanic nursing students are not only affected by inadequate preparation in high school, but may have received inadequate preparation in pre-nursing courses as well. Wolkowitz and Kelly (2010) studied academic predictors of success in nursing programs. A strong science background and ability as well as good reading skills predicted better success in nursing school. Students entering nursing school with low level reading skills will continuously be challenged with the amount of reading required of nursing students. Nursing students from underprepared academic backgrounds are often afraid that they may fail and this can lead to self-doubt and lack of confidence that may interfere with their persistence (Arbona & Nora, 2007). Inadequate preparation for nursing school can not only lead to difficulty in academic performance but can affect the students' inner belief that success is possible. Next I will discuss factors that influence the success of nursing students.

Factors That Influence Success of Nursing Students

Once students have fulfilled the admission requirements and have been admitted to the school of nursing, multiple factors influence their ability to successfully complete their nursing education. Student success is influenced by the interaction of the students' background variables with the students' ability to integrate into the social and academic system of the institution as well as the students' commitment to their goals (Tinto, 1975). Equally important are the students' determination and belief that they can succeed.

Integration into the academic and social system of the institution. The institution itself plays a significant role in student success. Tinto (2012) posited that institutions can contribute to student success by engaging the students in the institution's academic and social environment and by having high expectations of the students. Providing frequent assessment of students' performance and providing feedback so that both students and faculty can make necessary adjustments further support student success (Tinto, 2012).

Integration into the institution's academic and social environment is interrelated. Tinto (1975) determined that there is a direct correlation between a student's behavior in a social system and his or her academic engagement. Further, students frequently reevaluate their commitment to their goals and to the institution as they continue in their studies. Academic integration can be measured by grade performance and intellectual development (Tinto, 1993). Grades, however, not only reflect the student's ability to perform academically, but also reflect how well the student fits the style of academic behavior preferred by the institution (Tinto, 1975). On the other hand, intellectual development is more intrinsic in nature and is related to the personal and academic development of the student (Tinto, 1975). Personal and academic development does not happen in a vacuum. The presence of high expectations and the necessary support and feedback to achieve success will not only have an impact on grades but will also have an impact on the student's academic development.

Integration into the institution's social environment has been shown to contribute to persistence and success of students. Social integration includes interactions with

faculty, administrative staff as well as peers and the interactions can be formal or informal. The interactions result in varying degrees of support for the student (Tinto, 1975). Feelings of isolation are common among Hispanic college students. Gloria & Castellanos (2012) conducted a qualitative study of first-generation Latino college students that explored educational experiences and coping responses. Analysis of the results revealed the critical importance of family involvement as well as involvement with peers and university personnel. Helping the student create a new academic family was seen as important to the success of Hispanic students.

Educators at academic institutions can influence the success of Hispanic students by having a better understanding of the needs of this ethnic group and by providing supportive behaviors in a culturally sensitive manner. Students who feel supported are more likely to persist (Anders, 2007; Arana et al., 2011; Loftin et al., 2012; Moceri, 2010). Arana et al. (2011) conducted a qualitative study that explored indicators of persistence versus non-persistence among Hispanic students. The students who persisted in college reported having faculty who pushed them to work hard and were available to them for support and assistance. Non-persisters reported the lack of persons consistently available to them for help and support. Supportive behaviors found to be helpful to Hispanic students include demonstrating genuine interest and caring through attentive listening as well as providing necessary academic assistance (Anders, 2007). Moceri (2010) also reported that positive supportive faculty are the most critical factor from the institution that contributed to students' success. Loftin et al. (2012) found that when there were higher levels of faculty support, there were higher graduation rates of

underrepresented minorities and Hispanics. Shelton (2012) studied 458 nontraditional students in an associate degree nursing program and similarly found that nursing students were more successful in their studies when they perceived high levels of faculty support. In addition to support from faculty, goal commitment contributes to students success.

Goal commitment. A strong goal commitment can positively affect student success. Locke and Latham (2002) theorized that goals can affect performance because attention and energy is directed towards activities necessary for goal attainment. This attention and energy leads to greater effort and persistence. Conversely lack of goal clarity can lead to poor academic performance (Morisano, Hirsh, Peterson, Phil, & Shore, 2010). Morisano et al. (2010) studied the effects of an intensive goal-setting program for undergraduate students who were experiencing academic difficulty. Four months after the single-session on-line program, students who participated in the goal setting session demonstrated significantly higher academic improvement as compared to a control group. It is clear that goal setting and commitment to one's goals can positively affect academic performance. A strong commitment to one's goal requires a perception that the goal is important and that one is capable of attaining the goal (Locke & Latham, 2002).

Self-determination and self-efficacy. When there is a strong commitment to one's goals there is a determination to persist in the face of difficulty. Self-efficacy is a belief in one's capacity to achieve a goal. Despite being on academic probation, some nursing students with at-risk backgrounds are able to stay committed to their goal of completing their nursing education while others continue to fail and are consequently dropped from the nursing program. In the nursing literature, Hispanic nursing students

who succeed repeatedly report having a sense of determination and the ability to draw on

inner strength to succeed (Alicea-Planas, 2009; Bond et al., 2008; Cason et al., 2008;

Loftin et al., 2012; Moceri, 2010; Olson, 2012). Bond et al. (2008) conducted a

qualitative study that explored perceived barriers and supports for Hispanic nursing

students using an adapted Model of Institutional Support. Participants for this study were

nursing students from two baccalaureate schools of nursing, one a public university and

the second a private religious university. A significant theme that emerged but was not in

the model was personal determination. First generation nursing students seemed to be

especially strong in personal determination. The same researchers also conducted a

second study with the purpose to identify perceived barriers and supports for Hispanic

nursing students but this time with seasoned professionals (Cason et al., 2008). The

sample included 29 Hispanic health care professionals who were all members of various

Hispanic health care organizations. Their findings mirrored the findings of their first

study. Once again, self-determination was an emergent theme. Others have also reported

that self-determined students seem to be more motivated and engaged in their learning

resulting in better academic success (Vansteenkiste, Sierens, Soenen, Luyckx, & Lens,

2009; Rose, 2011). Thus internal strengths such as self-determination seem to contribute

to nursing students' abilities to stay focused on their goal of completing their nursing

education.

When people believe they have the capacity to succeed they have higher levels of

self-efficacy and they are more likely to succeed. How people judge their capacities has

an impact on their thought patterns and emotions when they interact with their

environment (Bandura, 1982). When they do not see themselves as capable, they experience stress and self-doubts and become focused on their deficiencies, thus taking away time and energy that could be devoted to handle the current situation (Bandura, 1982 & 1994). However, those with stronger self-efficacy will put more effort into meeting the demands of their situation. How we judge our self-efficacy will determine how much effort we will make or put into working towards our goals and how long we will persist even when we face obstacles of negative experiences (Bandura, 1982). Bandura (1994) posited that persons with higher levels of self-efficacy, who believe in their capacities, will more likely be persistent until success is reached.

A strong support system can promote higher levels of self-efficacy (Bandura, 1982). Bean and Metzner (1985) discussed two types of support that students need, psychological and functional. The psychological component can be from within and from outside the educational institution and can include faculty, peers, family, work and all from whom the student can encounter support. These supports provide nurture, encouragement, caring and promote an overall sense of self-worth. On the other hand functional support provides help for academic performance of tasks that contribute to achievement of academic goals. Both components facilitate development of self-efficacy for the student (Bandura, 1994; Tinto, 1993). Other supports that facilitate student success involve programs designed by educators at academic institutions.

Programs and Projects Designed to Promote Success in Nursing Education

Nursing schools across the U.S. are attempting to increase the diversity of their graduates (Lucero & Poghosyan, 2012). It has been recognized that underrepresented

minorities in higher education and in nursing school experience academic difficulties at a higher rate than non-minorities (Gonzalez-Guarda & Villarruel, 2012). To address this challenge, some nursing schools have developed programs and projects that are intended to retain underrepresented minorities in their nursing programs (Enriquez & McGee, 2012).

The programs developed by nursing schools to support student success have been designed to meet identified needs of underrepresented minorities (Enriquez & McGee, 2012). I reviewed several successful programs that were developed to address a variety of student needs. Each program was unique in how it was set up and which student needs were addressed (Anders et al., 2007; Cantu & Rogers, 2007; Colalillo, 2007; Enriquez & McGee, 2012; Igbo, 2011). The programs differed in how long their program lasted, what specific activities took place, and who mentored the students. The programs varied in length from one semester to one year. Students received education on a variety of topics that supported academic success such as study skills, writing, critical thinking, and exam skills. In addition one of the programs included financial assistance for those experiencing high financial needs (Anders et al., 2007). Another provided extra support to English language learners (Enriquez & McGee, 2012). A mentoring component was common to all programs. The mentoring served as a way to develop academic skills as well as relationships with faculty and peers. Both one-on-one mentoring sessions and group mentoring sessions were used. Faculty, graduate students, upper classmen and peers all served as mentors to support students' success. During the mentoring sessions, students received support and encouragement as well as opportunities to interact with

faculty and peers that supported building relationships (Anders et al., 2007; Cantu & Rogers, 2007; Colalillo, 2007; Enriquez & McGee, 2012; Igbo, 2011).

Despite the varied approaches to the mentoring process, all programs reviewed showed improvement across all the various outcomes that were measured. Positive results included improved pass rates in coursework, improved student retention and graduation, improved NCLEX-RN pass rates, and positive student satisfaction surveys. Students who participated in these programs were better able to integrate into the academic and social system of the educational institution (Anders et al., 2007; Cantu & Rogers, 2007; Colalillo, 2007; Enriquez & McGee, 2012; Igbo, 2011). These programs provide evidence that supporting the success of underrepresented students can improve their outcomes in nursing programs. However these programs did not address how to support nursing students who had already failed in the nursing program. In order to fill this gap in knowledge of how to support students who have failed, I conducted my research to identify factors that may support the success of nursing students who have failed.

Implications

Hispanic students face multiple challenges as they navigate through nursing school. Researchers have discussed barriers and facilitators that can impede or contribute to success (Enriquez & McGee, 2012; Gonzales-Guarda & Villarruel, 2012; Jeffreys, 2007). However, no studies were found that described nursing students' experiences of how they achieved academic success after experiencing academic failure. Tinto (2012) asserted that success for all students is not improved by chance but through proactive deliberate and intentional planning.

The focus of this project study was to develop an understanding of how nursing students at this university were able to achieve success after academic failure, through descriptions of their lived experiences. I identified research-based factors that may influence the ability of failing nursing students to persist and turn their failures unto successfully completing the nursing program. Following analysis of the data, a three-day professional development training program for nursing faculty was developed that may be of assistance to nursing school administrators and instructors as they strive to support student success in their program. The workshop targets areas that were identified as potentially contributing the most to nursing student success.

Successful completion of the nursing program by Hispanics will contribute to social change. Increasing the diversity of a nursing workforce that is prepared both culturally and linguistically to meet the needs of the growing Hispanic population will positively affect the health and wellbeing of that group. This study provided information for nursing educators about how Hispanic nursing students achieve success.

Summary

The purpose of this project study was to understand how Hispanic nursing students who failed a nursing course were able to turn their failures into successful completion of the nursing program. My goal was to identify research-based factors that could potentially contribute to the success of nursing students who have experienced failure. This project study was important because there is a critical shortage of Hispanic nurses who can provide ethnically sensitive care to an underserved Hispanic population that has persistent health disparities. In my literature review I learned that Hispanic

nursing students often come from underprivileged backgrounds leaving them academically unprepared for the rigors of nursing school. Findings from this study can be used to address the gap in educational practice regarding the lack of knowledge of how to best support the success of Hispanic nursing students. My findings were used to create a project that will equip nursing educators with tools to intervene to support the success of nursing students who have failed.

In Section 2 of this project study I discussed the methodology, the data collection and analysis, and the findings of my study. Next in Section 3 I discussed the project that I developed based on my study findings. Finally in Section 4 I shared my reflections as a scholar researcher and the conclusions of my project study.

Section 2: The Methodology

Introduction

The purpose of this qualitative phenomenological research study was to gain an understanding of how Hispanic nursing students in a baccalaureate-nursing program achieved success after being placed on academic probation for failing a nursing course. Much of the research on student success has focused on understanding why students fail (Tinto, 2012). Studying the experiences of successful Hispanic nursing students who were able to stay committed to their goals and the institution after experiencing academic difficulty has provided valuable insights into how these students achieved success. Feedback from this study was used to create an educational program for faculty that may contribute to the success of future Hispanic nursing students (Appendix A).

Qualitative Research Design and Approach

I chose a descriptive phenomenological design to guide this study. Phenomenological research is a qualitative research design that is used when the researcher desires to capture the lived experience of those involved in a specific experience or phenomenon. Phenomenology is well suited for research topics that are about intense life experiences (Holloway & Wheeler, 2010; Merriam, 2009). Failure in nursing school is an intense life experience filled with uncertainty about the future of school and chosen career. Descriptive phenomenology was chosen to explore, from an emic approach, the experiences and perceptions of Hispanic nursing students who persisted, graduated, and became RNs after experiencing academic difficulty while in nursing school.

Research Question

The guiding question for this project study was: How do Hispanic nursing students turn their academic failures into successful completion of the nursing program? The study was designed to explore factors that surround the phenomenon of how success after failure was achieved. Answers to the question emerged as I analyzed the themes that emerged from the voices of the participants as they shared their perspectives of their experiences and the meaning those experiences held for them.

Rationale for Selection of Research Design

Through the use of qualitative research designs, researchers are able to gain understanding of how people understand their world (Merriam, 2009). In contrast to quantitative methods, researchers who use qualitative research methods seek to understand daily life experiences from the perspective of those who have lived the experiences. They work mainly with words rather than with measurements and statistical procedures that are characteristic of quantitative research. Qualitative researchers have various qualitative methodologies from which to choose in their quest to make meaning of human experiences. Because qualitative researchers are not limited to one method, I gave careful consideration to the approach that I believed would provide the best answers to the research question. For this project study, I chose a phenomenological research design. Other qualitative research designs that were considered but not used for this study included case study, ethnography, and grounded theory.

Case studies are commonly used in qualitative research and provide in-depth exploration of a bounded system (Creswell, 2009; Lodico et al., 2010; Merriam, 2009).

The bounded system is a specific situation or issue that is bounded by having occurred in a particular setting and over a specific period of time (Merriam, 2009). The situation is the unit of analysis for the study. This approach was rejected because, while it would have uncovered the perceptions about students' experiencing success after being placed on academic probation, it would not have included the emotional overlay that would be part of researching lived experiences.

Ethnographic methodologies are about using the lens of culture to understand an experience (Creswell, 2009; Lodico et al., 2010; Merriam, 2009). Ethnographic researchers must have a deep understanding of the culture as this aspect is an important component of the experience. This approach was rejected because even though this project study has a cultural component, the purpose is not to understand the Hispanic culture. Culture may play a role in the analysis but it is not the focus of the study.

Grounded theory methodologies are about gathering and analyzing data to build theory (Merriam, 2009). The theory that is built provides a better understanding of a process of how people interact with one another over time (Creswell, 2009; Glesne, 2011; Merriam, 2009). This approach was rejected as well because grounded theory is centered on process. In contrast the research question for this project was about the essence of the experience.

Phenomenological methodologies are used when researchers want to explore the meaning or essence of an experience (Creswell, 2009; Englander, 2012; Flood, 2010; Merriam, 2009; Salmon, 2012). The phenomenological approach is grounded in the philosophy that each person has his or her own unique way in which he or she views and

makes meaning of the world (Giorgi, 2012; Holloway & Wheeler, 2010; Nicholls, 2009). Because the meaning of the experience is held within the individual, the phenomenological researcher strives to encounter the experience or phenomenon via the description from the person who has lived the experience (Englander, 2012; Flood, 2010). The role of the researcher is to explore, understand, and describe the participant's unique insight into his or her lived-experience of the phenomenon being studied. I selected a phenomenological approach for this project study because my goal was to explore the phenomenon from an emic point of view in order to understand and describe the experience of how Hispanic nursing students achieved success after failure.

Phenomenology had its beginnings as a philosophical movement. Husserl, a German philosopher, has been credited with being a core figure in initiating the modern phenomenological movement that began in the early 1900s (Groenewald, 2004; Giorgi, 2012; Holloway & Wheeler, 2010). Husserl's underlying philosophy focused on the uniqueness of the individual, his or her lived-experience, and how he or she views the world (Holloway & Wheeler, 2010). The philosophical ideas of Husserl gave rise to the descriptive phenomenological tradition that is often referred to as Husserlian phenomenology (Lopez & Willis, 2004; Nicholls, 2009). In Husserlian phenomenology, the researchers must set aside or bracket their biases and prior knowledge so that the focus can be maintained on the object of study that is the experience as perceived and described by the participants.

Heidegger, another German philosopher and student of Husserl, challenged some of Husserl's assumptions in how to use phenomenology in scientific inquiry. His

underlying philosophy is that the researcher should go beyond the description of the phenomenon and describe the meaning embedded in the experience (Lopez & Willis, 2004; Nicholls, 2009). The philosophical ideas of Heideggar gave rise to interpretive phenomenology that is often referred to as hermeneutic phenomenology. In hermeneutic phenomenology the experiences and knowledge of the researchers are used as a framework to interpret the description of the participants in order to uncover the embedded meaning.

Subsequent phenomenologists have taken either of two varying approaches in studying individuals depending on their individual philosophies and the philosophers they have studied (Nicholls, 2009). The two main approaches are descriptive and interpretive (Flood, 2010). Descriptive phenomenologists stay closer to Husserl's philosophy and focus on describing the phenomenon as presented by the participants without the researcher adding to or subtracting from the participants' description in any way (Groenewald, 2004; Holloway & Wheeler, 2010). They argued that researchers must bracket their biases and prior experiences because what participants share of their own experiences will be adequate for the researcher to answer the research question (Giorgi, 2009). On the other hand, interpretive phenomenologists rely on their personal worldview to interpret the participants' descriptions of their lived-experiences. Researchers do not bracket their prior experiences as these are seen as valuable sources of knowledge researchers can use in interpreting the lived-experiences described to them by the participants (Holloway & Wheeler, 2010; Flood, 2010). Because the purpose of this study

was to explore the Hispanic nursing students' experiences from an emic point of view, I chose to follow the descriptive phenomenological methodology.

Giorgi, a psychologist interested in the study of humans, developed a psychological approach to phenomenology based on the work of Husserl to understand the whole human person (Giorgi, 2012). Giorgi used a descriptive phenomenological psychological method to explore and describe the phenomenon as experienced by the participant (Giorgi, 2012). Researchers using this method assume the phenomenological psychological attitude. As participants describe their experiences researchers are fully present and listen intently. Preconceived notions from researchers' personal life experiences or their knowledge gained from literature that was reviewed in preparation to conduct the study are put aside or suspended. Researchers focus on looking at things through the eyes of the one who had the experience, being without judgment regarding accurateness of the participants' perspectives, and being sensitive towards the participants' personal interpretations of the phenomenon being related (Englander, 2012; Flood, 2010; Giorgi, 2009, 2012). Assuming the correct attitude will enable the researcher to be in a position to gather, explore and describe the data in a manner that encourages full expression by the participant and is not contaminated by a researcher's biases or judgments.

I chose descriptive psychological phenomenology as described by Giorgi (2012) for this project study because it fit the purpose of the research question of how Hispanic nursing students who are failing in nursing school achieve success. My goal was to understand and describe the psychological phenomenon of achieving success from the

participant's viewpoint without my imposed experiences or biases. By being present with the participant, by not imposing my prescription of what is necessary to achieve success, and by acknowledging that findings may or may not match information from the literature review or my preconceived notions, the results describe the experiences of how the graduates achieved success. I hope that my findings provide insights into how other nursing students may be helped to achieve success.

Participants

In phenomenological methodologies, the object of the data collection is to acquire rich descriptions of the phenomenon of interest. The quality of the research findings is dependent on selecting participants who have lived the experience being studied and who are able to articulate a detailed description of this experience (Creswell, 2012; Englander, 2012; Holloway & Wheeler 2010; Nicholls, 2009; Patton, 1980). In addition to having access to and selecting an adequate number of qualified participants, a researcher must be able to communicate effectively and create a trusting relationship with the study participants in order to generate rich, in-depth data.

Criteria for Selecting Participants

I selected Hispanic RNs who were able to achieve success despite experiencing academic difficulty during their nursing education as potential participants for this project study. Because of having lived the experience being studied, they would be able to provide the rich, detailed information needed to answer the research question of how Hispanic students achieved success after experiencing failure (Creswell, 2009; Holloway & Wheeler, 2010; Lodico et al., 2010, Merriam, 2009). Purposive sampling techniques

were used to identify potential participants who met the inclusion criteria of having: (a) graduated with a baccalaureate degree from the west coast university being studied, (b) self-reported to be Hispanic at the time of admission to the school of nursing, (c) been on academic probation for one or more quarters during their undergraduate nursing education, and (d) passed the NCLEX-RN. To further assure that the sample met the criteria for the study, Hispanic RNs who graduated from the west coast university being studied were excluded if they were: (a) RNs prior to returning to nursing school to obtain a baccalaureate degree, (b) licensed vocational nurses prior to returning to nursing school to obtain a baccalaureate degree, and (c) not on academic probation during their nursing education.

Those who graduated within 5 years from the study start date and who met the inclusion criteria were considered potential participants for the study. However, I decided to first recruit from those who had graduated within the past two years because their experiences were more recent which could lead to greater recall of the experiences. There were 16 graduate nurses who met the criteria for inclusion in the project study and who graduated within the past 2 years. Careful attention to selecting participants who were the best fit for the study enabled me to acquire the rich descriptions necessary to answer the research question.

Justification for Number of Participants

A target number of five to nine participants was chosen for this project study. In qualitative research, the sample size is generally small because the goal is to gain an in-depth understanding of a life experience from the participants who are being studied. The

number of participants needed is not based on how many experienced the phenomenon, but is based on how many will be required for a researcher to have a representative sample (Giorgi, 2009; Englander, 2012). An adequate amount of data is needed to be able to create a structure of the phenomenon. When more information is gathered from each participant, fewer participants are needed (Giorgi, 2009). Researchers who have examined student perceptions and experiences utilized sample sizes ranging from three to 10 (Balduf, 2009; Boden, 2011; Cavazos & Cavazos, 2010; Junious, 2010; Olive, 2008). Bunkers (2012) studied lived experiences of feeling disappointed and found that nine participants provided an adequate sample size to study the phenomenon. Giorgi recommended at least three participants because variation in the data is important. Holloway and Wheeler (2010) suggested a sample size of six to eight when the sample is made up of a homogeneous group.

I chose a small sample size because I was seeking an in-depth understanding of each participant's experience and the participants are homogeneous in the fact that they all achieved success after experiencing academic failure. I included a minimum of five participants to assure variation in my data. I included a target range of five to nine so that I would be assured of having an adequate amount of data to be able to create a structure of the phenomenon of achieving success after academic failure.

Procedures for Gaining Access to Participants

Prior to initiating any contact with my potential research participants I obtained all appropriate permissions. I requested permission to conduct my study from the dean of the school of nursing at the west coast university, the site of the study, and was given a

letter of cooperation (Appendix B). Next, I submitted an Internal Review Board (IRB) application to the west coast university and obtained approval, IRB # 5140085, to conduct the study. I submitted the required paperwork and a copy of the site's IRB approval to the IRB at Walden University. Walden's IRB subsequently granted final approval, # 7-17-14-0243942, to conduct the study.

My next steps were to determine which graduates met the inclusion criteria, obtain their contact information, and decide whom to contact regarding participation in my study. The dean from the school of nursing granted me permission to have access to the school of nursing database at the record's office (M. ████████, personal communication, March 18, 2014). A copy of the database for all nursing graduates who completed their baccalaureate degree between March 2009 and March 2014 was provided to me.

My intent was to choose participants from the last 2 years. However, data from a period of 5 years was included to assure an adequate size pool of potential participants in the event that I would not be able to obtain adequate participants from the 2 year period. I was able to recruit an adequate number of participants during the 2 year timeframe. The advantage of including more recent graduates is the fact that their experiences were more recent which may lead to greater recall of their experiences.

Participant Sample

I reviewed the database and identified graduates who had graduated within the past two years and who met the inclusion criteria for the study, and noted their contact information including emails and phone numbers. A total of 16 graduates met the

inclusion criteria. After reviewing the list, I randomly chose 50% of the eligible pool, or eight graduates to invite to participate in the study. The eight potential participants were emailed an invitation to participate in the study (Appendix C). The e-mail contained a brief overview of the study and a request to respond to the e-mail by return e-mail or phone indicating the decision to participate or not in the study.

Six of the eight potential participants responded by email and accepted the invitation to participate. A seventh one responded to the invitation but declined because the potential participant was adjusting to a new job and did not have time to participate. The eighth potential participant never responded despite two follow up emails and two follow up phone calls. In total, six participated in the study. All six graduated from the west coast university nursing school within the two years prior to the study start date.

For this project study I chose a target number of five to nine participants to be interviewed for my study. Six participants were within my chosen range for participants. Therefore I chose to proceed with the six who accepted my invitation to participate in my study knowing that I could add participants if additional data were needed to create a structure of the experience. The six participants were able to provide an adequate amount of data therefore there was no need to include additional participants.

I phoned the potential participants who indicated an interest in participating in the study and scheduled an interview time and requested them to choose a pseudonym that would be used in place of their name in the study (Appendix D). A follow-up e-mail was then sent that contained additional information about the study and specific instructions for those who had chosen a face-to face interview and for the one who had chosen a

phone interview (Appendix E). The e-mail further instructed them to expect an e-mail from Qualtrics that would have a link to the online demographic survey that needed to be completed prior to the scheduled interview.

Participant Characteristics

I interviewed six participants who met the inclusion criteria for this project study. All participants were female and had self-identified as Hispanic when they enrolled in the west coast university. The participants were all born in the U.S. (see Table 1). However, five of their fathers and three of their mothers were born outside the U.S. Only one participant's parents were both born in the U.S. This same participant was the only participant who did not speak Spanish.

The educational background of the participants' parents varied (see Table 1). No parent held a baccalaureate degree or higher. One participant's parents had no formal education. All the other parents had completed at least some secondary education. In addition, four of the parents held an Associate of Science (A.S.) degree and one parent had attended college. Five of the participants were the first in their families to earn a baccalaureate degree.

Five of the six participants were bilingual (see Table 1). Four participants spoke Spanish in their families of origin. The two participants who spoke English in their families of origin were the only two participants whose parents both either held an A.S. degree or had attended college. Four of the participants believed that their high school (H.S.) experience had not prepared them adequately for higher education. Miranda, one

of the participants who felt her H.S. had prepared her adequately for higher education, shared during our interview that her parents had sacrificed to send her to private school.

One participant, Jackie, stood apart from the other participants. She was the only participant who was not bilingual and the only participant who did not experience financial hardship while in nursing school. Despite these differences, the key constituents that emerged from my data analysis of Jackie's interview were similar to those of the other participants.

The participants in my study represented a broad spectrum of background characteristics with regards to parent education, language, financial status and believing that H.S. had prepared them for higher education. Despite these varied backgrounds no specific background characteristic stood out as having contributed to or hindering their achieving success after being on academic probation.

Table 1

Participants' Demographic Characteristics

		Birth Place			Language		Education	
Pseudo-nym	Partici-pant	Father's	Mother's	Bilingual	Family of Origin	Nuclear Family	Father's	Mother's
Anita	U.S.	Mexico	U.S.	Yes	Spanish	Spanish	Attended H.S.	Attended H.S.
Janette	U.S.	Honduras	Mexico	Yes	Spanish	Spanish	H.S. Diploma	Attended H.S.
Jackie	U.S.	U.S.	U.S.	No	English	English	Attended College	A.S.
Julie	U.S.	Mexico	El Salvador	Yes	Spanish	Spanish	None	None
Tullie	U.S.	Mexico	U.S.	Yes	English	English	A.S.	A.S.
Miranda	U.S.	Mexico	Mexico	Yes	Spanish	Spanish	Attended H.S.	A.S.

Establishing Researcher-Participant Working Relationships

I built a trusting relationship with the participants by interacting honestly, respectfully and demonstrating a caring and genuine interest in the participants' experiences. The relationship between researcher and participants is of prime importance in order for rich descriptive data to emerge from the interviews (Lodico et al., 2010). Trust is built when a researcher is able to see, hear, and feel through the lens of the

participant (Glesne, 2011); therefore, I listened intently and reflected the participant's perceptions in order to help the participant feel validated and cared about. It is through effective communication that the participant knows he or she has been heard. Communication should flow both ways between researcher and participants, and should not be "simply the interrogator and the responder" (Patton, 1980, p. 240).

Trusting caring relationships encourage deeper sharing of experiences. Participants who have participated in phenomenological research studies have often expressed appreciation for the opportunity to fully disclose previously unshared thoughts and feelings about the researched phenomenon (Holloway & Wheeler, 2010; Merriam, 2009). I found this to be true for those who participated in my study. They all seemed very happy for the opportunity to tell their story. An environment of caring, trust and effective communication creates a relationship where both researcher and participants have a vested interest in the relationship and the interview exchange.

Ethical Considerations

I ensured ethical conduct in my research study in two ways. First I was careful to make sure I gained the appropriate approvals to conduct my research study. Next I was mindful of ethical considerations of my participants.

In preparation to conduct this project study, I completed a basic course in Human Subjects Research from CITI Collaborative Institutional Training Initiative. I received an educational certificate of completion on 01/25/13, reference number 9559364. The certificate will be renewed as required. Prior to gathering research data, I obtained approval from the IRB of the west coast university, IRB approval #5140085, the site

where the study was conducted and Walden University's IRB approval # 7-17-14-0243942.

I addressed ethical considerations of participants every step of the way in planning, conducting, analyzing, and reporting the results. I designed the research protocols for this project study to ensure ethical conduct by adhering to the principles of the essential human rights of respect for autonomy, nonmaleficence, beneficence, and justice (Holloway & Wheeler, 2010). Throughout the study, I constantly reflected on all my actions to maintain these ethical standards.

The principle of respect for autonomy was respected by assuring that the research participants exercised their free choice in their decision to participate in the study. Potential participants were invited to join the study and were not pressured in any way. An informed consent was developed and was reviewed with each participant to further ensure that potential participants were fully informed about the study (Appendix F). Participants were informed of the purpose of the study and the procedures for how the research would be conducted as well as how confidentiality would be maintained and any potential risks or benefits to the participants. In addition participants were assured that participation in the study was voluntary and that they could withdraw from the study at any time (Glesne, 2011; Groenewald, 2004; Holloway & Wheeler, 2010; Houghton, 2010;). Participants who voluntarily agreed to participate in the study were emailed a copy of the informed consent and were given an opportunity to ask additional questions about the consent and the study prior to being interviewed. They were not required to sign the consent but were required to verbally agree to the consent, as was required by the

IRB. In qualitative research, informed consent is an ongoing process because the researcher cannot predict the direction to which the interviews may lead (Holloway & Wheeler, 2010; Houghton, 2010). During the data collection phase, I informed the participants that I would immediately support any request to withdraw from the study at any time. None of the participants requested to withdraw from the study.

To further support the autonomy of the participants, I took care to accurately represent the participants' experiences. At the conclusion of the interview, I told the participants that if they thought of additional information regarding their experiences within one week after the interview, they could write what they would like to add and email the additional information to me. They were also informed that once the data analysis was underway, the data would be pooled and they could no longer add or withdraw their interview from the study or add additional information regarding their experience. Within one week of the interview, I emailed the participants to thank them for participating in the research study and to once again let the participant know they could email me if they had any additional information that they wanted to share (Appendix G). I received no email with additional information from the participants.

I respected the principle of nonmaleficence by assuring the safety of the research participants. The human rights principles of nonmaleficence and beneficence require that the researcher identify the ratio between risks and benefits (Houghton et al., 2010). The potential risk to the participants in this project study was very low. Despite the fact that all participants in the study had experienced the difficult life event of failure during nursing school, they all subsequently achieved success. Therefore, it was not anticipated

that the participants would suffer harm by telling their stories. Nevertheless, I maintained sensitivity towards the participants. Reflections during interviews can bring some emotionally laden memories and even some tears but that does not necessarily mean that a bad question was asked or that the interview needed to be terminated (Glesne, 2011). The stories of the participants did reveal some emotionally difficult times and some did shed tears during the telling of their experiences. I listened intently to the words and voice of the participants and observed body language of the participants so that I could remain alert to the possibility of distress and be prepared to terminate the interview immediately at any time if it seemed appropriate. Despite demonstrating some emotion while relating their experiences, all participants seemed very intent on telling their stories and seemed to appreciate having someone listen. There was no time that I believed we needed to consider termination of the interview.

I further protected participants from harm by conducting the interviews in a safe environment and by assuring that all participant information would be kept confidential (Houghton, 2010). I conducted the interviews either in person in a private conference room or on the phone. All data were collected and stored in a confidential manner. For confidentiality, participants were asked to choose a pseudonym to be used in place of their name. All of the transcribed data contained only the pseudonym that the participants chose and not their real name. Study results and publications will also only use pseudonyms thereby protecting the confidentiality of the participants. The master list pairing the participant's identity with his or her pseudonym was kept in a locked file at

the school of nursing. After the data collection was complete and all the interviews were transcribed, this master list was destroyed.

