Stories of Persistence of Undergraduate Nursing Students

by

Briar Schulz
B.S.N., University of British Columbia, 1999
M.A., Adler School of Professional Psychology, 2004

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of

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in Interdisciplinary Studies

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University of Victoria

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Supervisory Committee

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Abstract

Attracting and retaining student nurses who will persist in their academic studies is essential to the success of the Canadian health care system. While a small body of knowledge existed in the area of retention and attrition of undergraduate nursing students, little was known about the students’ perspectives on persistence. Through a qualitative analysis of the stories of persistence for six undergraduate nursing students from the University of Victoria, this study revealed and explored the variety of factors that influence undergraduate student nursing persistence. Important information for improving Canadian nursing education was revealed in the process.

Mainstream qualitative research techniques in this study were expanded with the use of photovoice. Photographs taken by the study participants were used to elicit their narratives of persistence, increasing the accessibility of the stories’ emotional content. Internarratives were also derived from aspects of the participants’ original stories and provided an additional approach for understanding student nursing persistence.

The results of the study revealed six main themes that represented major factors of influence on student nursing persistence: (a) support, (b) challenges to persistence, (c) motivation to continue persisting, (d) the nursing profession, (e) teaching, and (f) the curriculum. The study demonstrated the critical importance of understanding undergraduate nursing persistence from the students’ perspectives, as well as the value of incorporating photovoice as a methodological strategy. The implications for nursing recruitment, education, and future research were also discussed and continued research on and further dialogue about these issues were deemed important for nursing education.
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Acknowledgments

Another graduate student so wisely said “it takes a village” to finish a doctoral program. My own “village” of supporters are numerous and I am so grateful to those who “persisted” with me.

This study would not have been possible without the six wonderful participants who gave their valuable time to share their stories with me. I am especially appreciative for the integrity in which they undertook each part of this study. The participants’ creativity in this process resulted in beautiful images that are a significant highlight of this research. Their stories are inspirational and offer much hope to future nursing students in their journeys of persistence.

I am deeply appreciative of my committee—Dr Lynne Young, Dr Wanda Hurren and Dr Noreen Frisch. In particular, Lynne and Wanda have guided me so patiently and persistently throughout my program. Their words of wisdom, wealth of teaching and research experience have pushed my learning to new heights. I am so thankful for their endless support and genuine caring for me as an adult learner with a busy life! I will truly miss working with them both.

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Dedication

This work is dedicated to Sophia and Nathan—may you understand the value of hard work and pursuing dreams while remaining true to yourself and those you love.
Chapter 1

Introduction

This dissertation examines the stories of persistence for a group of undergraduate nursing students using a qualitative data analysis methodology. Increasing our understanding of nursing students’ perspectives is an essential component in developing effective strategies in the retention of undergraduate nursing students. In this chapter I provide the following: (a) an overview of the problem, (b) purpose of the study, (c) definitions, (d) research questions, (e) underlying assumptions, (f) reflexivity and introspection, (g) delimitations, and (h) an organization of the study.

Overview of the Problem

Maintaining an acceptable number of registered nurses continues to challenge healthcare systems, internationally, and Canada is no exception. An aging nursing workforce and a declining enrolment in nursing programs worldwide are key factors that contribute to this challenge. Recruiting and retaining nursing students throughout the course of their undergraduate studies is of critical concern to ensure the long-term safety and integrity of the healthcare system (Glossop, 2001; Jeffreys, 2007; Kennedy, McIsaac, & Bailey, 2007; Pringle, 2005; Wells, 2007).

Retaining post-secondary students is certainly not isolated to the field of nursing. Internationally, both retention and its inverse, attrition, have received considerable attention throughout the post-secondary education literature for many decades. The cost of attrition is profound to the individual student, the programs, and the institution as a whole. Any student’s departure drains the limited resources; time, money and energy, of academic institutions. Moreover, the fiscal and psychological cost of attrition is high for
the individual student as well (Andrew, et al., 2008; Glossop, 2001; Schuetz, 2005; Tinto, 1993; Waters, 2008; Weidman, Twale, & Stein, 2001).

As important as retention and attrition are to institutions and students, however, researchers have tended to use the terms imprecisely in the variety of studies already conducted. Not only is there a conceptual blurring of boundaries between attrition and retention throughout the literature, but it is also assumed that one influences the other. It is imperative that researchers clearly differentiate between attrition and retention, as well as refrain from supposing that studying attrition necessarily provides information about strategies for retention. Furthermore, retention and persistence are terms that are frequently used synonymously with each other and should be defined individually for further clarity. Retention, simply the act of being retained, is the term an *institution* utilizes in their discussions regarding keeping students enrolled in their programs from one semester to another (Hagedorn, 2005). Persistence, however, is a reflection of the *students’* intentions. In other words, students who are actively enrolled in their nursing program with the intent to continue the program to completion and, therefore, *persisting* (Hagedorn, 2005). Retention focuses on the institution, whereas persistence focuses on the student. This is a critical distinction to highlight, given that an institution’s goals for retention may be very different from those of the individual student.

While this dissertation focuses on student nursing persistence and not attrition, a definition of attrition is included here for understanding the complexities that arise when researchers use the terms attrition and retention interchangeably, thus highlighting the need for studies that focus on individual persistence. The literature generally uses attrition to refer to students who leave their course of study. However, attempting to
make this term more specific becomes problematic. Attrition may involve students who leave voluntarily or involuntarily, take a break from their studies and return at a later date, transfer to another course or program within the same institution, transfer to another course or program at another institution, and/or leave their studies and higher education entirely. Nursing researchers have noted this concern, acknowledging the lack of a standard definition of attrition for nursing students (Day, Paul, Boman, McBride & Idriss, 2004; Glossop, 2001; Jeffreys, 2007; Kennedy, et al., 2007; Pringle, 2005).

In addition to the complexities of defining attrition, recruiting students for research—who may have abandoned their studies or who are disconnected with the institution—poses some challenges. Students who have exited a program are not easily accessible for ethical reasons and/or may lack motivation to participate in research examining the reasons for their leaving (Day et al., 2004; Getzlaf et al., 1984; Glossop, 2001; Kennedy et al., 2007; Pascarella & Terenzini, 2005; Pringle, 2005; Stratton, O’Toole & Wetzel, 2007; Tinto, 1993; Wintre, Bowers, Gordner & Lange, 2006). Furthermore, researchers who have conducted autopsy\(^1\) studies with students who have left provide very different sorts of information from those studies focusing on students who are persisting in their studies. In other words, students who have left their programs provide different rationale for leaving than students who persist, despite wanting to leave. Thus, persistence and attrition are individual constructs that require separate examination (Shelton, 2001; White, Williams & Green, 1999). These comparative studies will be discussed in further detail in the subsequent chapter.

\(^1\) Autopsy studies refers to research on student attrition that focuses on those students who have already left their academic studies.
The challenges for researchers in examining attrition provide further impetus to focus on retention, and more importantly, to understand persistence from the student’s perspective. Studying retention and persistence, however, remains a multi-faceted problem. In fact, the only consistency throughout the literature is the lack of one clear variable influencing a student’s decision to stay in a post-secondary program. Furthermore, researchers have argued that studying retention and persistence should only occur on an individual-program basis and that cross comparisons are not possible due to the complexities of the issues (Danaher, Bowser & Somasundaram, 2008; Seidman, 1996; Willcoxson, 2010). This is certainly an important consideration for the discipline of nursing. Students undertaking a nursing education are part of a professional program that differs enormously from other post-secondary studies, thus making comparisons to programs in other disciplines challenging. Finally, nurse researchers—globally—note the lack of qualitative studies in the area of retention, and implore future research to include student nurses’ perspectives to address a critical gap related to understanding the experience of persistence that is evident in the retention literature (Day et al., 2004; Glossop, 2001; Jeffreys, 2004; Kennedy et al., 2007; Pringle, 2005).

The goal of this study was to fill a gap in the existing literature on student nursing retention and persistence by providing a greater understanding of individual student nurses’ unique perspectives. Since student voices and their experiences of persistence have been notably absent from the Canadian student nursing retention literature (Harrison & Reid, 2001; Smith, McAlister, Gold & Sullivan-Bentz, 2011), this qualitative study focused on the stories of individual nursing students’ decisions to persist in their chosen nursing programs. I interviewed undergraduate nursing students who were currently
persisting, despite having thought seriously of leaving. A new perspective to the retention puzzle was offered, since most research has either examined students who had already left programs or focused on the goals of institutions rather than on student perspectives.

The University of Victoria offered an appropriate cohort of undergraduate nursing students to be interviewed for this study. Internationally, the literature supports that the majority of students who leave their studies, do so in the first or second year of post-secondary studies, and the discipline of nursing is included in these statistics (Day, 2001; Glossop, 2001; Pringle, 2005; Wintre et al., 2006). Students enrolled in the Bachelor of Science in Nursing program at the University of Victoria, have already completed two previous years at another college. It was assumed that students who are in their final two years of their studies will have had more of an opportunity to seriously consider leaving, in comparison to students in their first or second year. Thus, students attending their final third and fourth year of studies were considered more likely to be persisting to completion. Moreover, they would have had an appropriate period of reflection on their decision to continue, if they had thought seriously of leaving in their first two years.

Both narrative and photo elements were used as methodological strategies in this dissertation to gather the stories of student nursing persistence. Narrative research uses stories to reveal an individual’s understandings and/or interpretation of his or her experience. As such, these stories are not objective accounts of an event. Instead, they are subjective interpretations that are firmly situated in an individual’s social and personal, background. Accordingly, within this dissertation, stories have been constructed and reconstructed to best represent the interpretations of experience for nursing students as they pertain to the phenomenon of persistence. In addition, my own story of persistence
as a doctoral student has become part of the reconstructive story-making process as I seek to maintain self-awareness, reflexivity and transparency throughout my own interpretations of the participants’ stories.

Over the last decade, the use of photography has become a well-recognized and legitimate tool within social research. The literature has highlighted the use of photographic images as a powerful tool in extending traditional narrative boundaries (Frith & Harcourt, 2007; Hansen-Ketchum & Myrick, 2008; Rose, 2007). However, nursing research using photography is still in its infancy (Hansen-Ketchum & Myrick). Furthermore, research incorporating photography uses a variety of terminology and thus discrepancies between definitions are apparent in the literature on the use of photography in social research. In this dissertation I will use photography in the form of photovoice. For the purposes of this study, photovoice is understood to mean photographs (taken by the students) used in the interview process as a visual component that promotes dialogue, fosters reflection, thereby augmenting the narrative of the individual’s lived experience. Furthermore, photovoice appeared to offer a unique opportunity for research participants to maintain a sense of control and investment in the re-telling of their stories since they were in control of the images that were discussed in the research conversations (Barbee, 2002).