I respected the principle of beneficence by giving full attention to the participants as they shared their experiences and strategies of how they achieved success, by valuing their experiences, and by letting them know that their stories may be useful to others. Careful attentive listening can convey to the participant that they are important and special (Glesne, 2011). I listened carefully to the participants and thanked them for being willing to share so that others may potentially be helped. The experience of participating in this research study seemed to be a very positive experience for the participants.

I respected the principle of justice by assuring that the research participants' rights were protected and that they were treated fairly and justly. I maintained positive relationships with the participants by being honest, by showing respect towards the participants in all interactions, and by not using any form of power or control over the participants (Glesne, 2011; Houghton, 2010). The participants in this project study had a prior relationship with me as their instructor during their undergraduate education. In that relationship, I assigned student grades. At the time of this research study, all participants had graduated. Because of the prior relationship, I remained mindful to the fact that the participants could potentially still perceive me as having power. In order to protect the participants, I carefully spelled out exactly what was expected if they chose to participate in the study. Further, I stayed alert to any indication of hesitancy to participate in the study and assured the participants that they could withdraw from the study at any time.

Data Collection

I collected data through face-to-face or phone interviews using open-ended questions. In descriptive phenomenological research, it is the participant's words that are needed to describe the phenomenon (Giorgi, 2009). I chose interviews as the best way to capture the participants' stories of their experiences. Live interviews provide opportunities for the researcher to ask additional questions to elicit more in-depth sharing about the experience as well as to clarify immediately any word or phrase that is not understood. In addition researchers have the opportunity to observe body language or listen to voice intonations that may provide insight as to appropriateness of further probing to encourage deeper sharing (Glesne, 2011; Merriam, 2009). Glesne (2011) describes the interview process as "getting words to fly" (p. 102). The interview produced the rich descriptions needed to fulfill the purpose of the study and to answer the research question.

I remained true to Giorgi's (2012) descriptive phenomenological method throughout the entire research process including data collection. Phenomenological research is a process of discovery and the meaning or essence of the experience can only be understood when explored as part of the whole experience (Englander, 2012). Further, the actual experience of achieving success was unique and different for each participant. Giorgi (2009) did not prescribe a specific format to follow for the interview process. Giorgi acknowledged that the goal of obtaining a complete description of the participants' experiences can be challenging and cautioned against leading participants regarding what to say. Instead Giorgi recommended directing the participants'

descriptions when necessary so that the data collected are relevant to the life experiences being studied.

I chose Bevan's (2014) method for phenomenological interviewing to guide the interview process because it provided a structure to manage the process and is congruent with Giorgi's (2009) descriptive approach. The structure proposed by Bevan (2014) consisted of questions to elicit descriptions from three domains. These domains include contextualization, apprehending the phenomenon, and clarifying the phenomenon. Contextualization elicits descriptions about the context in which the phenomenon occurred. For this project study, achieving success occurred in the context of being a nursing student and experiencing failure. Apprehending the phenomenon included more descriptive questions to explore how success was achieved. And finally, clarifying the phenomenon included questions to induce more detailed descriptions to further clarify and make more explicit the experience of achieving success.

In preparation for conducting the interviews, I assumed a phenomenological attitude by spending time in self-reflection to become consciously aware of life experiences that I needed to set-aside during the interviews. I bracketed knowledge I gained from the literature review conducted prior to beginning the interviews that provided information about common difficulties Hispanic students face in their nursing education in order to be able to listen and allow the data to emerge from the participants. I remained open to the fact that the participants' descriptions may be similar to or different from the descriptions in the literature. In addition, I bracketed my personal

experience of living and being educated in a Latin country between the ages of nine and seventeen.

Interviews

Once the participants accepted the emailed invitation to participate in the study (Appendix C), I phoned them to schedule an interview date (Appendix D). I also emailed them additional information about the study (Appendix E) and about completing the on-line demographic survey (Appendix H), and I attached a copy of the informed consent (Appendix H). One to two days prior to each scheduled interview I phoned the participant to confirm the interview date and time (Appendix I) and to verify that the participant had completed the online demographic survey. All participants kept their scheduled interview times and completed the on-line demographic surveys before the scheduled appointments.

I conducted in-person interviews in a private conference room at the school of nursing. I conducted phone interviews in my private office at the school of nursing. The interviews lasted between 30 to 45 minutes each. I allowed two hours on my schedule for each interview because I was not certain how long each interview would last and I wanted to make sure that participants did not feel rushed while sharing their experiences. Although the length of the interview needs to be long enough to gather enough information to adequately explore the phenomenon being studied, Giorgi (2009) cautioned novice researchers against excessively lengthy interviews that may produce large amounts of data that may not relate to the phenomenon being studied.

Both nonverbal and verbal communication was used during the interviews to encourage the participants to share detailed descriptions of their experiences. I was interested in the participants' stories and I listened intently to demonstrate my interest because I wanted to encourage deeper sharing. Nonverbal communications that I used during face-to-face interviews included leaning forward, nodding, and open body posture. I used verbal comments for both in-person and phone interviews such as; "tell me more", "then what happened", and "how did that make you feel". The participants were informed that during the interview I might make brief handwritten notes to help keep track of areas to return to for further exploration.

Five of the participants scheduled a face-to-face interview and one participant who lived a longer distance away chose a phone interview. The first five to ten minutes of each scheduled appointment was spent in small talk to connect with the participant. Giorgi (2009) posited that qualitative researchers do not always take enough time to establish the rapport that is important to communicate caring and make the participant feel comfortable. While many of the participants know me from their time as a nursing student, very few had contact with me during the last year of their nursing program and most have had no contact with me following graduation. Therefore, I believed it was important to take a few minutes to ask how they were doing in order to help put them at ease.

The interview process was the same for face-to-face interviews and the phone interview. After spending a few minutes to connect with each participant, I reviewed the informed consent with them and asked if there were any questions about the study or the

consent. All participants stated that everything was clear and that they had no questions.

The IRB required an informed consent but did not require a signed consent. Therefore

prior to beginning the interview I asked participants if they agreed with everything on the

consent form. I received a verbal agreement from each participant. After completing

these initial steps and receiving a verbal consent from each participant, I was ready to

begin the audio recording of each interview. I began each recording by stating the date of

the interview and the pseudonym of the participant being interviewed. The voice recorder

remained on until the conclusion of the interview.

In accordance with Bevan (2014) and Giorgi (2009), my first interview question

was broad and was designed to help me learn about the experience of achieving success

within the specific context of the lived experience of being in nursing school and failing.

The question was: "Please tell me about your experience when encountering difficulty

while in nursing school and being required to repeat a nursing course". As the

participants shared their stories, I listened intently and used verbal and non-verbal

communication to encourage detailed descriptions.

In the next domain of the interviewing process, apprehending the phenomenon, I

began to explore more specifically the experience of achieving success. My questions

were designed to help the participant to stay focused on the life experience being

explored and to elicit rich descriptions that added depth to the data (Bevan, 2014; Giorgi,

2009). Questions I used in this domain included: "Tell me how your experience of

becoming successful unfolded", and "How did you change during the process of

becoming successful?" Follow-up questions varied and were meant to elicit deeper

sharing as I continued to probe deeper about a part of the experience that the participant had shared.

In the final domain of the interviewing process, clarifying the phenomenon, I asked questions to the participant to help clarify and make more explicit the meaning of the experience or phenomenon being studied. This was done through the use of imaginative variation. Imaginative variation is a process of imagining different ways to express or make more explicit the described experience (Bevan, 2014; Giorgi, 2009). My questions continued to be open-ended and focused on the topic being studied. One of the questions that I asked was: "What if you had not made some of those changes that you made in your study habits and time management, what effect would that have had?" My final imaginative variation question was; "What advice do you have for other nursing students who find themselves in a similar situation in nursing school?"

At the end of the interview, participants were asked if there was anything else that came to their mind about their experience that they would like to add. They were also informed that if they remembered something after returning home that they wished they had shared, they could write it down and email it to me. I then thanked them for participating in the interview.

Following the face-to face interview, I walked the participant to the door and thanked her once again. After each participant left I remained in the interview room until I had made notes of anything that I might want to refer to later. I did not use the participant's name, only her pseudonym. Within one week following each interview, I

emailed participants a thank you note to once again thank them for their time and for participating in my study (Appendix G).

Data Preparation

I collected and stored all data in a safe and confidential manner. I began the process of organizing and preparing the data for analysis immediately after it was collected. All field notes that were hand written were identified with the pseudonym of the participant and were placed in a file folder labeled field notes. I took this folder and the audio recorder directly to my private office for storage in a locked filing cabinet. The master file that linked the participants' pseudonyms with their real names was also kept in a locked file in my private office at the school of nursing. This list was stored separately from the audio recorder and the field notes files. This separation allowed me to pull only the files with pseudonyms during the data analysis.

Within one week of each interview I transcribed the audio recording into a Microsoft Word document. I transcribed each interview myself without the assistance of a voice to digital software. By transcribing the interviews myself I was able to spend more time with the data and gain a beginning understanding of the participants' experiences. During the transcription I removed any potentially identifying information such as the name of a family member in order to protect the confidentiality of the participant. After completing the transcription, I listened again to the voice recording to verify the accuracy of the transcription and corrected any errors. After completing the transcriptions and verifying their accuracy I deleted the audio recordings. Although the

participants were informed that they could email additional information up to one week following the interview, none emailed additional information.

After all the data were transcribed and it was evident that the participants were not going to email additional information, the master list containing the participant names and pseudonyms was destroyed. The transcripts for the participants contain their pseudonyms only and there was no reference to their actual identity. These transcripts were stored in a password protected computer at the school of nursing and a printed copy of the transcripts were stored in a locked file cabinet in a locked office at the school of nursing and are only identified by the chosen pseudonym. There were limited field notes and these were typed at the end of each transcription. The hand written field notes were then destroyed.

Data Analysis

The data were analyzed following the descriptive phenomenological psychological method as outlined by Giorgi (2009, 2012). Initially, I analyzed each individual participant's transcript separately using Giorgi's steps for data analysis. In Giorgi's first, each transcript is read multiple times to gain a sense of the whole experience. Next participant descriptions are broken into meaning units. In the third step the participants' words are transformed into psychologically sensitive expressions. In the fourth step the key constituents of the experience are identified (Giorgi, 2009, 2012; Holloway & Wheeler, 2010). Next the transformed meaning units and key constituents from each individual analysis are examined to determine if they can be combined and

incorporated into a single structure. Finally the structure of the phenomenon is formulated.

Prior to beginning the analysis, I once again assumed the phenomenological researcher attitude of reduction by being present to the experience of each participant without judgment as to its actual existence, by bracketing or setting aside my knowledge and past experiences, and by remaining sensitive towards the phenomenon of how success was achieved (Giorgi, 2009, 2012). Next, I began the first step of the process by reading the entire transcript through several times to get a sense of the whole experience from the perspective of the participant. Because the phenomenological approach is holistic, I made no attempt to analyze any part of the experience before gaining the big picture of the experience (Giorgi, 2012). Only after spending as much time as necessary to complete step one did I move on to step two to begin the actual analysis.

In step two, I once again reviewed the individual's entire transcript from the beginning and this time I began the process of breaking the participant's descriptions into manageable parts called meaning units (Giorgi, 2012). As I read through the transcript I marked the data with a forward slash whenever I experienced a shift in meaning. I used my judgment in deciding how to divide the parts because, according to Giorgi (2009, 2012), how the meaning units are divided carries no theoretical weight and the meaning units can be further divided or combined if the researcher chooses to do so at any time during the analysis. Table One was created to record each meaning unit and each transformation of the meaning units. The meaning units were labeled numerically and placed in the left hand column of the table (Appendix J). Before placing the meaning

units into the table, I began the transformation process by changing all first-person

expressions into third-person expressions. Except for this third person transformation, the

meaning units maintained the words of the participant. Giorgi (2009) maintained that this

transformation to third person helps counter the researcher tendency of identifying with

the participant and keeps the researcher in the necessary phenomenological psychological

attitude and focused on the fact that this is another person's experience, not his or her

own. Table One contains additional columns for the transformations that occur in step

three of the analysis.

Next is step three which is considered by Giorgi (2009) to be the heart of the

descriptive phenomenological psychological method. This step is a process of one or

more transformations in which the researcher uses imaginative variation to transform the

individual participant's meaning unit descriptions into expressions that reveal the

psychological meaning of the participant's life experience of achieving success after

failure. The transformed meaning statements are psychological expressions that are

descriptive in nature, do not use psychological jargon, and serve only to clarify or make

more explicit the participants' descriptions. Giorgi (2009) referred to the process of

transformation as discovering the essential meaning of the experience. This process is

effective because "the descriptions reveal more than what the describer is aware of"

(Giorgi, 2009, p.181).

As I began this third step, I went back to the first column of the table and cross-

examined each meaning unit that had been changed into third-person. This time I used

imaginative variation by spending time with the data and by imagining different ways to

express or make explicit what the participant was trying to say. This was done while staying true to the participant's descriptions of the experience, staying connected to the phenomenon being explored, and avoiding interjecting speculation or theories of the researcher (Giorgi, 2009). I wrote the transformed statements to express what I had determined were the essential psychological meanings of the participant's descriptions in the second column of the table. Once again I cross-examined the transformed meaning unit in column two to determine if there was a way to make it even more explicit. There is no set number of required transformations. The researcher may use as many transformations as is needed to make the meaning more explicit (Giorgi, 2009).

In the fourth step, I reviewed and compared the last column of the transformed meaning units and highlighted them to identify the transformed descriptions that seemed to have convergent meanings. Redundancies were discarded and I focused on how the meaning of this experience unfolded (Garza, 2011). The transformed meaning units were then ordered to coincide with the unfolding experience. Next I further compared and analyzed the highlighted descriptions using imaginative variation and identified the key constituents that comprised the phenomenon of achieving success (Giorgi, 2009). The constituents contain the psychological meaning of the phenomenon and each constituent is essential because it constitutes a defined part of the phenomenon. I assigned a descriptive word or short phrase to the constituent based on its essential psychological meaning and I placed it in the last column of Table One following the transformations.

Next I analyzed the transformed meaning units and the key constituents of all participants to determine if the six individual experiences could be incorporated into a

single structure. The structure consists of the relationship among several key constituent meanings (Giorgi, 2009). The final goal was to understand the general structure of the phenomenon and not the individual experiences. I once again used imaginative variation as I compared and contrasted the data from all the participants in order to synthesize the general structure of the experience. I created a new summary table, Table Two, containing a list of the identified key constituents derived from the structure of how success was achieved (Appendix K). In this new table the constituents were placed in the left hand column of the table. The columns to the right equal the number of participants. These columns contain comments that reveal the participant's personal experience with each essential constituent (Giorgi, 2009). This process further helped me to determine which qualities were essential to the psychological structure of the phenomenon. Giorgi (2009) likened the structure of the experience to a "measurement of central tendency in statistics" (p. 200). It is a way of pulling together all the diverse details that belong to the same phenomenon. Finally I wrote a paragraph to describe the general structure of the phenomenon of achieving academic success.

Trustworthiness of the Data

In order for research findings to be trustworthy, they must be credible, dependable, confirmable, and transferable. Credibility is the foundation upon which trustworthiness is built (Holloway & Wheeler, 2010). Credibility was established by maintaining the phenomenological researcher attitude of bracketing personal biases, knowledge, and experiences so that the research findings truly reflected the experiences of the participants. Interview strategies such as open-ended interview questions and

active listening with the interjection of empathetic reflections and gentle encouraging prompts were used to encourage in-depth sharing by the participants.

Dependability was established by maintaining methodological consistency throughout data collection and analysis. Bevan (2014) posited that when the researcher maintains methodological consistency throughout the research process that trustworthiness of the findings is strengthened. Further, detailed descriptions of the analysis were provided in order for the process to be transparent to the reader. As the data were analyzed, I used tables with columns that clearly showed each transformation of the participants' words. This transparency increased the dependability of the study because it allows the reader to track the process of transformation and observe how the general structure was constructed (Holloway & Wheeler, 2010).

Confirmability was established by sending a draft of the analysis and findings to an expert, a doctoral prepared nursing educator, for review. The draft sent to the expert did not contain participant names but only pseudonyms to assure complete confidentiality. Peer review can establish confirmability to assure that objectivity has been maintained throughout the research process (Holloway & Wheeler, 2010). The expert reviewer evaluated for evidence of researcher bias as well as congruency of the analysis with the phenomenon and with the participant descriptions. The process helped to confirm that the study results genuinely reflected the voices of the participants.

Transferability is enhanced when the researcher includes detailed descriptions of the setting, the sample, and the study results (Merriam, 2009). The demographic survey for this study provided additional information about the backgrounds of the participants.

The procedures for data collection and analysis were carefully presented and detailed descriptions of the findings with examples from the participants made the whole process transparent to the reader. Adequate detail may help readers to determine the similarity between their situation and the study (Merriam, 2009).

Study Findings

Most research dealing with student failure and consequent success focuses on understanding why students fail. Little is known about how students are able to achieve success after failing. Therefore the purpose of this study was to explore factors that surround the phenomenon of how students in a baccalaureate-nursing program who were on academic probation for failing a nursing course were able to become successful. The research question addressed was:

> How do Hispanic nursing students turn their academic failures into successful completion of the nursing program?

My findings revealed a general structure of the phenomenon of the study participants' success experience. The general structure emerged from the key constituents that were uncovered through the analysis of the data. The key constituents were: despair, self-reflection, and change.

The General Structure of Achieving Academic Success

Three key constituents, despair, self-reflection and change, emerged from the analysis of the participants' stories of their experiences in successfully completing the nursing program despite having been placed on academic probation during the program. The relationships of these constituents form the general structure of the phenomenon of

achieving academic success – a process that occurs in three distinct, successive stages. Figure 1 depicts the general structure of achieving success.
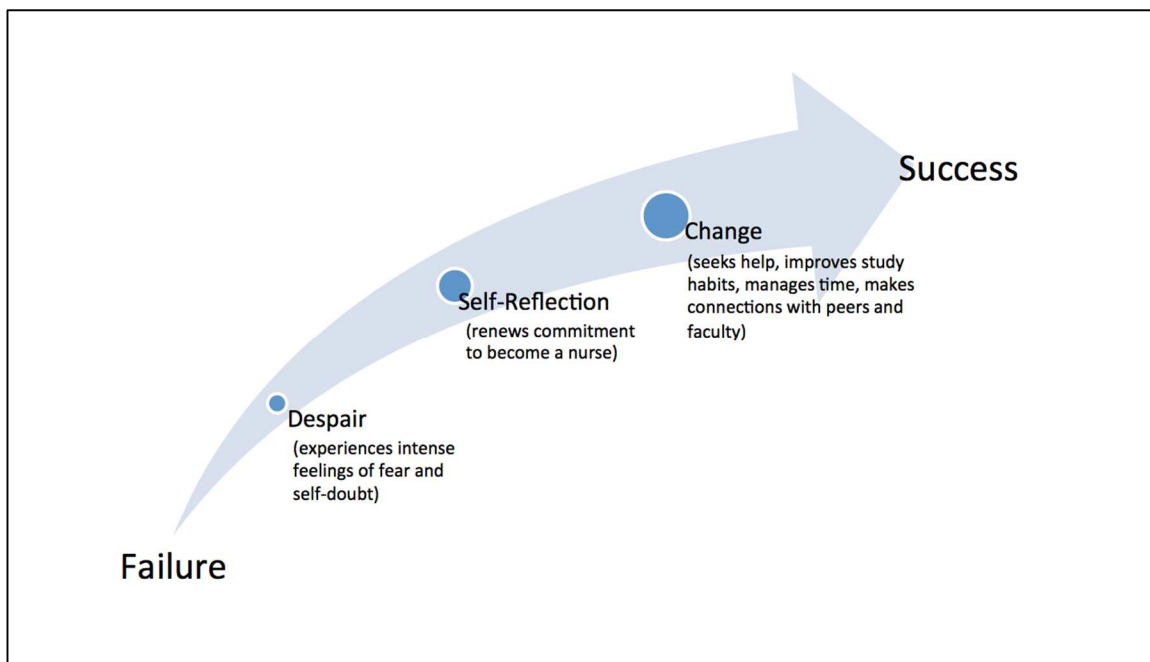
Figure 1. The process of achieving academic success.

When the participants learned they had failed a course and were placed on academic probation they reported feelings of despair. In the first stage, despair, participants reported vivid memories of an initial period of shock and disbelief. The participants reported feeling overwhelmed by a sense of fear and self-doubt and struggling to come to terms with their failure and with their negative emotions. Participants further reported that once they were able to find the strength to accept their circumstances they were able to move forward and begin a time of self-reflection.

Next participants reevaluated their commitment to nursing. During this second stage, self-reflection, participants became introspective and reflected on whether they wanted to become a nurse. The resolution of their self-reflection was a renewed

commitment to nursing. As one participant stated, "This is what I want and I am going to do it wholeheartedly this time." This ability to focus on the dream instead of the defeat was the pivotal turning point in their success journey that lead to a recapture of their dream to become a nurse. They recognized that they would need to make changes in order to become successful in nursing school. This new self-awareness led to an increased openness to search for what they could do differently to increase their chances for success.

Finally participants questioned their old beliefs about succeeding in an academic setting and attitudes about seeking help and made changes to succeed. This third and final stage, change, was entered with a renewed sense of direction and purpose. They experimented with new approaches some of which were totally outside their comfort zone. They sought help and tried new ways of studying. As they experienced success, they experienced an increase in self-confidence. This newfound self-confidence kept them engaged in this process and their engagement enabled them to graduate from the nursing program.

Detailed Description of the Key Constituents

It is also necessary to examine the key constituents to have a clear understanding of the structure of the phenomenon surrounding the experience of achieving success after having been placed on academic probation as well as understanding the relationships among the constituents. The examination provides insight into the qualities essential to the psychological structure of the phenomenon that occur during each stage of the

process and details shifts in the psychological structure as participants move through each stage. It also provides an account of activities participants pursued to achieve success.

Despair, the first constituent in the process of achieving success. When the participants realized they had failed a course and were put on academic probation, all participants went through a stage of despair. The participants became tearful as they shared their experiences with me. Failure came as a surprise. They had been selected from a large applicant pool to come to the university to study nursing and had not previously entertained the thought of not being able to graduate and become nurses. Participants described feeling discouraged, overwhelmed, and full of despair when they learned they had failed. Tullie described the day she learned she had failed:

I always say it was probably, among all the things I have gone through, it was

probably the worst moment of my life because I felt so defeated. I was crumbling.

It was as if their hopes and dreams had been snatched away from them. Despair from failure engendered an intense sense of fear and self-doubt in all the participants. Suddenly they became aware that dismissal from the nursing program due to failure was a real possibility and they did not know what their future held. They were not only at risk of losing their dream but of facing financial insecurity as well. Emotions described by participants included: feeling horrible, sad, disappointed, miserable, shameful, devastated, and overwhelmed. Some talked about crying a lot and others described feeling paralyzed, unable to move and not knowing what to do next. Failure was a very low point for all the participants. Anita described her fear as paralyzing:

I cried a lot. I wondered what was going to happen to me. It was overwhelming

and it paralyzed me to be able to move forward.

Miranda described her fear of failing and being dropped from the nursing program as

walking on fire:

But here what happened is I studied my best and I didn't do good. You know, it's

like OK, so you can fail once. Once and the second time you are out. So it's kind

of like you're walking on fire now cuz it's like well, I can't get failed. I have

come so far and you know I am so much in debt now. I can't take a step forward.

Anita feared her dream slipping away from her and being left with a financial disaster:

I wouldn't be able to fulfill my dream. And because of my financial situation, I

would be left with a lot of debt and no job. I would not be able to fulfill and

accomplish what I wanted to accomplish which was becoming a nurse to help

people.

Intense feelings of self-doubt overwhelmed the participants. They felt like

complete failures. Many questioned their decisions to take nursing in the first place. The

participants were afraid of what failure might mean for their future. Anita expressed self-

doubt and questioned her capability of becoming successful:

Nursing was something that I had aspired to do since I was 15. I felt that this was

something that I was really called to do. And I felt like if it was meant to be it

would happen. But I am still human and I had a fear within me that maybe I was

not capable of doing it; maybe I am not capable of being successful.

Julie's feelings of failure led her to question what she was doing in nursing school:

I felt like a complete failure. And I started to second-guess what I was doing back in school. Maybe I wasn't ready, or I should not have come back to school or I should have just gone and gotten a regular job, doing something else.

Miranda expressed her self-doubts and wondered if she was choosing the wrong career:

It's like, well, I want to be a nurse but does this mean if I am not understanding the material, if I can't even pass pharm, does that mean I'm not, I don't have the intellect to understand what it means to be a nurse. Am I choosing the wrong career?

Three participants addressed a cultural component that they believed further contributed to their feelings of self-doubt and ambivalence about taking nursing. Janette shared that she grew up with the belief that poor Hispanic families cannot get college degrees. She was told negative things about her potential when she was growing up leading her to question her ability to be successful because of her background. Janette believes these past experiences continue to affect her today:

It can be very difficult when I encounter these types of difficult situations. These thoughts come back in my mind. Maybe it is just not for me. Maybe I am just not meant to be in this area. Or, why did I do this [take nursing]? I should have just gone to a trade school or something of the sort. And it was just; it's really negative thoughts. It's not so much about myself but just because of the whole situation and the way we were raised, opportunities we had. I thought I should just put myself out of my misery and leave and go to trade school or medical assistance or something of that sort. It is different in the Hispanic culture.

Tullie believed it was expected that she would fail a nursing course because she was Latin. She was determined not to let this happen to her. She felt devastated when she failed and she wondered what was wrong with her:

> I didn't want to fail. I also felt, I almost felt it was expected of me. And I am like, I am never going to fail; I am going to do this the first time. So I think I just had a lot of different things weighing on me like man, I failed my own kind. I just wanted to be successful for my family.

These feelings of despair initially left the participants in shock and feeling paralyzed not knowing what to do next. Before they could move forward to the next stage of their success journey, the participants had to come to terms with failing. They were dealing with intense emotions and they had to get to the other side of this emotional wall. They had to regroup and gain strength before they could accept what had happened and move forward. During this process participants accessed both internal and external sources of strength and support as they tried to cope with the situation. Five of the participants spoke repeatedly about their spirituality and faith being a major source of strength during difficult times. All participants reported that family members were a source of emotional support and encouragement and three mentioned receiving support from instructors. Anita shared what she did when she felt overwhelmed and paralyzed:

> I would have to regroup and I would pray and ask God to give me strength. My parents were always supportive of me, and then they would kind of emotionally support me and tell me that I could do it and that I was smart and that I was capable of doing anything that I wanted to do and that I would have to trust God,

so that emotionally helped me. I was also helped by a special person [instructor]

at the school of nursing who came into my life and who believed in me.

Julie also gained strength from her faith and from her family, "What helped me through

my difficult time was emotional support from family, God, lots of prayer, and instructors

who had my best interest and wanted me to succeed".

As participants gained strength from their faith and as they felt support from

others they became better able to manage their negative emotions and to accept their

situation. It took each one time to process and take in what had happened. Once they

were able to regroup and gain internal strength, they were able to accept their

circumstances and move forward into self-reflection.

Self-reflection, the second constituent in the process of achieving success.

Next participants became introspective, sorted through their feelings, and re-evaluated

their commitment to nursing. During this stage of self-reflection, all participants

recaptured their dream of becoming a nurse. The ability to focus on the dream instead of

the defeat was a pivotal turning point in their success journey. In this stage of self-

reflection, participants grappled with the hard questions of: Do I want to become a nurse?

Am I willing to put in the effort necessary to become a nurse? Jackie spoke of the

importance of stepping back to reflect on what she really wanted to do and if she was

willing to put in the effort to achieve her dream:

I would advise others who are struggling in nursing school to take a step back. I

think it is really important to pray on it, truly pray and reflect if this is what you

really want and if you are willing to work hard for it.

Tullie shared how glad she was to have the summer after she failed to give her the time to sort through her feelings, evaluate herself, and clarify her goal:

> I failed in the spring so I had the three months to evaluate myself. I felt like I just needed that time to sort through my feelings. I was like, OK, get over your self. What is my goal? This is what I want, and so I am going to do it wholeheartedly this time.

> At the core of each self-reflection was a focus on the dream to become a nurse. Participants began to recapture the dream they had of becoming nurses. Recapturing the dream became a very powerful motivator for the participants to be able to move forward. Their dreams were deeply connected with who they wanted to be and the difference they wanted to make for their families and for others. To them, nursing was their dream – a calling. Anita saw her desire to be a nurse as her calling. She believed that nursing was not just a good profession to provide for herself; she believed she had been called to do nursing:

> I was not just going into nursing because it is a good profession, and the economy, like I would hear most nursing students. You have to have some aspect of being able to care for the person, you know, provide quality care. It has to be something you really want to do cuz nursing isn't easy. This was my dream and this was my calling.

Janette's dream to become a nurse started as a young child when she was living in a poor town in Honduras:

I knew early on that I wanted to be a nurse. I wanted it more than anything. When I was a little girl we lived in a very poor area in Honduras where it was difficult to get healthcare and to go to school. Some missionary nurses came to our town from the U.S. and provided free healthcare. They were so kind to us and giving. I wanted to be like them. I wanted to be that person one day.

After growing up Janette's dream of becoming a nurse was strengthened by her commitment to help her family. She described that in the Hispanic culture "you are in a group sort of situation". Everyone is responsible to help one another. It was her responsibility to provide for her family if no one else could. She believed that when she got her degree it was for everyone in her family. Helping her family was a very compelling reason for taking nursing:

I wanted to help my family. I feel so close knit to them. It became personal. I cannot let my family down. I thought about how I was going to be affecting those people who come behind me, people who look up to me. I think that's when it became a family affair instead of just making it about me.

Two of the participants described the concrete steps they took to make sure they did not lose sight of their dream again. Janette described physically writing down on paper what was important to her. She then kept her dream alive by keeping that list with her all the time until she finished nursing:

I had been really depressed. I started turning my thinking around. Yeah, it was just like me self-talking to myself. Once I got to that point, me sitting down and seeing what is really important to me in my life, I made a list and wrote it down

on paper. Seeing it on the paper really helped a lot. It was a list that I would carry

with myself all the time for the rest of nursing school.

Miranda created visual reminders to keep herself focused on her dream:

In my dorm room I would have like pictures. Like pictures of what I wanted in

my future. I had this cut out board where I would paste pictures of magazines and

things that I wanted to accomplish in the future and that I would be able to do

once I had a career.

Recapturing the dream led to a determination to make it happen. Tullie said she

told herself, "I am going to make this happen." The participants started to reflect on what

was not working for them. All six talked about lacking skills necessary for being a

successful nursing student. This increased self-awareness led them to an openness to

explore their thinking and behaviors and to look for changes that needed to be made to

increase their chances for success. Anita described becoming determined and motivated

to do anything possible to reach her dream:

I basically just grasped onto whatever resource there was to try to be successful

cuz I felt like I needed to do everything I possibly could to be able to be

successful. My determination to keep fighting is what kept me going. I wanted to

follow my dream.

Change, the final constituent in the process of achieving success. During the

final stage participants made the changes that led to their success. They entered the third

and final stage of change with a renewed sense of purpose and direction and with a

motivation and determination to move forward and change whatever was necessary to

achieve their dream of becoming a nurse. The changes in this stage began with a change in thoughts and attitudes. Participants questioned old beliefs and attitudes and began to view themselves and their failure in a new light. They reached out for much needed help and made connections with peers that provided support. They changed how they managed their time. They implemented new more effective ways of studying. As they began to make these changes they began to experience small successes. These successes led to increased self-confidence, more changes, and more successes. The process was iterative. Their successes gave them confidence that they could do what was needed to realize their dream. Believing in themselves and staying engaged in the process enabled them to become successful.

Participants began the process of change by changing their thoughts and attitudes. Anita discovered that success required believing in herself. She focused on positive thoughts and stopped listening to negative people. She said "I focused on prayer and positive thoughts and stopped listening to people that were negative. I started believing in myself and no matter what anybody told me, I knew that this was my dream and this was my calling".

Jackie described changing her attitude and maturing:

> When I got my second chance and got back in, I looked at things in a different light. I had to change to be successful, like my attitude changed. I matured and realized this was going to be my life, not just a trade.

Julie challenged her old ways of thinking that were making her miserable. She decided to change how she viewed her situation:

Thinking about all the ifs, ands and buts just led me to feel more miserable so I just stopped. I thought, OK, no, no, no. Everything happens for a reason; maybe this was supposed to happen for a reason. I am a strong believer that God sometimes puts things in our paths either to make us learn something or grow as a person. I feel like there is always a purpose behind something and I think for me it was more like I needed to refocus again. I am going to fail so I just pick myself up and dust myself off. Things aren't always going to happen the way I planned them to happen and it's OK. Just go forward.

Participants learned to reach out for help. During the process of becoming successful, participants realized that learning to ask for help was crucial to their success even though it was outside their comfort zone. All participants found it difficult to ask for help. For example Miranda described her difficulty asking for help:

I was a shy student but you know, being through nursing school, you just have to break away from that. If I have to ask something and the other person thinks I am dumb, I don't really care. It's like, I want to know, I need to know.

Anita reached out for all the help she could get: "I basically just grasped onto whatever resource there was to try to be successful cuz I felt like I needed to do everything I possibly could to be able to be successful." When Janette recognized that not asking for help was threatening her stay at the school of nursing, she realized she had a choice. She could ask for help and have a chance to stay in nursing school, or not ask for help and not be successful. She decided to ask for help:

Because I couldn't ask for help I was threatening my stay here at the school of nursing. I sort of weighed out both situations and I realized, well if I have to ask for help to stay here and finish then I am going to do it.

Jackie had always known she needed help but had not been comfortable asking:

I learned to get help. It's not that I didn't think that I needed the help; I didn't know who to talk to. I don't think I was comfortable enough to go up to them, in their office and ask them for, like help. My second time around I was comfortable cuz I knew that this was my grade, that this was like my life. I am going to go in there and if they don't have time for me then at least I could say I tried.

Tullie was afraid to ask for help and never thought the professors would have time for her. She was surprised when they actually made time for her. She stated, "I never thought they would actually have time for me. But they did make time for me."

Three of the six participants related this difficulty of asking for help to their Hispanic upbringing. Janette explained that in her culture it was unacceptable to ask for help:

From my perspective, I don't know if it applies to all Hispanic cultures, but we are just raised to not ask for help. We just do things on our own, we work hard on our own and it's just our culture, it is how I was raised. You just work hard and you figure it out and anything is possible. If you ask for help it is because you are not doing something right. And so the way I was, I knew I needed help and I knew that in my heart but I wanted to try for myself and when I saw that I was

struggling I figured this is the time to ask for help. There is something I am not

doing right. But it was very hard to come to that point.

Participants made connections with peers. They expressed a felt need to have

friends and described feeling isolated and alone until they were able to make friends.

Connections with friends were important for their success. For Anita, having friends was

necessary for her to survive in nursing school. She made a conscious effort to mingle in

order to make friends:

I had to somehow make friends with somebody in order to survive. I would try to

be able to mingle and get to know people so that I would get the help to be

successful because by myself it is very hard to do. And along the way I did meet

some other nursing students that were very helpful so helped the studying.

Janette felt very isolated when she came to nursing school. She described having no

friends and no one to turn to for advice or help. She made friends with other Hispanic

students because they understood one another's culture and that made it easier. Once she

made friends she did not feel as isolated:

I did feel isolated when I started school here. Many of the people did not

understand Hispanics. They just didn't know our culture. It was very hard. I did

not have any friends here. I had no one to turn to for advice or help. I did not have

anyone to ask. I sort of gravitated towards other Hispanics. We had a lot in

common. I did not feel as isolated after making some friends.

Miranda described how important friends were to her success. Friends were believable

because they were going through the same experience:

Your parents will give you their perspective but in the end it is like, well you are

my parents, you are supposed to say something nice kind of thing. But when you

are with your friends, you are more like OK because, I don't want to say more

credible, but just because they are going through the same thing you are at the

same time. So that is why it is easier to like hear it from your friends at times.

Like, "it is a hard class but you will get through". One of my friends really helped

me a lot. She was like, "you will get through this. You trip but just get back up

and you will get through it." And she is right; I did get through it.

When Jackie first came to nursing school she did not have friends and she really did not

talk to anyone:

I felt like I had no real friends when I first started. I really didn't talk to anyone. I

would go everywhere by myself. I was kind of, I guess intimidated to go

anywhere else by myself that was new, so I just didn't go.

When Jackie came back after failing a class she became friends with several classmates

who helped her feel connected. They became her support system:

A couple girls in nursing school in my quarter I actually got close to and we

would vent amongst each other, you know, talk about how hard it was. I think that

helped too. So that was also like my friends were my support system. I think it's

important to have those people, you know, that are around you because they

understand exactly what you are going through. It's helpful, it really is.

Definitely, that really made a difference.

All participants made major changes in how they managed their time. They developed much needed time management skills as they pushed forwards towards success. Jackie got an agenda planner and wrote down her priorities. She became organized and was able to see the big picture:

> I changed my time management. I got an agenda planner to prioritize and I recorded dates and stuff. Oh, it felt good. I learned to see the big picture, to really organize it. I don't go anywhere without my planner now.

Janette learned to organize her study time in a realistic way and created schedules that she took everywhere with her:

> I would have unrealistic expectations of myself. I would put too much on my plate and I think that is what got me. I finally hit the truth – that's when I realized something needs to change. Once I retook the course again it was completely different. I would organize all my study time trying to be realistic because that was a big thing for me. I just carried my schedules with me all the time.

When Tullie started scheduling her time she discovered she actually had a lot more time than she thought:

> Making that schedule opened my eyes to how much time I really had. I mean, I would never have known I had 10 hours in a day to study. I still had time to go to the gym, I still had time with my family, but I had to actually physically write it out hour to hour.

Miranda became more honest with herself about how she was managing her time:

I started being more honest with myself. It's like are you really studying that full

hour or are you getting distracted. I had seen a reality check to myself and that is

when I started to be more conscientious of my time. I got myself a planner and

just seeing it made it easier.

Miranda scheduled her time to get up, her study hours, and her break times. By following

her schedule she was able to study ahead for exams and complete assignments early.

Miranda said "it was just like pushing myself to get it done early, get that idea of urgency

when I still had a week of time. So that kind of also helped a lot".

All participants implemented more effective ways of studying. After they

experienced failure, they knew their study methods were not working. Despite their

determination to be successful they were initially unsure how to effectively approach

their studies. They began experimenting with new approaches to studying. Anita realized

that she needed to make major changes in the way she studied. She said, "I did a 360

degree turn and I had to realize that I had to change the way I studied". She sought help

and took extra classes to learn how to study. Julie reported using trial and error as she

experimented with new ways to help herself be successful:

Trying one thing, if that didn't work, trying something else, and asking others

what works for them. Use instructors. Ask for help, yes. Having calendars, lists,

sticky notes everywhere, just trial and error, and trying to figure out what worked

for me at that time.

When Jackie got her second chance she reported reflecting on what she had done that

made her fail. She made a plan to do things differently to succeed:

I started making note cards. I started writing down notes. I studied the power

point lectures that were given. I wrote my own notes. I asked for her permission

to record the lectures. Those are the things I didn't do before.

Participants described how they changed from memorization and recall to a deeper

understanding of the material. After Jackie failed she became aware of the need to go

beyond simple memorization:

You are going from informational recall and basic knowledge to actually

application and critical thinking. It's two different things you know. I had to learn

how to really critically think and, hum, it took me a little bit longer for me to

catch on to that and that way of thinking. Before failing the quarter I memorized

everything but I didn't actually know it.

Jackie further described changes she made to understand and apply the concepts:

I had to work a little bit harder in order to apply it to the situation, like you know

the nursing questions. You know this patient has COPD, what factors contribute

to that and how you can help them. I found out that I am not a person who could

just easily read something and then memorize it. I have to write it down,

memorize it, do flash cards, like look at it again, bullet points, pictures,

everything. Everything helped me to actually understand the concept.

Miranda changed from studying for a grade to studying for understanding:

A huge thing I did was change my study habits. I had study habits from high

school that worked. I would re-write things, just repeat it over and over, the same

things til I got it. But when I got to pharm, I realized that that didn't work. Like

OK, that is not working. I would read it but you know that was just pure

memorization. So I was told by a friend that, "it's not really about memorizing,

it's more about understanding. Don't focus on getting an A on the test, or the

class, but focus on really on understanding the material and what is behind it." So

I started doing that.

Participants developed many creative ways to learn and understand the material. Tullie

added depth to her studies by using multiple resources to research the material she was

studying:

I wouldn't just read over the notes if I didn't quite understand or if it were a

complicated diagnosis I would do research on it. Like get it from journals or

something so I felt like I had three different sources that I was putting together. I

did that for every class.

Miranda created new ways to learn and to make learning fun:

What I started doing to help myself and encourage myself was to make diagrams.

I re-wrote my notes and used different colors to make it pretty. This was so I

would actually want to read it. Make it colorful, not just black and white and that

really helped a lot.

I just started thinking of what I would like, of different new ways. Some ideas

came from friends, and I would adjust their ideas to what I like. And try to make

it fun. I kind of tried to break out of what used to be my old study habits which

was just read and write. So I did a 180. I added things that I liked. Also if you

have to explain it to someone, do it. Or if no one is willing to listen, that is fine,

talk to your teddy bear. It sounds ridiculous, but it does help, it really does. Find

ways that you find it enjoyable, that catch your attention.

Miranda also recognized the need to motivate herself to study. She liked to study in the

library but because she was not able to go to the library as much as she wanted, she

became creative and made her room look like a library. She eliminated distractions

during her study time:

> I tried anything I could to motivate myself to study. I changed my desk and added
>
> more books to make it seem like a library. I would get earplugs to block off any
>
> sound. I would tell family and friends not to call during my study time and they
>
> respected that.
>
> Participants gained increased self-confidence as they experienced success. As

participants implemented changes in study habits, time management and their approaches

to learning they began to see small successes. Change led to an iterative process of

repeated successes that led to increased self-confidence. An increase in self-confidence

led to a belief that success was possible. After Tullie changed the way she studied and

started managing her time so that she had more time to study, she started seeing an

improvement in her grades:

> When I started putting in the time, I started seeing my grades get better and I felt
>
> more confident. That's what it took to really encourage me to continue to do that.
>
> I just started becoming more encouraged that if I did well that I would have a
>
> successful outcome. It might not come natural for me but if I, like really apply the
>
> right way, I knew I would be successful. I discovered that I liked learning.

Anita shared that time spent with one special teacher who believed in her, helped her believe in herself. When she was able to believe in herself she was able to become successful. When Janette started becoming successful, she changed the way she saw herself. She changed from feeling pessimistic about her abilities to becoming confident that she could do anything. Receiving a complement from the teacher boosted her self-confidence as well. Jackie reported that being focused and organized built her self-confidence while Julie reported that setting small attainable goals helped her to gain more self-confidence.

Finally this stage of the success journey led the participants to start believing that they could be successful. As the participants started embracing the possibility of success, they became more self-confident. Anita acknowledged that she learned to rely on her own inner strength to become self-confident. Janette became a different student. Her self-pity was gone and she no longer needed others to lift her up. She became her own source of strength. She forced herself to stay focused on what she needed to do. She described how she changed to become self-confident:

> I would really be hard on myself and tell myself, you are wasting time and you are being ridiculous right now. You need to just snap out of it and go back to work because that is what you came here to do. You didn't come here to just start a soap opera; you came here to finish school. After that it was like no more excuses. And once after that whole hurdle, it was just different. I am more confident about myself and my grades really went up. My abilities were the same

but it was just the way I saw myself and the way that I could achieve things. Now

things were just up to me.

Tullie described becoming self-confident. She claimed her own power and learned to

encourage herself:

I cannot rely 100% on others to pat me on the back and tell me it's OK, holding

my hand and walking me through it. As I get older I realize that life isn't exactly

that nice. So if I am not going to encourage myself, then I can't expect others to

come in and do it. I have to find inner strength in myself and push myself to get to

where I want to be.

Miranda no longer felt powerless:

You may not have the power to change situations around you or manipulate

others, but you do have that choice of how you react to it, what you do with what

is given to you. You do have that power. When this situation is thrown into your

hands either you can fight and hide away from it or you can take that initiative to

do something about it. And be creative with what works and what doesn't.

Conclusion

The participants' responses to the interviews provided me with an understanding

of how Hispanic nursing students turned their academic failures into successful

completion of the nursing program. The responses revealed that the phenomenon of

achieving success occurred in three distinct and successive stages; despair, self-reflection,

and change. During the despair stage participants came to terms with their failure and

their negative emotions. A pivotal point in the success experience occurred during the

self-reflection stage when the participants were able to recapture their dream of becoming a nurse. During the change stage, they made the changes needed to turn their academic failure into success. They changed their negative thoughts and attitudes, reached out for help and made connections with peers. They changed their approach to time management and implemented more effective ways of studying. The resulting successes gave them confidence that they could do what was needed to realize their dream. The outcome for this study was to develop a workshop for nursing educators. Through the workshop educators can become acquainted with the stages that students who are failing encounter so they know how to intervene to help students turn their failure into success. Educators can also become equipped with knowledge and tools to support students as they develop new study skills and habits.

Section 3: The Project

Introduction

The purpose of this project study was to gain a better understanding of Hispanic nursing students' experiences in turning their failures into successfully completing the nursing program. The analysis of the data revealed that students who succeed after experiencing academic failure progress through three distinct successive stages, despair, self-reflection and change, on their journey to success. The pivotal point of the success journey occurred during the self-reflection stage when the student reconnected with the dream of becoming a nurse. No literature was found on how to guide and support students through each of these stages. I created a 3-day professional development workshop to acquaint educators with the stages of the success journey and to equip educators with tools to intervene to support students through the stages of the success journey (Appendix A).

Description and Goals

The proposed project, a 3-day professional development workshop titled Guiding the Success Journey, provides an opportunity for nursing educators at the school of nursing where I work to gain knowledge and to develop skills in using a strength-based approach to promote student success. This workshop addresses the gap in educational practice of how best to support the success of Hispanic nursing students. Findings from analyzing the success experiences of Hispanic nursing students revealed that those who achieve success after experiencing academic failure progress through three distinct successive stages of despair, self-reflection, and change on their journey to success. The

design of this workshop serves to teach nursing educators how to guide nursing students'

progression through the stages of the success journey to complete the nursing program.

The workshop will provide educators with information about the experience of achieving

success after academic failure, knowledge and skills to guide and support nursing

students to become successful, and knowledge of Appreciative Inquiry (AI), an approach

to achieving success that focuses on strengths.

The content for the workshop will include: basic principles of behavioral change,

development of relationship skills that demonstrate caring and empathy, and principles of

AI. Multiple strategies will be used to teach this content. Examples of strategies that will

be used are brief lectures with PowerPoint slides to highlight key concepts, discussion,

role modeling, case scenarios, and reflections. Each day will begin with a brief overview

of that day and each day will end with a brief summary of the key points covered that day

as well as an evaluation. It is expected that at the conclusion of the workshop the nursing

educators will have gained knowledge and skills that they can apply to their work with

nursing students on academic probation.

<div align="center">**Rationale**</div>

I chose to provide a professional development workshop because the analysis of

the data revealed that nursing students on academic probation need to be supported and

guided through the sequential stages of the success journey for them to make the

necessary changes to succeed in nursing school. The proposed 3-day professional

development workshop will address nursing educators' lack of knowledge of how to

support Hispanic-nursing students. The workshop format allows me to provide learning

experiences that educators can apply to guide their students from academic probation to successful completion of the nursing program. Amundsen and Wilson (2012), Avalos (2011), and Bouwma-Gearhart (2012) indicated that workshops not only provide effective professional development for gaining new knowledge but also for learning how to use the new knowledge to promote student achievement. The workshop format provides a collaborative interactive environment for this transformation to take place. Both Percellin and Goodrick (2010) and Hochberg and Desimone (2010) found that educators who have participated in professional development are more likely to actually use the knowledge and skills in their teaching practice.

Review of the Literature

Information that I gained through a literature review guided me in choosing a professional development workshop format and in developing the content for the workshop. I reviewed books, peer-reviewed journal articles, and professional online databases and websites. The following databases were used: CINAHL, MEDLINE, ERIC, and PsycInfo. Keywords used in online searches included: *Professional development, academic achievement, improvement, communication skills, Appreciative Inquiry, behavioral change, provider training, faculty development, teaching workshops, interventions, organizational change,* and *academic success.*

Professional Development

Professional development provides opportunities for educators to learn about what students need and to learn new ways to meet those needs. It is one of the keys to improving the quality of teaching practice (Amundsen & Wilson, 2012; Bouwma-

Gearhart, 2012; Desimone, 2011; Opfer & Pedder, 2011; Wei, Darling-Hammond, &

Adamson, 2010). Without professional development, educators generally resort to

teaching in the same way that they were taught (Fink, 2013; McKee & Tew, 2013).

Effective professional development workshops may provide a new lens for understanding

students and may have a positive impact on student achievement (Alton-Lee, 2011;

Gabriel, Day, & Allington, 2011; Persellin & Goodrick, 2010). The use of a workshop

may be an effective way to provide professional development to educators to enable them

to better support the success of nursing students who have experienced failure.

Professional development of educators is a complex process. Educators are

unique adult learners as they are both teachers and learners (Avalos, 2011; Beavers,

2011; Knowles, Holton, & Swanson, 2011). When planning professional development for

educators, it is important to consider the diverse backgrounds from which they come.

Their diverse backgrounds affect their beliefs and their motivation to learn (Vermunt &

Endedijk, 2011). Educators bring past experiences with them both from being a teacher

and being a student (Amundsen & Wilson, 2012). Educators are at different stages of

their professional career development depending on how many years they have taught as

well as the types of teaching experiences they have had (Maskit, 2011). Other variables

include each educator's individual differences, their existing knowledge as well as their

attitudes, values, and beliefs (Cormas & Barufaldi, 2011; Hochberg & Desimone, 2010;

Maskit, 2011). Educators' attitudes and prior beliefs support or hinder their

implementations of the teaching strategies being taught (Avalos, 2011).

Knowles et al. (2011) posited several assumptions about learning needs of adults. Adults need to understand why the learning is important before they can become engaged in learning. Adults are self-directed in their learning and want to have input and to have control of their own learning. The learners' previous experiences as well as their readiness to learn will have an impact on new learning. Adults are more motivated to learn if they perceive the learning will help them to solve real life problems. Participants of professional development programs have reported that experiences built on principles of adult learning are highly effective (Gregson & Sturko, 2007). The needs of the adult learner must be considered as professional development programs are developed.

Multiple factors have an impact on educators' learning. Educators have the desire to make improvements to better support student success but may not fully understand the needs of the learners or how to meet those needs (Bouwma-Gearhart, 2012, Grogan, 2011; Nicholls, 2005). Students deserve to be taught by educators who are knowledgeable and who have the skills needed to support student achievement and success (Mizell, Hord, Killion, & Hirsh, 2011). Asking educators to try harder does not provide the knowledge and skills that can lead to improvements in student success (Hochberg & Desimone, 2010). Improving outcomes for students is dependent on providing high quality professional development for educators that equips them with knowledge and skills in how to apply the knowledge gained.

Professional development is a tool that has been shown to be effective in enhancing educators' teaching success (Polly & Hannafin, 2011). Although professional development has been evolving through the years, it remains a developing field. Despite

the fact that the answer to what makes professional development effective remains

elusive, a growing body of research suggests that there are core characteristics that

effective professional development have in common (Alton-Lee, 2011; Amundsen &

Wilson, 2012; Boud, & Hager, 2012; Cormas, & Barufaldi, 2011; Desimone, 2011;

Ebert-May et al., 2011). Desimone conducted a comprehensive literature review on

professional development research and identified five core features that were present in

effective professional development. These core features were; content, active learning,

coherence, duration, and collective participation.

Content. The content covered in any professional development program should

enhance educator knowledge and skills. The content should focus on what the educator

needs to know and should lead to an understanding of the theory underlying the

knowledge and skills that are being presented (Polly & Hannafin, 2011). The content

should be presented in a manner that is sensitive to the needs and desires of the learners

(Gibson & Brooks, 2012; Schumacher et al., 2012). Content needs to be presented in a

clear and organized format for educators to benefit. Simply reflecting on what they could

do to improve their teaching is not enough (Grogan, 2011). As a result of the educational

activities, the workshop participants should gain an in-depth understanding of the content

presented (Hochberg & Desimone, 2010).

Active learning. Knowing how to apply content is key to effective professional

development (Boud & Hager, 2012; Persellin & Goodrick, 2010). Professional

development that provides opportunities to actively practice what is being taught

facilitates understanding of the content presented and development of implementation

strategies that can be used in actual practice leading to greater changes in teaching practice (Archibald, Coggshall, Croft, & Goe, 2011; Ebert-May et al., 2011). Traditional lecture, group activities, and question and answer sessions are not effective for adult learners, and much less for the experienced educator (Beavers, 2011; Gibson & Brooks, 2012). Rather than sitting passively through lectures, in active learning students participate in guided activities designed to involve them in exploration, discussion, analysis, evaluation and other active learning strategies (Gibson & Brooks, 2012; Richmond & Hagan, 2011; Slavich, & Zimbardo, 2012). These experiences provide opportunities for the learner to receive feedback about his or her performance (Desimone, 2011; Schumacher et al., 2012).

Coherence. For a professional development workshop to be coherent for the educator the content must be relevant to his or her educational setting and the educator must perceive its value (Boud & Hager, 2012; Cormas & Barufaldi, 2011). If coherence exists between the professional development content and the educators' world, educators more readily assimilate the new learning and apply it in their teaching (Desimone, 2011). In contrast, educators do not see professional development as helpful if it does not apply to their instructional responsibilities (Gibson & Brooks, 2012).

Duration. There is no specific amount of time that has been established as a standard amount of time for professional development activities. However, professional development activities that are of longer duration with follow-up support provided by experts are more effective than professional development of shorter duration with no support (Avalos, 2011; Wei et al., 2011). Desimone (2011) recommended that

professional development that includes 20 or more hours of contact time and is spread throughout a semester is ideal.

Collective participation. Collective participation occurs with the coming together of individual educators to form collaborative relations where the members feel safe to experiment with new teaching strategies and reflect on the strategies' effectiveness (Avalos, 2011; Beavers, 2011; Gregson & Sturko, 2007; Lutrick & Szabo, 2012; Sanchez, 2012). Collective participation may generate enthusiasm for learning because it presents a forum where participants can exchange ideas and reflect out loud with colleagues (Gabriel et al., 2011). Takahashi (2011) reported that when educators come together in collective participation they can collectively co-construct learning and attach meaning to their learning. This experience has a positive effect on educators' self-efficacy. When educators believe they are capable of improving student outcomes, change is more likely to occur. Gibson and Brooks (2012) and Hochberg and Desimone (2010) have reported that sustained change in practice is more likely to occur with collective participation.

Professional development programs may facilitate collective participation by encouraging collaboration among colleagues from the same institutions as well as from different institutions. Collegial support from the same institution has the possibility to provide a safe structure of support where educators can reflect individually and collectively and can give and receive feedback from others and receive support for trying new approaches (Archibald et al., 2011; Van Driel & Berry, 2012). Collaboration among

colleagues from different institutions provides opportunities to learn about differences

and can be powerful in generating new ideas for teaching practice (Niesz, 2010).

Development of Workshop Content

The workshop, *Guiding the Success Journey,* will provide nursing educators with

knowledge and skills that can enable them to intervene to support nursing students as

they progress through the three distinct stages – despair, self-reflection, and change – that

they experience on their journey to achieving success after academic failure. Educators

will first be given content to support the students through the first stage of the success

journey. The content will focus on building positive trusting faculty mentor/student

relationships that include caring and empathy. Educators will next be given content to

support the students through the next two stages of the success journey. This content will

focus on learning how to apply the principles of the Appreciative Inquiry model to

motivate the nursing students to make the necessary changes to enable them to progress

through the final two stages of the success journey.

The approach to achieving success presented in this workshop differs from the

traditional approach used by most nurse educators. Nurses have been taught to fix their

patients' problems by providing solutions. This inclination to provide solutions is a

natural tendency of nursing educators as well (Levensky, Forcehimes, O'Donohue, &

Beitz, 2007). In order to be able to apply the approach to achieving success that will be

presented in this workshop, educators will need to make a paradigm shift. Educators

traditionally provide solutions to students to fix their problems. When students are not

ready, the solutions will not be effective in eliciting behavior change. This workshop will

facilitate the paradigm shift because educators will learn an alternative way to support nursing student success. They will learn the skills necessary to guide and empower the student to find their own solutions for achieving success.

Supporting success in the despair stage. Nurse educators, who are supporting nursing students through the stage of despair, need to establish a positive trusting relationship to communicate care and empathy to the student. During this stage, nursing students experience an overwhelming doubt that they will succeed and fear that they will fail. They are often paralyzed with negative emotions. Establishing a positive relationship with students is a key component to ensuring the psychological well-being of students (Acun-Kapikiran, 2011). Students in the despair stage are not able to move forward until they are able to accept their circumstances.

Because of their eagerness to help students, when students fail educators often begin problem-solving by giving advice to the students and telling students what they need to change without fully understanding the problem. This approach to helping students may not demonstrate the caring and empathy that students need during the first stage (O'Brian, 2010). O'Brien further posited that the old adage, "they won't care to learn until they learn that you care" (p. 114), is still true for students today. Students are perceptive and are instinctively aware of teachers' care or lack of care towards them (Nieto, 2012).

Students who are in the stage of despair need compassion, care and empathy. They are not ready for solutions. Moore and Tschannen-Moran (2010) assert that trying to solve another's problems evokes resistance to the suggested solution or change

because people resist being changed. Instead, they suggest that the professional person stay in the muck with those in despair until they are able to clarify where they are, where they want to go and how they want to get there. Establishing a positive relationship with students is a key component to ensuring the psychological well-being of students (Acun-Kapikiran, 2011). If educators want to make a difference in their students they must adopt practices that show they care and that build trust between themselves and their students (O'Brian, 2010). Once students feel cared about, they begin to feel understood and it becomes easier for them to move out of the stage of despair.

During the despair stage, the educator needs to be able to understand the students and feel with them until the students can work through their feelings and be able to move to the next stage of the success journey. Noddings (2012) describes a person who cares about another as the carer and describes the caring relationship as one where the carer is attentive. To communicate genuine caring, carers must put aside their own agendas so they can listen, observe and learn about what the person they are caring for needs and is going through. The carer not only understands the person in distress but feels with him or her as well. Feeling with the other person can be described as having empathy for that person. When one has empathy for another person, the carer has the ability to imagine what it may be like to walk in the other's shoes (Carnicer & Calderon, 2014).

Persons experiencing empathy are better able to develop coping strategies because empathy facilitates self-regulation in the person experiencing distress (Carnicer & Calderon, 2014). Expression of empathy is believed to improve communication across cultural and racial barriers (Warren & Lessner, 2014). However, educators may not

automatically have the knowledge and skill in how to express empathy towards their

students and can often benefit from professional development that can facilitate learning

these skills (Warren & Lessner, 2014). Educators can have a powerful influence for

positive change when they partner with their students in a non-judgmental caring

relationship (Myers & Rosenberger, 2012).

Supporting success in the self-reflection and change stage. Nurse educators

who are supporting nursing students through the stages of self-reflection and change need

skills to know how to intervene to promote student success as they journey through these

two stages. I chose AI as the theoretical model for educators to use to guide students

through these stages. AI is a model for change based on exploring and amplifying

strengths (Moore & Tschannen-Moran, 2010). This approach leads to change by

uncovering strengths and envisioning a future filled with possibilities (He, 2013; Moore

& Charvat, 2007; Moore & Tschannen-Moran, 2010). The AI model is based on action

research and originated as an organizational development intervention. AI assumes a

constructionist point of view that is relational and is built on appreciation and dialogue

(Trajkovski, Schmied, Vickers, & Jackson, 2013).

The practice of AI is founded on five basic philosophical principles that are

positivity, constructionist, simultaneity, anticipatory and poetic principles (Trajkovski et

al., 2013; Moore & Tschannen-Moran, 2010). Positivity is a dynamic force that brings

energy that can lead to positive change (Moore & Tschannen-Moran, 2010). Positive

energy can interrupt downward spirals and lead to the generation of new possibilities.

According to the constructionist principle, positive conversations can construct positive

energy and positive emotion (Moore & Tschannen-Moran, 2010). It does not happen in isolation. The philosophy behind the simultaneity principle is that when positive questions are asked change simultaneously begins. The process of positive inquiry is what creates the change (Fifolt & Lander, 2013; Trajkovski et al., 2012). The anticipatory principle is about anticipating a positive future (Moore & Tschannen-Moran, 2010). A concrete positive image of the future can create a powerful force directed towards that vision. The poetic principle is based on the theory that what is focused on tends to flourish (Mohr & Watkins, 2002; Moore & Tschannen-Moran, 2010). A problem focused approach will bring more problems whereas a possibilities approach will bring more possibilities.

Most educators use the traditional model for change. According to Harrison and Hasan (2013), Moore and Charvat (2007), Mohr and Watkins (2002), and Trajkovski et al., (2013), the traditional model is deficit-based. The problem is identified, the cause of the problem is analyzed, there is a search for possible solutions, and then a plan is created to fix the problem. On the contrary, AI is a constructionist-based model where the problem is explored to discover the best about the current situation. After exploring the best of the current situation, a dream is created by imagining what could be. Positive questioning and dialogue create action about what should be and, as a result, change is created.

Approaching academic problems by focusing on strengths is a shift towards supporting success for all students rather than sorting students based on those who succeed and those who fail (Alton-Lee, 2011). Deficiencies are often cited as the cause

for low achievement (Bishop, Berryman, Wearmouth, Peter, & Clapham, 2012). A focus on strengths can build student resilience whereas judgments about failures and a focus on what the student is not good at can hamper the desire to learn (Olson, 2012). AI provides a new way to approach the problem of student failure.

The focus of AI is not to change people (Mohr & Watkins, 2002). It is rather a process to invite people to construct their own future. Harmon, Fontaine, Plews-Ogan and Williams (2011) and Trajkovski, et al., (2013) maintain that AI is flexible, the phases are clearly outlined in AI, and their application can be adapted to various settings and participants. AI can be implemented through a 4-D cycle that consists of four phases: discover, dream, design, and destiny.

At this workshop educators will be provided with the opportunity to become acquainted with AI and to gain skills in how to apply AI through implementing the 4-D cycle in their work with nursing students. The discovery phase explores what is working and what the strengths are. This phase uses introspection, self-reflection and self-evaluation while focusing on the best of what is (Doveston & Keenaghan, 2010; Fifolt & Lander, 2013). Positive framed questions are used to elicit stories that highlight strengths and what brings life and energy to the situation (Trajkovski et al., 2013). Next, in the dream phase, generative questions are used to help envision future possibilities. This process leads to the creation of a vision or dream for the future (Trajkovski et al., 2013; Moore & Tschannen-Moran, 2010). In the design phase, detailed and personal plans are created for how to achieve the dream. The details of the plan spell out what needs to be

shifted or changed to make success possible. In the final phase, destiny, the plan is turned into action so the dream can be achieved.

AI aligns with the approach taken in this project study of focusing on factors that lead to success rather than on problem identification. AI is about finding the root causes of success rather than the root causes of failure. The workshop presents a positive approach to supporting student success by focusing on students' strengths. This approach may be an effective way to guide and empower nursing students to find their own internal strengths and solutions for creating their future.

Implementation

The following sections outline the plan for implementing the project. First I will discuss the resources and supports needed to make the workshop successful and any barriers that may hinder implementation. Next I will share the proposed timetable for the project, the roles and responsibilities, and the project's evaluation plan. Last I will discuss potential implications for social change.

The project consists of a 3-day professional development workshop entitled *Guiding the Success Journey* (Appendix A). The workshop is designed to provide opportunities for educators to gain new knowledge and skills that they can apply to their work with nursing students. There will be short lectures and a variety of interactive activities designed to engage the educators in the content being presented. Appendix A includes daily agendas of what will be covered, PowerPoint presentations for each day with instructor notes, and evaluations for the workshop.

Implementation of this project will begin with a formal proposal to the dean at the school of nursing to request permission to conduct a 3-day professional development workshop. Once approval has been granted, I will begin the plan for implementing the workshop. I will contact educators who may be interested in attending the workshop to ask for their input regarding dates that would work well for their schedules. I anticipate scheduling the workshop during the first three weeks of September before classes for the nursing students begin. The workshop will either be held on three consecutive days or one day per week for three consecutive weeks. The final schedule for the workshop will be determined after receiving the fall faculty schedule from the school administration and after receiving input from the educators.

Workshop attendance will be encouraged for educators who work directly with students who are on academic probation and will also be open to other faculty and personnel that work directly with students. As an additional encouragement to attend the workshop, continuing education credits will be offered.

Resources and Supports

Several resources will be needed to offer the professional development workshop. The school of nursing administration will need to approve the time and space for the workshop. Financial support will be needed to cover the cost of workshop materials and continuing education credits. Secretarial support will be needed to register workshop attendees and process the paperwork for issuing the continuing education credit certificates.

Potential Barriers

Lack of administrative support is a potential barrier for this workshop. The 3-day workshop will take time away from other assigned responsibilities for the educators. There will be a cost to provide materials and continuing education credits. Another potential barrier is possible resistance from the educators. The educators may not feel the need for the workshop. There could also be resistance related to perceived lack of time to attend the workshop due to the preparation required for their upcoming teaching responsibilities.

Proposal for Implementation and Timetable

I plan to make a formal proposal to the dean of the school of nursing in June of 2015 at the end of the 2014-2015 academic school year. The proposal will be a request to hold the 3-day professional development workshop in September prior to the beginning of the 2015-2016 academic school year. Once the proposal has been approved, the days and times for the workshop will be scheduled. Application for continuing education credits will be made.

Roles and Responsibilities

It is my role as the researcher of this project study to plan and coordinate the professional development workshop. In preparation for the workshop I will obtain administrative permission to hold the workshop and coordinate the details of the location, schedule, and registration. I will also complete the paperwork for requesting continuing education credits. In addition I am responsible for planning and delivering the workshop and providing the necessary materials and handouts for the workshop. The responsibility

of the attendees is to participate actively in the workshop and complete the necessary paperwork to obtain their continuing education credits.

Project Evaluation

The project will be evaluated to determine if the workshop objectives were met. In addition, the participants will be asked if they found the information useful, applicable to their jobs, and if they anticipate being able to apply what they learned to their work with nursing students. The results of the evaluation will be shared with the school of nursing administration.

At the conclusion of each of the first two days of the 3-day workshop, I will request workshop participants to complete an evaluation of the day's experience. I will ask each participant to reflect on the day's activities and complete an open-ended question asking what they found most helpful. This open-ended question will be summarized and the results shared at the beginning of days two and three.