**Purpose of the Study**

The purpose of this narrative study was to explore and analyse the stories of student nurses who were persisting in their undergraduate nursing program at the University of Victoria, despite having thought seriously of leaving. The study was undertaken to provide knowledge that will support undergraduate nursing faculty in
curriculum planning and pedagogy at the University of Victoria by fostering new understandings of student nurse persistence.

**Definitions**

Following I define key terms used in this dissertation:

**At-risk students:** Students who are potentially on the verge of not continuing in their field of study, for a variety of reasons, including but not limited to academic concerns, personal concerns, and a change of plans;

**Attrition:** The leaving of undergraduate nursing students from their studies either by choice or because of academic failure during the time of the study;

**Non-traditional student:** Any student who has entered a nursing program at least six months after leaving high school;

**Persistence:** The decision and action of the individual student to remain in one’s undergraduate nursing program;

**Recruitment:** All aspects of work, advertising, or any other effort that encourages a prospective student to enter the field of nursing;

**Retention:** A term used by an academic institution indicating that students remain in their program;

**Traditional student:** Any student who has entered the nursing program within six months following completion of high school and who, therefore, has no prior post-secondary education beyond the pre-requisites to enter the nursing program;

**Withdrawal:** Leaving a nursing program either by choice or academic failure. This may be used interchangeably with attrition;
Please note that within the aforementioned definitions, I have included two terms (traditional student and non-traditional student) in congruence with the terminology used in the literature. However, it is my opinion that neither of these terms are an appropriate reflection of the current nursing student population. The wide variety and diversity of nursing students attending Canadian institutions should not be divided into mere traditional and non-traditional groupings and would appear reflective of dated terminology. While the literature to date has been constrained by these terms, I would argue that nursing education needs to consider the implications of dividing our student nursing population into dichotomous groupings. Nursing educators need to be aware of the student nursing population we have currently and those we seek to include in the future, with careful regard to how we categorize particular individuals. Unfortunately, this dialogue extends beyond the scope of this research, but remains an important discussion for future research.

**Research Questions**

1. What are the stories of undergraduate nursing students who persist in their program, despite having thought seriously of leaving?
2. What are the meanings of the images that undergraduate nursing students identify to represent their stories of persistence?

**Underlying Assumptions**

While the literature posits the need for qualitative research in the area of undergraduate student nursing retention, the orientation of my research is undoubtedly influenced by my notions of epistemology and ontology. I believe that qualitative data provides opportunities for important knowledge development through understanding how
people who are embedded in specific social, cultural and political contexts make meaning of their worlds. While certain theoretical frameworks that will be introduced in a subsequent chapter have been utilized in this dissertation, they have been regarded as springboards for further discussion and analysis rather than as absolute truths. My personal trajectory through graduate education has challenged my suppositions of truth, objectivity and reality, particularly through my understanding of postmodernism. Consequently, I seek to deconstruct grand narratives and provide space for multiplicity, diversity and subjectivity in this research. Furthermore, this narrative study attempts to give voice to the highly personal and as yet unspoken stories of persistence of undergraduate nursing students—unknown and unformulated even to the students themselves prior to the interviews. However, it is impossible to assume objectivity in my analysis and presentation of the students’ narratives in this dissertation. Therefore, my interpretive process has been accompanied by continual and rigorous self-reflection, as well as the integration of my own story of persistence in my doctoral studies.

**Reflexivity: Introspection**

My desire to carry out this research originated from my own turbulent undergraduate education. I struggled for many years in my academic pursuits, wondering if there was some “career utopia” I was supposed to be experiencing, yet, clearly missing. This conflict began originally in the field of education, where I thought my career aspirations would be fulfilled in elementary teaching. After two frustrating years of teacher training, I finally transferred to nursing. I spent the first year studying many hours—motivated, yet distracted—by worries about whether my academic abilities in a rigorous nursing program would lead to success. Over time, however, I learned that my
concerns about academics were not the primary issue. As I began clinical work with patients, I quickly regretted my transfer decision. I had romanticized notions of nurses, believing that they were “angels of mercy”. Nursing was, in fact, nothing like I had imagined. It was psychologically draining, physically exhausting, and, at times downright disgusting! Working with humans, many times in their depths of despair, was neither heroic nor angelic. The internarrative at the end of this chapter—“Learning to care”—was inspired by the memory of one of these challenging experiences in my undergraduate nursing studies. I persisted, however, despite these experiences because the thought of yet another incomplete program was more than I could face. Finishing something became the primary motivation for completing my nursing studies.

Upon graduation, however, working in the field of nursing offered me a new perspective, and I quickly discovered the many fulfilling career options that the profession of nursing offered. While there have been many challenging and disheartening moments throughout my various nursing positions, the rewards have far outweighed them. Consequently, I am grateful for my persistence in finishing my nursing studies, despite having seriously considered leaving. During my time as a nursing student, I was unable to comprehend fully the wonderful journey that the profession of nursing would provide. Ironically, since then I have had the privilege of teaching undergraduate nursing students, only to observe many of them go through similar periods of disillusionment and disappointment. Watching my nursing students’ wrestle with decisions of continuing or leaving their studies has motivated me to understand those, like myself, who persist in their endeavours to become a nurse.
Understanding someone’s story is complicated and requires some adept interviewing skills. I have spent years teaching students how to glean stories from clients, and I wanted to continue to expand my own horizons in this area. While current research in the field of student nursing retention and persistence highlights the need for narrative studies that accurately represent student voices, there still exists a need to examine stories beyond the written text. Consequently, I was inspired to incorporate visual images into my data collection by one of my co-supervisors and course professors, Dr Wanda Hurren.

As part of a journaling assignment, Dr Hurren asked the class to find a visual image that represented our understanding of a particularly challenging period within the curriculum landscape. We were then asked to write and share our journal reflections, and why and how we selected our images. I was amazed at how profound and enlightening this learning exercise was. I felt that using the images was far more inspiring and revealing compared with the written text. My learning had come alive, and I had participated in it with a greater sense of investment and interest. I wanted the same engaged, learning experience for my research participants. I knew that the use of photography would add a powerful extension to the narrative text of student stories and would allow nursing students to both experience and share their stories as completely as possible.

Participating in doctoral studies while caring for a young family and working professionally has provided me with an interesting—and, I might argue, a comparable experience to that of my research participants. My perspective today is quite different from the days of my undergraduate training—where I had no appreciation of the freedom and flexibility my life offered at that time. I had to personally experience the juggling act of multiple roles in order to empathize with how difficult life can be as a student. I am
fortunate that my doctoral program has allowed me some flexibility in scheduling, an option not available to undergraduate nursing students.

I vividly remember looking upon the mothers in my undergraduate nursing program with amazement. These students, who appeared to have more demands in their lives outside of their academic pursuits, were always the first to complete their assignments. Moreover, they appeared to be more organized and prepared for class and clinical practice than most other students. Now that I am a student with multiple competing demands on my time, I appreciate the necessity to prioritize differently. Life with young children, while seemingly predictable with routines, is actually full of uncertainty. Illness, homework assignments, unreliable babysitters, commuting and participating in after-school activities, and day-to-day emotional caretaking, all offer many time-consuming surprises. I have become accustomed to a constant nagging sense of guilt: I feel guilty when I am spending time on my studies and not with my children, and vice versa. Not surprisingly, thoughts of abandoning my studies have haunted me daily.

Subsequently, I have been consistently faced with my own research question: Why do I choose to persist? While this dissertation is not an autobiography, answering my own question of persistence became an important part of my reflection. I have endeavored to remain aware of any potential projection of my own experiences. I have persisted because I am inspired by those who have guided me patiently to this place, most notably the overwhelming number of excellent teachers that have given me a hunger for learning and who have transformed my thinking. I will complete this part of the process because of all of the people who have supported and believed in me. Finally, I am
inspired by those students who persist, often in the face of great challenges, and who
deserve to have their stories told. These students have given me the courage to face my
own flaws, meet difficult challenges, and complete my degree.

I do not pretend that my current research will solve the nursing discipline’s
problems with retention. My desire in carrying out this study is to gain a deeper
understanding of how a subset of undergraduate nursing students have persevered in spite
of wanting to leave, and how faculty can further support their decisions to continue in
their studies. I am passionate about nursing students’ stories of success and the long-term
future of our healthcare system. The discipline of nursing deserves compassionate and
committed professional nurses who willingly work with a highly diverse population who
are struggling with many forms of disease and variations of health. While I do not believe
that everyone is suited to be a nurse, I am fervently committed to supporting nursing
students in their own journey. My research has grown out of this strong commitment.

**Perimeters for the study**

The research population for this study was a group of undergraduate nursing
students who were currently choosing to persist in their field of study, despite having
thought seriously of leaving. The study was restricted to one academic semester, and,
consequently, it is not a longitudinal study. Additionally, the results of this qualitative
study are, predominantly, limited to one program and one post-secondary institution.
While it was hoped that the study would incorporate individuals from a variety of
minority groups, the scope of the research was, unfortunately, limited to a small number
of voluntary participants. It did not, therefore, include the diversity of undergraduate
nursing students available in typical programs. It is with much regret, for example, that
this study lacked representation from an aboriginal nursing student. Current Canadian literature (Smith, et al., 2011) highlights the significant need for the voices of aboriginal nursing students in persistence research and I implore future researchers in this area to work diligently to include this population.

**Internarratives**

This is the first of several internarratives presented in this study. Internarratives, or second-order narratives are creative re-narrated stories that have been inspired from parts of another story, memory or event. The use of internarratives in this study provided an additional, unique approach to analyzing and synthesizing the research data. The following internarrative recounts a personal memory from my own story of persistence in an undergraduate nursing program, and this exercise represents an important part of my reflexivity. While I consider this personal internarrative to be an accurate, autobiographical account of my own understanding of the event, the piece nonetheless remains the subjective reflection of an experience that occurred over 20 years ago. The three remaining internarratives presented in chapter six are based on aspects of the participants’ stories, and reframe some of the original accounts that arose in the research interviews. Although my own perspectives and assumptions, no doubt, left an incredible mark on these internarratives, I would argue, nonetheless, that using internarratives in this study creatively enhanced the analytical process and presentation of the data.

**“Learning to care” (Personal internarrative)**

The smell of that rotation remains etched in my memory, clearer than any other. In an attempt to both mask and mop up the inevitable sputum, feces, urine and vomit—the sickly smell of bleach, hung in the air, thick and nauseating. It was just our second
clinical rotation—a maximum care geriatric facility. I had known when I signed up for this career this particular clinical placement wasn’t going to be a fun experience. I had even attempted to prepare for it mentally—as much as a naive 18 year old youth can prepare for anything—but, really, nothing could have prepared you for that experience until I was up to my eyeballs in it.

The overwhelming, physical and emotional feelings of disgust that I experienced, were the most surprising to me. It had been an intense reaction that had rocked my core, and when I shut my eyes and picture that first clinical day, it is as clear as if it were yesterday. I had merrily gone through my life—up to that point—clearly, sheltered from the layers of abhorrent inhumanity existing in our world. My young life had been one of privilege and protection, where my sweet grandparents lived next to our family home, and had died with grace and dignity.

Room upon room of the remains of what once were thinking, moving, “living beings”; skeletal bones of individuals, quite literally caged in their spindly metal beds. No, they weren’t dead, there was still a living soul in there, somewhere, I just wasn’t sure where. Each of their beady, piercing eyes seemed to plead with me to put them out of their misery. It physically pained me to make eye-contact. I chose instead to stare through “them”, in a futile attempt to avoid the pit in my stomach, and the profuse vomiting that would inevitably follow during my morning break; physically sick from my participation in such depravity. Their blank, sparse empty rooms, painted deathly beige; devoid of anything they could use as a weapon—God-forbid they managed to escape from their so-called “safety-restraints”.
Those that had the “freedom” to wander did so in pacing desperation, aimlessly searching for something, or someone; surely looking for a way out of this madness. However, no patient ever left this prison, until the sweet release of death provided the necessary exit.

The “workers”—by which I mean the overweight, depressed nursing, cleaning and maintenance staff, that from my youthful perspective ‘obviously’ couldn’t get a job in a real hospital—rotated through eight-hourly shifts to “provide care”. A typical nursing shift was 12 hours, but I imagine that, an extra four hours daily, in this horror-house would likely make one suicidal, and I surmised that the administrators had reduced the hours out of pure necessity for staff retention.

Our task as first year nursing students—obviously free labor disguised as a clinical rotation—was to assist in morning “care”. Like some barbaric torture, this “care” consisted of waking anyone daring to remain sleeping at the late hour of 7:30am with a—wait for it—ice-cold cloth. You had to work quickly though, or some dear soul might actually not like this “caring” gesture and project sputum into your waiting eye. I found this out the hard way. This “act of caring” was followed by herding the non-ambulating in wheelchairs down to the communal shower room, followed by power-washing every orifice known to man, while watching you didn’t spray the frail ones out of their chairs. Just as a side note—I have to admit, naked 90 year old men, was not something I had been privy to, prior to this date, and I found it hard not to stare at how cruel the aging process really was!

Those that could ambulate independently, reluctantly shuffled, dragged, and wheezed their way into private showers. However, left to their own devices, I sincerely
doubt much cleansing happened in there, because they left smelling as they had entered, but no one seemed to care.

Lunch time, was a mass feeding of colorless, mushy, ground up piles of I don’t know what. Our patients wore these enormous feeding sheets, to avoid any unnecessary change of bed-clothes, and sat motionless as we shoveled the sordid grub into their reluctant mouths. Unavoidably, more would end up on their faces than consumed, and some would return to their ‘cages’ with their faces still stained in mush, adding little to their already unfortunate appearances.

The afternoon hours dragged endlessly. It was our time to mingle with the patients? So we would sit, and stare at walls with them and give them a knowing nod whenever our instructor was hovering. If the instructor came close, then we would quickly pretend to be engrossed in some riveting conversation with the person who had no mind. Some days, we got really creative and painted their toenails.

When the ticking wall clock hit 3pm, all of us students sprinted to line up at the “security gate”. Making sure we weren’t sneaking anyone out with us, we left one by one into the merciful breath of freedom with just 16 short hours before we would be back in hell.

And people wondered why I wanted to quit.

**Internarrative Summary**

This personal internarrative was based on my own experience of disillusionment as an undergraduate nursing student. I had such vivid recollections of that particular clinical rotation and the intensity of emotions that I experienced I believed I needed to share my story to situate myself in the research. Thus, I have positioned this particular
internarrative in the first chapter as an important example of my own reflexivity, to avoid potential projection of my experience onto the stories of my participants. Additionally, recounting my story was a surprisingly cathartic process. I realized how far I had developed in my understanding of the nursing profession. Consequently, I have developed a strong desire for nursing students to enter nursing programs with a sound knowledge of the profession so that they could be spared similar disillusionment. However, I also hoped that in sharing this internarrative I have provided a space for dialogue about the feelings of horror and futility that one can sometimes experience with nursing work.
Chapter Two

Review of the literature

In this chapter I situate student nursing retention and persistence within the larger literature of postsecondary student retention and persistence. While the emphasis of this dissertation is on persistence, the majority of the literature in this review refers to the term retention, and, therefore, I will use the terms as the corresponding literature refers to them. In other words, if I include the term persistence then the literature cited has included this term with its definition similar to the definition provided in chapter one. The lack of studies distinguishing student persistence as an important factor in student retention only emphasizes the need for this doctoral study.

Examination of prior research on general postsecondary studies will show how retention has evolved for higher education, in addition to revealing the contrasting gaps in the student nursing literature. The lack of studies from the nursing profession in comparison to the plethora of research on this topic from other disciplines should not be understated, further highlighting the importance of this research.

Educating nurses to become a registered nurse in North America has been the responsibility of the postsecondary system for decades. Consequently, an examination of the North American literature discussing general postsecondary retention will provide the contextual backdrop for student nursing retention and persistence. Research on postsecondary retention is extensive, and the following review is clearly not exhaustive and, therefore, is limited to North American research. Keeping to a historical time frame (1800’s to present day), I will briefly outline how retention has become a focus of the higher education research and discuss the theoretical developments that have responded
to the evolving needs of the students. This timeline will be followed by a discussion of the literature that is specific to the more geographically relevant Canadian postsecondary student populations. Four conceptual frameworks will then be outlined to structure the complexity of variables involved in retention that are evident in the literature. Jeffreys (2004) provides the discussion with a theoretical model of student nursing retention, moving the focus from general post-secondary studies to student nursing retention. Finally, the literature on student nursing retention and persistence is examined, highlighting the dearth of research in this area in comparison to the quantity from general postsecondary studies. Thus, in this chapter I discuss the existing research on student nursing retention and persistence from a global perspective to provide readers with a broad overview of thought in this substantive area.

**Historical Overview of Retention**

Although retention is first and foremost about students, the larger political, economic, and social forces heavily influence the entire educational system. Their impact on retention is particularly evident as one traces the historical trajectory of the research findings throughout the years. Moreover, examining the history of retention provides an important background for understanding how some of the most influential theories relevant to student retention evolved.

The following historical overview is outlined chronologically, in order to show how retention has evolved as an important field of study in North America. This overview is based primarily on the research of Berger and Lyon (2005), as well as my own examination of the literature. Berger and Lyon outline nine eras to synthesize the development of retention as an issue for research in the higher education literature: (a)
retention prehistory; (b) evolving toward retention, mid 1800s-1900s; (c) early developments, 1900-1950; (d) dealing with expansion, 1950s; (e) preventing dropouts, 1960s; (f) building theory, 1970s; (g) managing enrollments, 1980s; (h) broadening horizons, 1990s; (i) current and future trends, early 21st century to present and future. These eras, discussed in the next several sections, provide a helpful framework for systematically organizing the research.

Retention prehistory.

Completion of a college or university degree had little to no relevance in early American society, and there was no reason, therefore, to acknowledge persistence as an issue. Postsecondary education was established to cater to a limited number of professions, such as medicine, law, and preparing members of the clergy and missionaries. Attending a postsecondary institution was reserved for the elite and privileged (Michael & Holdaway, 1992). Enrollment was dictated by socioeconomic factors, and as the depressed economy of the 1840’s resulted in a major decline in students seeking postsecondary education (Berger & Lyon, 2005).

Evolving toward retention (Mid 1800’s-1900’s).

Early in this era colleges remained male-based institutions and the majority still did not graduate. As time progressed, there became an increasing interest in degree attainment. More students considered that pursuing postsecondary education was important as academic knowledge became equated with power and prestige. The increased interest in academic pursuits was driven by economic and political forces and institutions of higher learning provided a more comprehensive collegiate experience including both academics and extra-curricular activities. The demand for more institutions grew. Slowly, women began to be admitted to postsecondary colleges and
institutes for higher learning. Oberlin college in Ohio is credited with being the first American postsecondary institute to admit women (Berger & Lyon, 2005). However, most women participating in higher education at this time attended one of several prestigious female-only colleges that were established such as LaGrange, Vasser, Wheaton, or Wellesley. However, women were entering these institutions primarily for the purposes of becoming a well-prepared mother/housewife, nurse, or elementary school teacher, most did not pursue the traditional professional careers sought by their male counterparts. At the end of this era, the University of Minnesota became the first university based nursing program in the United States in 1909, beginning a transformation in the training of nurses (Malka, 2007). Canada was not far behind its North American neighbour establishing the first Canadian university based nursing program at the University of British Columbia in 1919 (Baumgart & Kirkwood, 1990).

At this point, and for the 250 years prior, institutions of higher education were far more concerned with their basic survival than retention (Berger & Lyon, 2005). Most of the universities established during this time depended on private funding to sustain them. Many of the institutions had too few students and not enough of them were completing their degrees due to a lack of consistent funding. At the end of this period, however, industrialization demanded an increased need for post-secondary education.

**Early developments (1900-1950).**

Enrollments began to rapidly increase and stabilize as the rise in industrialization required more knowledge workers. The first studies of attrition—or “mortality studies” as they were termed then and for many years subsequently—appeared during the 1930’s (Berger & Lyon, 2005; Gekowski & Schwartz, 1961). World War Two and the Great Depression quickly altered the face of postsecondary education since, for much of
society, life was about survival. Many postsecondary institutions closed their doors due to the lack of students and faculty since so many men were participating in war efforts. Interestingly, such global, life-altering events became catalysts in some of the most profound historical changes to the postsecondary education system, as will be evidenced in the following sections (Berger & Lyon, 2005; Sexton, 1965).

**Dealing with Expansion (1950s).**

Considered as an antidote to the Great Depression, there ensued a rapid growth in the desire for and attainment of a postsecondary education. As soldiers returned home from the war, combined with the increasing need for knowledge to respond to the growth in industry and technology, postsecondary institutions flourished. As the role of women expanded in society, nursing became a well accepted career choice for females. Training for this vocation, however, remained predominantly hospital-based and removed from institutes of higher learning. Only a small percentage of nurses obtained bachelor degrees through a university (Malka, 2007).

Various notable federal acts and policies were created at this time to encourage the accessibility to higher education, particularly for veterans. Retention became an increasingly notable issue as researchers, educators and institutions considered future enrollment needs, and sustainability (Berger & Lyon, 2005; Sexton, 1965).

**Preventing dropouts (1960s).**

As the accessibility to higher education increased, so too did the cultural and ethnic diversity of the student population attending. Institutions were largely unprepared for the increase in diversity and struggled to deliver a curriculum that matched their students’ cultural needs. Student unrest increased as higher education campuses became
political platforms for students to express their need for systemic, societal change (Berger & Lyon, 2005; Pascarella & Terenzini, 2005).