At the conclusion of the workshop participants will complete a survey to evaluate the effectiveness of the workshop. A retrospective pretest will be used to assess the workshop's intended outcomes. Following each question on the summative evaluation will be a space for comments to provide participants the opportunity to add additional thoughts. The survey will also have questions to evaluate the workshop's learning environment (i.e., the presenter, the presentation, the workshop in general). The participants will use a 4-point Likert-style scale to rate the effectiveness of the workshop. At the end of the evaluation participants will be asked to describe what part of the workshop was most valuable and what suggestions they have for future workshops.

Implications Including Social Change

For this project study I explored the experiences of Hispanic nursing students who were able to turn their failures into successful completion of the nursing program. There is a shortage of Hispanic nurses in the U.S. Hispanics are the fastest growing ethnic minority group in the U.S. (Alicea-Alvarez, 2012) and Hispanics have the fewest nurses per capita of any group (Waneka, Spetz, & Lee, 2013). Nursing students who fail nursing coursework are at increased risk of not completing their nursing degree. The project that was developed addresses the need for knowledge and skills in how best to support the success of Hispanic nursing students.

Local Community

The professional development project is intended to promote social change by inspiring nursing educators to use what they learned in the workshop to support and improve the success of Hispanic nursing students. Successful students positively affect the school of nursing by improving graduation rates and improving NCLEX-RN pass rates both of which affect accreditation of the school. Increased completion rates for Hispanic nursing students result in a greater numbers of Hispanic nurses who are available to provide culturally sensitive care to Hispanic patients.

Far-Reaching

Successful completion of the nursing program can positively affect the financial future and quality of life for Hispanic students who come from under-privileged backgrounds. Graduate nurses not only have the means to support themselves but

financial stability can affect future generations as well. The college-educated nurse can also be a role model for future generations.

The positive strength-based approach to supporting student success that is taught in this workshop can potentially have a far-reaching impact on social change. Because this approach does not separate students based on perceived student deficiencies, educators can approach students with a non-judgmental attitude that can lead to focusing on potential success for all. This approach is inclusive of all cultural, ethnic and racial groups. An inclusive approach helps bring unity.

Conclusion

This project, a 3-day professional development workshop, *Guiding the Success Journey,* is designed to equip educators with knowledge and skills to intervene to support nursing students on their journey to success. The participants will have the opportunity to build knowledge and skills in developing positive faculty/student relationships and in using AI, a strength based approach to promote success. Well-designed high quality professional development may lead to transformational change in student outcomes (McKee & Tew, 2013). Improved student success could lead to social change by increasing the numbers of Hispanic nurses to meet the needs of the Hispanic population in the U.S.

Section 4: Reflections and Conclusions

Introduction

The purpose of this qualitative phenomenological research project was to gain an understanding of how Hispanic nursing students in a baccalaureate-nursing program were able to turn their academic failures into successful completion of the nursing program. I addressed the gap in educational practice regarding the lack of knowledge of how best to support the success of Hispanic nursing students. Findings from analyzing the research data revealed that nursing students that are able to achieve success after academic failure progressed through three consecutive stages, despair, self-reflection, and change on their journey to success. These findings were used to create a 3-day professional development workshop to provide nursing educators the opportunity to gain knowledge and skills in how to intervene to guide the students through the stages of achieving success. In this section of my project study I will reflect on my experience of developing my project, *Guiding the Success Journey.*

Project Strengths

I identified three major strengths of my project. First the use of AI as an approach to support student success fully aligns with the findings of this study. After completing the analysis of my research data, I searched the literature for tools that educators could use to positively support and guide nursing students through the stages of despair, self-reflection, and change on their journey to success. I discovered that AI is an approach to transformational change that focuses on strengths and is effective with groups as well as individuals (Moore & Tschannen-Moran, 2010). Knowledge of the principles of AI and

skill in the use of the 4-D cycle (i.e., discover, dream, design, and destiny) will provide educators with tools that they can use to intervene to support nursing students as they move through the stages of the success journey.

A second strength of the project is in its design to provide educators with experiences in a collaborative interactive setting that will facilitate application of the knowledge learned. I will apply the principles of AI as I teach the principles of AI. As I focus on the educators' strengths during the workshop, they will experience the positivity and energy this approach brings. They will be engaged in sharing their stories, in focusing on their strengths, and in creating their dreams of how they can make a difference with their students. I will encourage workshop participants to share personal experiences both from their own lives and from their experiences as an educator. Real life experiences help to construct meaning (Yardly, Teuissen, & Dornan, 2012). Hopefully this approach to inspiring change will encourage educators to apply what they are learning to their work with students.

A third strength of the project is that the use of AI provides an inclusive nontraditional strength-based approach to support student success. At-risk students are empowered because there is a shift from deficit thinking to possibility thinking (San Martin & Calabrese, 2011). An underlying core value of AI is one of respect. When one focuses on strengths and has unconditional positive regard for the other person, no one is marginalized (San Martin & Calabrese, 2011). This approach can lead to transformational change. This project study was designed to address the lack of knowledge of how to support the success of Hispanic students. However, the project that was developed is not

limited to students of a particular ethnic, racial or cultural background. It is an inclusive approach.

Recommendations for Remediation of Limitations

A limitation of this project is that there is no plan for follow-up support. Though the 3-day workshop is of substantial length and provides opportunities for active learning, without follow-up support there is always a risk that the suggested changes in teaching practice will not be implemented. Prolonged interventions with follow-up support by experts tend to be more effective (Avalos, 2011; Ebert-May et al., 2011).

This limitation could be remediated by developing a plan for follow-up. One option could be to schedule monthly follow-up meetings during the first quarter following the workshop. The meetings could provide a forum for educators to ask questions and share experiences as they apply the new knowledge and skills learned in the workshop. This would provide support and encouragement to continue to apply what they learned to their practice. Feedback from the participants could be used to determine needs for additional follow-up.

Scholarship

I have learned more about scholarship through the process of completing this doctoral project study than I ever imagined. Having transitioned to academia from hospital nursing just 6 years ago, I did not fully understood what scholarship meant before I began my doctoral journey. It was during the project study phase of this journey that I realized how well the coursework had prepared me to conduct research. It was

through the application of my new knowledge that I began to better understand the meaning of scholarship.

I learned the importance of asking questions. I learned the value of research, both quantitative and qualitative in helping me to find answers to my questions. I am now a more critical consumer of research because I want to know the quality of the research, how it was conducted, the biases of the researcher, and the ethical concerns. Conducting my own research has taught me a new respect for researchers as I learned to practice a new way of thinking. I learned the importance of a systematic approach to conducting research, and the value of persistence and untiring hard work.

Project Development and Evaluation

I learned the value of using research to build professional development. Had I developed my workshop without having first conducted the project study, the workshop would have looked very different. I would not have known that nursing students on academic probation progress through three distinct and consecutive stages on their success journey. My workshop would have focused on teaching educators what I believe students need to do to become successful rather than teaching educators how to help the students' progress through the stages of the success journey. My project would have been based on my opinion rather than grounded in research.

As a project developer, my participation in the project study from the beginning of problem identification to conducting the study and then analyzing the data gave me a clear picture of what I hoped to accomplish with the project. This background guided my literature review and helped me recognize what I believed to be the ideal content for the

workshop. Being clear on what I wanted to accomplish with the project informed my development of the workshop and the subsequent evaluation.

Leadership and Change

An effective leader facilitates change. It is not the educational policy that produces change. Change is created not mandated. Educators are the most effective change agents (Sellars, 2012; Smith & Gillespie, 2007). However, without a strong leader who provides effective professional development, facilitates educator buy-in, and supports educators during the change process, change will not take place and educators will revert back to their old teaching habits (Killion & Hirsh, 2011). Leaders need to be aware of what Sellars (2012) refers to as the hill, the will, and the skill. The hill refers to the carefully articulated goals and plans for the change. The will refers to the individual's motivation to implement the plan. And the skill refers to the knowledge, skills, and capacity to make the change happen. A strong leader can intervene to support the educator at any of these stages.

AI is an approach that focuses on strengths and can be used to motivate change. AI was originally designed to create transformational change in organizations (Moore & Tschannen-Moran, 2010). It has been used to some extent in the field of healthcare and education although it has not been used specifically to support success for students who are on academic probation. I believe that an effective leader is willing to try new approaches to effect change. And I believe that the use of AI to support educators as they change their traditional problem-focused approach to a strength-based approach and to support nursing students on their success journey may facilitate change in a positive way.

Analysis of Self as Scholar

My doctoral journey has been one of enlightenment for me personally. The more that I learn, the more I realize I do not know. Learning stimulates my desire to learn more. It also stimulates my curiosity and my desire to engage in more research. I discovered that I actually enjoy research.

I believe my capacity has expanded and I think more critically than I did when I started this doctoral journey. I am better able to explore, analyze, and ask probing questions to deepen my understanding of what I am learning. I have become more reflective and at times I now challenge my own beliefs.

This doctoral journey has not been easy. Many times I have experienced feelings of being overwhelmed and discouraged. I have questioned my capability of completing this journey. As I have reconnected with my dream of completing my doctoral education I have been able to keep moving forward. Through each success, I have grown personally and I have improved my self-confidence and self-efficacy.

I now understand that scholarship is not a destination but is a life of continual learning. The most important lesson that I have learned through this journey is to be able to think for myself. I am better able to articulate what I believe and value. I no longer say that I am not smart enough or that I cannot learn because I know that is not true. Lifelong learning is not about giving up when things become difficult. It is about forging ahead and learning something new every day.

Analysis of Self as Practitioner

I still remember standing in the registration lines for my first semester in college trying to figure out if I wanted to be a nurse or an educator. I always had a desire to help people and that is why I ended up choosing nursing. Early on in my nursing career I learned that nursing and education go hand in hand. I learned that education is a big part of nursing and I spent many hours educating my patients and their families and nursing students during their clinical rotations. Because I was manager at a university medical center I also spent time educating nurses and medical students.

After a long professional career in nursing service I transitioned into nursing education. This transition was made because I was ready for a career move after spending 22 years as a nurse manager. After joining the school of nursing faculty, I did not feel academically prepared for my new role and I realized I needed an additional set of skills. I decided to pursue an advanced degree to gain the skill set. My job responsibilities at the school of nursing include administrating the Learning Assistance Program and I realized that my biggest deficit was education. I made a decision to pursue my doctorate in education and I have been very pleased with this decision.

Going through the doctoral process has deepened my sense of accountability towards my students. I was required to look at my philosophy for teaching. I realized that I am passionate about wanting to support student success. I care deeply for and about my students and I value developing positive supportive relationships with my students. I want to teach my students to believe in the power of their dreams and support their development of a can-do attitude that builds their self-efficacy. I want to help them

realize the value of lifelong learning and I want to help them become independent thinkers.

I have also acquired a deep appreciation for qualitative research. Qualitative research can give a voice to student experiences like nothing else can. I thoroughly enjoyed my qualitative project study. The participants were so eager to share their stories of how they achieved success after experiencing difficulty. I felt honored not only to be able to listen to their stories, but also to take their stories, analyze them, and use the findings to be able to create a project that can potentially help other students to succeed. Research provides the evidence for our evidence-based practice.

In developing my project I realized that in learning about AI, I gained tools that will help me be the kind of educator I want to be. The AI philosophy resonates with me because my personal philosophy is to always look for the best in people. I was excited to learn how this strength-based approach can lead to transformational change.

Through this project study I have gained a deeper understanding of how research findings can lead to development of projects that address real issues. Being a doctoral prepared practitioner brings responsibility to always base teaching on the best evidence available. Our students deserve the best because we are helping to prepare them for their future.

Analysis of Self as Project Developer

Being a relatively new educator, I had not previously planned a professional development workshop for nurse educators. The literature review that I conducted in preparation for my workshop provided valuable information about how to plan an

effective professional development workshop, about the importance of considering the needs of adult learners, and key factors that are important for quality professional development. Without my literature review, I would have included too much lecture time and covered too much content in the workshop. I learned that it is through the activities such as discussion, reflection, role modeling and case scenarios that educators will learn how to apply what they are learning. Without having the skills of how to apply new knowledge, no change will take place in the practice of teaching. By using what I learned from my literature review as I planned my project, I believe I have designed an effective professional development workshop. I identified a specific focus for the workshop and I included multiple activities that I believe will facilitate learning and will make the workshop a positive experience. The workshop evaluations will provide me feedback regarding the effectiveness of my workshop and whether my objectives were met. Based on the evaluations, I will implement changes for future workshops.

The Project's Potential Impact on Social Change

The project study's potential impact on social change is far reaching. In this section I will discuss what I see as possible impacts of this project. The project's use of AI to support success of nursing students on academic probation is a non-traditional approach that has the potential to have a positive impact on the educators, the educational institution, the individual students, and those that students come in contact with. Transforming the futures of our nursing students requires educators to transform their approach. AI is a philosophical change of how to approach the problem addressed in this project study.

When educators apply the principles of AI they make a paradigm shift away from the traditional approach of focusing on the problem and telling students how to fix their problems. It is in this paradigm shift that transformational change can occur. Educators learn to relinquish their power and control (Fifolt & Lander, 2013). They no longer marginalize their students based on who they think can succeed and who cannot. They no longer see their students as having deficits. Using the AI approach learned in the workshop, educators have an unconditional positive regard for their students and are able to focus on the students' strengths and create a blame-free environment (Trajkovski et al., 2012). After this paradigm shift, educators see their students as having an equal voice in their success journey and they see their students as being capable of creating their own futures (Fifolt & Lander, 2013). The educators now see their role as helping the students construct their dream and their future and empowering students to make their own changes so that they can be successful.

Because AI can change how educators view their students, when educators begin using the AI model to work with their students on academic probation, it is likely they will start using AI with all their students. Students would be valued for their individual strengths. As more educators use AI, the whole atmosphere of the school could change. This social change has the potential of not only transforming individual educators to create an inclusive strength-based positive approach for all students, but the entire organization could be transformed into a blame free environment.

When AI is applied by educators to their work with nursing students, the potential impact on social change is the possibility to positively impact the future of Hispanic

nursing student and those with whom they come in contact. This in turn may have far reaching positive consequences to society at large. Graduating more Hispanic nurses increases the numbers of Hispanic nurses that can provide culturally sensitive care to the growing U.S. Hispanic population. The graduate Hispanic nurses can also have an impact on other nurses by helping non-Hispanic nurses better understand the needs of Hispanic patients.

Successful completion of a baccalaureate degree can increase the numbers of Hispanics who have completed higher education as well as provide more financial security for their futures. This is significant because Hispanic families are disproportionately affected by low income and low levels of education (Alicea-Planas, 2009; McCallister et al., 2010). Obtaining an education has the potential of supporting equality of women as well. Hispanic women who are able to complete higher education are able to become more independent and self-reliant. Several participants in my study expressed that higher education is not encouraged for Hispanic women. One participant stated that some members of her extended family did not attend her graduation because they did not believe in higher education for women and they were opposed to her not following the tradition of marrying at a young age and having children.

Hispanics who successfully complete higher education can be role models to family and friends. Several of the participants in my study described their desire to be role models for their siblings, cousins and friends. One participant stated that many Hispanics believe that they cannot be successful in higher education. She shared that when she began nursing her friends tried to discourage her from taking nursing because

they did not want her to experience failure. Those who graduate from nursing may have an impact on encouraging others to become educated so they too can have a brighter future.

Students who have felt valued and respected by educators and who have been the recipients of the positivity that comes from experiencing AI are better able to build their self-confidence and their belief that they can become successful. Success leads to more success. Through these positive experiences students learn new ways of interacting with others that can extend to their relationships with others. When educators follow the AI model in their work with students it seems that the potential for social change is extensive.

Following implementation and evaluation of my project I plan to publish my research findings as well as my experience with my project. This is important because it will add to the body of knowledge of ways to support student success. The publication may be a source of encouragement to other nursing educators and may lead to the development of innovative programs to support student success. Dissemination of nursing research will positively impact the nursing profession as well as society.

Implications, Applications, and Directions for Future Research

Before completing my literature review for this project study, I was not familiar with AI. I was however very familiar with the traditional model for change. I have many years of experience as a nurse manager analyzing problems and trying to find solutions to fix problems. When I discovered AI, I was immediately drawn to this model. The idea of creating change based on exploring and amplifying strengths was refreshing.

Even though AI has been used to some extent in the field of education, I did not find articles describing its use with students on academic probation. Future research within this topic area could explore students' perspective of their experiences when educators use AI. Quantitative research could be conducted comparing success rates of students that were supported with AI versus students who were supported with more traditional approaches.

Conclusion

This project study provided me with an understanding of the stages, despair, self-reflection, and change, that Hispanic nursing students' experienced on their journey to successfully completing the nursing program. Because of this understanding I was able to develop a professional development workshop that provides an innovative approach to supporting the success of Hispanic nursing students. I have learned that research and literature reviews can motivate a scholar to search for new innovative ways to support student success. I feel a sense of accomplishment and satisfaction that this approach has the potential of supporting success for all students regardless of their backgrounds.

References

Acun-Kapikiran, N. (2011). Focus on positive and negative information as the mediator of the relationship between empathy tendency guilty and psychological well-being in university students. *Educational Sciences: Theory and Practice, 11*(3), 1141-1147.

Alicea-Alvarez, N. (2012). Improving health care outcomes in Hispanic Americans: Recruiting nurses to reflect the growing Hispanic population to mitigate health care disparities. *Hispanic Health Care International, 10*(2), 70-74. doi:10.1891/1540-4153.10.2.70

Alicea-Planas, J. (2009). Hispanic nursing students' journey to success: A metasynthesis. *Journal of Nursing Education, 48*(9), 504-513. doi:10.3928/01484834-200090610-04

Alton-Lee, A. (2011). Using evidence for educational improvement. *Cambridge Journal of Education, 41*(3), 303-329. doi:10.1080/0305764X.2011.607150

Amundsen, C., & Wilson, M. (2012). Are we asking the right questions? A conceptual review of the educational development literature in higher education. *Review of Educational Research, 82*(1), 90-126. doi:10.3102/0034654312438409

Anders, R., Edmonds, V., Monreal, H., & Galvan, M. (2007). Recruitment and retention of Hispanic nursing students. *Hispanic Health Care International, 5*(3), 128-135.

Arana, R., Castaneda-Sound, C., Blanchard, S., & Aguilar, T. (2011). Indicators of persistence for Hispanic undergraduate achievement: Toward an ecological

model. *Journal of Hispanic Higher Education, 10*(3), 237-251.
doi:10.1177/1538192711405058

Arbona, C., & Nora, A. (2007). The influence of academic and environmental factors on Hispanic college degree attainment. *Review of Higher Education, 30*(3), 247-269.

Archibald, S., Coggshall, J., Croft, A., & Goe, L. (2011). High-quality professional development for all teachers: Effectively allocating resources. *Research & Policy Brief. National Comprehensive Center for Teacher Quality.* Retrieved from http://eric.ed.gov/?id=ED520732

Avalos, B. (2011). Teacher professional development in teaching and teacher education over ten years. *Teaching and Teacher Education, 27*(1), 10-20. doi:10.1016/j.tate.2010.08.007

Balduf, M. (2009). Underachievement among college students. *Journal of Advanced Academics, 20*(2), 274-294.

Bandura, A. (1977) Self-efficacy: Towards a unifying theory of behavior change. *Psychological Review, 84*(2), 191-215. doi:10.1016/0146-6402(78)90002-4

Bandura, A. (1982) Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122-147.

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (vol. 4, pp. 71-81). New York: Academic Press

Bean, J., & Metzner, B. (1985). A conceptual model of nontraditional undergraduate student attrition. *Review of Educational Research, 55*(4), 485-540.

Beavers, A. (2009). Teachers as learners: Implications of adult education for professional

    development. *Journal of College Teaching & Learning (TLC), 6*(7). Retrieved

    from http://www.cluteinstitute.com/ojs/index.php/TLC/article/view/1122

Betancourt, J., Green, A., Carrillo, J., & Park, E. (2005). Cultural competence and health

    disparities: Key perspectives and trends. *Health Affairs, 24*(2), 499-505.

    doi:10.1377/hlthaff.24.2.499

Bevan, M. (2014). A method of phenomenological interviewing. *Qualitative Health

    Research, 24*(1), 136-144. doi:10.1177/1049732313519710

Bifuh-Ambe, E. (2011). Postsecondary learning: Recognizing the needs of English

    language learners in mainstream university classrooms. *Multicultural Education,

    18*(3), 13-19.

Bishop, R., Berryman, M., Wearmouth, J., Peter, M., & Clapham, S. (2012). Professional

    development, changes in teacher practice and improvements in Indigenous

    students' educational performance: A case study from New Zealand. *Teaching

    and Teacher Education, 28*(5), 694-705. doi:10.1016/j.tate.2012.02.002

Boden, K. (2011). Perceived academic preparedness of first-generation Latino college

    students. *Journal of Hispanic Higher Education, 10*(2), 96-106.

    doi:10.1177/1538192711402211

Bond, M., Gray, J., Baxley, S., Cason, C., Denke, L., & Moon, M. (2008). Voices of

    Hispanic students in baccalaureate nursing programs: are we listening? *Nursing

    Education Perspectives, 29*(3), 136-142.

Boud, D., & Hager, P. (2012). Re-thinking continuing professional development through changing metaphors and location in professional practices. *Studies in Continuing Education, 34*(1), 17-30. doi:10.1080/0158037X.2011.608656

Bouwma-Gearhart, J. (2012). Science faculty improving teaching practice: Identifying needs and finding meaningful professional development. *International Journal of Teaching and Learning in Higher Education, 24*(2), 180-188.

Boyas, J., & Valera, P. (2011). Determinants of trust in medical personnel. *Hispanic Health Care International, 9*(3), 144-152. doi:10.1891/1540-4153.9.3.144

Braxton, J., & Mundy, M. (2001). Powerful institutional levers to reduce college student departure. *Journal of College Student Retention, 3*(1), 91-118.

Braxton, J., Sullivan, A., & Johnson, R. (1997). Appraising Tinto's theory of college student departure. In J. Smart (Ed.), *Higher education: Handbook of theory and research* (pp. 107-164). New York, NY. Agathon Press.

Breckenridge, D., Wolf, Z., & Roszkowski, M. (2012). Risk assessment profile and strategies for success instrument: Determining prelicensure nursing students' risk for academic success. *Journal of Nursing Education, 51*(3), 160-166. doi:10.3928/01484834-20120113-03

Brown, A. & Lopez, M. (2013). Mapping the Latino population by state, county and city. Retrieved from the Pew Research Center: http://pewhispanic.org/topics/hispaniclatino-demography/

Brunsden, V., Davies, M., Shevlin, M., & Bracken, M. (2000). Why do HE students drop out? A test of Tinto's model. *Journal of Further and Higher Education, 24*(3), 301-310. doi:10.1080/030987700750022244

Bunkers, S. (2012). The Lived Experience of Feeling Disappointed: A Parse Research Method Study. *Nursing Science Quarterly, 25*(1), 53-61. doi:10.1177/0894318411429063

Caison, A. (2005). Determinants of systemic retention: Implications for improving retention practice in higher education. *Journal of College Student Retention, 6*(4), 425-441.

Cantu, A., & Rogers, N. (2007). Creating a mentoring and community culture in nursing. *Hispanic Health Care International, 5*(3), 124-127.

Carnicer, J., & Calderon, C. (2014). Empathy and coping strategies as predictors of well-being in Spanish university students. *Electronic Journal of Research in Educational Psychology, 12*(1), 129-146. doi.org/10.14204/ejrep.32.13117

Cason, C., Bond, M., Gleason-Wynn, P., Coggin, C., Trevino, E., & Lopez, M. (2008). Perceived barriers and needed supports for today's Hispanic students in the health professions: Voices of seasoned Hispanic health care professionals. *Hispanic Health Care International, 6*(1), 41-50. doi:10.1891/1540-4153.6.1.41

Cavazos, A., & Cavazos Jr., J. (2010). Understanding the experiences of Latina/o students: A qualitative study for change. *American Secondary Education, 38*(2), 95-109.

Colalillo, G. (2007). Mentoring as a retention strategy in a diverse, multicultural, urban associate degree nursing program. *Teaching and Learning in Nursing, 2*(2), 28-33. doi: 10.1016/j.teln.2007.01.005

Cormas, P., & Barufaldi, J. (2011). The effective research-based characteristics of professional development of the National Science Foundation's GK-12 program. *Journal of Science Teacher Education, 22*(3), 255-272. doi:10.1007/s10972-011-9228-1

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches.* Los Angeles, CA: Sage Publications, Inc.

Crisp, G., & Nora, A. (2010). Hispanic student success: Factors influencing the persistence and transfer decisions of Latino community college students enrolled in developmental education. *Research in Higher Education, 51*(2), 175-194. doi:10.1007/s11162-009-915-x

Desimone, L. (2011). A primer on effective professional development. *Phi Delta Kappan, 92*(6), 68-71. doi:10.1177/003172171109200616

Doveston, M., & Keenaghan, M. (2010). Teachers and educational psychologists working together: What can we learn? *Support for Learning, 25*(3), 131-137. 10.111/j.1467-9604.2010.01451.x

Ebert-May, D., Derting, T., Hodder, J., Momsen, J., Long, T., & Jardeleza, S. (2011). What we say is not what we do: effective evaluation of faculty professional development programs. *BioScience, 61*(7), 550-558. doi: 10.1525/bio.2011.61.7.9

Englander, M. (2012). The interview: Data collection in descriptive phenomenological human scientific research. *Journal of Phenomenological Psychology, 43*(1), 13-35. doi:10.1163/156916212X632943

Enis, S., Rios-Vargas, M., & Albert, N. (2011). *The Hispanic population, 2010: 2010 census briefs.* Retrieved from the U.S. Census Bureau website: http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf

Enriquez, M., & McGee, E. (2012). Retaining Hispanic student is BSN programs. In M. Villaruel, & S. Torres (Eds), *Hispanic Voices: Progreso, poder, y promesa* (pp. 55-70). New York, NY: National League for Nursing.

Epstein, L., Duran, D., & Pacheco, G. (Eds). (2000). Quality health services for Hispanics: The cultural competency component. *Department of Health and Human Services.* Retrieved from http://www.hrsa.gov/CulturalCompetence/servicesforhispanics.pdf

Evans, B. (2008). The importance of educational and social backgrounds of diverse students to nursing program success. *Journal of Nursing Education, 47*(7), 305-313. doi.org/10.3928/01484834-20080701-04

Executive Order No. 13555. (2010). White House initiative on educational excellence for Hispanics. *Federal Register, 75*(204), 65417-65421. Retrieved from http://www.gpo.gov/fdsys/pkg/FR-2010-10-22/pdf/2010-27004.pdf

Fifolt, M., & Lander, L. (2013). Cultivating change using appreciative inquiry. *New Directions for Student Services, 2013*(143), 19-30. doi:10.1002/ss.20056

Fike, D., McCall, K., Raehl, C., Smith, Q., & Lockman, P. (2010). Improving educational outcomes of Hispanic students in a professional degree program. *Equity and Excellence in Education, 43*(4), 527-538. doi:10.1080/10665684.2010.514540

Fink, L. (2013). The current status of faculty development internationally. *International Journal for the Scholarship of Teaching and Learning, 7*(2), 4.

Flood, A. (2010). Understanding phenomenology. *Nurse Researcher, 17*(2), 7-15.

Gabriel, R., Day, J., & Allington, R. (2011). Exemplary teacher voices on their own development. *Phi Delta Kappan, 92*(8), 37-41.

Garza, G. (2011). Thematic collation: An illustrative analysis of the experience of regret. *Qualitative Research in Psychology, 8*(1), 40-65. doi:10.1080/14780880903490839

Gibson, S., & Brooks, C. (2012). Teachers' perspectives on the effectiveness of a locally planned professional development program for implementing new curriculum. *Teacher Development, 16*(1), 1-23. doi:10.1080/13664530.2012.667953

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserial approach.* Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1), 3-12. doi:10.1163/156916212X632934

Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Boston, Ma: Pearson Education.

Gloria, A., & Castellanos, J. (2012). Desafios y bendiciones: A multiperspective examination of educational experiences and coping responses of first-generation

college Latina students. *Journal of Hispanic Higher Education, 11*(1), 82-99. doi:10.117/1538192711430382

Gonzalez-Guarda, R., & Villarruel, A. (2012). The future of nursing for Hispanics: A call for transformation in nursing education and leadership. In M. Villaruel, & S. Torres (Eds), *Hispanic Voices: Progreso, poder, y promesa* (pp. 55-70). New York, NY: National League for Nursing.

Gregson, J., & Sturko, P. (2007). Teachers as adult learners: Re-conceptualizing professional development. *Journal of Adult Education, 36*(1), 1-18.

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3*(1). Article 4. Retrieved from http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf

Grogan, J. (2011). The appreciative tutor. *Journal of College Reading and Learning, 42*(1), 80-88. Retrieved from http://eric.ed.gov/?id=EJ961153

Grumbach, K., & Mendoza, R. (2008). Disparities in human resources: Addressing the lack of diversity in the health professions. *Health Affairs, 27*(2), 413-422. doi:10.1377/hlthaff.27.2.413

Harmon, R., Fontaine, D., Plews-Ogan, M., & Williams, A. (2011). Achieving transformational change: Using appreciative inquiry for strategic planning in a school of nursing. *Journal of Professional Nursing, 28*(2), 119-124. doi:10.1016/j.profnurs.2011.11.007

Harrison, L., & Hasan, S. (2013). Appreciative inquiry in teaching and learning. *New Directions for Student Services, 2013*(143), 65-75. doi:10.1002/ss.20061

He, Y. (2013). Developing teachers' cultural competence: application of appreciative inquiry in ESL teacher education. *Teacher Development, 17*(1), 55-71. doi:10.1080/13664530.2012.753944

Hochberg, E., & Desimone, L. (2010). Professional development in the accountability context: Building capacity to achieve standards. *Educational Psychologist, 45*(2), 89-106. doi:10.1080/00461521003703052

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare* (3rd ed.). United Kingdom: Wiley-Blackwell.

Hopkins, T. (2008). Early identification of at-risk nursing students: A student support model. *Journal of Nursing Education, 47*(6), 254-259. doi:10.3928/01484834-20080601-05

Horton, C., Polek, C., & Hardie, T. (2012). The relationship between enhanced remediation and NCLEX success. *Teaching and Learning in Nursing, 7*(4), 146-151. doi:10.1016/j.teln.2012.06.002

Houghton, C. E., Casey, D., Shaw, D., & Murphy, K. (2010). Ethical challenges in qualitative research: Examples from practice. *Nurse Researcher, 18*(1), 15-25.

Igbo, I., Straker, K., Landson, M., Symes, L., Bernard, L., Hughes, L., & Carroll, T. (2011). An innovative, multidisciplinary strategy to improve retention of nursing students from disadvantaged backgrounds. *Nursing Education Perspectives, 32*(6), 375-379. doi:10.5480/1536-5026-32.6.375

Institute of Medicine. (2004). *In the Nations' compelling interest: Ensuring diversity in the healthcare workforce.* Retrieved from http://www.iom.edu/Reports/2004/In-

the-Nations-Compelling-Internet-Ensuring-Diversity-in-the-Health-Care-Workforce.aspx

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health.* Washington, DC; The National Academies Press.

Jeffreys, M. (2007). Nontraditional students' perceptions of variables influencing retention: A multisite study. *Nurse Education, 32*(4), 161-167. doi:10.1097/01.NNE.0000281086.35464.ed

Junious, D., Malecha, A., Tart, K., & Young, A. (2010). Stress and perceived faculty support among foreign-born baccalaureate nursing students. *Journal of Nursing Education, 49*(5), 261-270. doi:10.3928/01484834-20100217-02

Juraschek, S., Zhang, X., Ranganathan, V., & Lin, V. (2012). United States registered nurse workforce report card and shortage forecast. *American Journal of Medical Quality, 27*(3), 241-249. doi:10.1177/1062860611416634

Killion, J., & Hirsh, S. (2011). The elements of effective teaching. *Journal of Staff Development, 32*(6), 10-16. Retrieved from http://learningforward.org/publications/jsd#.UnVo5ysSE51E

Knowles, M., Holton, E., & Swanson, R. (2011). *The adult learner: The definitive classic in adult education and human resource development.* Burlington, MA: Elsevier Inc.

Leininger, M. (Ed.). (1985). *Qualitative research methods in nursing.* Philadelphia, PA: W.B. Saunders Company, Inc.

Levensky, E., Forcehimes, A., O'Donohue, W., & Beitz, K. (2007). Motivational

interviewing: An evidence – based approach to counseling helps patients follow

treatment recommendations. *The American Journal of Nursing, 107*(10), 50-58.

doi:10.1097/01.NAJ.0000292202.06571.24

Locke, E., & Latham, G. (2002). Building a practically useful theory of goal setting and

task motivation: A 35-year odyssey. *American Psychologist, 57*(9), 705-717.

doi:10.1037/0003-066X.57.9.705

Lodico, M., Spaulding, D., & Voegtle, K. (2010). *Methods in educational research:

From theory to practice.* San Francisco, CA: Jossey-Bass.

Loftin, C., Newman, S., Bond, M., Dumas, B., & Gilden, G. (2012). Diversity in Texas

nursing programs: A study of the relationship between supportive characteristics

and graduation of Hispanic and other underrepresented minority nursing students.