During this time, attrition and retention studies emerged that focused on the psychological attributes of the students as the main reasons for persistence or non-persistence (Berger & Lyon, 2005; Pascarella & Terenzini, 2005; Tinto, 2006). Spady (1970) was the first to introduce the idea of an involvement theory of attrition and retention; this work highlighted the interaction that occurred between the institution and the individual with regard to persistence, rather than focusing primarily on the characteristics of the student. The emphasis of retention moved from an analysis solely of the student to an acknowledgment of the institution’s role in assisting or hindering student retention.

**Building theory (1970s).**

Building on the original work of Spady in 1970, Tinto (1975, 1990, 1993) developed a conceptual framework that detailed the importance of student integration in the social and academic environments of an institution as the key aspects of student retention and attrition. Given that Tinto’s work became the most cited and examined theory in the history of postsecondary retention, closer attention to his theory will be afforded in a subsequent section of this review. Tinto, however, became a major driving force in the proliferation of future theories and empirical examination of retention in the 1970s. During this era, other notable theorists and researchers emerged as well, such as Astin (1970a, 1970b) and Chickering (1969). While their theories continue to receive less attention in the literature than Tinto’s, they nonetheless contributed significantly to the foundation of research that followed. As a result, researchers began to examine retention more broadly and systematically (Berger & Lyon, 2005; Pascarella & Terenzini, 2005).
Managing enrollments (1980s).

Institutions for higher education continued to expand and develop across every major city in North America in the 1980s, and competition to both attract and retain appropriate students increased amongst institutions. Nursing programs were well established on postsecondary campuses (Malka, 2007; McPherson, 1996). Further options for nursing education also increased significantly during this era. For example, in Canada, individuals had choices of becoming licensed practical nurses or registered nurses, differing in their associated skills and training (McPherson, 1996). Since students had more choices in their selection of postsecondary programs, researchers began to focus on the connection between recruitment and retention, and the need to assess and cater to students’ needs prior to enrollment. Organizational theories evolved as various theorists examined the influence of organizational attributes on student satisfaction and subsequent persistence (Bean, 1980; Berger & Lyon, 2005). Bean and Metzner (1985) developed their theoretical model of nontraditional students as the range of students attending postsecondary education expanded. Bean and Metzner defined nontraditional students as those individuals typically older than 18-24yrs, not living in college residence, and attending college part-time. In contrast to Tinto’s model, Bean and Metzner argued that nontraditional students’ retention was less likely to be affected by a need for socialization than traditional students. Furthermore, Bean and Metzner presented more external influences affecting retention for nontraditional students, such as increased family, financial and employment responsibilities. Bean and Metzner’s theory highlighted the increasingly diversified and complex notion of retention as postsecondary education developed and expanded during this period. Not only were students expected to complete undergraduate degrees, but also many were continuing their studies in graduate
programs. As a result, retention of graduate students became another issue (Berger & Lyon, 2005; Pascarella & Terenzini, 2005).

Broadening horizons (1990s).

Continued expansion of research and knowledge in the area of retention led policy makers to highlight retention as a priority for higher-education stakeholders. While Tinto’s (1993) theory remained at the forefront of theoretical development for student retention, the author also received much criticism of his original theory for failing to incorporate the needs of students from a variety of different backgrounds (Nunez, 2009). Thus, diversity became a major focus of researchers as studies revealed greater difficulties in persistence for students from racially diverse, financially disadvantaged and/or other minority backgrounds (Grayson, 1998; Nora, Cabrera, Hagedorn & Pascarella, 1996; Horn & Premo, 1995; Singell & Waddell, 2010). Terminology also became more sophisticated during this time, as researchers sought to delineate more precise boundaries among definitions of key terms. Retention and persistence, for example, were more clearly distinguished (Hagedorn, 2005).

Current and future trends (early 21st Century to present and future).

Retention is now a well-established concept in the postsecondary literature. Numerous published books, thousands of journal articles, studies, conferences and one academic journal are dedicated to this issue. Retention efforts are evident on virtually every campus, and a keyword on the lips of higher educational stakeholders. Society is currently knowledge and technology driven, and a postsecondary education is considered key to improving one’s social and financial position thus increasing the importance of postsecondary retention and persistence. Accrediting bodies of private and public institutions use retention rates as indicators of the institution’s success and adherence to
policies, indicators that boost the ranking of the institution in the public eye. New issues in retention continue to arise as postsecondary education progresses. For example, distance and online learning have become new areas for challenges in student retention, increasing the need for further research and understanding of students’ needs. While research in the area of postsecondary retention is plentiful and expansive, gaps in the literature continue to exist as the complexity of the issue is compounded. The depth and breadth of diversity reflected in the current postsecondary population, combined with the expansive educational options available to students requires in-depth, multi-faceted research designed to shed light on postsecondary retention and persistence. It has become increasingly evident that retention and persistence of today’s postsecondary students cannot possibly be explained by one overarching theory. The current trend is to merge retention theories towards greater understanding of the multivariable dynamics currently influencing, postsecondary student persistence. Contemporary researchers argue that institutions need to understand the unique and complex variables affecting their student population and how they can respond accordingly to their needs for persistence (Albert, 2010; Andres, Andruske & Hawkey, 1996; Berger & Lyon, 2005; Grayson & Grayson, 2003; Pascarella & Terenzini, 2005; Saweczko, 2008).

**Canadian Postsecondary Retention**

The postsecondary education systems of the United States and Canada are quite similar allowing for much comparative research. However, since significant differences do exist, a closer examination of the Canadian system is required.

Grayson (1998) noted three major differences between the two countries that I would argue still hold true today. First, the overall quality of the different institutions in
the Canadian postsecondary system is more consistent than with their American counterparts. Moreover, while Canadian private postsecondary institutions do exist they are far fewer in number and less prestigious and sought after than in the United States. Finally, the cost of higher education is considerably less in Canada than the United States increasing accessibility to higher education for many Canadians. It should be noted, however, that rising costs of postsecondary education are becoming a reality in Canada, thus potentially decreasing this financial advantage over our American neighbours. While postsecondary enrollment rates remain high in Canada, percentages differ across the country. Interestingly, British Columbia has one of the lowest rates of university participation in Canada. However, these statistics do not take into consideration the college population (De Broucker, 2005). Comparable to the United States, postsecondary retention remains a priority for Canada as we seek to maintain our high degree attainment rate, for continued competitive advantage in the global thirst for knowledge and economic advancement.

The following section focuses on studies that originate in Canada in order to better understand issues specific to the Canadian postsecondary population with regard to retention.

The Canadian literature on retention.

Canada’s literature in the area of postsecondary retention, while small in comparison to the United States, is growing steadily as federal initiatives and private funding have increased the availability of large volumes of data. Prior to these initiatives, very few Canadian studies existed in the area of retention (Grayson, 1998; Grayson & Grayson, 2003). Most of the research focused on rates of attrition, rather than retention (Gilbert, 1991). However, in the last decade, three main areas of data collection have
aided researchers in examining the Canadian postsecondary student experiences, providing further information about strategies for retention: Youth in Transition Survey; Postsecondary Education Participation Survey and; Postsecondary Student Information System. The statistical results from these three data collection tools are extensive and beyond the scope of this review. However, several relevant studies in retention have utilized one or more of these three sources of data in their analyses. The most applicable studies will be discussed briefly following a short overview of each of the data collection tools. While these data collection tools have provided excellent comprehensive data nationally, including valuable statistical rates and demographic information, however, there remains a gap in Canadian qualitative studies that examine retention at the individual student level. Qualitative data is essential in completing our understanding of the complex picture of retention.

**Youth in Transition Survey (YITS).**

The first notable area of data collection in the area of attrition and retention noted in the literature reported the analysis of data from the YITS. This longitudinal survey followed two cohorts: students across Canada who were (a) aged 18-20 in 1999 and (b) aged 15 on December 31st, 1999. Funded by Statistics Canada and Human Resources and Skills Development Canada, (HRDC) the YITS was designed to “examine the patterns of, and influences on, major transitions in young people’s lives particularly with respect to education, training and work” (Lambert, Zeman, Allen & Bussiere, 2004, p. 22). The first cycle of the YITS was completed in 2000 and the second in 2002. The survey was designed by key stakeholders across Canada with over 50,000 students participating in both cycles. Subsequently, an enormous amount of data were collected, including: (a) demographics (marital, family, and minority status; highest educational attainment of
parents; and parents’ opinions of the importance of child pursuing postsecondary education; (b) high-school engagement; (c) sense of belonging; (d) academic performance; (e) leaver and return rates in the first two years of postsecondary education; (f) self-reported barriers to attending postsecondary education (Lambert, et al.).

Postsecondary Education Participation Survey (PEPS).

Similarly to the YITS, the PEPS was conducted by Statistics Canada and HRDC. However, unlike the longitudinal YITS, only one survey took place in 2002. Just over 5,000 Canadian students aged 18-24, were surveyed over the telephone. The purpose of this survey was to collect information on three main themes: “access to, persistence in, and financing of postsecondary education” (Barr-Telford, Cartwright, Prasil & Shimmons, 2003, p. 5).

Postsecondary Student Information System (PSIS).

The third tool, devised and implemented by Statistics Canada in 2000, is the Post-Secondary Student Information System (PSIS). The PSIS is designed to capture the enrollment and graduation rates for all postsecondary institutions across Canada, providing valuable longitudinal data about the mobility of students throughout academic institutions in Canada. Consequently, the PSIS offers more accurate tracking of retention and persistence rates, since a student’s transfer to another Canadian postsecondary institution will not be inaccurately coded as a withdrawal or attrition (http://www.statcan.gc.ca/concepts/psis-siep/what-quoi-eng.htm).

Analysis and dissemination of the data.

Analysis and dissemination of the three aforementioned data collections, has occurred through various sources that are worthy of noting. The first is the Canadian Millennium Scholarship Foundation, an independent organization created by an act of
Parliament in 1998. The research program furthers the mission of the foundation by undertaking research focused on access to postsecondary education, as well as ensuring that “policy-making and public discussion about opportunities in higher education in Canada can be informed by the best available evidence” (www.milleniumscholarships.ca). There have been thousands of research articles produced by the Canadian Millennium Scholarship Foundation. Many of these studies utilized one of the three aforementioned data collection tools as a secondary analysis to their research. Berger, Motts and Parkin (2009) provide the most relevant analysis to this discussion in their report on persistence of postsecondary education in Canada. Drawing upon the YITS and PSIS, the authors offered empirical evidence that many Canadian postsecondary students classed as “attrition”, continue their postsecondary education in other programs and/or institutions. They summarized their research with some broad generalities: (a) women are more likely to persist than men, (b) students with dependent children have greater difficulty in persisting, (c) academic grades are an important indicator of persistence, (d) receiving student loans and/or grants can improve persistence, (e) certainty about career goals assists in persistence, (f) aboriginal students are less likely to persist than non-aboriginal students. However, the authors were clear to emphasize the need for avoiding overly simplistic explanations for why students do and do not persist. Berger, et al. concluded by stressing the fact that research that captures students’ stories is necessary to better understand individual resilience.

The second resource that has mined the above data sources for relevant statistics was the Canadian Policy Research Network (CPRN). Although the CPRN ceased operating in 2010, the previous not-for-profit organization sought to provide research
emanating from dialogue between all appropriate stakeholders, and interested parties on a
variety of socioeconomic issues to positively affect society. In contract with Statistics
Canada and HRDC, CPRN produced several research reports discussing postsecondary
pathways. Two reports are relevant to this discussion.

De Broucker (2005) focused on postsecondary persistence for low-income
students. He utilized a variety of data-collection methods for secondary analysis,
including the YITS. De Broucker’s comprehensive report noted the multi-faceted issues
facing today’s postsecondary student. While finances are an issue affecting persistence,
the author highlighted the wide variety of mediating factors contributing to the overall
influence. In other words, finances for Canadian postsecondary students are complicated
by other issues, such as one’s resilience related to managing work and school, and,
therefore, not necessarily a direct influence on persistence.

Following the completion of a two-year research project, Saunders (2008)
provides a synthesis of findings of a research study that examined the pathways that
young people take from high school to entering the labour market. Eight individual
studies were undertaken throughout the two years, utilizing both qualitative and
quantitative methods. Data collection included statistics from the YITS. Motivation for
the project originated from dialogue between the CPRN and students/youth in 2005 about
the type of Canada they wanted to live in. While the report discussed many pathways
youth may take, including entering the work force immediately after high school, the
studies focusing on postsecondary education echoed the aforementioned themes by
Berger, et al. (2009), with the following additions: working up to 20 hours as a
postsecondary student and higher parental education might positively influence
persistence. Saunders (2008) further noted the need for future studies that utilize student voices.

Culture, Tourism and the Centre for Education Statistics is a subsidiary department for Statistics Canada. Two relevant reports from this department, focused on results from the YITS to discuss issues of postsecondary persistence. Lambert, Zeman, Allen and Bussiere (2004) compared leavers to non-leavers and found that students who persist were more likely to feel connected and satisfied with their programs than those who left. The authors described this phenomenon as a higher degree of program fit, echoing terminology used by Tinto (1993). Shaienks, Gluszynski and Bayard (2008) compared persisting students to leavers and found similar themes to Berger, et al.’s analysis, highlighted previously (2009). However, Shaienks, et al. found no difference between persisting students and leavers in regards to student loans, suggesting that student debt does not play a part in persistence. This contradicts Berger, et al. I would argue that this discrepancy lends further support for De Broucker’s (2005) statement regarding the difficulty in generalizing about the influence of finances on persistence, given the complexities of the mediating issues. These issues highlight the extensive research required to provide the complete analysis of retention and persistence, and the need for qualitative data to comprehensively inform our understanding of the same.

**Canadian postsecondary persistence: Qualitative studies.**

There is a paucity of qualitative studies across all disciplines in Canada, and this no less the case in the area of postsecondary retention. However, I will mention two relevant qualitative studies.
The first was conducted by British Columbia’s Council for Admissions and Transfer, appointed by the BC Ministry for Education which oversees the transition process for postsecondary students transferring between any postsecondary institutions within British Columbia. Several longitudinal research projects that have been sponsored by this organization provided key data on persistence. The most relevant of these, although somewhat dated, includes a study by Andres, Andruske and Hawkey (1996). Data collection for this study was carried out with focus groups of first-year students at three different institutions. A few broad general conclusions about first-year experiences were reached. These included the need for students to feel connected to their programs and institutions soon after enrollment, and the powerful role that faculty play in building this feeling of connection. While all three institutions were equipped with services to help students in their transition to postsecondary schooling, students were not accessing those resources because of either lack of awareness or reluctance. Although this study focused on first-year students only, the summary of the findings provided helpful information about the dynamic and complex interplay of student contexts and their academic institutions evolving from qualitative research. Moreover, the study demonstrated especially well the benefits of understanding retention from the students’ perspectives. Andres et al.’s results, though over a decade old, remain relevant in today’s postsecondary environment, since more recent studies have been criticized by researchers for their failure to include the multiple factors related to persistence (Albert, 2010). Andres et al., rejected traditional theories of retention, claiming that only a careful examination of the multiple contexts in which a student navigates will offer a complete understanding of the complex needs of today’s students.
MacFadgen (2007, 2008) conducted the study perhaps most relevant to my research, given her focus on the persistence of mature students, (aged 25 or older) in degree-level courses. While the author utilized a mixed methodology in her doctoral study, the qualitative results emphasized the need to consider the multiple contextual factors specific to mature students. Both students and faculty were interviewed, and the following eight themes emerged from the analysis of the qualitative data: (a) major life transitions, (b) multifaceted educational goals, (c) awareness of personal assets, (d) relationships with professors, (e) peer relationships, (f) life-role conflicts, (g) supportive institutional infrastructure, and (h) experiential learning opportunities. MacFadgen found that the most influential contribution to students’ persistence resulted from their relationships with professors. This doctoral study is unique in that it focused on mature students’ persistence, offering a different outlook from other studies focusing on first-year students. In addition, the inclusion of faculty perspectives provided important information about how a mature student may differ from that of a younger or more traditional student with regard to persistence. Faculty generally agreed that mature students exhibited greater diversity, determination, life experience and prior learning.

Conceptual Frameworks

Tinto’s model of student retention (1993).

Tinto (1993) is one of the most renowned theorists within the postsecondary retention fields, and as such, any discussion of retention would be remiss without an examination of his theory. Braxton, Millem and Sullivan noted that there are “400 citations and 170 dissertations pertaining to (Tinto’s) theory” (2000, p. 569), in the postsecondary retention and attrition literature. Tinto, a sociologist, drew upon the work of two major researchers: Van Gennep and Durkheim. Tinto claimed that his theory
covers both retention and attrition, and he posited that a grand narrative of student integration would explain the postsecondary attrition and retention puzzle. Tinto’s reference to integration involved the level of *fit* between the student and the institution, and this concept includes both academic and social belongingness. Tinto argued that attrition or withdrawal from a postsecondary institution was the result of unsuccessful integration into the schools’ community. He, therefore, asserted the inverse was true for retention.

Durkheim’s theory of suicide provided the basis for Tinto’s inclusion of the social and academic aspects of his model (1951, as cited in Tinto, 1993). He aptly recognized the powerful influence of both the social and academic communities within a postsecondary institution. Tinto argued that failure to gain membership within one of these communities could negatively affect student retention. However, Tinto acknowledged the possibility of that membership in communities outside the institution, might be a mitigating factor in promoting retention. Additionally, Tinto included individual attributes, such as resilience and motivation, as possible factors in students remaining in their programs.

Tinto’s (1993) longitudinal model of attrition begins with: students entering a postsecondary institution with pre-set attributes, goals and commitments. Next, they experience the academic and social communities of an institution, informally and formally, surrounded by their external environment. Ideally students then integrate academically and/or socially which leads to a strengthening of their original goals and commitments. Attrition occurs as a result of a deficit in one of these areas. If a student is
integrated, they are considered to be actively involved or engaged in a learning community within the academic and/or social fabric of their program and/or institution.

A major strength of Tinto’s model was his recognition of the importance of social influences on postsecondary students. Early research has offered empirical support for the academic and social integration aspects of Tinto’s model (Braxton, Sullivan & Johnson, 1997; Gerdes & Mallinckrodt, 1994; Getzlaf et al., 1984; Halpin, 1990; Nora et al., 1996; Pascarella & Terenzini, 1979; Pascarella & Terenzini, 1980; Pascarella, Duby & Iverson, 1983). These studies are, however, notably dated. Subsequent research has reflected the changing face of postsecondary education and demonstrated the challenge of using a meta-theory such as Tinto’s to explain today’s complex attrition and retention patterns (Singell & Waddell, 2010). Moreover, the more recent postsecondary literature consistently calls for more nuanced student perspectives, given the individualized nature of both attrition and retention (Danaher et al., 2008; Kuh, 1993; McCaslin, 2009; McQueen, 2009; Pritchard & Wilson, 2003; Schuetz, 2005; Stratton et al., 2007; Willcoxson, 2010).

Relevance of Tinto’s conceptual model to the nursing profession.

The basic framework of Tinto’s (1993) model could be applied, in theory, to most North American schools of nursing. Essentially, nursing students go through the same process as any postsecondary student. However, Tinto’s model fails to consider the multiple characteristics of the student nursing population.

First, Tinto (1993) did not specifically address issues of gender or diversity and he has received criticism on this point from postsecondary retention researchers (Grayson, 1998; Nunez, 2009). A growing body of research has addressed the role that gender plays in the retention of nursing students, highlighting difficulties for males in persistence
(Anthony, 2006; Brady & Sherrod, 2003; Mulholland, Anionwu, Atkins, Tappern & Franks, 2008; O’Lynn, 2004; Pryjmachuk, Easton & Littlewood, 2008). Moreover, minority students have also received attention in the nursing literature regarding student retention. Inequity, deficits in support systems and a lack of allowance for cultural and gender sensitivity have been revealed as factors in persistence in the retention literature (Arnault-Pelletier, Brown, Desjarlais & McBeth, 2006; Gardner, 2005; Jalili-Grenier & Chase, 1997; Johnson, Johnson, Kim & McKee, 2009; Pryjmachuk, et al.).

Second, while Tinto (1993) acknowledged the factors of the “external community” in retention, his limited definition would not extend to an equivalency of the clinical placement for nursing students. However, this is an important additional learning community for student nurses, and clinical experiences are noted in the literature as contributing to student nursing retention (Anthony, 2006; Bowden, 2008; Magnussen & Amundson, 2003; Shelton, 2001; Spouse, 2000; Williams, 2010).

Finally, researchers in postsecondary retention have criticized Tinto (1993) for providing a theoretical model that fits for most traditional students, but fails to address the specific experiences of mature students or those with prior postsecondary learning experience (Andres, 2004). Today’s student nursing population is composed of a heterogeneous group of students that do not fall under the simple definitions of either traditional or mature students. Consequently, I would argue that Tinto’s model failed to include the vast array of contexts through which nursing students maneuver that undoubtedly play a part in their educational persistence. It is, therefore, important to consider other theoretical models that fill in the gaps in Tinto’s framework to understand the complex pattern of retention for nursing students.
Benjamin’s quality of student life theory.