Hispanic Health Care International, 10(4), 159-167. doi.org/10.1891/1540-

4153.10.4.159

▇▇▇▇▇▇▇▇▇▇▇▇▇ School of Nursing. (2012). *Student handbook of Loma Linda

University.* Retrieved from

http://www.llu.edu/assets/central/handbook/documents/Student-Handbook.pdf\

▇▇▇▇▇▇▇▇▇▇▇▇. (2012). *Catalog of Loma Linda University*, 626-688. Retrieved

from http://www.llu.edu/assets/central/academics/documents/catalog/2012-2013-

University-Catalog.pdf

Lopez, K., & Willis, D. (2004) Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735. doi:10.1177/1049732304263638

Lucero, R., & Poghosyan, L. (2012). The future of the Hispanic registered nurse workforce: Improving quality of care and patient outcomes. In M. Villaruel, & S. Torres (Eds), *Hispanic Voices: Progreso, poder, y promesa* (pp. 55-70). New York, NY: National League for Nursing.

Lutrick, E., & Szabo, S. (2012). Instructional leaders' beliefs about effective professional development. *Delta Kappa Gamma Bulletin, 78*(3), 6-12.

Madrid, E. (2011). The Latino achievement gap. *Multicultural Education, 18*(3), 7-12.

Maskit, D. (2011). Teachers' attitudes toward pedagogical changes during various stages of professional development. *Teaching and Teacher Education, 27*(5), 851-860. doi:10.1016/j.tate.2011.01.009

McCallister, L., Evans, J., & Illich, P. (2010). Perceptions about higher education among parents of Hispanic students in middle school: Implications for community colleges. *Community College Journal of Research and Practice, 34*(10), 784-796. doi:10.1080/10668920802605254

McKee, C., & Tew, W. (2013). Setting the stage for teaching and learning in American higher education: Making the case for faculty development. *New Directions for Teaching and Learning, 2013*(133), 3-14. doi:10.1002/tl.20041

Mehta, S., Newbold, J., & O'Rourke, M. (2011). Why do first-generation students fail? *College Student Journal, 45*(1), 20-35.

Melillo, K., Dowling, J., Abdallah, L., Findeisen, M., & Knight, M. (2013). Bring

diversity to nursing: Recruitment, retention, and graduation of nursing students.

Journal of Cultural Diversity, 20(2), 100-104.

Merriam, S. (2009). *Qualitative research: A guide to design and implementation.* San

Francisco, CA: Jossey-Bass.

Milem, J., & Berger, J. (1997). A modified model of college student persistence:

Exploring the relationship between Astin's theory of involvement and Tinto's

theory of student departure. *Journal of College Student Development, 38*(4), 387-

400.

Mizell, H., Hord, S., Killion, J., & Hirsh, S. (2011). New standards put the spotlight on

professional learning. *Journal of Staff Development, 32*(4), 10-14. Retrieved from

http:/learningforward.org/publications/jsd#.UnVo5ySE51D

Moceri, J. (2010). Being cabezona: Success strategies of Hispanic nursing students.

International Journal of Nursing Education Scholarship, 7(1), 1-15.

doi:10.2202/1548-923X.2036

Mohr, B., & Watkins, J. (2002). *The essentials of appreciative inquiry: A roadmap for

creating positive futures.* Pegasus Communication, Incorporated.

Moore, M., & Tschannen-Moran, B. (2010). *Coaching psychological manual.* Baltimore,

MD: Lippincott Williams & Wilkins.

Moore, S., & Charvat, J. (2007). Promoting health behavior change using appreciative

inquiry: moving from deficit models to affirmation models of care. *Family and

Community Health, 30*(1S), S64-S74.

Morisano, D., Hirsh, J., Peterson, J., Pihl, R., & Shore, B. (2010). Setting, elaborating, and reflecting on personal goals improves academic performance. *Journal of Applied Psychology, 95*(2), 255-264. doi:10.1037/a0018478

Myers, D., & Rosenberger, E. (2012). A humanistic framework for helping students. *About Campus, 17*(5), 14-19. doi:10.1002/abc.21094

Natale-Pereira, A., Enard, K., Nevarez, L., & Jones, L. (2011). The role of patient navigators in eliminating health disparities. *Cancer, 117*(S15), 3541-3550. doi:10.1002/cncr.26264

Nicholls, D. (2009). Qualitative research: Part two methodologies. *International Journal of Therapy & Rehabilitation, 16*(11), 586-592.

Nicholls, G. (2005). New lecturers' constructions of learning, teaching and research in higher education. *Studies in Higher Education, 30*(5), 611-625. doi:10.1080/03075070500249328

Niesz, T. (2010). Chasms and bridges: Generativity in the space between educators' communities of practice. *Teaching and Teacher Education, 26*(1), 37-44. doi:10.1016/j.tate.2009.06015

Nieto, S. (2012). Teaching, caring, and transformation. *Knowledge Quest, 40*(5), 28-31.

Noddings, N. (2012). The language of care ethics. *Knowledge Quest, 40*(5), 52-56.

O'Brien, L. (2010). Caring in the ivory tower. *Teaching in Higher Education, 15*(1), 109-115. doi:10.1080/13562510903487818

Olive, T. (2008). Desire for higher education in first-generation Hispanic college students enrolled in an academic support program: Phenomenological analysis. *Journal of Phenomenological Psychology, 39*(1), 81-110. doi:10.1163/156916208x311638

Olson, K. (2012). " I learned to believe in me". *Educational Horizons, 90*(3), 10-13. Retrieved from http://eric.ed.gov/?id=EJ986724 (Feb 15, 2015)

Olson, M. (2012). English-as-a-second language (ESL) nursing student success: A critical review of the literature. *Journal of Cultural Diversity, 19*(1), 26-32.

Opfer, V., & Pedder, D. (2011). Conceptualizing teacher professional learning. *Review of Educational Research, 81*(3), 376-407. doi:10.3102/0034654311413609

Oseguera, L., & Rhee, B. (2009). The influence of institutional retention climate on student persistence to degree completion: A multilevel approach. *Research in Higher Education, 50*(6), 546-569. doi:10.1007/s11162-009-9134-y

Oseguera, L., Locks, A., & Vega, I. (2009). Increasing Latina/o students' baccalaureate attainment. *Journal of Hispanic Higher Education, 8*(1), 23-53. doi:10.1177/1538192708326997

Patton, M. (1980). *Qualitative evaluation methods.* Beverly Hills, CA: Sage Publications, Inc.

Perez-Escamilla, R. (2010). Health care access among Latinos: Implications for social and health care reforms. *Journal of Hispanic Higher Education, 9*(9), 43-60. doi:10.1177/1538192709349917

Perez-Escamilla, R. (2011). Acculturation, nutrition, and health disparities in Latinos. *The American Journal of Clinical Nutrition, 93*(5), 11635-11675. doi:10.3945/ajcn.110.003467

Persellin, D., & Goodrick, T. (2010). Faculty development in higher education: Long-term impact of a summer teaching and learning workshop. *Journal of the Scholarship of Teaching and Learning, 10*(1), 1-13. Retrieved from http://josotl.indiana.edu/article/view/1731/1729

Polly, D., & Hannafin, M. (2011). Examining how learner-centered professional development influences teachers' espoused and enacted practices. *The Journal of Educational Research, 104*(2), 120-130. doi:10.1080/00220671003636737

Reyes, H., Hartin, V., Loftin, C., Davenport, D., & Carter, V. (2012). The impact of employment on nursing students' academic performance. *Nurse Educator, 37*(5), 218-221. doi:10.1097/NNE.0b013e318262abc9

Richmond, A., & Hagan, L. (2011). Promoting higher level thinking in psychology: Is active learning the answer? *Teaching of Psychology, 38*(2), 102-105. doi:10.1177/0098628311401581

Rivera-Goba, M., & Campinha-Bacote, J. (2008). Making a connection: the use of storytelling as a strategy to enhance faculty's success with Latina nursing students. *Hispanic Health Care International, 6*(4), 205-225. doi:10.1891/1540-4153.6.4.205

Rose, S. (2011). Academic success of nursing students: Does motivation matter? *Teaching and Learning in Nursing, 6*(4), 181-184. doi.10.1016/j.teln.2011.05.004

Salmon, J. (2012). The use of phenomenology in nursing research. *Nurse Researcher, 19*(3), 4-5.

San Martin, T., & Calabrese, R. L. (2011). Empowering at-risk students through appreciative inquiry. *International Journal of Educational Management, 25*(2), 110-123. doi:10.1108/09513541111107542

Sanchez, B. (2012). Effective professional development: Teachers' perspectives on the south Texas writing project summer institute. *National Teacher Education Journal, 5*(2), 45-49. Retrieved from http://www.ntejournal.com

Schumacher, J., Coffey, S., Walitzer, K., Burke, R., Williams, D., Norquist, G., & Elkin, T. (2012). Guidance for new motivational interviewing trainers when training addiction professionals: Findings from a survey of experienced trainers. *Motivational Interviewing: Training, Research, Implementation, Practice, 1*(1), 7. doi:10.5195/mitrip.2012.7

Sellars, M. (2012). Teachers and change: The role of reflective practice. *Procedia-Social and Behavioral Sciences,* 55, 461-469. doi:10.1016/j.sbspro.2012.09.525

Shelton, E. (2012). A model of nursing student retention. *International Journal of Nursing Education Scholarship, 9*(1), 1-16. doi:10.1515/1548-923X.2334

Slavich, G., & Zimbardo, P. (2012). Transformational teaching: Theoretical underpinnings, basic principles, and core methods. *Educational Psychology Review, 24*(4), 569-608. doi:10.1007/s10648-012-9199-6

Smedley, B., Butler, A., & Bristow, L. (Eds). (2004). *The Nations' compelling interest: Ensuring diversity in the health-care workforce.* Retrieved from:

http://www.iom.edu/reports/2004/in-the-nations-compelling-interest-ensuring-diversity-in-the-health-care-workforce.aspx

Smith, C., & Gillespie, M. (2007). Research on professional development and teacher change: Implications for adult basic education. *Review of Adult Learning and Literacy, 7*(7). Retrieved from

http://www.ed.gov/teachers/how/tools/initiative/factsheet.pdf

Soloranzo, D., Villapando, O., & Oseguera, L. (2005). Educational inequities and Latina/o undergraduate students in the United States: A critical race analysis of their educational progress. *Journal of Hispanic Higher Education, 43*(3), 272-294. doi:10.1177/1538192705276550

Stebleton, N., & Soria, K. (2012). Breaking down barriers: Academic obstacles of first-generation students at research universities. *Learning Assistance Review, 17*(2), 7-19.

Stephens, N., Fryberg, S., & Markus, H. (2011). When choice does not equal freedom: A sociocultural analysis of agency in working-class American contexts. *Social psychology and personality science, 2*(1), 33-41. doi:10.1177/1948550610378757

Stephens, N., Fryberg, S., Markus, H., Johnson, C., & Cavarrubias, R. (2012). Unseen disadvantage: How American universities' focus on independence undermines the academic performance of first-generation college students. *Journal of Personality and Social Psychology, 102*(6), 1178-1197. doi: 10.1037/a0027143

Strunk, J., Townsend-Rocchiccioli, J., & Sanford, J. (2013). The aging Hispanic in America: Challenges for nurses in a stressed health care environment. *MEDSURG Nursing, 22*(1), 45-50.

Sullivan, L. (2004). *Missing persons: Minorities in the health professions: A report of the Sullivan commission on diversity in the healthcare workforce.* Retrieved from http://www/aacn.nche.edu/Media/pdf/SullivanReport

Takahashi, S. (2011). Co-constructing efficacy: A "communities of practice" perspective on teachers' efficacy beliefs. *Teaching and Teacher Education, 27*(4), 732-741. doi:10.1016/j.tate.2010.12.002

Tellez, M., Black, L., & Tinoco, A. (2011). California Hispanic nurses: Analysis of 1997, 2004, 2006, 2008 survey data. *Policy, Politics, and Nursing Practice, 12*(3), 150-158. doi:10.1177/1527154411417452

Tinto, V. (1975). Dropout from higher education: A theoretical synthesis of recent research. *Review of Educational Research, 45*(1), 89-125.

Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition* (2nd Ed.). Chicago: University of Chicago Press.

Tinto, V. (2006). Research and practice of student retention: What next? *Journal of College Student Retention, 8*(1), 1-19.

Tinto, V. (2012). *Completing college: Rethinking institutional action.* Chicago: University of Chicago Press.

Trajkovski, S., Schmied, V., Vickers, M., & Jackson, D. (2013). Implementing the 4D

    cycle of appreciative inquiry in health care: A methodological Review. *Journal of*

    Advanced Nursing, 69(6), 1224-1234. doi:10.1111/jan.12086

United States Census Bureau. (2013). *Hispanic heritage month: 2013*, (July 30).

    Retrieved from

    http://www.census.gov/newsroom/releases/archives/facts_for_features_special_ed

    itions/cb13-ff19.html

United States Census Bureau. (2011). *The Hispanic population: 2010.* Retrieved from

    http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf

United States Department of Health and Human Services, Administration on Aging.

    (2010*). A statistical profile of Hispanic older Americans aged 65+.* Retrieved

    from http://www.aoa.gov/Aging_Statistics/minority_aging/Facts-on-Hispanic-

    Elderly.aspx

United States Department of Health and Human Services, Health Resources and Services

    Administration. (2001). *Quality health services for Hispanics: The cultural*

    competency component.

    http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008pdf

United States Department of Health and Human Services, Health Resources and Services

    Administration. (2010). *The registered nurse population: Initial findings from the*

    2008 national sample survey of registered nurses. Retrieved from

    http://bhpr.hrsa.gov/healthworkforce/rnsurveys/rnsurveyinitial2008pdf

United States Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2011). *Healthy people 2020: Disparities*. Retrieved from http://www.healthypeople.gov/2020/About-Healthy-People

Van Driel, J., & Berry, A. (2012). Teacher professional development focusing on pedagogical content knowledge. *Educational Researcher, 41*(1), 26-28. doi:10.3102/0013189X11431010

Vansteenkiste, M., Sierens, E., Soenens, B., Luyckx, K., & Lens, W. (2009). Motivational profiles from a self-determination perspective: The quality of motivation matters. *Journal of Educational Psychology, 101*(3), 671-688, doi:10.1037/a0015083

Vega, W., Rodriguez, M., & Gruskin, E. (2009). Health disparities in the Latino population. *Epidemiologic Reviews, 31*(1), 99-112. doi:10.1093/epirev/mxp008

Velez-McEvory, M. (2010). Faculty role in retaining Hispanic nursing students. *Creative Nursing, 16*(2), 80-83. doi:10.1891/1078-4535.16.2.80

Vermunt, J., & Endedijk, M. (2011). Patterns in teacher learning in different phases of the professional career. *Learning and Individual Differences, 21*(3), 294-302. doi:10.1016/j.lindif.2010.11.019

Waneka, R., Spetz, J., & Lee, P. (2013). *The diversity of California's registered nursing workforce – 2013*. Retrieved from www.rn.ca.gov/pdfs/forms/diversityupdate.pdf

Warren, C., & Lessner, S. (2014). Who has family business? Exploring the role of empathy in student-teacher interactions. *Perspectives on Urban Education, 11*(2),

15-21. Retrieved from http://www.urbanedjournal.org/archive/volume-11-issue-2-summer-2014

Wei, R., Darling-Hammond, L., & Adamson, F. (2010). *Professional development in the United States: Trends and challenges.* Dallas, TX: National Staff Development Council. Retrieved from https://edpolicy.stanford.edu/sites/default/files/publications/professional-development-united-states-trends-and-challenges.pdf

Wolkowitz, A., & Kelley, J. (2010). Academic predictors of success in a nursing program. *Journal of Nursing Education, 49*(9), 498-503. doi:10.3928/01484834-20100524-09

Yardley, S., Teunissen, P., & Dornan, T. (2012). Experiential learning: Transforming theory into practice. *Medical Teacher, 34*(2), 161-164. doi:10.3109/0142159X.2012.643264

Appendix A: The Project Study

A research study was conducted to gain a better understanding of Hispanic nursing students' experiences in turning their failures into successful completion of their nursing program. The analysis of the data revealed that students who succeed after experiencing academic failure progress through three distinct successive stages, despair, self-reflection and change, on their journey to success. No literature was found on how to guide and support students through each of these stages. Therefore a 3-day professional development workshop was created to address this gap in educational practice.

Purpose

The purpose of the 3-day professional development workshop is to acquaint educators with the experience of achieving success after academic failure and to provide educators with more effective ways to enhance student success.

Target Audience

This workshop was created for nursing educators who work with nursing students that are on academic probation because they have failed a nursing course. It is open to any nursing educator who would like to gain additional skills in supporting student success.

Goals

This workshop will:

1. Acquaint educators with the stages - despair, self-reflection and change - that nursing students experience on their journey to achieving success after academic failure.

2. Equip educators with knowledge and skills to guide and support nursing students through each of the stages of the success journey.

3. Provide educators with the opportunity to gain knowledge and skills of Appreciative Inquiry (AI) a strength-based approach to achieving success.

Learning Outcomes

At the conclusion of the workshop the participants will be able to:

1. Describe the three distinct successive stages of the success journey.

2. Discuss the change process.

3. Demonstrate essential skills for building caring faculty mentor/student relationships.

4. Demonstrate effective communication.

5. Explain the five basic principles of AI.

6. Compare the traditional problem-based approach with AI.

7. Discuss each stage of the 4-D cycle.

8. Discuss the needs experienced by students in each stage of the success journey.

9. Demonstrate skills in the use of AI.

10. Demonstrate essential skills needed to support and guide nursing students through each stage of the success journey using a case scenario.

Implementation Plan

1. Prepare workshop handouts for each day. Include:

    a. The workshop schedule.

    b. A copy of the PowerPoint slides (3 per page with lines for notes).

    c. Evaluation form for each day.

    d. Blank paper for activities.

2. Set up conference room and place the sign-in sheet and handouts on a table near the door.

3. Welcome participants as they arrive. Instruct them to pick up the handouts.

4. Follow presenter notes on PowerPoint slides to explain the slides and to direct group activities.

5. Request workshop participants to complete evaluations at the end of each day.

Workshop Schedule

<table>
<tr><td colspan="2" align="center">Guiding the Success Journey
Workshop Schedule – Day One</td></tr>
<tr><td>8:30</td><td>Welcome and introduction to the workshop</td></tr>
<tr><td>9:00</td><td>Project study report</td></tr>
<tr><td>9:45</td><td>Break</td></tr>
<tr><td>10:00</td><td>Findings of project study: Stages of achieving success after failure</td></tr>
<tr><td>10:45</td><td>Group activity</td></tr>
<tr><td>11:45</td><td>Lunch</td></tr>
<tr><td>1:00</td><td>The change process</td></tr>
<tr><td>1:30</td><td>Nurse educators' role in supporting student success</td></tr>
<tr><td>2:00</td><td>Skills for building positive caring faculty mentor/student relationships</td></tr>
<tr><td>2:30</td><td>Break</td></tr>
<tr><td>2:45</td><td>Continue: Skills for building positive caring faculty mentor/student relationships</td></tr>
<tr><td>3:30</td><td>Summary and closing remarks
Evaluation</td></tr>
<tr><td>4:00</td><td>Adjourn</td></tr>
</table>

	Guiding the Success Journey **Workshop Schedule – Day Two**
8:30	Welcome and introduction to day two of the workshop
9:00	Communication: Listening, inquiry
9:45	Break
10:00	Communication: Reflecting
10:45	Group activity
11:45	Lunch
1:00	Introduction to Appreciative Inquiry
1:45	5-D Cycle of Appreciative Inquiry
2:30	Break
2:45	Continue: 5-D Cycle of Appreciative Inquiry
3:30	Summary and closing remarks Evaluation
4:00	Adjourn

	Guiding the Success Journey **Workshop Schedule – Day Three**
8:30	Welcome and introduction to day two of the workshop
9:15	Case Scenario – Supporting students through the stage of *despair*
10:00	Break
10:15	Case Scenario – Supporting students through the stage of *self-reflection* re-connection with their dream of becoming a nurse
11:45	Lunch
1:00	Case Scenario – Supporting students through the stage of *change*
1:45	Envisioning the future for faculty mentor/student work with students on academic probation
2:30	Break
2:45	Continue - Envisioning the future for faculty mentor/student work with students on academic probation
3:30	Summary and closing remarks Evaluation
4:00	Adjourn

Evaluation Plan

At the end of day one and two, workshop participant will complete an evaluation consisting of one open-ended question asking what was most helpful for that day. At the end of the final day, workshop participants will complete a survey to evaluate the workshop's learning environment and intended outcomes.

Guiding the Success Journey
Workshop Evaluation Day One

Please reflect on today's activities and respond to the following question. What did you find most helpful in today's workshop?

Guiding the Success Journey
Workshop Evaluation Day Two

Please reflect on today's activities and respond to the following question. What did you find most helpful in today's workshop?

Guiding the Success Journey
Evaluation Survey

Please take a few minutes to provide feedback on this workshop to assist us in maintaining and improving the quality and relevance of future workshops. Thank you for your honest feedback.

Please provide two responses for each statement below. In the column labeled "NOW, at end of workshop" circle the answer that describes your viewpoint **NOW** that the workshop is finished. Then, in the shaded section labeled "BEFORE, the workshop" circle the answer that describes your opinion **BEFORE** this workshop.

	NOW, at end of workshop				**BEFORE, the workshop**			
1. I support nursing students who are on academic probation through the stage of the success journey.	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
Comments:								
2. I build positive caring faculty mentor/student relationships through listening.	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
Comments:								
3. I use reflection strategies effectively when working with students on academic probation.	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
Comments:								
4. I use Appreciative Inquiry in my work with students	Strongly Disagree	Disagree	Agree	Strongly Agree	Strongly Disagree	Disagree	Agree	Strongly Agree
Comments:								

Please circle the number that best indicates the degree to which you agree or disagree with the following statements. Number 1 is strongly disagree (SD) and number 4 is strongly agree (SA).

	SD			SA
1. The presenter was well prepared.	1	2	3	4
2. The information presented was clear and easy to understand.	1	2	3	4
3. The presenter made the information interesting and engaging.	1	2	3	4
4. The presenter answered questions to my satisfaction.	1	2	3	4
Comments:				
THE PRESENTATIONS	SD			SA
1. The workshop was applicable to my work with students.	1	2	3	4
2. The workshop was thought provoking.	1	2	3	4
3. I want to tell others about Appreciative Inquiry.	1	2	3	4
4. The learning outcomes for the workshop were met.	1	2	3	4
5. The activities enhanced my learning.	1	2	3	4
6. I plan to use the new knowledge I gained from the workshop.	1	2	3	4
Comments:				
THE WORKSHOP IN GENERAL	SD			SA
1. The physical arrangements were adequate.	1	2	3	4
2. The length of the workshop met my needs.	1	2	3	4
3. The workshop was well organized.	1	2	3	4
Comments:				
What part of the workshop was most valuable?				
How could we make this workshop better?				
What suggestions do you have for future workshops?				

Workshop PowerPoint Slides – Day One

```
Guiding the Success Journey

Day One

Barbara Ninan

Walden University
```
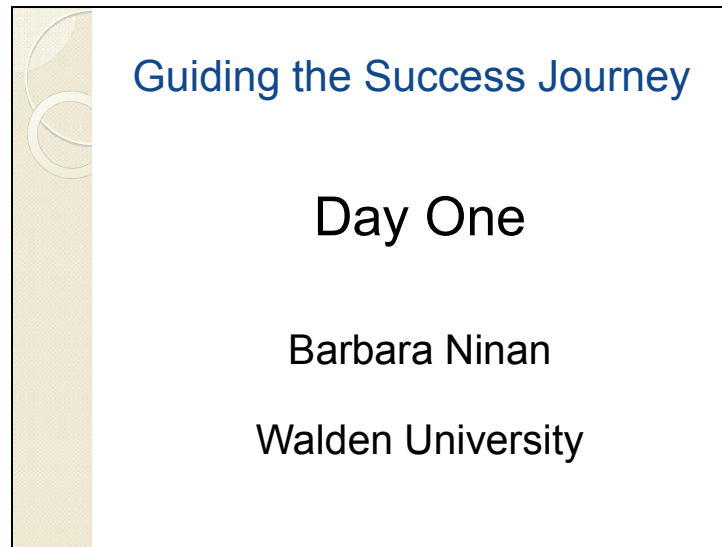
Welcome to today's workshop – *Guiding the Success Journey*.

The workshop will be interactive and you will learn and practice new skills that promote student success. I anticipate that we will have fun as we learn and interact together. Please feel free to ask questions at any time during the presentation.

Workshop handouts
- Today's schedule
- A copy of the PowerPoint
- An evaluation form
- Blank paper for activities

Activity: Ask audience to tell me one word that comes to their mind when they hear the word "success". Give each participant an opportunity to share.

This workshop is about success!

Ever since I began working in the Learning Assistance Department here at the school of nursing, I have been on a quest to find ways to help students become successful. Failure is a painful experience. We as educators want our students to succeed. We sit down with them and try to analyze what they are doing wrong so that we can try to help them fix their problems. Sometimes it works and sometimes it doesn't. We are constantly trying to improve our knowledge and skills so that we can learn new and better ways to teach our students how to manage their time, their study habits and their anxiety.

DISCUSSION ACTIVITY
Ask attendees to share some experiences of working with students who have failed.

Ask:
- What are some challenges you have experienced in working with students who have experienced failure?
- What do you wish you had more knowledge about or experience with?

Thank participants for sharing. Summarize common themes of what they have shared. Tie in their comments with the purpose of the workshop.

End with: After talking with many students on academic probation and asking them what went wrong, I decided it was time to explore what students do to succeed. This desire lead me to conduct a research study where I explored causes of success rather than the more traditional approach of studying the causes of failure.

Purpose

- The purpose of this 3-day professional development workshop is to acquaint educators with the experience of achieving success after academic failure and to provide educators with more effective ways to enhance student success.

I did a qualitative research study and I talked to students who had experienced failure and then went on to graduate and become nurses.

Their stories taught me so much about the experience of achieving success after academic failure. I learned more about what students need to be able to succeed.

I am eager to share my findings with you and to discuss how we as educators can become more effective in helping students to succeed.

Goals

- Acquaint educators with the stages that nursing students experience on their journey to achieving success after academic failure.
- Equip educators with knowledge and skills to guide and support nursing students through each of the stages of the success journey
- Provide educators with the opportunity to gain knowledge and skills of Appreciative Inquiry (AI), a strength-based approach to achieving success.

Discuss goals for the workshop.

Learning Outcomes
Day One

- Describe the three distinct successive stages of the success journey.
- Discuss the change process.
- Demonstrate essential skills for building caring faculty mentor/student relationships.

List learning outcomes for the day.

Research Study

Study Title

Success Experiences of Hispanic Nursing Students Who Persisted and Graduated After Academic Failure

Research Question

How do Hispanic nursing students turn their academic failures into successful completion of the nursing program?

Share background of why this research topic was chosen, how the research was conducted, and how the data was analyzed. DO NOT READ WORD FOR WORD BUT INCLUDE THE FOLLOWING POINTS.

I have been working for several years with students who are on academic probation due to academic failure in the nursing program. Some of those students fail again and are dismissed from the program. Other students are able to continue and become successful. I began to question why some students succeed and others do not. This became my topic of interest to consider for my doctoral research study.

After having the following interaction with a nursing student who failed, I decided to narrow my study to focus on Hispanic students.

A distraught nursing student walked into my office in tears because she had just failed a nursing course. She said, "When I started nursing school here I was told by other students, you are going to fail a nursing course and end up in the Learning Assistance office because you are Hispanic. Hispanics always have difficulty in nursing school. I told them "no, that will not happen to me! But, here I am. I failed myself and my own kind. Maybe I am not capable of becoming a nurse."

The problem
- 40% of Hispanics entering this nursing school will experience failure and 20% will be dismissed due to repeated failures.
- Hispanics are the fastest growing minority in the US.
- 50% of the people in our county are Hispanic
- Diversity among our graduates does not match the diversity in our county

Say: Having spent many years in nursing management in the hospital, I am very familiar with analyzing the root causes of failure when something goes wrong. At the school of nursing when a student fails, we also try to identify the cause of the failure so we can help the student fix their problems. I decided it was time to take a new approach. Perhaps we should study the root causes of success. I wanted to learn about the experiences of students who succeed. I hoped that by studying success I could learn new ways to help students become successful.

STUDY TITLE: Success Experiences of Hispanic Nursing Students Who Persisted and Graduated After Academic Failure.

RESEARCH QUESTION: How do Hispanic nursing students turn their academic failures into successful completion of the nursing program?

STUDY PARTICIPANTS: Hispanic registered nurses were interviewed who had graduated within the last two years and who had experienced academic failure during the nursing program.

INTERVIEWS

The interview questions were:
- Please tell me about your experience when encountering difficulty while in nursing school and being required to repeat a nursing course.
- Tell me how your experience of becoming successful unfolded.
- How did you change during the process of becoming successful?
- What advice do you have for other nursing students who find themselves in a similar situation in nursing school?

DATA ANALYSIS
Provide brief description of how I analyzed the data.

END WITH: Next I will share with you what I learned from my study.
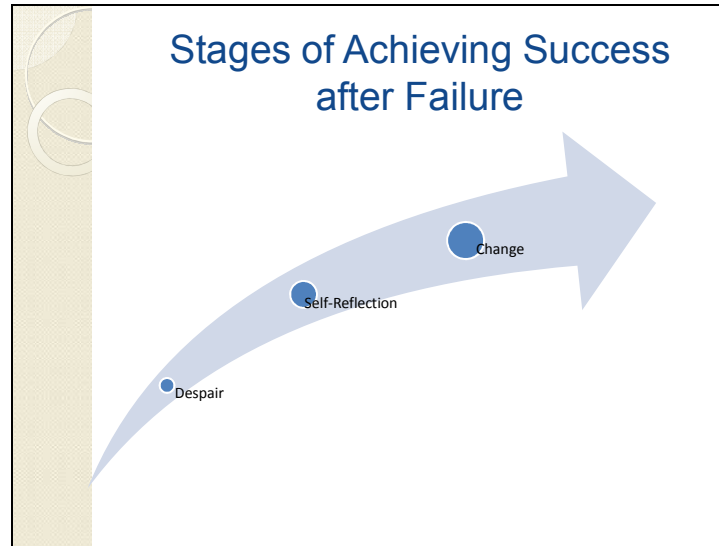
As I analyzed the data I began to see common themes in the participants' stories. The study findings showed that for all participants the experience of achieving academic success occurred in three distinct and successive stages; despair, self-reflection, and change. During the self-reflection stage the participants re-captured their dream of becoming a nurse.

On the next slides I will describe each of these stages. I will use actual quotes from some of the participants to help you understand their experiences. All participants will be referred to by a pseudonym to protect their identity.

As I talk about these different stages I would like you to be thinking about your own experiences with failure and the process you went through to turn around the situation. If you can identify with these stages in your own experience and are willing to share, I am going to ask you to do so.
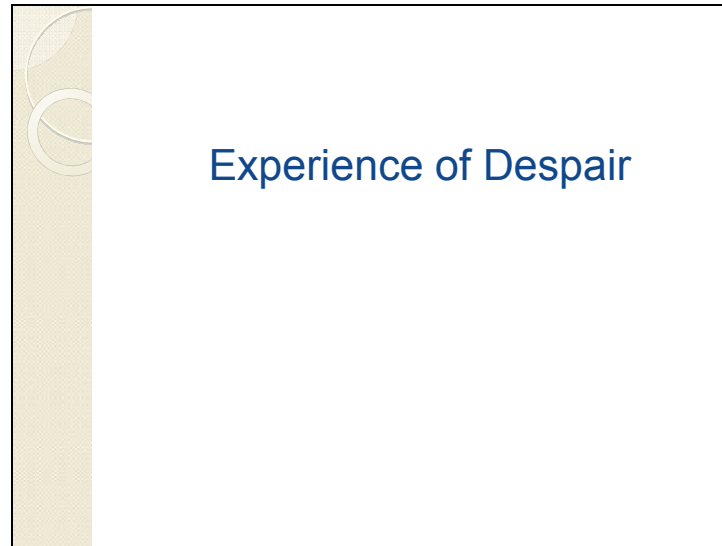
Experience of Despair

Describe this stage and share what I learned from the participants about this stage. Share stories and quotes from the research participants.

All study participants vividly described being in a state of despair after learning they had failed a nursing course. They became overwhelmed with a sense of fear and self-doubt.

One of the participants, Tullie said:
"I always say it was probably, among all the things I have gone through, it was probably the worst moment of my life because I felt so defeated…I was crumbling".

They struggled to come to terms with their failure and with their negative emotions. During this stage they were not able to problem solve. They needed support and understanding.