Benjamin (1994) presented a Quality of Student Life (QSL) model that stressed the importance of student satisfaction. Benjamin acknowledged the QSL terminology being used in the higher education literature prior to the development of his model, and the possible benefits of examining the QSL influence on student persistence. However, in the literature examined by Benjamin, there was a lack of definition and conceptual framework for understanding QSL, preventing the meaningful examination of any connection between QSL and student persistence. Drawing from the multidisciplinary literature discussing QSL, Benjamin determined that QSL contained at least eight distinct features: (a) satisfaction (cognitive), (b) happiness (affective), (c) multiple life domains (on and off campus), (d) short-term past (e.g. the past two weeks), (e) objective circumstances, (f) institutional circumstances, (g) psychosocial factors, and (h) meaning structures (i.e. student’s interpretations). The author further deconstructed multiple life domains to include all of the areas influencing a student’s life, such as social connections, financial status, individual attributes, living arrangements, academic considerations, university services, gender, and university administration. Other domains that did not fall under any of the aforementioned categories, such as health, were also considered. Benjamin summarized his definition of QSL as “student short-term happiness with multiple life domains in light of salient psychosocial and contextual factors, and personal meaning making structures” (p. 229). In other words, Benjamin proposed that student satisfaction incorporates and is mediated by the highly complex, multidimensional contextual factors of students’ lives. Furthermore, Benjamin indicated that understanding these multiple contexts is essential to the process of interpreting student reports of satisfaction in postsecondary education.
Benjamin’s QSL model (1994) has received anecdotal support from Canadian researchers (Andres, 2004) and I would agree that Benjamin offers the retention literature a comprehensive understanding of both the student’s multiple contexts and the reciprocal relationships between them. However, other than Andres, Benjamin has received little recognition for this theory in the retention literature to date. Benjamin provided some empirical data in his theory conceptualization through his small study at Guelph University. However, the study was developed to gain an understanding of the various life domains and sub-domains relative to QSL and does not, therefore, provide empirical support for his overall model. In a subsequent study, Benjamin and Hollings (1995) sought to further explore concepts of the QSL model with undergraduate students and assess the viability of an instrument they constructed to measure QSL. Benjamin and Hollings developed the QSL instrument based primarily upon items from other standardized tests. They concluded that while changes needed to be made to individual items, the results overall were supported using the instrument to measure QSL. However, this study had some significant limitations and results should be generalized with caution. Unfortunately, there appears to be no further validation for this study and/or further developments from Benjamin or others that advance the original theory (1994).

My rationale for including the QSL theory in this discussion arises from Benjamin’s recognition of the complexity of students’ lives and the need to consider the multiple contexts influencing a student’s persistence in their postsecondary education. I would argue that merging Tinto’s (1993) theory with Benjamin’s offers a more complete picture of current students’ contextual lives, particularly with regard to the diversity found in nursing students. Therefore, a significant oversight in Tinto’s theory could be
remediated. However, neither Tinto nor Benjamin considered the unique characteristics of students attending a professional program. Weidman, Twale and Stein (2001) proposed a theory of socialization for professional students that assists our understanding of some of these issues, relevant to student retention with this population.

**Weidman, Twale and Stein’s socialization model of graduate and professional students.**

Weidman et al., (2001) offered a theory of socialization for professional students, applicable to the postsecondary retention discussion. Professional students were defined as those students enrolled in a program that is training them for a specific career or professional role, such as medical school, school of social work, school of dentistry, etc. These authors provided a sociological framework to address the various socializing influences that students encounter and absorb on their path to becoming professionals. Retention would be considered successful socialization upon completion of the professional program. This theory offers some plausible reasons why students may persist with higher education in a professional program, and the unique characteristics of being enrolled in such a program that may influence persistence and retention, and these will be discussed. This theory would apply to nursing since it is clearly considered a professional program within the authors’ definition.

Weidman et al. (2001) discussed the differences between professional programs from other postsecondary programs, already distinguishing their theory from Tinto’s (1993). Weidman et al. acknowledged that there are additional socialization influences for students who are attending professional programs rather than general postsecondary studies. One important difference discussed by Weidman et al. is the idea of anticipatory perceptions held by students entering a professional program. In other words, students enter a professional program with pre-conceived ideas about the profession they are
joining. The relevance of this to nursing has been highlighted in the student-nursing retention and attrition literature. Empirical studies provided evidence of poor retention of nursing students as a result of students’ unrealistic expectations and surprise about what they believed constituted the practice of nursing (Brodie et al., 2004; Last & Fulbrook, 2003; Pringle, 2005; Spouse, 2000). Another difference is the inclusion of “professional communities” (Weidman et al., p. 37). This is an added socializing influence for student nurses as they engage in clinical practice and attempt to find membership as a student in the world of professional nurses. Furthermore, there appears to be a unique socializing dynamic specific to nursing faculty and students in the clinical environment. Many faculty members assume a mentorship role as they guide students through clinical tasks and procedures. Weidman et al. highlighted the importance of faculty mentorship as a role that potentially assists students to develop a deeper commitment to their program through their “obligations to live up to” (p. 19) the expectations of the faculty mentor. Additionally, according to these authors, the students’ sense of belonging to their peer groups aids the process of overall student commitment to their chosen profession.

Weidman et al. devised the term “cohesion commitment” (p. 19) to explain this influence of group membership on socialization to a professional program. In other words, Weidman et al. argued that interpersonal relationships with fellow students can influence a student’s decision to persist as much, if not more, than faculty. These are important considerations in the student nursing retention and persistence discussion, and Weidman et al.’s theory of socialization creates room for this reflection.

While this is an abbreviated review of Weidman et al.’s (2001) theory, it demonstrates the relevance of this theoretical framework for examining student nursing
retention. Surprisingly, this perspective is largely absent in the student nursing retention and persistence literature.

**Jeffrey’s conceptual framework for student nursing retention.**

Jeffreys (2004, 2012) provides the most comprehensive review and analysis of the literature dealing with the various influences on student nursing retention. Based on her research studies (1998, 2001) and the theoretical work of Bean and Metzner (1985) regarding non-traditional student retention, Jeffreys developed a conceptual framework for understanding the variables influencing student nursing retention. Notably, Jeffreys’ definition of non-traditional students differs considerably from that of Bean and Metzner. Jeffreys added six additional criteria to the original definition of non-traditional student outlined by Bean and Metzner including: (a) male, (b) member of an ethnic and/or racial minority, (c) speaks English as a second language, (d) has dependent children, (e) has a general equivalency diploma, and (f) required remedial classes. However, Jeffreys does state that her model is still appropriate for traditional students as well.

Jeffreys (2004, 2012) delineated the following categories of influences on student nursing retention: (a) student demographics and background influences, (b) student personality or affective factors, (c) external factors (such as the health care system), (d) academic factors, and (e) environmental factors. Jeffreys added another category to acknowledge the factors of professional integration that separate nursing students from other postsecondary students. Jeffreys outlined five professional integration factors important to student nursing retention: (a) nursing faculty advisement and helpfulness, (b) professional events, (c) memberships, (d) encouragement by friends in class, (e) peer mentoring-tutoring, and (f) enrichment programs. However, I would argue that Weidman et al.’s (2001) theory of socialization should be added to this category. These authors
handled the issues of professional socialization with particular depth and sophistication, especially with regard to the notion of participatory anticipations of the profession. Furthermore, Jeffrey’s does not appear to agree with Tinto’s theoretical concept of social integration into the larger institutional community. Consistent with Bean and Metzner’s (1985) notions that social integration is not as important for non-traditional students, Jeffreys proposes that her concept of professional integration captures the social integration needs of undergraduate nursing students. Jeffreys identifies faculty advisement and helpfulness, peer mentoring and peer encouragement under the category of professional integration, and therefore, enhancing the “students’ interaction with the social system of the college environment” (2012, p. 14). I would argue that this is an incomplete understanding of the social integration needs and influences on student nursing retention. However, examination of the importance of social integration with the overall student population in the retention of student nurses is missing from the literature. My study provided an opportunity to obtain this information through examining student nurses’ perspectives.

Under the “student affective factors” Jeffreys proposes that self-efficacy is an important factor in student retention, and I believe this is a major strength of Jeffrey’s model. Jeffreys incorporates Bandura’s (1977) social cognitive theory of self-efficacy. Bandura’s theory evolved through the cognitive revolution of psychology where researchers began to focus on the “power of thought, beliefs, and judgments as the primary causes of behavior” (Reeve, 2009, p. 36). A central concept of Bandura’s theory of self-efficacy asserts that one’s perception of self-efficacy or “efficacy expectations” (Bandura, 1977, p. 194) will determine the initiation, energy and persistence in an
activity while simultaneously dealing with obstacles and adversity. In other words, self-efficacy will enhance a student's approach and persistence with managing difficult tasks, thereby increasing motivation and goal-directed behavior. In contrast, students with low self-efficacy are more likely to avoid activities, or withdraw quickly when challenges are presented, thus, decreasing persistence and motivation.

**Student Nursing Retention**

While the literature covered in this section is taken from a global perspective, it is important to note briefly what the differences are between nursing programs in Canada, the United States, the United Kingdom and Australia. The most significant difference among the nursing programs in these four major countries is in the qualifications required for entry to practice as a registered nurse (Robinson & Griffiths, 2007). In other words, there are different levels of nursing qualifications depending on the country in which one studies. Additionally, the type of institution one attends may differ, depending on the type of qualification being earned. In the United Kingdom, there are two training options for registered nursing: either a diploma or a degree; the three-year training for both takes place in a university. In Australia, all registered nurses are required to complete a bachelor’s degree, and this training takes three years to complete in a university setting. The United States has the most options available for becoming a registered nurse, including a three-year diploma, a two-year associate degree and a four-year degree. In addition, there are various training institutions including universities, schools of nursing and community colleges. The particular institute attended often depends on the type of qualification being sought, although this varies enormously with individual state requirements. In the last decade, with the exception of Quebec, Canada has phased out all
diploma options for nurses; a four-year bachelor’s degree is the standard entry to practice as a registered nurse in Canada. The only other area where a diploma is still a viable option is within the few remaining psychiatric nursing programs in Canada (Robinson & Griffiths). The differences in registered nursing preparation world-wide provide further support for studying student nursing retention on an individualized program and institution basis.

Many researchers in the retention field over the last decade have voiced the need both to identify students at risk for attrition and to develop related strategies for retaining students. In general, student nurses who have been identified in the literature as at-risk for attrition include minority students (Baker, 2010; Evans, 2006; Fletcher et al., 2003; Gardner, 2005; Jeffreys, 2007), males (Anthony, 2006; Brady & Sherrod, 2003; O’Lynn, 2004), non-traditional students and those who are struggling academically (Jeffreys, 1998, McGann & Thompson, 2008; Ofori, 2000; Rudel, 2006). Consequently, the retention literature tends to reflect these categories. This is problematic, given that attrition and retention are different constructs that deserve individual examination. If retention is the focus, research needs to examine students currently being retained rather than researching those who have already left. Furthermore, current studies fail to utilize student perspectives to glean individual understandings of their rationale for remaining in their nursing programs. The very few qualitative studies included in this review demonstrate the immense benefits of including students’ perspectives and the need for more of the same in future studies. In addition, none of the qualitative studies that examine the retention of student nurses have used photo-methodological strategies to extend the narrative data, this, too, represents a critical gap in the literature. Photo-
methodological strategies provide a unique opportunity to extend the narrative boundaries of research. For example, the visual stimuli of photovoice have the potential to elicit thoughts, feelings, and dialogue that would otherwise remain unconscious.