Participants described being stuck in this stage until they were able to accept their circumstances. Only after working through the feelings of despair were they able to move forward into the next stage of self-reflection.
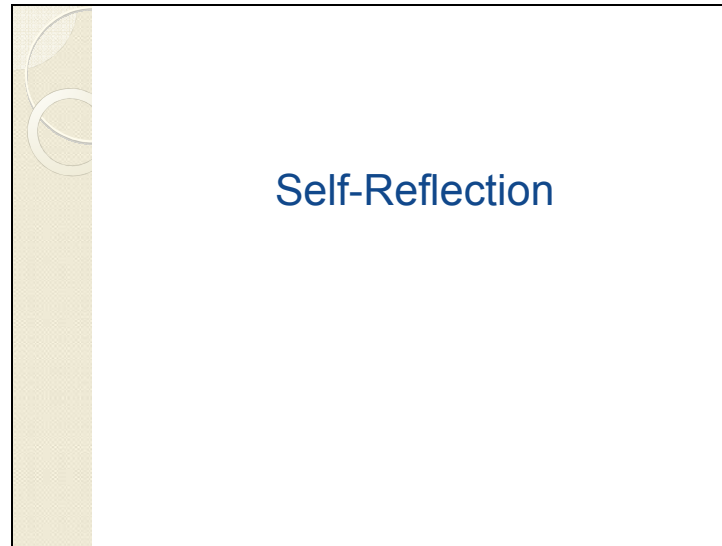
Self-Reflection

Describe this stage and share what I learned from the participants about this stage. Share stories and quotes from the research participants.

In the stage of self-reflection, the students became introspective, sorted through their feelings, and re-evaluated their commitment to nursing. They grappled with the hard questions of: (a) do I want to become a nurse, and (b) am I willing to put in the effort necessary to become a nurse?

Jackie talked about her experience of the self-reflection stage. She said "I think it is really important to take a step back, pray on it, truly pray and reflect if this is what you really want and if you are willing to work hard for it".

Tullie shared how glad she was to have the summer after she failed to give her the time to sort through her feelings, evaluate herself, and clarify her goal:
"I failed in the spring so I had the three months to evaluate myself. I felt like I just needed that time to sort through my feelings. I was like, OK, get over yourself. What is my goal? This is what I want, and so I am going to do it wholeheartedly this time."

Janette described physically writing down on paper what was important to her.
"I had been really depressed. I started turning my thinking around. Yeah, it was just like me self-talking to myself. Once I got to that point me sitting down and seeing what is really important to me in my life, I made a list and wrote it down on paper."

For the participants in this study, this process of self-reflection led to a re-capture of the dream to become a nurse.
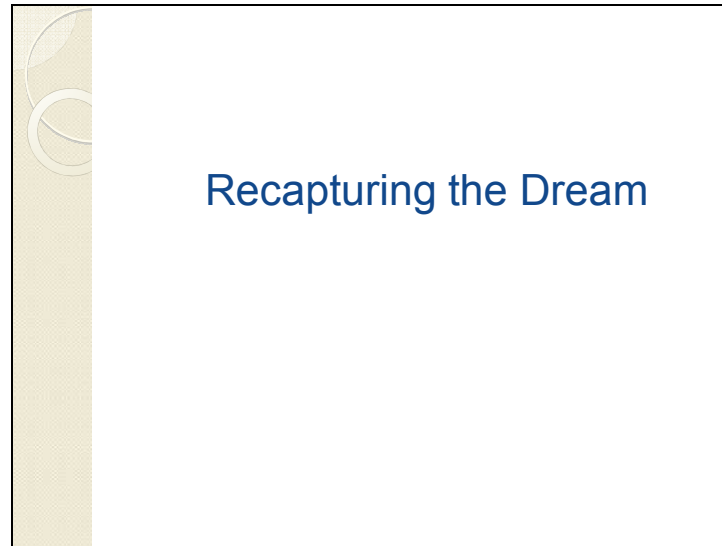
Recapturing the Dream

Describe this stage and share what I learned from the participants about this stage. Share stories and quotes from the research participants.

During the self-reflection stage, the study participants spent time thinking about if and why they wanted to become nurses. This process led them to re-connect with their dream of becoming a nurse.

The ability to focus on the dream instead of the defeat was the pivotal turning point in their success journey. Once they were able to re-capture the dream of becoming a nurse, a determination set in and they became committed to do whatever it took to make their dreams come true.

Anita said "I was not just going into nursing because it is a good profession, this was my dream and this was my calling. I wanted to follow my dream."

Once the dream was re-captured, they were able to continue the process of self-reflection. This new self-awareness led to an increased openness to search for what they could do differently to increase their chances for success. They became ready to change to become successful.
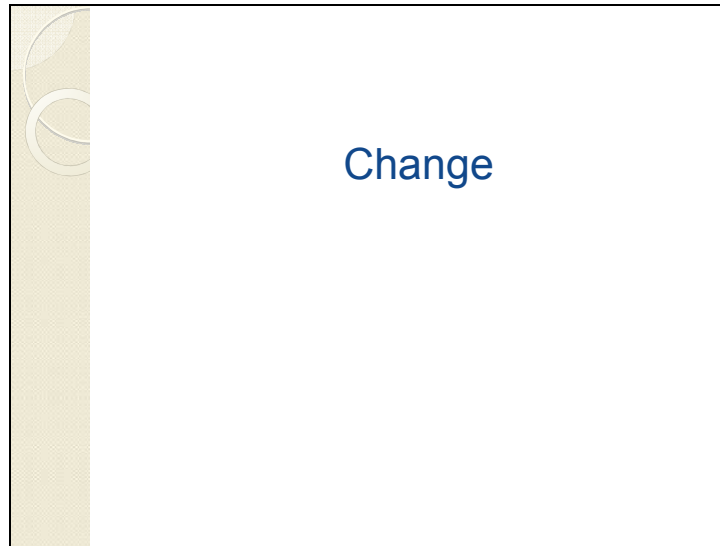
Change

Describe this stage and share what I learned from the participants about this stage. Share stories and quotes from the research participants.

During the change stage, students began to make changes that would lead them to turn their academic failure into success.

They:
• made action plans of what they needed to do to become successful
• revised their action plans as needed
• changed their negative thoughts and attitudes
• reached out for help
• made connections with peers.
• changed their approach to time management
• implemented more effective ways of studying

They became encouraged as they began to experience small successes. Small successes led to increased self-confidence that lead to more changes and more successes.
All researcher participants made major changes as they pushed forward towards success.

SHARE EXAMPLES AS TIME PERMITS

ACTIVITY
Involve workshop participants: Write student quotes on cards. Have the participants play the part of the student and read the quote.

Jackie got an agenda planner and wrote down her priorities. She became really organized and was able to see the big picture. She said "I changed my time management. I got an

agenda planner to prioritize and I recorded dates and stuff. Oh, it felt good. I learned to see the big picture, to really organize it. I don't go anywhere without my planner now."

Miranda became more honest with herself about how she was managing her time. "I started being more honest with myself. Its like are you really studying that full hour or are you getting distracted. I had seen a reality check to myself and that is when I started to be more conscientious of my time. I got myself a planner and just seeing it made it easier.

Julie reported using trial and error as she experimented with new ways to help herself be successful. Trying one thing, if that didn't work, trying something else, and asking others what works for them. Use instructors. Ask for help, yes. Having calendars, lists, sticky notes everywhere, just trial and error, and trying to figure out what worked for me at that time.

When Jackie got her second chance she reported reflecting on what she had done the last time that made her fail. She made a plan to do things differently to succeed. "I started making note cards. I started writing down notes. I studied the power point lectures that were given. I wrote my own notes. I asked for her permission to record the lectures. Those are the things I didn't do before."

Miranda created new ways to learn and to make learning fun. "What I started doing to help myself and encourage myself was to make diagrams. I re-wrote my notes and used different colors to make it pretty. This was so I would actually want to read it. Make it colorful, not just black and white and that really helped a lot. I just started thinking of what I would like, of different new ways. Some ideas came from friends, and I would adjust their ideas to what I like, and try to make it fun. I kind of tried to break out of what used to be my old study habits which was just read and write. So I did a 180. I added things that I liked. Also if you have to explain it to someone, do it. Or if no one is willing to listen, that is fine, talk to your teddy bear. It sounds ridiculous, but it does help, it really does. Find ways that you find it enjoyable, that catch your attention.

Janette became a different student. Her self-pity was gone and she no longer needed others to lift her up. She became her own source of strength. She gave herself positive talk and made no more excuses. In fact she sometimes gave herself orders. She described how she changed to become self-confident. "I would really be hard on myself and tell myself, you are wasting time and you are being ridiculous right now. You need to just snap out of it and go back to work because that is what you came here to do. You didn't come here to just start a soap opera; you came here to finish school. After that it was like no more excuses. And once, after that whole hurdle it was just different. I am more confident about myself and my grades really went up. My abilities were the same but it was just the way I saw myself and the way that I could achieve things. Now things were just up to me."

END WITH: As they changed their behaviors and experienced repeated successes, they became more confident that they could do what was needed to reach their dreams. This newfound self-confidence kept them engaged in the process. They continued to move forward until they were able to reach their dream of becoming a nurse.

After completing this study I decided to develop this workshop for nursing educators. I want to provide you with knowledge and skills so that you can help students turn their failures into successes.
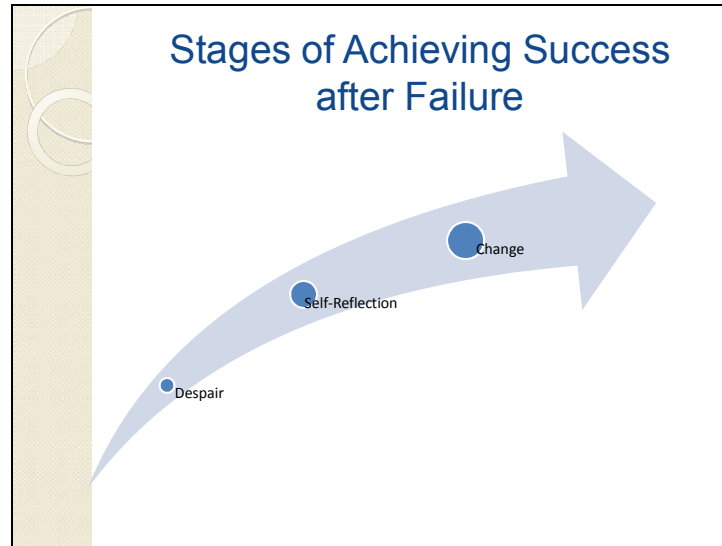
As I analyzed the data I realized that I could relate personally to the stages of achieving success after failure. Can you relate to these stages?

ACTIVITY TO FACILITATE DEEPER UNDERSTANDING OF THE STUDENT EXPERIENCES (Note: If participants seem hesitant to share, begin by sharing a personal experience to get things started.)

DIVIDE IN GROUPS OF 2-3

INSTRUCTIONS FOR ACTIVITY

Think of a time that you experienced failure (academic or otherwise) and were eventually able to overcome the failure and move forward.

Share with each other your experiences
• What was that experience like for you?
• After coming to terms with your failure, how did this process of *self-reflection* unfold for you?
• How did the process of self-reflection lead you to identify or re-connect to a goal or a dream for your life?
• What actions did you take after identifying your goal or dream for your life?

ASK FOR A VOLUNTEER TO BE INTERVIEWED ABOUT HIS/HER EXPERIENCE OF TURNING FAILURE INTO SUCCESS.

INTERVIEW THE VOLUNTEER AND MODEL THE COMMUNICATION SKILLS THAT WILL BE PRESENTED IN THE NEXT PART OF THE WORKSHOP.

INTERVIEW QUESTIONS
(Despair stage)

What was that experience like for you?
- How did you feel?
- How did you act?
- How did you respond?

(Self-reflection stage)

After coming to terms with your failure, how did this process of self-reflection unfold for you?
- What did you do?
- What did you tell yourself?
- What was the outcome of your self-reflection?

(Self-reflection stage - dream)

How did the process of self-reflection lead you to identify or re-connect to a goal or a dream for your life?
- Tell me about your dream.
- How did you feel when you identified your dream?
- What did you do next after identifying your dream?

(Change stage)
What actions did you take after identifying your goal or dream for your life?
- What did you do?
- Who did you ask to help you?
- How did you feel?
- How did you achieve success?

Make thoughtful comments about what they have shared. Point out similarities between the volunteer's experience and the experiences of the participants in the research study.

Thank participants for sharing.

> ## A New Approach
>
> When you focus on problems you get more problems...when you focus on possibilities you gain more opportunities.
>
> Author unknown
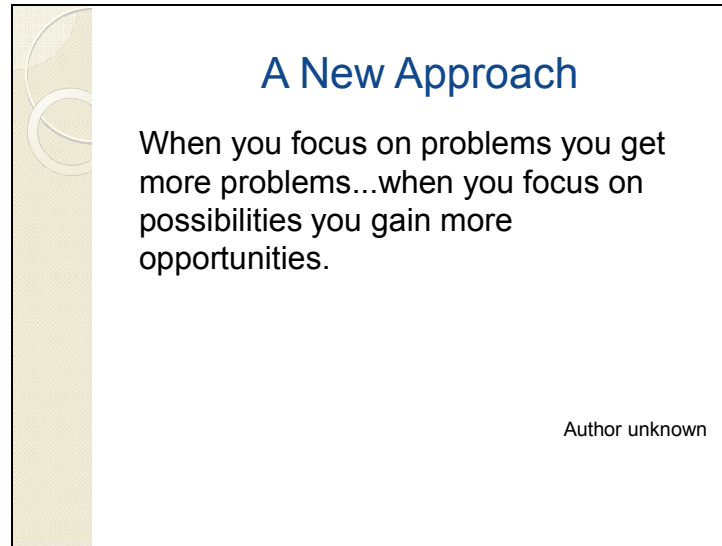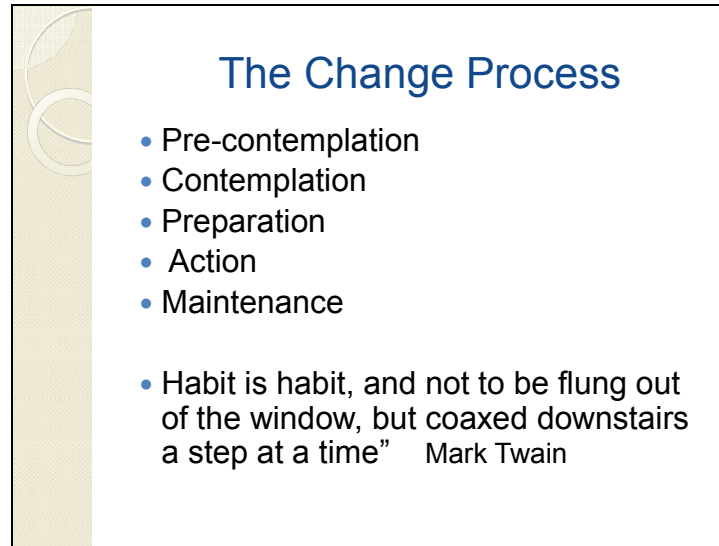
This workshop will provide you with the opportunity to gain knowledge and skills of how you can support nursing student success as they progress through each of the three distinct stages – despair, self-reflection, and change – that they experience on their journey to achieving success after academic failure.

The approach to supporting student success that I will present in this workshop differs from the traditional approach of identifying and fixing problems. As nurses we are particularly good at identifying patient problems, formulating nursing diagnoses, and creating plans to fix the problems. We often use the same approach as we are working with nursing students who are having academic difficulties. We want our students to be successful so we try to figure out what the problem is so that we can tell them what they need to do to become successful.

Applying the approach that I will be sharing today will require a paradigm shift for us as educators. We will be shifting from the traditional way of providing solutions to student problems because solutions are often not effective in eliciting behavior change. Instead we will focus on strengths as we learn skills to guide and empower students to find their own solutions for achieving success.

The Change Process

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

- Habit is habit, and not to be flung out of the window, but coaxed downstairs a step at a time"   Mark Twain

Life is full of changes. In this workshop I am presenting a new approach to supporting nursing student success. This will require a change in the way nursing educators approach academic failure at the school of nursing. The nursing students are also faced with the need to change to become successful in nursing school.

I want to review the change process. Research has shown that everyone progresses through this same change process no matter what the change is. This applies to us as we change our approach to working with students and it also applies to students on their success journey.

DISCUSS THE CHANGE PROCESS AND ASK FOR EXAMPLES FROM THE WORKSHOP PARTICIPANTS

Pre-contemplation
- Not aware of a need to change
- I won't - I am not interested, I don't want to
- I can't – I don't feel capable of succeeding
Support needed in this stage: Empathy, Non-judgmental reflections, accept that they are not ready to change.

Step one – contemplation
- Thinking about the change
- Feelings of ambivalence (Mixed feelings, sitting on the fence)
Support needed in this stage: Connect to strengths and values, discover motivators, and discover positive reasons to change.

Step two – Preparation

- Planning for the change. (Setting goals. Thinking about what needs to happen to become successful. Trying out new behaviors and learning from mistakes.)

Support needed in this stage: Concrete plan, identify small realistic steps, and develop strategies to cope with challenges, avoid telling clients what to do.

Step three – Action
- Implementing the change. (The behavior is still new so slip ups are common. A lot of support is needed.)

Support needed in this stage: Prepare for slip-ups, plan for dealing with problematic situations, gradual change in achievable steps, and connect with others sharing similar goals, identify sources of support.

Step four – Maintenance
- Continuing the new behavior. (It is more automatic so it is easier. Periods of high stress increase the potential for relapse.)

Support needed in this stage: Recognize relapse is possible, stay alert to avoid slipping into old habits, view self as a role model, have fun with the process.

> ## Nurse Educators' Role in Supporting Student Success
>
> - Develop a positive, caring, and trusting relationship with the student.
> - Empower students to create their own success.
>
> *Students won't care to learn until they learn that you care.*

The old adage is still true today. *Students won't care to learn until they learn that you care.*

Developing a positive, caring, and trusting relationship with our students is key to student success. We do care about our students. However it is not uncommon to hear students say that they don't think their teacher cares about them. Why is this? I believe as educators, we have a responsibility to continually work on our skills to be able to communicate our caring in ways that students can understand.

Developing a positive, caring, and trusting relationship with our students is foundational to empowering students to create their own success.

This afternoon we will discuss and practice skills necessary to build positive, caring, and trusting relationships with students.

ACTIVITY
Divide into groups of 3-4
ASK the participants to share personal experiences they have had with teachers that they believed cared about them.
Instruct them to share the details and answer the following:
- What did this teacher do that made you think he/she cared?
- What was most meaningful to you?
- As a group make a list of what you consider to be the top 5 caring behaviors.

Ask one person from each group to share one behavior from their list. Write this behavior on the white board. Proceed to the next group and ask them to share a different behavior from their list. Continue this process until there are no new behaviors to be shared.

Skills for Building Positive Caring Faculty Mentor/Student Relationships

- Unconditional positive regard
- Presence
- Empathy
- Effective communication
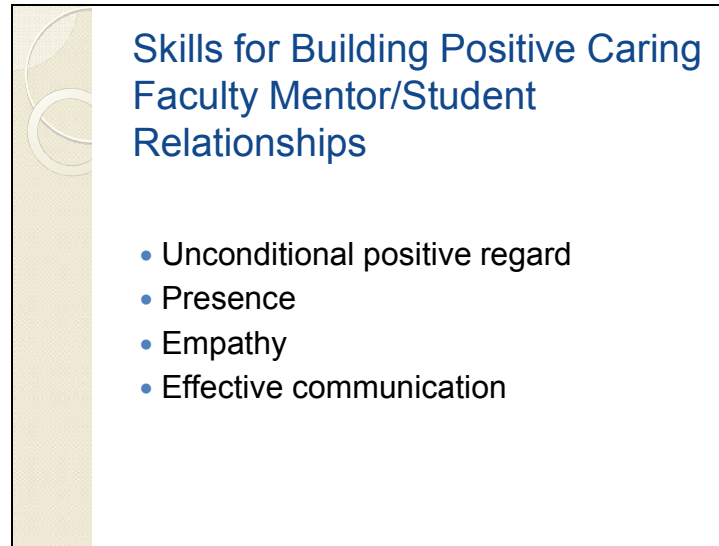
Refer to the list of caring behaviors that was written on the white board from the previous activity. Discuss if the behaviors fit one of the categories on the slide. If not, write a new category on the white board.

UNCONDITIONAL POSITIVE REGARD
Have interactive discussion about what it means to have unconditional positive regard for another.

ASK
- What does this mean to you?
- What does this feel like?
- What does this look like?

Make comments about and summarize what was shared. Refer as appropriate back to the list on the white board.

BE PRESENT

ROLE PLAY – Scene where student is talking to a teacher. The teacher is somewhat distracted. Frequently checks watch. Teacher makes a comment that is obvious that she was not listening.

Have discussion with attendees regarding how the student might feel with this interaction.

ASK
- What would you change about this scenario to demonstrate that you are fully present?
- What does being fully present mean to you?

- What does being fully present feel like?
- What does being fully present look like?

Make comments about and summarize what was shared. Refer as appropriate back to the list on the white board.

When we are fully present we are mindful, authentic and we show empathy.

EMPATHY
Ask for volunteers to share what they believe to be the meaning of empathy. Discuss what empathy is and what it is not.

An empathetic person can:
- Feel with the other person.
- Imagine what it is like to walk in another's shoes.
- Understand the emotional state of another.
- Be fully present with the other person.

Empathetic concern has no cultural, ethnic or racial boundaries.

Empathy is not sympathizing or pitying another person.

To communicate empathy effectively one must have good communication skills.

In our workshop tomorrow we will discuss and practice effective communication skills.
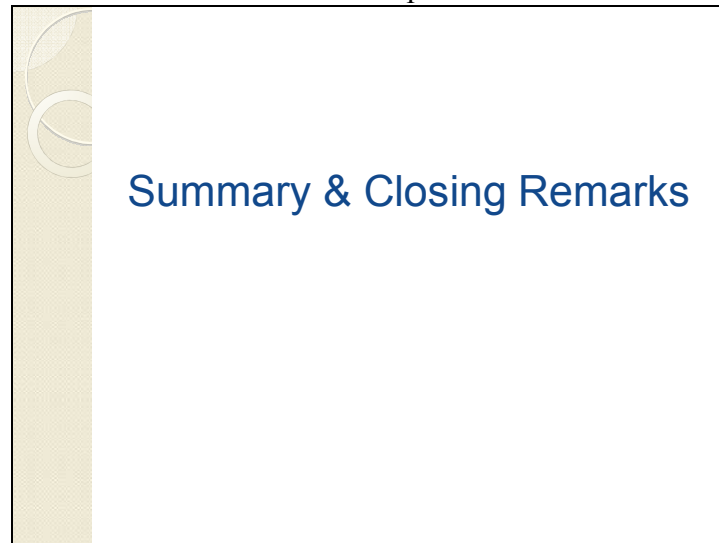
Summary & Closing Remarks

Respond to questions.

Briefly summarize key points form today.

Inform the workshop participants that our topics for tomorrow are effective communication and Appreciative Inquiry (AI). Provide brief overview to peak their interest in learning about AI.

EVALUATION
Ask attendees to reflect on today's activities and respond to the question on the evaluation form that asks what they found most helpful in today's workshop.

Let them know I will review their comments tonight and summarize and share the results tomorrow at the beginning of the workshop.

Workshop PowerPoint Slides – Day Two

<div style="border:1px solid black; padding:1em;">

Guiding the Success Journey

Day Two

Barbara Ninan

Walden University

</div>
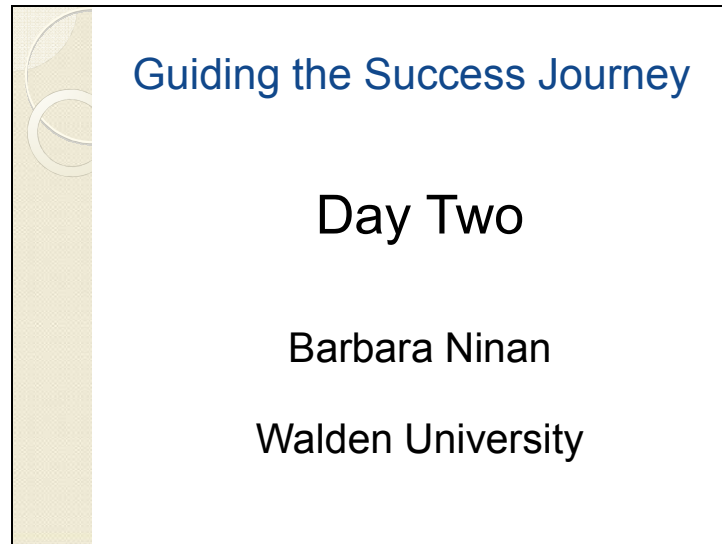
Welcome to the second day of our workshop.

Workshop handouts
- Today's schedule
- A copy of the PowerPoint
- An evaluation form
- Blank paper for activities

OPENING ACTIVITY
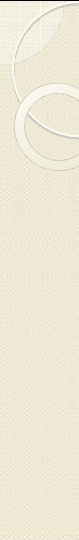
Ask for volunteers from audience to share a time that they made a positive impact on someone's life.

Ask what strengths they used to help that person.
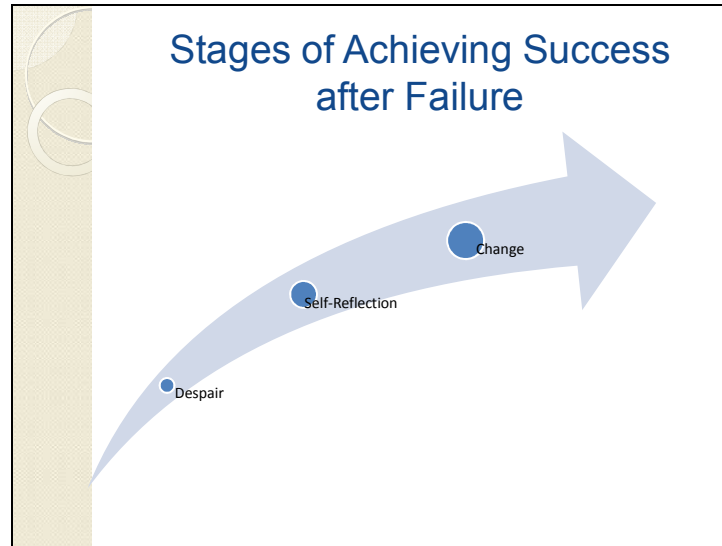
Share what workshop participants found most helpful from yesterday's evaluations.
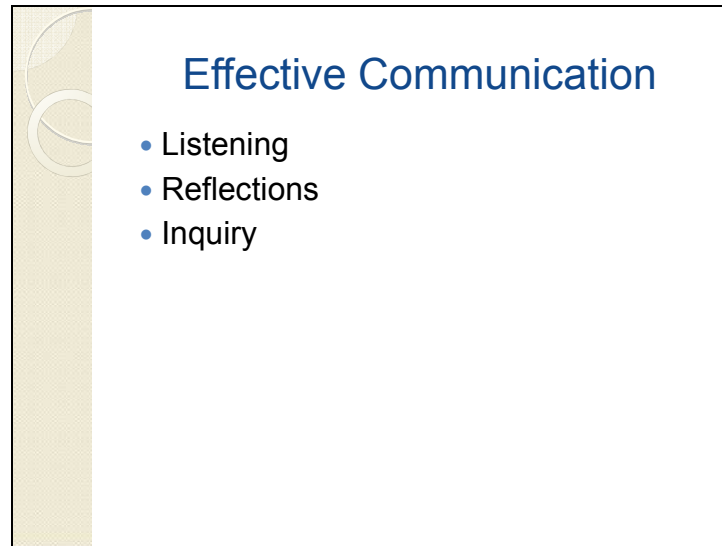
Provide brief summary of content from day one of the workshop.

Learning Outcomes
Day Two

- Describe effective communication
- Explain the five basic principles of AI
- Compare the traditional problem-based approach with AI
- Discuss each stage of the 4-D cycle

Review learning outcomes for day two.

Effective Communication

- Listening
- Reflections
- Inquiry

Another important skill for building positive faculty mentor/student relationships is effective communication.

Effective Communication
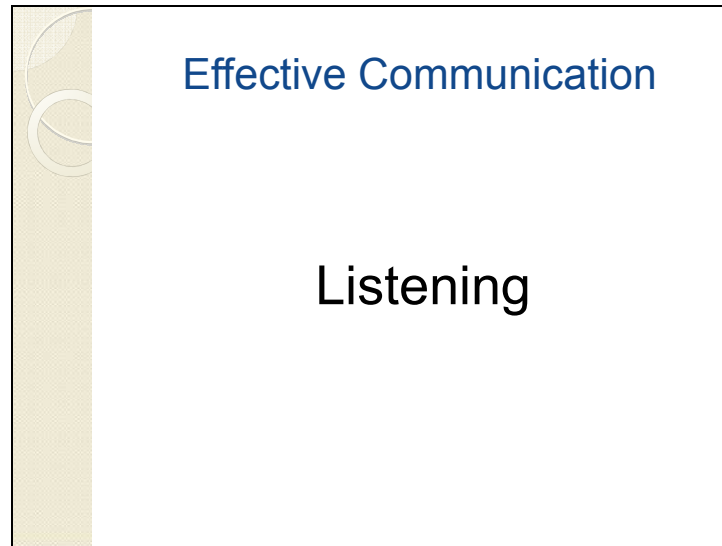
Listening

Discuss what listening is and why it is helpful. (Include the following points)

LISTENING IS NOT GIVING ADVICE

ACTIVITY
Turn to the person sitting next to you.
Share about a time when someone gave you advice that you did not need, want, or appreciate.

Ask for 3-4 volunteers to share their experience of receiving unsolicited advice.
After volunteer shares, ask, how did that make you feel.

Engage participants in a discussion about common reactions to receiving unsolicited advice - refer to these if necessary: Angry, agitated, oppositional, discounting, defensive, justifying, not understood, not heard, procrastinate, afraid, helpless, overwhelmed, ashamed, trapped, disengaged, avoidance, uncomfortable

LISTENING
Interactive discussion
Have participants think of a time they felt truly listened to.
Have workshop participants call out how being listened to made them feel. Write these feelings on the white board.
Possible feelings: Understood, want to talk more, accepted, respected, engaged, able to change, safe, empowered, hopeful, comfortable, interested, want to come back, cooperative.

Next have attendees call out what a good listener does. Write these behaviors on the white board.

Possible behaviors: Eye contact, focused, body language, head nods, reflective responses, appropriate questions.

Effective Communication
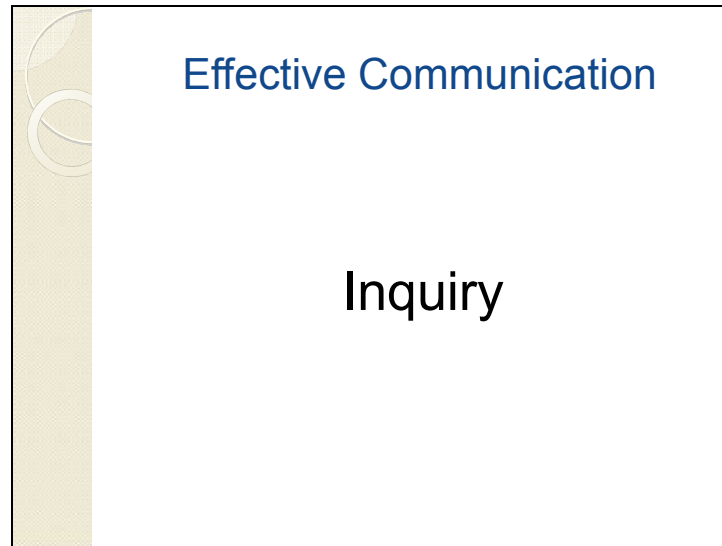
Inquiry

Discuss what inquiry is and why it is helpful. (Include the following points)

INQUIRY
When working with students, we need to have meaningful communication and dialogue. We ask questions when we need information and when we want to stimulate students thinking and self-reflection. We facilitate effective faculty mentor/student interactions when we ask questions that invite answers and make reflective comments about their answers. When asking questions we should apply all our relationship skills of being non-judgmental, being present and communicating effectively.

Discuss inquiry skills
- Best when open ended. "What" and "How" questions tend to be effective. A "tell me about" statement can also be effective.
- Avoid too many questions one after another. The student may feel interrogated. This could lead to the student feeling judged.
- Listen, nod and give reflections in between questions.
- If student hesitates or seems uncomfortable with a question consider changing approach. May need to drop the question and bring up at another time.
- Learn to ask questions that stimulate thinking and encourage self-reflection

ACTIVITY
Write the following questions on the white board.
Did you follow your study plan?
Did you follow your exercise plan or were you too overwhelmed with your studies?

Instruct participants to:
Rewrite the question in an open-ended format that stimulates thinking and self-reflection

Have scribe from the audience write new variations of questions on the board. Discuss how the new questions can be more effective than the original questions.

Effective Communication
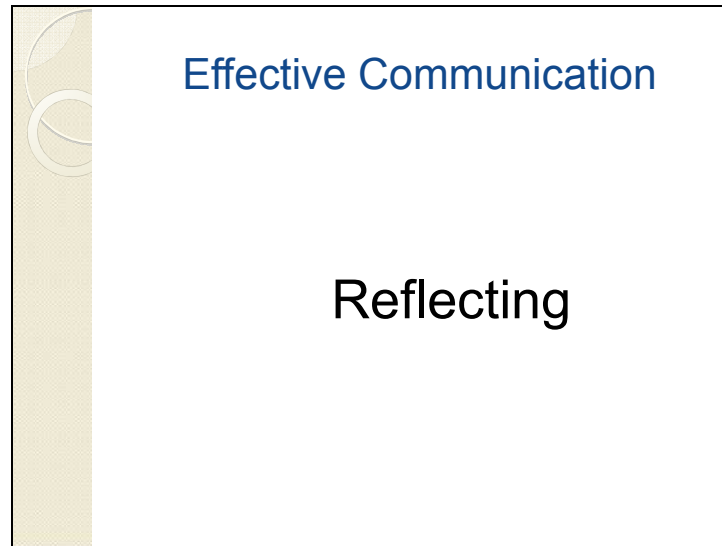
Reflecting

Discuss what reflecting is and why it is helpful. (Include the following points)

Reflections can be a powerful way to help a person feel heard and understood.