**The benefit of qualitative studies in research regarding the retention of student nurses.**

The following studies offer the most relevance to my dissertation, given their qualitative focus on persistence through students’ experiences.

Magnussen and Amundson (2003) asked 12 students to describe their experiences of being student nurses. A narrative analysis revealed four major themes: (a) meeting conflicting demands, (b) feeling overworked, (c) feeling unprepared, and (d) seeking respect and support from one’s faculty. While this American study is clearly limited to the institution and program concerned, the research corroborates other findings in the literature of the importance of student voice (Pringle, 2005; Spouse, 2000).

Moreover, Magnussen and Amundson emphasized the powerful role that faculty have in assisting students when they have an understanding of the students’ individual challenges.

Rudel’s (2006) U.S. qualitative study focused on the social influences on retention of 12 non-traditional nursing students. Students were interviewed from an associate degree nursing program where nursing students study for two years at an applicable community college before sitting the American RN licensure exam. Research participants were purposively selected for the study and had to fit the defined non-traditional status. Study participants were interviewed and the data was analyzed using ethnographic software to extract themes. Personal support from spouses or significant

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2 Non-traditional students were defined in this study as those students who were older, have more family responsibilities, employed in addition to attending school and had been out of high-school for several years (Rudel, 2006).
others was found to be the most important factor influencing the study participants’ decision to stay in their nursing studies. The secondary supportive influence on the participants’ persistence was classmate affiliations.

Spouse (2000) presented a qualitative study from the United Kingdom that discussed the impact of pre-registration images of the nursing profession upon student nurses’ motivation to continue. Spouse utilized ethnography and phenomenology to collect data over a four year period with eight nursing students. Case studies were developed from the findings of this longitudinal study. Spouse used the word *images* to reflect the mental snap-shots that we store in our memories, and in this case, the mental images that students have created about the profession of nursing prior to beginning their studies. This study highlighted the importance of preconceptions on student nursing retention, since it was shown that students had to work through processes of disillusionment and disappointment to make decisions about persisting in the field or not. This only reinforces the importance of including Weidman et al.’s (2001) theory in the consideration of student nursing retention.

Most comparable to my proposed research, William’s (2010) American qualitative study asked respondents to reflect on their decisions to persist and stay in their nursing program, when they were experiencing contradictory feelings of wanting to leave. Four themes emerged: (a) keeping up, which involved discussions of time management and resources utilized for the same; (b) not giving up, which focused on individual qualities of the students; (c) doing it, which involved the theme of personal resources combined with the opportunity to discuss the disillusionment of nursing; and
(d) connecting, where participants discussed the use of resources, such as fellow students, faculty support, connecting with patients and class participation projects.

It is evident from the literature reviewed thus far that factors influencing the retention of nursing students remain varied and complex. Jeffreys (2004) aptly discussed the complex interplay of variables existing in the retention of student nurses. While there are a small number of studies that incorporate student nurses’ perspectives, none of these studies are Canadian and none of them use photovoice as a means to extend the narrative perspective. Additionally, the few qualitative studies highlighted in this study consistently emphasized the need for similar studies that examine student nurses’ lived experiences of persistence for a more complete understanding of student nurse retention.

**Synthesis of the Literature Review**

In this chapter I provide a brief historical overview of the course of research on postsecondary retention and persistence, a review of theories and conceptual models of student retention, and a review of relevant empirical literature. Understanding how the larger social, political and economic trends have influenced postsecondary education and, therefore, the issue of retention, shows how theoretical developments arose in response to societal events and contexts.

Although the Canadian literature on postsecondary retention and persistence remains behind that of our American neighbours with respect to the quantity of data, Canadian federal funding has implemented important programs to enable more consistent research on retention at the national level. However, the focus of this body of research tends to be limited to quantitative research with qualitative studies on Canadian postsecondary retention and persistence largely absent.
Consistent with current theoretical thinking, one overarching theory could not possibly cover the complex and varied issues of postsecondary retention and persistence. Subsequently, four conceptual frameworks have proved useful in this discussion of the postsecondary retention and persistence of nursing students. First, Tinto (1993), who is considered one of the most prominent theorists in the history of the postsecondary retention literature, introduced a model of student integration that highlighted the need for academic and social engagement. Tinto’s theory, however, failed to integrate the variety of different contexts in which postsecondary students operate. In contrast, Benjamin (1994), while largely unknown, offered a detailed analysis of the multiple contexts of postsecondary students, as well as the potential influence of this on retention, with his conceptualization of QSL. Although Benjamin’s theory lacked empirical support, the author reminded us of the complexity of the contemporary postsecondary student population. Neither Tinto nor Benjamin, however, discussed issues specific to students attending a professional program such as nursing. Thus, Weidman, et al. (2001) contributed much to the discussion with their theory of socialization for students in professional programs. They discussed the additional socializing influences that affect professional students beyond those of students undertaking general studies. For example, influences such as anticipatory expectations of the profession might likely play an essential role in the persistence puzzle for professional students. Finally, Jeffreys (2004) offered the most comprehensive theoretical retention model for nursing students, a model in which elements of the aforementioned theorists’ ideas were incorporated. However, the concepts of social integration and anticipatory expectations were still missing from her framework. Thus, in accordance with Andres, et al. (1996), I argue that researchers
should consider merging a range of theories in attempting to understand the complete picture of persistence and retention, given the elaborate web of influences involved.

Moreover, research must provide access to postsecondary student voices to understand the complexity of the experience as it manifests for individual students.

To conclude the review, this literature review of the student nursing population, globally, highlighted both the benefits of qualitative data and the paucity of research that includes in-depth student perspectives on their experiences of persistence. Additionally, although not surprising given the small body of literature and infancy in nursing, photovoice is entirely absent from the retention and persistence literature as a methodological strategy. Photovoice offers a particularly important and unique extension to narrative research, providing a visual perspective that highlights another essential area of knowledge that will be evident in the subsequent chapter. Consequently, this dissertation offers much to these existing gaps in the student nursing retention and persistence literature.
Chapter Three

Research Methodology

The methodology is of fundamental importance to the overall research process and aspects of the research design and its justification are reflected in every chapter of this dissertation. This particular chapter details the methods proposed to carry out the research for this qualitative study, with emphasis on the analytical process. It should be noted that the analytical process naturally evolved as the study progressed. The following major areas will be described: (a) qualitative and narrative inquiry, (b) photography as a research strategy, (c) photovoice (d) study procedures, (e) data analyses procedures, (f) verification, and (g) limitations of the study.

Qualitative and Narrative Inquiry

Qualitative research is a mature, successful and frequently utilized form of inquiry. A naturalistic approach, qualitative methods allow the researcher the unique opportunity to become a participant observer, as they seek to understand the experience of others within their contexts. Through direct questioning, observation, and listening, qualitative inquiry generates information from individuals in the field—not the laboratory. This form of inquiry focuses on extracting meaning about the issue at hand from the individual, relative to their own perspective and particular context.

Denzin & Lincoln (2005) cited seven historical periods through which qualitative research has evolved: (a) traditional (1900-1950), (b) modernist (1950-1970), (c) blurred genres (1970-1986), (d) postmodern (1990-1995), (e) postexperimental (1995-2000), (f) methodologically contested (2000-2004), and the (g) fractured future (2000-present). Denzin & Lincoln described the current discourse of qualitative research as following a
greater interpretive approach where researchers are more engaged in self-reflexive research. In other words, the researcher will place greater focus on the role of the researcher, the intended audience of the research, and the individuals that have provided the data for the research as they make decisions about the design of the research.

Narrative inquiry is one qualitative approach that has embraced this focus on interpretive research (Clandinin & Connelly, 2000).

The retention literature has revealed the need for research that gives voice to the individual stories of persistence, to gain greater understanding of the magnitude of the contextual influences on persistence, facing today’s nursing students. Narrative inquiry provides the researcher with an entry point to these contexts within which individuals and their relationships exist and interact with one another, and is, therefore, the most appropriate qualitative approach for this study.

Narrative inquiry, however, is a broad term and has been defined generally as “any study that uses or analyses narrative material” (Lieblich, Tuval-Mashiach & Zilber, 1998, p. 2). While narrative approaches can be incorporated into other research methodologies, the purpose within my study was to use narrative analysis as an independent and complete research method.

Narrative inquiry operates on the assumption that persons’ stories will reveal the meanings that individuals ascribe to their experiences. Using narrative inquiry is thought to provide an easily accessible avenue to the emotional content, thought processes and intentions of participants. Instead of focusing merely on a series of disconnected objective facts, this complex and nuanced research method provides researchers with the opportunity to gain a rich and deep understanding of the meaning of a story. Therefore,
narratives must be acknowledged as *stories* and subjective experiences of individuals, not simply factual recounting of events. The meaning and perceptions that the individual participant attributes to recollections of an event through the telling of the story is the most important and critical piece of the research process, not whether the narrative is a factually accurate re-telling of what happened.

Amongst the many benefits of narrative inquiry, storytelling—central to narrative inquiry, has proven to be cathartic and healing as individuals describe difficult and traumatic situations (Frank, 2000; Murray, 2000). Telling stories allows an individual to express feelings that may have been painful, and to articulate his or her role in a situation or context. Potentially, a storyteller gains a different, therapeutically useful perspective of the event that occurred. This process offers some obvious benefits for the healthcare field.

The value of using narrative inquiry with patients in healthcare environments, although still in its infancy, has been well documented (Frid, Ohlen & Bergborn, 2000; Hardy, Gregory & Ramjeet, 2009; Holloway & Wheeler, 2010; Kelly & Howie, 2007; Magnussen & Amundson, 2003; Murray, 2000; Paley & Eva, 2005; Poorman, Webb & Mastorovich, 2002). Research utilizing narrative methods in the higher education literature has followed a similar historical trajectory to that of nursing, as the value of narrative inquiry has been documented (Haggis, 2009). The growing number of narrative studies over the last decade in both nursing and education is undoubtedly a reflection of several issues: (a) the desire for understanding the lived experiences of and contextual influences on individuals and groups; (b) the growing acceptance and recognition of the
worth of qualitative research; and (c) the increasing number of structural frameworks to assist the novice narrative researcher in the complexities of the process.

Currently, a paucity of data from the student nurse’s perspective exists in the literature, most notably regarding their lived experience. Narrative inquiry provides the appropriate avenue for student voices to be heard. In the current study, as students shared their stories of persistence and the challenges they overcame to continue in their nursing programs, an avenue was created for the student to experience a level of catharsis and reflect on their personal strengths and resilience. Narrative inquiry, more than any other approach, provides space for dialogue about the other, the in-between, the not-discussed, and the overall context of the individual. Dialogue is only confined by the boundaries that the participant defines. The very process of the participant defining boundaries itself becomes important information. However, the written text is but one modality of a wide variety of forms of communication. Thus, the narrative boundaries of my research were extended through the use of photographic images.