Types of reflections (Describe each of these and give examples)
Simple reflections
• Restating the words or paraphrasing

More complex reflections
• Reflecting the ideas
• Reflecting feelings or emotions
• Reflecting the value or the meaning behind what was said

EXAMPLE
(Statement made by discouraged student)
I don't understand how I could have failed. I worked so hard. I hardly got any sleep. I sometimes forgot to eat. I had to give up all my plans for exercise. I did everything I possibly could. There is nothing more I can do. I don't know how I could pass this course even if I took it again because I don't know what else to do.

Read the following example reflections one at a time and have attendees state what type of reflection it is.

Examples
You don't understand how you could have failed. (Simple reflection)
You gave up sleep, exercise and food and that didn't help. (Simple reflection)
You sacrificed so much and it wasn't enough (Reflecting the ideas)
You are feeling very discouraged and loosing hope of being successful (Reflecting feelings)
Becoming a nurse is so important to you. (Reflecting the value/meaning behind what was said)

A person could make many different reflections from this example.

Reflections can be powerful communication tools. Complex reflections take more practice because you are listening to what is behind the words.
Sometimes your guess about what is behind the words will be wrong. When this happens the student will correct you and the conversation will continue and both you and the student will know you now more accurately understand what they were trying to say.

ACTIVITY
Divide audience into groups of 4-5.

Ask one person in the group to share something they are concerned about.
Have each person in the group take turns making a reflective comment. (Try to use a variety of types of reflections.)

Repeat process until each group member has had an opportunity to share a concern and receive reflective comments.
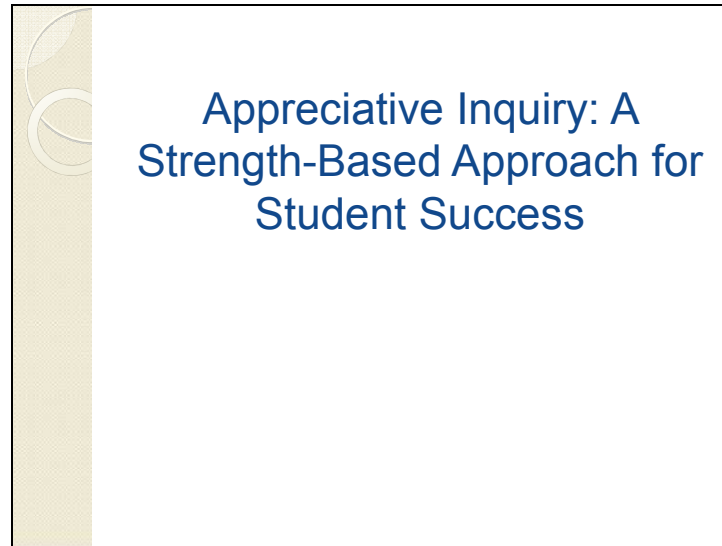
Thank audience for participating.

Ask group to share:
 What was it like for you to hear the reflective comments after you shared your concern?
 How was it like to reflect?

END WITH: Summarize key points about effective communication and answer questions.

Appreciative Inquiry: A Strength-Based Approach for Student Success

In this activity we will be asking positive questions to learn about each other's strengths

ACTIVITY # 1
Divide in groups of 4.

Purpose of activity: You are meeting with someone and you want to know their strengths, what they do really well and what makes then stand out. You are trying to learn about their strengths because you are trying to help them land their dream job.

Individually write down questions you could ask to learn as much as possible about their strengths. (Think about the points we discussed in effective communication.)
Discuss your questions with your group. Choose 2-3 questions to share with the large group.

Invite groups to share their questions with the whole audience. (Give positive feedback regarding the questions)
You may want to use some of these questions for the next activity.

ACTIVITY # 2
Ask workshop participant to pair up.

Overview of Activity
Review purpose of this activity. (You are meeting with someone and you want to know their strengths, what they do really well and what makes then stand out. You are trying to learn about their strengths because you are trying to help them land their dream job.)

For this activity you will take turns interviewing each other. You want to know their strengths, what they do really well and what makes then stand out.

After the interviews you will take turns introducing your partner to a panel of executives who are looking for extraordinary talents and strengths. You want to introduce them in a way that makes them shine.

Activity
Spend a few minutes getting acquainted with your partner. Ask questions to learn about their strengths. Use reflections to encourage further elaboration. Incorporate effective communication skills.

Prepare to introduce your partner by jotting down some notes you can refer to as you introduce your partner. Remember your job is to make them shine.

Next introduce each other to the panel of executives (workshop participants). Imagine that the workshop participants are here to find extraordinary people for various jobs. When you introduce your partner make their strengths shine.

Discuss with audience how it felt to be introduced in such a positive way.
Ask for volunteers to share how it made you feel to be introduced in such a positive way?

You have just experienced a little of the energy that positive inquiry brings. (Tie in with Appreciative Inquiry)

I believe you will find Appreciative Inquiry a very valuable approach to helping students achieve success.

What is Appreciative Inquiry?

- Appreciative Inquiry is a strength-based approach to change
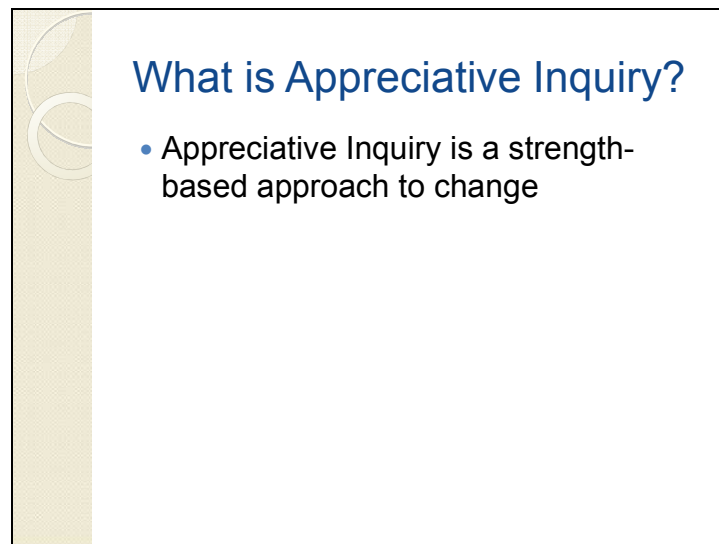
Appreciative Inquiry (AI) is a strength-based approach to change. David Cooperrider and his colleagues in the Department of Organizational Behavior at the Weatherhead School of Management at Case Western Reserve University in Cleveland Ohio developed AI in

the late 1980s. Initially it was created as a transformational change process for organizations. It is grounded in research in disciplines such as positive psychology, sociology, and health and wellness coaching.

Literally it means to ask positive questions. It is a philosophical approach to creating change by focusing on strengths.
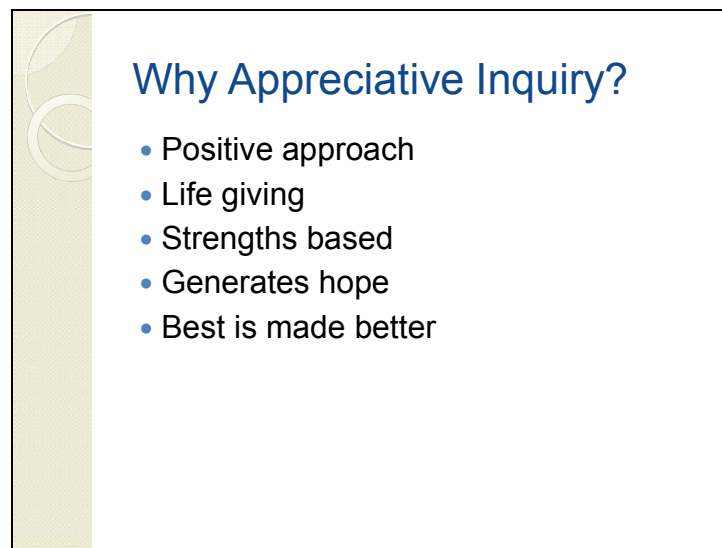
Ask if anyone has any knowledge or experience with AI.
If yes, ask them so share their experience with AI.

Show a video by Jackie Keln about Appreciative Inquiry (10 minutes)

What Is AI?
Link to video: https://www.youtube.com/watch?v=ZwGNZ63hj5k

After showing the video, engage them in the topic by discussing their reaction to the video.

Why Appreciative Inquiry?

- Positive approach
- Life giving
- Strengths based
- Generates hope
- Best is made better

Meet the creator/developer of the approach – David Cooperrider

Show 4-minute video and listen to him talk about AI
Link to video: https://www.youtube.com/watch?v=3JDfr6KGV-k

Discuss what we learned from the video with the audience.

Share my journey with AI
- Had not been familiar with AI
- Noted that it aligned with my study

- Did not want to focus on problems
- Video confirmed that I was not going to discover what leads to success by looking at what leads to failure
- Was searching for positive approaches to help students
- Discouraged students need hope
- AI is such a hopeful approach
- Excited to find an approach to motivating change that was focused on strengths and not problems
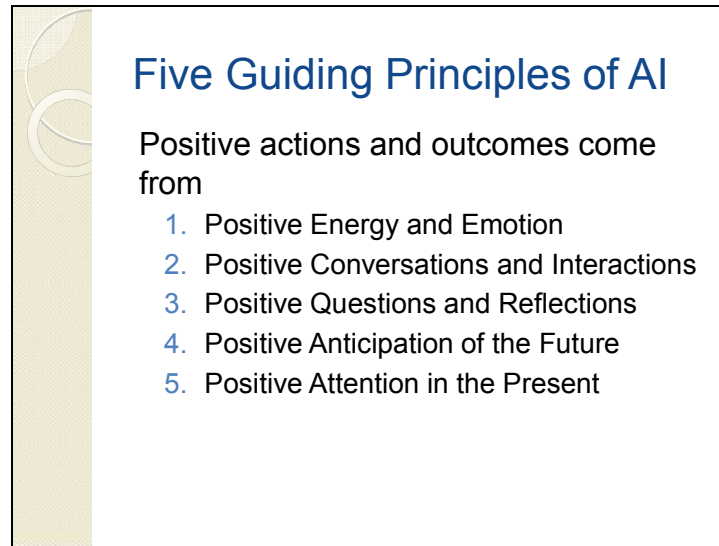
Is not currently used to address academic problems but AI is the kind of approach I was looking for.

Why I want to apply AI to working with students on academic probation:
AI uses positive questions to motivate change and to create possibilities for the future. Positive questions based on strengths are energizing, life giving, create hope, and make the good even better. The AI approach does not resolve problems by staying in the problem. Problems are acknowledged but by using strengths one can rise above the problem to create change and success.
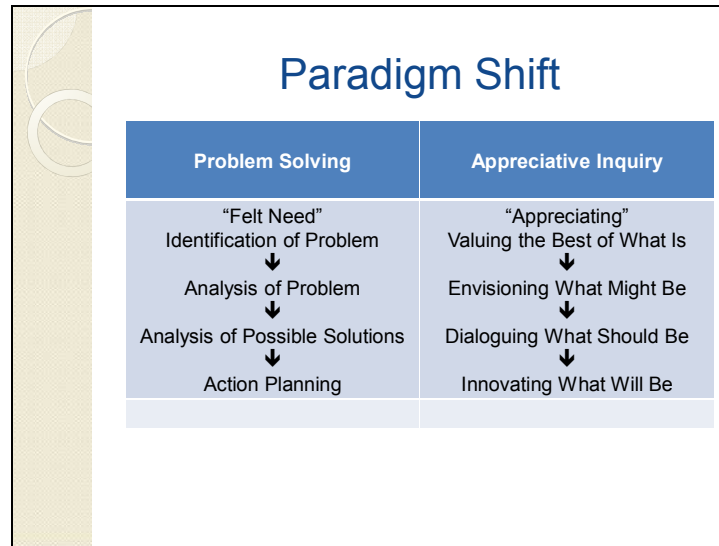
Dialogue with audience about paradigm shift from a traditional problem solving approach to an appreciative inquiry approach.

- Invite audience to share experiences with problem solving approach.
- Compare and contrast the two approaches.
- How might AI feel different from the traditional problem solving approach?
- What is our current approach to dealing with student problems?
- What might be the benefits of using an AI approach with students?

Five Guiding Principles of AI

Positive actions and outcomes come from
1. Positive Energy and Emotion
2. Positive Conversations and Interactions
3. Positive Questions and Reflections
4. Positive Anticipation of the Future
5. Positive Attention in the Present

Describe the five guiding principles of AI (include points below) followed by a discussion with the audience.

- Positive energy and emotion are powerful forces for change and growth. By appreciating and shining a light on strengths, people are freed up to go beyond problem solving to generate new possibilities and outcomes. (The Positive Principle)

- According to AI positive energy and emotion are created from positive conversations and interactions with people. The reality of our life is created through our interactions and conversations with other people. The social context matters. Our WORDS create the world in which we live. (The Constructionist Principle)

- Positive questions, reflections and stories are what make conversations positive. Our words matter. When our questions, conversations and interactions are towards the positive, we simultaneously create a positive present. Our questions and reflections create our future because it is through our conversations that our worlds are created. (Simultaneity Principle)

- Positive anticipation of the future allows us to use positive questions and reflections in our conversations. Anticipation of a positive future gives hope. A positive image of the future changes the dynamics of the present. We become more creative in how to move towards that future positive image. (Anticipatory Principle)

- Positive attention in the present creates positive anticipation of the future. What is focused on tends to flourish. A focus on problems leads to more problems whereas a focus on possibilities leads to more possibilities.

Introduce the 4-D Cycle of AI.

Explain that the 4-Dcycle will be a valuable tool for using AI as you work with your students in helping them to make change.

Provide overview of each of the 4-Ds of AI.

DISCOVER
During this phase there is an exploration of what is working and what the strengths are. This phase uses introspection, reflection and self-evaluation while focusing on the best of what is.

DREAM
In the *dream* phase, generative questions are used to help envision future possibilities. This process leads to the creation of a vision or dream for the future.

DESIGN
In the *design* phase, detailed and personal plans are created for how to achieve the dream. The details of the plan spell out what needs to be shifted or changed to make success possible.

DESTINY
In the final phase, *destiny*, the plan is turned into action so the dream can be achieved.

The rest of today's workshop will be devoted to application of the 4-D Cycle. You will be using your positive caring relationship skills as you apply the principles of AI.
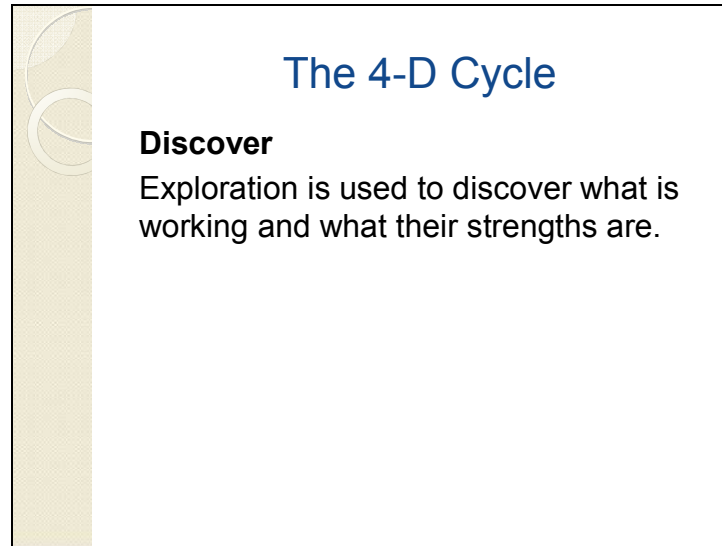
The 4-D Cycle

Discover
Exploration is used to discover what is working and what their strengths are.

DISCOVER
During this phase there is an exploration of what is working and what the strengths are.
This phase uses introspection, reflection and self-evaluation while focusing on the best of
what is.

This process of self-discovery can be energizing. It is enjoyable to walk someone through
the process. It is rewarding to see people gain a deeper understanding of them selves.
There are numerous ways to approach this. During this next activity you will have
opportunities to practice multiple ways to help the interviewee discover a more in-depth
understanding of their strengths.

Discover

1. **Best Experience** (tell stories of best experiences in their life)
2. **Core Values** (what they value deeply)
3. **Generative Conditions** (what gives them energy and what has helped them become successful in the past)
4. **Three Wishes** (to elicit talk of their hopes and dreams)

AI has what is called an Appreciative Interview Protocol that can be used to help with the discovery process. (Briefly explain each of the four protocols.)

- Best Experience (tell stories of best experience in area of their life.)
- Core Values (what they value deeply)
- Generative Conditions (what gives them energy and what has helped them become successful in the past)
- Three Wishes (to elicit talk of their hopes and dreams)

This is a very powerful tool that you will want to use again and again with students.

We will give you an opportunity to practice. We will take one protocol at a time, you will use it, and then we will talk about how it went. For each protocol you will ask questions to draw from the interviewee as much information as you can. Encourage them to tell stories of their experiences related to each protocol. You will ask questions and use reflections to encourage as many details as possible. (How they felt, what they did, who was there…)

ACTIVITY
Choose a partner to practice AI conversations with.
For this exercise we need an interviewer to ask questions and an interviewee.
Decide who the interviewer will be.

Tell interviewee that you would like to ask some questions to help them discover what is working in their life and what some of their strengths are. Ask if that will be OK.

Next you will practice using these protocols one at a time with your interviewee.

1. Best Experience:
>   Ask your partner to tell a story about a best experience. Example question: "Tell me about a time when things were going really well, a time you felt alive and engaged".

Debrief

2. Core values
>   Ask your partner to share about the things they value most in life. Example question: "Without being shy, tell me about yourself when you are functioning at your best."

Debrief

Switch roles of interviewer and interviewee. We want you to both have the experience of asking the questions and sharing.

* Generative Conditions
>   Ask your partner to share what allows them to function at their best (include things inside themselves and external factors). Example question: "What has helped you to be successful in the past?"
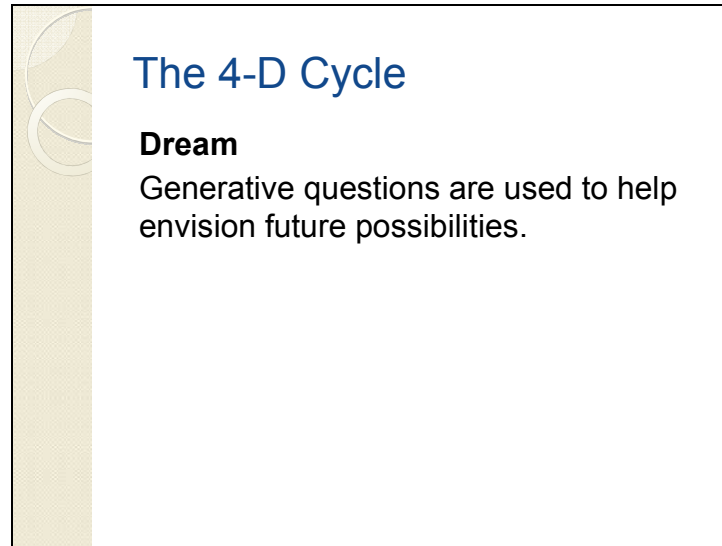
Debrief

4. Three Wishes
>   Ask your partner to share their dreams and hopes for the future. Example question: "If someone could wave a magic wand and grant you three wishes, what would they be?"

Debrief

What did you learn from this experience?

> ## The 4-D Cycle
>
> **Dream**
> Generative questions are used to help
> envision future possibilities.

DREAM
In the dream phase, generative questions are used to help envision future possibilities. This process leads to the creation of a vision or dream for the future.

In the last stage of discover, the interviewee discovered all kinds of things that are important to them.
Now in the dream stage, it is time to dream about what they really want. It is important that this dream be very appealing to them, something that they can get really excited about, some thing that beacons to them.

The interviewer can ask questions or suggest activities that they can do to help create their dream/vision.
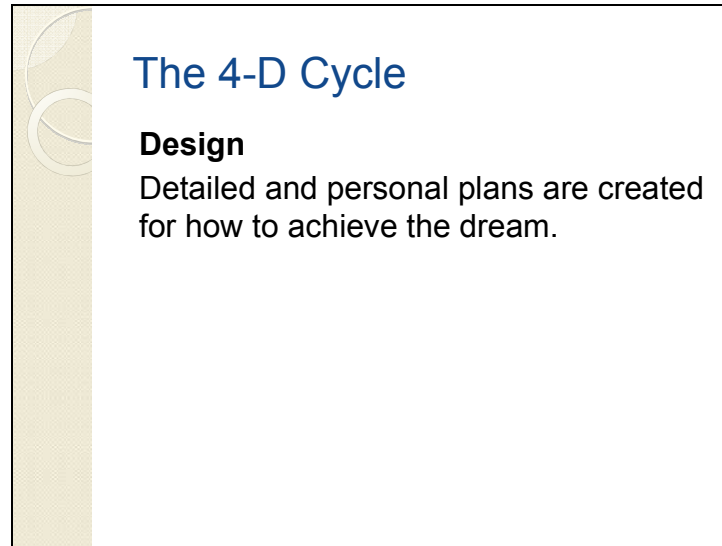You can choose who the interviewer will be.

ACTIVITY
Have interviewer to ask interviewee to draw a picture about their dream. (Artistic ability not needed. Stick figures OK)
Next ask interviewee to tell them about the pictures. Interviewer will ask clarifying questions as needed.

Debrief

The 4-D Cycle

Design
Detailed and personal plans are created for how to achieve the dream.

DESIGN
In the design phase, detailed and personal plans are created for how to achieve the dream. The details of the plan spell out what needs to be shifted or changed to make success possible.
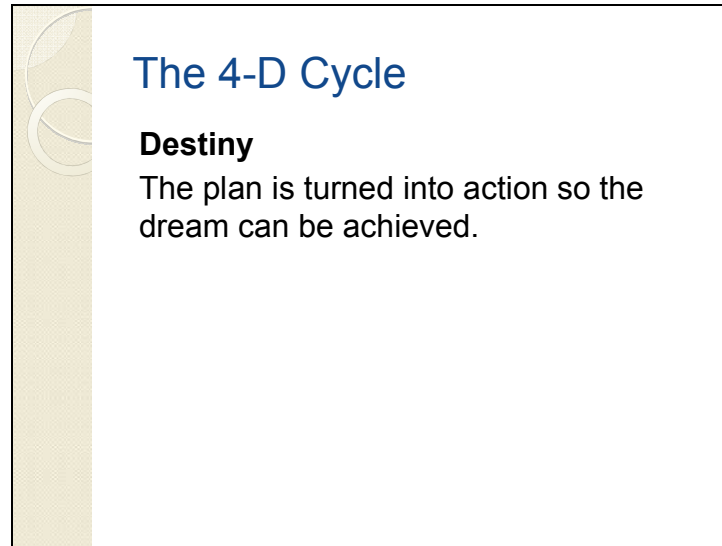
ACTIVITY
Interviewer to ask positive questions to help the interviewee make a plan to set herself selves up for success.

An example
Imagine that your dream has already happened.
- What did you do to make this dream happen?
- How did you set yourself up for success?
- How have you changed?
- Look back and see what steps were taken to reach the dream

Debrief

The 4-D Cycle

Destiny
The plan is turned into action so the
dream can be achieved.

DESTINY
In the final phase, destiny, the plan is turned into action so the dream can be achieved.

During this stage the person becomes empowered to move forward with the change.
Successes are celebrated.
This is the time to learn from one's experiences and to make necessary revisions to one's action plans.

ACTIVITY
Interviewer to end interview by: (Goal is to affirm interviewee and conclude the interview in a very positive appreciative way.)
• Appreciating the hard work and effort that was put into this process.
• Expressing confidence in the person's ability to move forward.
• Helping the person connect with their strengths that can lead them to success.

AI Interview

Ask for a volunteer from the audience to be interviewed.
Interview a volunteer using the 4-D cycle to model the process.

Discussion with workshop participants about the interview
- What relationship skills did you observe during the interview?
- What stages of the 4-D cycle did you recognized during the interview?
- What parts of the interview do you believe went especially well?
- What did you learn from this interview?

Show 8-minute AI video by Diana Whitney Ph.D., president of the Corporation for Positive Change, an international consulting firm. The video provides useful tips for using AI.

Link to video: https://www.youtube.com/watch?v=GJd6DsTocTk
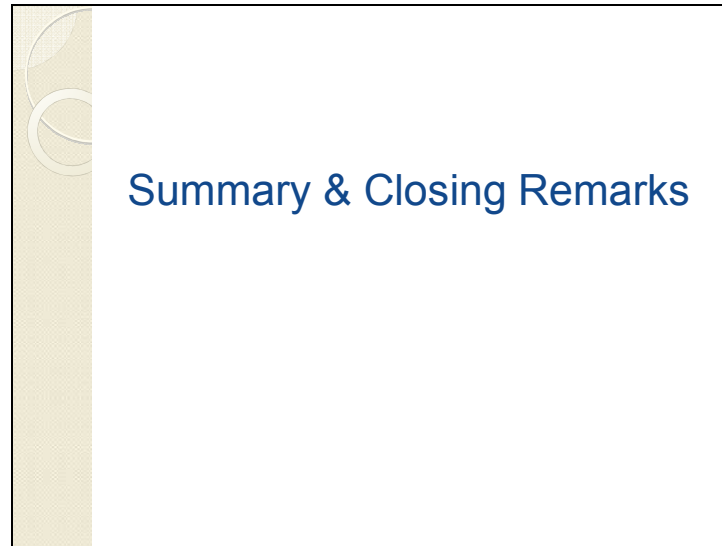
Summary & Closing Remarks

Respond to questions.

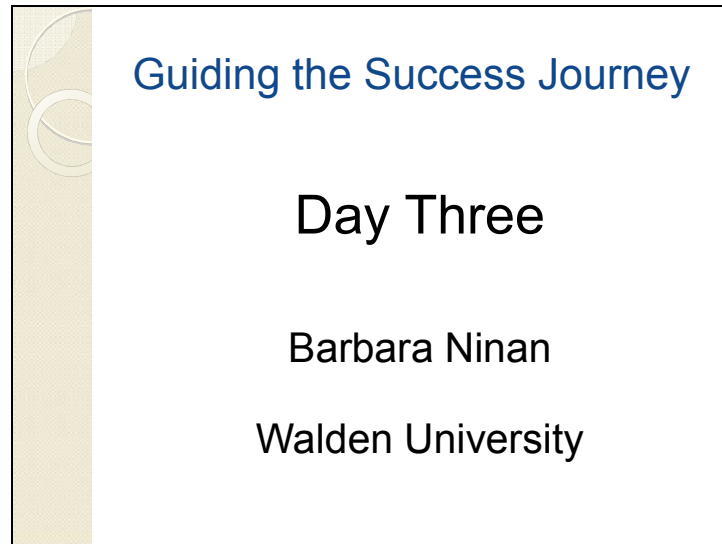Briefly summarize key points form today.

Inform the workshop participants that tomorrow will be a day to practice application of the relationship building and appreciative inquiry skills we have learned in the first two days of the workshop. We will have case scenarios similar to situations that we deal with when working with students on academic probation.

EVALUATION

Ask attendees to reflect on today's activities and respond to the question on the evaluation form that asks what they found most helpful in today's workshop.

Let them know I will review their comments tonight and summarize and share the results tomorrow at the beginning of the workshop.

PowerPoint Slides – Day Three

<div style="border:1px solid black; padding:1em; max-width:600px; margin:0 auto; text-align:center;">

Guiding the Success Journey

Day Three

Barbara Ninan

Walden University

</div>

Welcome to the last day of our workshop.

Workshop handouts
- Today's schedule
- A copy of the PowerPoint
- Case scenario worksheet
- Evaluation
- Blank paper for activities

Share what workshop participants found most helpful from yesterday's evaluations.

OPENING ACTIVITY
Divide in groups of 3-4.
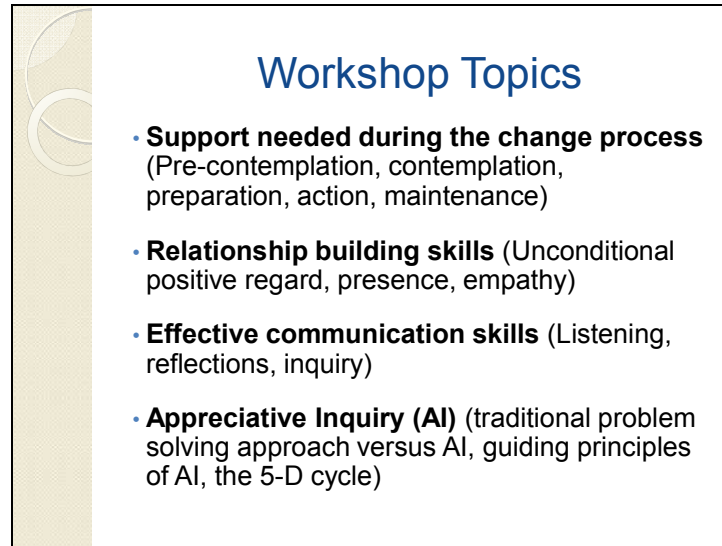Share a time you had so much fun you wish you could re-live it.

Discuss rationale for beginning each day with focus on the positive.
We have begun each day with an activity designed to bring positive energy.

Learning Outcomes
Day Three

- Discuss the needs experienced by students in each stage of the success journey.
- Demonstrate skills in the use of AI
- Demonstrate essential skills needed to support and guide nursing students through each stage of the success journey using a case scenario.

Review learning outcomes for day three.

Workshop Topics

- **Support needed during the change process** (Pre-contemplation, contemplation, preparation, action, maintenance)

- **Relationship building skills** (Unconditional positive regard, presence, empathy)

- **Effective communication skills** (Listening, reflections, inquiry)

- **Appreciative Inquiry (AI)** (traditional problem solving approach versus AI, guiding principles of AI, the 5-D cycle)

ACTIVITY (Purpose to summarize key points from workshop)

Divide workshop participants into 4 groups.
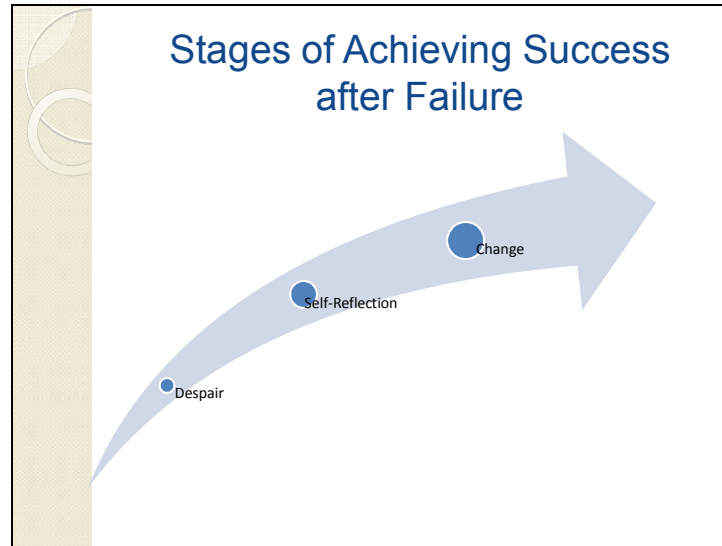
Instructions for groups:
Each group will be assigned a topic that we discussed during the workshop. (See topics on screen)
Discuss briefly with your group what you learned about this topic.
Prepare to report to the whole group 3-4 points that you think are especially valuable.

Have groups report.

Stages of Achieving Success after Failure
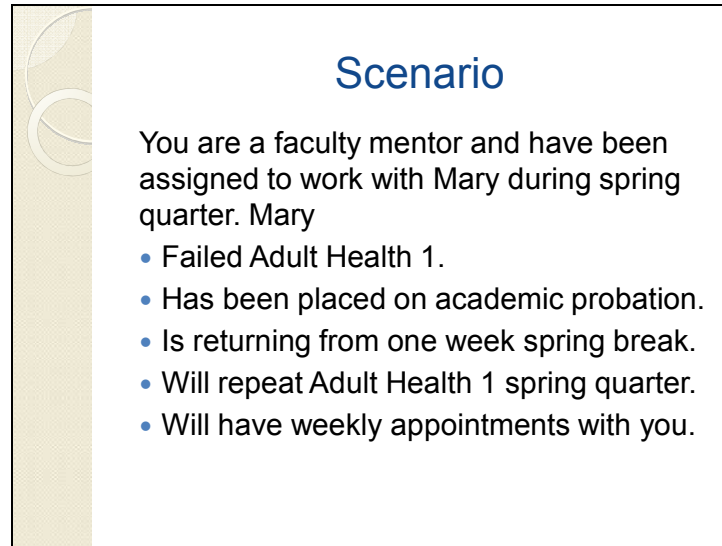
We will spend the day today applying our new knowledge and skills to our work with students on academic probation.

I will give you a case scenario and we will practice guiding and supporting the student through all the stages of the journey.

Scenario

You are a faculty mentor and have been assigned to work with Mary during spring quarter. Mary

- Failed Adult Health 1.
- Has been placed on academic probation.
- Is returning from one week spring break.
- Will repeat Adult Health 1 spring quarter.
- Will have weekly appointments with you.

Ask for volunteer to be a scribe. (Will use large sheets on easel that is in front of the classroom.)

Ask audience what stage of the success journey Mary is in. (Despair)

ACTIVITY

Divide in groups of 4-6. (You will stay in these groups for several activities)
Groups to discuss:
- Mary's needs at this stage of her success journey.
- List identified needs.

Ask a group to share one need from their list of needs. Proceed to the next group and ask them to share a different need from their list. Continue this process until there are no more needs to be shared.
(Scribe will write the needs as groups report.)

> ## First Meeting with Mary
>
> Mary is fighting back tears and says:
>
> I can't believe this happened to me. I studied so hard. It is just not fair. I did my best but it wasn't good enough. I don't know why I thought I was smart enough to become a nurse. My life is ruined. I don't know what to do. I don't think I can ever pass this course.

Imagine that you are Mary's faculty mentor.
Reflect on what you identified to be Mary's needs during this stage.

Discuss in your groups: (Groups will report to the larger group)
- What stage of change do you think Mary is in and why do you think that?
- Discuss what relationship building skills you are going to use with Mary.
- Give examples of what you might do and say.

Ask scribe to use a new sheet, title sheet WHAT FACULTY MENTORS CAN TO SUPPORT MARY DURING DESPAIR STAGE. Take notes on sheet as groups report.

Groups report on what educators can do during this stage to support Mary.

Role play this scenario (the initial meeting with Mary) to demonstrate what they might do or say.
Ask for 2 volunteers, one to play the role of Mary and one to play the role of the faculty mentor.
Invite workshop participants to give "appreciative feedback" (positive comments) on what the faculty mentor did.

Conclude discussion of the despair stage by asking for volunteers from the workshop participants to share personal experiences working with students during the despair stage.

Third Meeting with Mary

Mary no longer seems stuck in her despair

- Mood more positive
- Looking forward to today's meeting
- Beginning to reflect on her experience
- Low in self confidence
- Unsure how to move forward

By your third meeting with Mary, she does not seem as stuck in her despair. She is no longer crying and she is beginning to reflect on her experience. You have developed a positive trusting relationship with her. Now you see the opportunity to use your new skills with appreciative inquiry to help her to keep moving forward.

We determine that Mary is now in the self-reflection stage of the success journey. Mary needs help to discover her strengths. We decide to use Appreciative Inquiry to accomplish this.

> ## Self-Reflection Stage - Discover
>
> 1. **Best Experience** (tell stories of best experience in area of their life.)
> 2. **Core Values** (what they value deeply)
> 3. **Generative Conditions** (what gives them energy and what has helped them become successful in the past)
> 4. **Three Wishes** (to elicit talk of their hopes and dreams)

ACTIVITY

Group
Write questions you could ask Mary from the four discoveries of the Appreciative Interview Protocol.
Remind participants they want to help Mary discover what works, who she is at her best, what gives her strength and energy, what is life giving, about her best experiences, her wishes and hopes for the future. Be creative! (Give examples if necessary)

Each group will share one question from each area.
The scribe will write these on the easel.

Debrief

Ask for 2 volunteers, one to play the role of Mary and one to play the role of the faculty mentor.
Role play the third meeting with Mary. You want to help Mary <u>reflect</u> on and <u>discover</u> what is going well in her life and what her strengths are.

Invite workshop participants to give "appreciative feedback" (positive comments) on what the faculty mentor did during the role play.

DIALOGUE with audience about how they can apply what they are learning to their work with students. Possible questions to ask the audience:
• How do you think these kinds of questions could be useful as you talk to students in the future?
• Which of these questions might you like to try with one of your students?

- Share example of questions you have asked students that have helped them discover their strengths?

END WITH summary of the importance of the discovery phase.
- The discovery phase is the most important one.
- Lays the foundation to be able to move forward to capture the dream and all that follows.
- Asking questions that lead us to talking about what happens when we function at our best can be transformational.
- During the discovery phase the focus on strengths builds self-confidence.
- Do not rush through this phase.

> ## Self-Reflection Stage - Dream
>
> Mary becomes more engaged and excited as she talks about her strengths and what is important to her. Discovering her strengths gives her hope. This hope allows her to begin reconnecting with her dream of becoming a nurse. She shares that nursing was her dream, her calling.

Once Mary has discovered the best of what is, she begins to dream about what might be. The work with the discovery phase makes it possible to come up with a dream that is uniquely suited to her strengths and values.
She realizes that nursing is what she really wants. Her dream becomes a target that beckons.

In this stage the faculty mentor can help Mary make her dream come alive.

This experience of re-capturing the dream happened with all my study participants during the stage of self-reflection.
I observed the re-capture of the dream to be the pivotal point on their journey to success.

Once they re-connected with their dream, they were open to exploring what they needed to do or change to become successful.

<div style="border:1px solid black; padding:1em;">

Change Stage - Design

During the fourth meeting, Mary describes how she started to change her thinking. "I had been really depressed. Then I started turning my thinking around. Once I got to that point, me sitting down and seeing what is really important in my life, I made a list and wrote it on paper. Seeing it on paper really helped a lot.

</div>

You are having your fourth meeting with Mary. You notice that a determination has set in and she is exploring what she needs to do to become successful in nursing. She verbally tells you that her thinking has changed. She thanks you for helping her to regain her hope that she still can become a nurse.

ACTIVITY
Ask workshop participants to once again pair up.
Decide which person will play the role of Mary and which one will be the faculty mentor. (The faculty mentor sees that Mary has clarified her values, has re-connected with her dream of becoming a nurse and seems more hopeful for the future.)

During this meeting the faculty mentor talks with Mary to help her design the plan that will give "legs to her dream" and will lead to success. (Keep the following in mind)
• Draw the plan from Mary rather than tell her what she needs to do
• May refer to the preparation step of the change process for ideas to include in this discussion
• The plan needs to be concrete and include specific details
• Encourage commitment to the actions

Groups report on what plans were made.

Change Stage - Destiny

Mary continues to make changes. She shares: I have stopped listening to negative people. I am implementing my new study plan. I have changed my thoughts and my attitude. I believe things are put in our paths either to make us learn something or to grow as a person. When those negative thoughts creep in I tell myself, snap out of this, you didn't come here to start a soap opera.

The purpose of AI is to raise the energy and self-confidence of those we are working with to guide and support them as they move towards realizing their dreams that is their destiny. It is not a process of helping someone feel good. It is an ACTION process that helps make dreams come true.

In your fifth meeting with Mary, she describes how her thoughts and attitudes are changing. As thoughts and attitudes change, behaviors start to change.
In the destiny phase of AI, action happens.

Discuss Mary's actions and needs during the destiny phase of the 4-D cycle. Ask questions to facilitate group discussion to cover the following points.
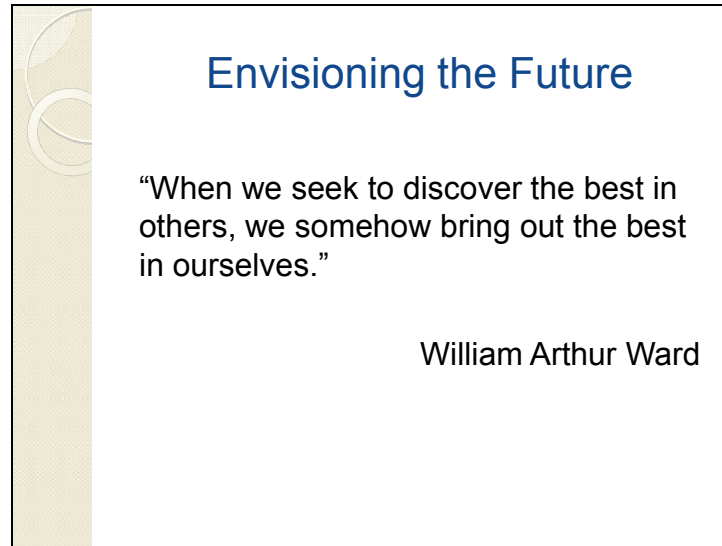- Action plans will be implemented and revised as needed during this stage.
- Help Mary learn from her mistakes.
- Continue to use AI as a tool to keep Mary energized and motivated to keep moving towards her dream of becoming a nurse. (Continue to ask positive questions.)
- Remember that the 4-D cycle is a CYCLE. You will need to guide her through this thinking process repeatedly as she experiences obstacles and opportunities.
- Support Mary as she continues to find new ways to achieve higher levels of performance.
- Your repeatedly asking Mary appreciative positive questions will teach her to be able to do this for herself. This process will empower her to keep moving forward in a positive way.
- Think about what she needs to build her self-confidence (She needs small realistic goals that lead to repeated successes, to believe she can change, to keep hope alive)

During the destiny part of the 4-D cycle you work Mary to help her continue on the journey.

During this stage students in my study
- revised their action plans as needed
- changed their negative thoughts and attitudes
- reached out for help
- made connections with peers.
- changed their approach to time management
- implemented more effective ways of studying
- found ways to continue to keep their dream alive

Ask audience to share: In your experience with students who were becoming successful after failure, what were some of the changes they made on their success journey?

Envisioning the Future

"When we seek to discover the best in others, we somehow bring out the best in ourselves."

William Arthur Ward

Have workshop participants identify an issue, concern, or topic they would like to focus on to apply the principles of AI that they have learned. (The focus must be related to students, educators, or school of nursing)

Brainstorm possible topic such as:
• Personally build their skills for working with students.
• Create a team of faculty mentors that are equipped to work with students.
• Create a supportive environment for student success at the school of nursing.

Have scribe write ideas and the group will come to a consensus on what topic the group will explore using the 4-D cycle.

Once the topic has been identified, divide the group into pairs to share stories of best experiences related to the topic.

Share and celebrate best experiences with the whole group.

Identify common themes from the stories that demonstrate core values of the group.

Discuss what contributed to or enabled those best experiences to happen.

Say: Suppose I could wave a magic wand and your three top wishes (related to the topic being discussed) would come true.
Invite the workshop participants to share their wishes.
Ask scribe to write the group's wishes.
Have group to come to consensus on their top three wishes.

Divide workshop participants into groups of 4-6 participants.

Have each group create a vision statement relevant to the topic being discussed.
Have group design a beginning implementation plan.

Have each group present their vision statement and their beginning implementation plan.

Thank the group for their participation in this activity. Commend them on their growing skills on the use of AI.
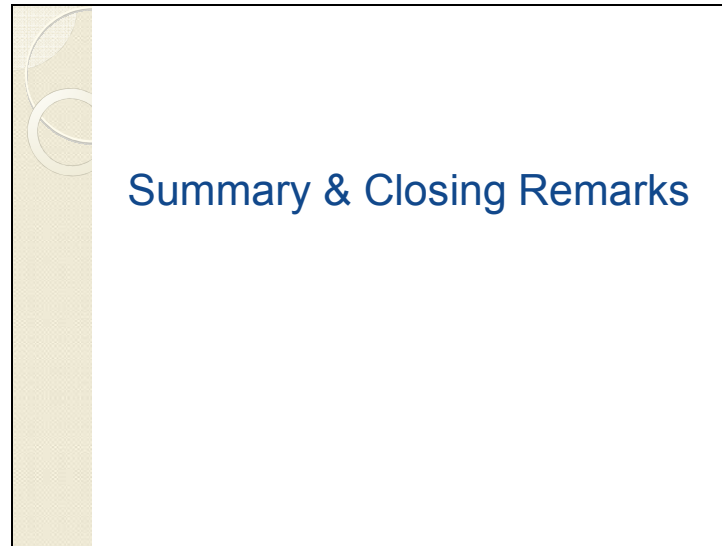
Ask for volunteers to share what they found most valuable from this workshop and one thing they plan to do differently as a result of this workshop.

Answer questions.

Request participants to complete the evaluation forms.

Make a positive comment about the group and thank them for participating in the workshop.

References

- Acun-Kapikiran, N. (2011). Focus on positive and negative information as the mediator of the relationship between empathy tendency guilty and psychological well-being in university students. *Educational Sciences: Theory and Practice, 11*(3), 1141-1147.

- Batson, C. D., Eklund, J. H., Chermok, V. L., Hoyt, J. L., & Ortiz, B. G. (2007). An additional antecedent of empathic concern: valuing the welfare of the person in need. *Journal of personality and social psychology, 93*(1), 65.

- Bodie, G., St. Cyr, K., Pence, M., Rold, M., & Honeycutt, J. (2012). Listening competence in initial interactions I: Distinguishing between what listening is and what listeners do. *The International Journal of Listening, 26*(1), 1-28. doi: 10.1080/10904018.2012.639645

- Carnicer, J & Calderon, C. (2014) Empathy and coping strategies as predictors of well-being in Spanish university students. *Electronic Journal of Research in Educational Psychology, 12*(1), 129-146. doi:10.14204/ejrep.32.13117

- Doveston, M., & Keenaghan, M. (2010). Teachers and educational psychologists working together: What can we learn? *Support for Learning, 25*(3), 131-137. 10.111/j.1467-9604.2010.01451.x

References

- Fifolt, M., & Lander, L. (2013). Cultivating change using appreciative inquiry. *New Directions for Student Services*, 2013(143), 19-30. doi: 10.1002/ss.20056

- Harmon, R., Fontaine, D., Plews-Ogan, M., & Williams, A. (2011). Achieving transformational change: Using appreciative inquiry for strategic planning in a school of nursing. *Journal of Professional Nursing, 28*(2), 119-124. doi:10.1016/j.profnurs.2011.11.007

- Harrison, L. M., & Hasan, S. (2013). Appreciative inquiry in teaching and learning. *New Directions for Student Services, 2013*(143), 65-75.

- He, Y. (2013). Developing teachers' cultural competence: application of appreciative inquiry in ESL teacher education. *Teacher Development, 17*(1), 55-71. doi.org/10.1080/13664530.2012.753944

- Mather, P., & Hulme, E. (2013). Resources and reading in positive psychology. *New Directions for Student Services, 2013*(143), 89-94. doi: 10.1002/ss.20058

- Mohr, B. & Watkins, J. (2002). The essentials of appreciative inquiry: A roadmap for creating positive futures. Pegasus Communication, Incorporated.

References

- Moore, S., & Charvat, J. (2007). Promoting health behavior change using appreciative inquiry: moving from deficit models to affirmation models of care. *Family & Community Health, 30*(1S), S64-S74.

- Moyers, T. (2014). The relationship in motivational interviewing. *Psychotherapy, 51*(3), 358. Retrieved from http://dx.doi.org/10.1037/a0036910

- Nieto, S. (2012). Teaching, Caring, and Transformation. *Knowledge Quest, 40*(5), 28-31.

- Noddings N. (2012). The language of care ethics. *Knowledge Quest* [serial online]. May 2012;40(5):52-56. Available from: Academic Search Complete, Ipswich, MA.

- O'Brien, L. (2010). Caring in the ivory tower. *Teaching In Higher Education*, *15*(1), 109-115. doi:10.1080/13562510903487818

- Riess, H., & Kraft-Todd, G. (2014). EMPATHY: A tool to enhance nonverbal communication between clinicians and their patients. *Academic Medicine, 89*(8), 1108-1112. Doi: 10.1097/ACM.0000000000000287

References

- Trajkovski, S., Schmied, V., Vickers, M., & Jackson, D. (2012). Implementing the 4D cycle of appreciative inquiry in health care: A methodological Review. *Journal of Advanced Nursing,69*(6), 1224-1234. doi:10.1111/jan.12086

- Trajkovski, S., Schmied, V., Vickers, M., & Jackson, D. (2013). Using appreciative inquiry to transform health care. Contemporary nurse, 45(1), 95-100. doi: 10.5172/conu.2013.45.1.95

- United States Census Bureau. (2011). *The Hispanic population: 2010.* Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf

- Warren, C. & Lessner, S. (2014). Who has family business? Exploring the role of empathy in student-teacher interactions. *Perspectives on Urban Education, 11*(2), 15-21.

Appendix B: Letter of Cooperation

LOMA LINDA UNIVERSITY

School of Nursing

March 31, 2014

Barbara Ninan, MN
Assistant Professor
School of Nursing, West Hall
Loma Linda University

Dear Barbara:

Based on my review of your research proposal, I give permission for you to conduct the study entitled *Goal and Institutional Commitment of Hispanic Nursing Students Who Persisted and Graduated with a Baccalaureate Degree* within Loma Linda University School of Nursing (LLUSN). As part of this study, I authorize you to review the School of Nursing records to identify potential participants and their contact information for your study. You may use the resources of the School of Nursing to conduct your interviews and to analyze and store your data as well as to disseminate the findings of your study. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include allowing your use of: (a) conference rooms in which to conduct interviews, (b) locked file space to store research consent forms and data, (c) password protected LLUSN computer to transcribe, analyze, store electronic data, and communicate with participants by email. In addition the researcher may provide the participant with the contact information of Christine Neish, the Principle Investigator, and the telephone number of LLU impartial third party for any concerns or complaints. We reserve the right to withdraw our support of your study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

Marilyn M. Herrmann, Ph.D.
Dean, School of Nursing

Appendix C: Scripts for Recruitment of Potential Research Study Participants

Email Script for Recruitment	Phone Script for Recruitment
Dear (Graduate Nurse) I hope things have gone well for you since graduation from nursing school. I would love to chat with you to learn where life has taken you. I am still working in the Learning Assistance Program at LLU School of Nursing. I am also working on a doctoral degree in education at Walden University and I am in the research phase of my program.	Hello (Graduate Nurse) This is Barbara Ninan from the school of nursing. How are you? (<u>Allow participant to respond and then comment briefly as appropriate</u>.) Do you have a few minutes to talk with me? I am still working in the Learning Assistance Program at LLU School of Nursing. Currently I am working on a doctoral degree in education at Walden University and I am in the research phase of my program.
I am sending you this email because I am inviting you to consider being a part of my research study. The purpose of my study is to learn ways to better support student success. My plan is to interview RNs who graduated and passed the NCLEX-RN despite experiencing difficulty while in nursing school and repeating a class required for graduation. I have narrowed my study to only include Hispanic RNs because there is a serious shortage of Hispanic RNs in the United States.	I am calling you because I am inviting you to consider being part of my research study. May I tell you a little about my study? The purpose of my study is to learn ways to better support student success. My plan is to interview RNs who graduated and passed the NCLEX-RN despite experiencing difficulty while in nursing school and repeating a class required for graduation. I have narrowed my study to only include Hispanic RNs because there is a serious shortage of Hispanic RNs in the United States.
I would like to hear your story of how you achieved success in nursing school. I want to know how you overcame the barriers you experienced, what strategies you used to become successful, and how you changed to become successful. Hearing and understanding your experience can potentially help me identify more ways to be supportive to nursing students who are	I would like to hear your story of how you achieved success in nursing school. I want to know how you overcame the barriers you experienced, what strategies you used to become successful, and how you changed to become successful. Hearing and understanding your experience can potentially help me identify more ways to be supportive to nursing students who are

Email Script for Recruitment	Phone Script for Recruitment
experiencing difficulty.	experiencing difficulty.
If you would like additional information about participating in my study, please reply to this email and I will email you the information about my study and what you will need to do to participate.	Would you like me to email you more information about participating in my study?
Participation includes scheduling an interview to spend about an hour with me to discuss your experience as a nursing student and how you were able to achieve success. The interview can be in person or on the phone depending on what is most convenient for you.	[If the answer is yes more information is desired, continue as follows.] I will email you the information about my study and what you will need to do to participate. Participation includes scheduling an interview to spend about an hour with me to discuss your experience as a nursing student and how you were able to achieve success. The interview can be in person or on the phone depending on what is most convenient for you.
If you are interested in volunteering for this study, please let me know and I will phone you to schedule an interview appointment and to answer any questions you may have. I can be reached by email, phone or text. Please see my contact information below. Also, if you respond to me by email, please be sure to include your phone number so that I can phone you to schedule an interview appointment.	If you are interested in volunteering for this study, you may go ahead and schedule an interview now if you would like to. If you schedule an interview now, you may continue to think about whether or not you want to participate after you receive the email information about the study After you receive your email, please review the information and if you decide not to participate, just send me an email canceling your appointment. If you prefer to review the email before scheduling your interview, that is OK too. Would you like to go ahead and schedule the interview now? [If yes, answer any questions the participant asks and proceed with the following

Email Script for Recruitment	Phone Script for Recruitment
	information from Appendix D: Phone Script to Schedule Interview Appointment. The interview will be scheduled no sooner than one week from this phone call to allow the potential participant time to review the emailed study information and make final decision regarding participation.]
	Do you prefer to come to the school of nursing for an interview in person or do you prefer a phone interview?
	[Schedule an interview time that is convenient for the participant]
	I plan to protect the confidentiality of everyone in my research study by using pseudonyms rather than real names. What pseudonym can I use in place of your real name? (The participant will choose a pseudonym at this time.)
	I will phone you to remind you of your interview appointment.
	[Review the potential participants contact information to verify accuracy.]
	I will email you more information about the study. Please feel free to contact me if you have any further questions after reading my email. If you change your mind for any reason and decide not to participate in the study that is OK. Just phone me, text me, or email me to let me know. My contact information will be on the email that I send you.
	It is great to talk to you. I look forward to talking with you on _____(Interview date and time)

Email Script for Recruitment	Phone Script for Recruitment
	[End the phone call]
	[If the potential participant does not choose to schedule an interview during this call but indicates a desire to participate in the study] I will email you more information about the study. Please feel free to contact me if you have any further questions after reading my email. If you change your mind for any reason and decide not to participate in the study that is OK. Just phone me, text me, or email me to let me know. My contact information will be on the email that I send you. I will call you back within one week to schedule an interview. It is great to talk to you. [End phone call]
If you prefer not to participate, please let me know so that I will not continue to try to contact you.	[If the participant indicated that they are not interested in volunteering for the study, continue as follows.] That is OK. Sometimes our schedules are too busy to add one more thing. Thank you so much for your time. (This comment may vary because it is meant to be affirming of whatever reason the participant gave that indicated they are not interested in participating) [The phone call will end here for the potential participant who indicates that he or she is not interested in participating]
I look forward to hearing from you. Sincerely,	

Email Script for Recruitment	Phone Script for Recruitment
Barbara Ninan Cell Phone: 909-801-9469 Work Phone: 909-558-1000 X 86021 Email: bninan@llu.edu	

Appendix D: Phone Script to Schedule Interview Appointment

Hello (Graduate Nurse)

This is Barbara Ninan from the school of nursing. How are you? (Allow the participant to respond and then comment briefly as appropriate.) Do you have a few minutes to talk with me? I am so pleased that you have decided to be in my research study.

Do you have any questions before we schedule an interview? Do you prefer to come to the school of nursing for a personal interview or do you prefer a phone interview.

[Schedule an interview time that is convenient for the participant]

I plan to protect the confidentiality of everyone in my research study by using pseudonyms rather than real names. What pseudonym can I use in place of your real name? (The participant will choose a pseudonym at this time).

I will phone you to remind you of your interview appointment.

[Review the potential participants contact information to verify accuracy]

I will email you more information about the study. Please feel free to contact me if you have any further questions after reading my email. If you change your mind for any reason and decide not to participate in the study that is OK. Just phone me, text me, or email me to let me know. My contact information will be on the email that I send you.

It is great to talk to you. I look forward to talking with you on _____(Interview date and time)

[End the phone call]

Appendix E: Email Script for Participants Who Have Volunteered to Participate

Email Script for Face-to-Face Interview	Email Script Phone Interview
Hello _____ (Graduate Nurse) Thank you again for being willing to participate in my research study. I look forward to meeting with you on _____(date and time) for the interview. We will be meeting in room _____ at the school of nursing. I will be waiting for you in this room when you arrive.	Hello _____ (Graduate Nurse) Thank you again for being willing to participate in my research study. I look forward to talking with you on _____(date and time) for the interview. I will be using FreeConferenceCall.com for our interview. At the scheduled interview time, please call (712) 432_1212. When prompted enter the meeting ID 153-249-901 followed by #_____. I plan to call the number a few minutes before our scheduled time so I should be waiting for your call.
You may park in the new multilevel parking structure on the North side of the school of nursing. Enter the parking structure from Campus Street. Proceed to the second level. You will see the school of nursing parking sign to your right. If you need any assistance when you arrive for your interview, you may call me on my cell phone, 909-801-9469.	
Before coming for your interview, please complete a brief online demographic survey.	Before the scheduled phone interview, there are two things that I need you to do. Please complete a brief online demographic survey and sign the consent and email me a copy.

Email Script for Face-to-Face Interview	Email Script Phone Interview
Within 24 hours you will receive an email from Qualtrics that will contain an email link to the demographic survey. Please complete the online demographic survey at your earliest convenience. Make sure it has been completed prior to your interview date and time.	Within 24 hours you will receive an email from Qualtrics that will contain an email link to the demographic survey. Please complete the online demographic survey at your earliest convenience. Make sure it has been completed prior to your interview date and time.
When you arrive for the interview, I will take a little time to answer your questions and then I will ask you to sign a consent form before we begin the interview. I have attached a copy of the consent form to this email for your review.	I have attached a copy of the consent form to this email. Please print the consent form, sign it and email me a copy of the signed consent form before the scheduled interview. Phone me or email me if you have any questions. Before the scheduled interview, I will contact you to remind you about the interview. If I have not received a copy of the signed consent form I will answer any questions that you have and I will remind you to complete this step before the interview.

Email Script for Face-to-Face Interview	Email Script Phone Interview
When we meet for the interview I will first take a few minutes to answer any questions that you might have about the process and the consent. I will ask you to sign the consent form before we begin the interview. I anticipate that each interview will take approximately 30 to 60 minutes. The interview will be audio recorded. The interview will be like a conversation. I want to hear your success story of graduating from nursing school and passing the NCLEX-RN even though you experienced difficulty while in nursing school. I want to hear your whole story so I will start the interview by asking you to describe the difficulty you experienced while in nursing school and repeating a nursing class. I will then ask you to share with me how your experience of becoming successful unfolded and how you changed in the process of becoming successful. Because the purpose of the interview is to hear your story, my questions will be informal and will be mostly to clarify and to help me better understand your experience. Before coming in for the interview, it may be helpful if you can think back and reflect on your experience to make it easier to recall your story when we meet.	When you call at the scheduled interview time, I will first take a few minutes to answer any questions that you might have about the process. I anticipate that each interview will take approximately 30 to 60 minutes. The interview will be audio recorded. The phone interview will be like a conversation. I want to hear your success story of graduating from nursing school and passing the NCLEX-RN even though you experienced difficulty while in nursing school. I want to hear your whole story so I will start the interview by asking you to describe the difficulty you experienced while in nursing school and repeating a nursing class. I will then ask you to share with me how your experience of becoming successful unfolded and how you changed in the process of becoming successful. Because the purpose of the interview is to hear your story, my questions will be informal and will be mostly to clarify and to help me better understand your experience. Before coming in for the interview, it may be helpful if you can think back and reflect on your experience to make it easier to recall your story when we meet.

Email Script for Face-to-Face Interview	Email Script Phone Interview
I am looking forward to meeting with you. Please feel free to contact me again if you have any questions before our scheduled appointment. Barbara Ninan	I am looking forward to talking with you. Please feel free to contact me again if you have any questions before our scheduled appointment. Barbara Ninan

Appendix F: Informed Consent

██████████ University School of Nursing Research Consent Form

You are invited to take part in a research study about how nursing students achieve success after experiencing academic difficulty and having to repeat a required course during the nursing program. This study will only include Hispanic RNs because there is a serious shortage of Hispanic RNs in the United States. You were selected as a possible participant for this study because you graduated from the nursing program with a baccalaureate degree and you passed the NCLEX-RN examination even though you had to repeat a course while in the nursing program.

Barbara Ninan, a LLU School of Nursing faculty member and a doctoral student at Walden University, will be conducting the study. Before agreeing to be part of this research study, please read this consent form and ask any questions that you have.

The purpose of the research study is to explore nursing students' experiences of how success was achieved after experiencing academic difficulty. An understanding of these experiences may provide insights into how other students may be helped to achieve success.

If you volunteer to be part of this study, Barbara Ninan will be interviewing you. The interview is expected to last approximately thirty minutes to one hour and will be audio-recorded.

Your participation in this study is voluntary. Your decision whether or not you choose to be in the study will not affect any current or future relationships with LLU School of Nursing. If you decide to join the study now, you can still change your mind later by contacting Barbara Ninan at 909-801-9469 or bninan@llu.edu to let her know that you wish to withdraw.

If you decide to be interviewed and after the interview you think of additional information that you want to share about your experience, you may write it and email it to bninan@llu.edu. The additional information needs to be sent within one week following the interview because after that, data analysis will begin.

Once data analysis is underway, data from your interview will be pooled with other participants' data and at that point no new information can be added and individual interviews can no longer be withdrawn from the study.

Being in this type of study involves some risk of minor discomforts as you recall a life experience that may have been stressful for you. If you feel stressed during the interview, you may stop at any time by indicating that you do not wish to continue the interview. There are no benefits to you for participating in this interview. The interview may benefit others by providing a better understanding of your experience and helping identify ways to be supportive to nursing students who are experiencing difficulty.

Any personal information you provide will be kept confidential. To assist in maintaining confidentiality, the pseudonym that you chose will be used in place of your name. Data with your name and identifying information will be stored in a locked file cabinet. Audio recordings will be transcribed after your interview and, as soon as the transcriptions are verified for accuracy by Barbara Ninan, the audio recordings will be deleted. The transcriptions will contain no names or personal identifiers, only pseudonyms. Once the interviews are completed and the data are being analyzed, all paperwork that links your name with your pseudonym will be destroyed. The research data that will no longer have any personal identifiers will be stored for a minimum of five years per policy of Walden University.

The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. There is minimal risk of breaking confidentiality.

If you have any questions, please contact the researcher, Barbara Ninan at 909-801-9469 or bninan@llu.edu. You will be provided with a copy of this consent form for your records.

The Principal Investigator (PI) for this research study is Dr Christine Neish who can be reached at 909-558-1000 extension 45448 or cneish@llu.edu. If you wish to talk privately about your rights as a participant, you can contact LLU Impartial 3rd Party at 909-558-1000 extension 44647, or patientrelations@llu.edu for any concerns or complaints.

Or if you wish to talk privately about your rights as a participant with someone from Walden University where the researcher is a student, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210.

INFORMED CONSENT STATEMENT:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below "I consent", and I understand that I am agreeing to the terms described above.

Printed Name of Participant_____

Date of Consent _____

Participant's Signature _____

Researcher's Signature _____

Printed Name of Participant_____

Appendix G: Email Script to Thank Participants for Participating in the Research Study

Hello _____ (Graduate Nurse)

Thank you again for taking your time to participate in my research study. I really enjoyed the opportunity to talk to you and hear the details about your success story.

[Personalize the email by making a brief comment based on something that they shared before the interview. Examples may include: "I hope your new job is going well" or "I hope your job search is going well" or "I was pleased to hear you are thinking about returning to school to work on your master's degree"]

If you have thought of any additional information that you would like to share about your experience while in nursing school, please write it down and email it to me. In order to be able to include any additional information, I need to receive it by _____(date). (In the informed consent the participants were instructed that they needed to send any additional information within one week.)

I wish you the very best in your chosen nursing career. I am so glad that you were successful in nursing school.

Sincerely

Barbara

Appendix H: Demographics

Pseudonym _____

Please provide the following information:

1.   I was born in: _____ (country)

2.   If born outside of US, I immigrated to USA at age: _____

3.   My mother was born in: _____ (country)

4.   My father was born in: _____ (country)

5.   I speak the following fluently: English____   Spanish____   Other____ (please state)

6.   The language primarily spoken in my home when I was growing up was:
        _____

7.   The language primarily spoken in my home today is: _____

8.   The highest level of education completed by my mother is:
        ____Some high school ____High school graduate ____Some college
        ____2-year College Graduate ____4-year College Graduate
        ____Post Graduate Degree

9.   The highest level of education completed by my father is:
        ____Some high school ____High school graduate ____Some college
        ____2-year College Graduate ____4-year College Graduate
        ____Post Graduate Degree

10.   I am the first person in my family to earn a four-year college.
        ____Yes ____No

11.   I completed pre-nursing at: ____community college ____university

12.   Do you feel your high school prepared you for college? ____Yes ____No

13. Did you experience financial stress during nursing school? ____Yes ____No

14. If I experienced financial stress it was related to: ____tuition ____school-related books & supplies ____transportation ____living expenses

15. How much did you work during your nursing program? ____None ____Less than 10 hours ____10-19 hours ____20 or more

Appendix I: Script for Phone Reminder of Scheduled Interview

Hello _____ (Graduate Nurse)

   This is Barbara Ninan. How are you? I am calling to remind you that your interview is scheduled for _____. (<u>Review the plan of face-to-face or phone interview and ask if there are any questions.)</u>

[<u>If the participant has not completed the demographic survey continue as follows.</u>]

Before the scheduled interview appointment can you please complete the online demographic survey? Do you need me to send you the link again?

Do you have any other questions for me? I look forward to our meeting.

Good-bye

Appendix J: Table One

Meaning Units and Transformations				
Meaning Units in Third Person	Transformation #1	Transformation #2	Transformation #3	Key Constituents
1				
2				
3				
4				
5				
6				
7				

Appendix K: Table Two

Key Constituents and Supporting Statements from Participants					
Key Constituents	Participant #1	Participant #2	Participant #3	Participant #4	Participant #5
1					
2					
3					
4					
5					
6					
7					