Photography as a Research Strategy

Photography has been utilized within the field of anthropology for many decades as a means to understand the world through a visual narrative. Only in the last few decades has photography been introduced to the world of sociology, as a valuable method for research (Berman, Ford-Gilboe, Moutrey & Cekic, 2001; Frith & Harcourt, 2007; Hansen-Ketchum & Myrick, 2008; Prosser, 1998; Rose, 2007). Using photography for data collection is an even more recent phenomenon within the fields of healthcare and education (Berman et al., 2001; Hansen-Ketchum & Myrick, 2008). There is, however, a growing body of studies that describes the significant and unique representational power
of photography in research, and, a number of these studies are Canadian (Bach, 1998; Berman et al.; Butler-Kisber, 2002; Dumbrill, 2009; Hansen-Ketchum & Myrick; Keats, 2009; Marck et al., 2010; Schick Makaroff, 2011; Sutherland & Yang, 2009; Woodgate & Leach, 2010).

Photographs have the unique capability of capturing some of the elusive but important details of an event, such as background and contextual details that may be forgotten without a visual reminder (Prosser, 1998). In agreement with the many researchers who have utilized the benefits of various sensory modalities in research (Bach, 1998; Berman et al.; Butler-Kisber, 2002; Dumbrill, 2009; Hansen-Ketchum & Myrick; Keats, 2009; Marck et al., 2010; Prosser, 1998; Rose, 2007; Schick Makaroff, 2011; Sutherland & Yang, 2009; Woodgate & Leach, 2010), I would argue that visual images influence our knowledge production in powerful ways; we acquire new perspectives through, literally another lens. Thus, photographic images became an essential part of understanding the participant’s individual story of persistence and easily facilitated the dialogue. Moreover, using photographs added aesthetic and creative possibilities to the research that offered me a much more varied and nuanced set of data than interviews could alone.

I want to underscore my intention here in using photographs as a tool in their own right and not as mere illustrations to the narrated text. Ball and Smith (1992) cautioned the novice researcher on minimizing images in their methodological use. Subsequently, each photograph in my research, selected by the participants, was analysed as its own individual and collective contribution to the story; some pictures formed stories by themselves.
Although Prosser (1998) noted that photographs are similar to other forms of narrative data—subjective, he also stated that nonetheless, photography “can show characteristic attributes of people, objects, and events that often elude even the most skilled wordsmiths” (p. 116). Prosser proposed that using photographs can engage the viewer in the emotions of an event in a more tangible sense than other forms of communication. In my study, I found support for Prosser’s arguments, as I experienced a heightened emotional response to many of my participants’ images than if they had merely told me the story.

Photovoice

Although there is an extensive literature highlighting the many ways photography can be incorporated into the research process, at times various studies delineate and define particular concepts and terms inconsistently. One such term is “photovoice”. In this dissertation photovoice is defined as the dialogue about student nursing persistence that occurred as a result of the images that had been taken and selected by the participants in the study. In other words, photographs were used as a powerful catalyst to elicit the participants’ stories of persistence as undergraduate student nurses. The images themselves evoked layers of stories that evolved throughout the research conversations, as unconscious material was allowed to surface.

Given the newness of this term in social research and the discrepancies in how this concept is interpreted, the following literature provides further clarity in how photovoice benefits the research process. These studies’ definitions of photovoice are consistent with my use of the term. The studies described in the next two sections are grouped into areas of nursing and education in consideration of the interdisciplinary
nature of my research. They offer examples of how photovoice has been used successfully within these two disciplines.

Nursing.

More and more, photovoice is recognizably extending the boundaries of qualitative research within healthcare. Nursing researchers around the world are using photovoice to enhance their understanding of patients’ experiences from a holistic perspective (Berman et al., 2001; Enzman Hagedorn, 1996; Hansen-Ketchum & Myrick, 2008; Hergenrather, Rhodes, Cowan, Bardhoshi & Pula 2009; Marck et al., 2010; Miller & Happell, 2006; Riley & Manias, 2004; Schick Makaroff, 2011; Thompson et al., 2008). The following studies are directly relevant to this study.

Berman et al. (2001) highlighted the benefits of photovoice with Bosnian refugee youth in revealing the emotional processes experienced in the Bosnian war. Refugee youth were given cameras to take photographs of people, objects, or events that were important to their lives. The photographs were then used to stimulate dialogue regarding the youths’ stories about their experiences of coming to Canada. “Phototalk” was a term used to describe the rich dialogue that emerged from the visual image. This study highlighted the benefits of photography as an additional text in working with both a younger and less empowered population. The post-secondary students of my research fall under this category.

The ontological and epistemological perspectives of researchers who use photovoice in nursing are the focus of Hansen-Ketchum & Myrick’s discussion (2008). The authors assert that the benefits of using photo methods in research assist—in the development of both knowledge and nursing practice. However, they caution researchers to be transparent about their ontological and epistemological positioning to aid in the
interpretation and rationale for using photography in their research. Acknowledgement of my ontological and epistemological positioning occurred through rigorous self-reflection that will be included in my analysis.

In their review of 31 international photovoice studies that focused on a community issue, Hergenrather et al. (2009) showed the benefits of using photovoice to identify health priorities. One of the major findings, consistent across all of the studies reviewed was the success that photovoice had in expanding the diversity of research participants. In other words, participants were not constrained by language barriers, since the visual image provided a non-verbal tool for communicating. Using photography provided another voice for many of the community members, allowing more people to participate in research easily. Of course, it should be noted that some relevant data is likely lost if visual images alone are interpreted without the participant being able to offer spoken or written interpretation as well.

Education.

A consistent theme in the literature that examines photovoice within the education discipline is the notion of exposing the “evaded curriculum” (Bach, 1998; Goodhart et al., 2006; Leitch, 2006; Lemon, 2007). The evaded curriculum includes those experiences that occur outside the boundaries of the formal academic curriculum; these experiences often remain invisible and are, consequently, not discussed with more traditional research methodologies. Although the evaded curriculum is rarely codified in institutions, it nevertheless forms an integral part of the learning process and can be found in a variety of institutional contexts. Photovoice is particularly adept at revealing these very real yet often unseen processes.
In her study of adolescent girls, Bach (1998) discussed the unique manner in which photography seizes moments in time, and affords the researcher a glimpse into the subjective world of a student’s life. Bach’s study discussed how the female participants’ meaning-making both of their subcultures and external communities has made valuable contributions to how they learn. The visual text evoked aspects of memory that were easily repressed and, therefore, not represented within traditional narrative prose. Bach appropriately highlighted the need for interpretation with photovoice, however, noting that photographs are not, by themselves, a narrated text.

Relevant to my study, Goodhart et al. (2006) used photovoice with a group of undergraduate students in order to enhance student advocacy in relation to the role of their institution in advancing student health. At the end of the study students presented and discussed their findings with relevant policy makers at their institution. The authors noted the immense benefits of using photovoice with post-secondary students. First, students were able to view the institutional environment from a different vantage point and reflect on problems pertinent to the student body and their health. Through the use of photovoice, students addressed issues of geographical space that either contributed to or detracted from their health. Photographs, combined with time for reflection and a study of the external campus appearance, allowed students to access important background information that would likely not have been otherwise noted. Second, photovoice was considered a particularly advantageous method for studying undergraduate students since it allowed them the flexibility of completing the research around their busy schedules.
Procedures

The research context.

The study took place at the University of Victoria, a public university, situated in Victoria, British Columbia. The University of Victoria, School of Nursing, offers the 3rd and 4th year of the Bachelor of Science in Nursing program for students who have transferred from applicable colleges with transfer agreements. At the time of the study there were 143 female and 15 male students in 3rd year and 169 female and 15 male students in 4th year (University of Victoria School of Nursing, Academic Administrative Coordinator, 2012).

Recruitment.

Students were invited to participate voluntarily for the research through both email (university listserv) and posters displayed in the student-nursing lounge and hallway. This communication was delivered via the administrative assistant for the undergraduate nursing department (see appendix A). All of the research participants were offered either a $50 University of Victoria bookstore gift certificate or an enlarged, mounted photograph of their choosing—both to be given at the completion of the study. Students then contacted me by email or cell phone with any initial questions about the research and to set up a date for the initial meeting and signing of the consent form.

Participant selection and sampling strategy.

The research participants were purposively selected according to recommendations for qualitative research (Creswell, 2007). Creswell outlined various sampling strategies to assist in the data collection process; choosing an appropriate one depends in part on the number of participants required for the study. Given the multi-factorial influences on student nurse retention and persistence, “maximum variation”
(Creswell, p. 127) was utilized as the most appropriate sampling strategy to include a diverse group of participants. I aimed to have between five and seven participants to create a collective story of student nursing persistence. Maximum variation sampling involved outlining a list of differences I hoped to include in my participant sample and then attempting to select students that were consistent with these differences. For example, I hoped to include both male and female participants, a varied ethnic mix, a student with English as a second language, and students at different stages of the program in their third and fourth year. Unfortunately, not all of the criteria were met in the participants that completed the study. Another sampling strategy incorporated in the study included “criterion” (Creswell, 2007, p. 127) sampling, since all participants were required to have seriously considered leaving the program and persisted despite those thoughts.

Within the first two days of receiving email through the listserv, nine students contacted me via email or cell phone. One student decided they had read the information incorrectly and were not appropriate for the study, and two more students did not return any subsequent emails to continue the process. In total, six students completed the interview and photovoice process. One was male, and all of the students were Caucasian. The age group of the participants ranged between 20 and 50 years of age. Three of the five female students had children. One of these mothers was a single-parent. All of the students lived off campus in their own residences. Since four of the six students were in year three of their program, one was in her penultimate semester, and one was graduating as the study was completed, there was good representation from different semesters.
Specific procedures.

Participants met individually with me to review and sign the consent form (appendix B), and review the guidelines for the photography protocol (see appendix C). At this time, a pseudonym was created and used in a coding book, so only I would know the identities of each of my participants.

If students did not have access to their own camera, a disposable camera was provided. Only one student took the disposable camera. Students were asked to take photographs over a two-week period that represented their stories of persistence in the undergraduate nursing program. They were told to refrain from taking any pictures of children and if another adult was in the photograph, they had to gain written consent for their image to be used in the study. Students had the choice of using black-and-white or color images. Students asked questions about the number of images they should take. Rather than requiring a certain number of images, I asked the participants to keep in mind that the photos must adequately reflect their stories and that each image would be reviewed in our conversations. Each participant was also given a notebook to write about their rationale for choosing each image as they took it. The date the photograph was taken and a caption for each could be noted as well, if desired. The images were emailed to me at the end of the two-week period for developing; the research conversation was scheduled no later than one week after the images were received. Some of the students chose to use photographs that had been taken at a previous date, although they were instructed that the photographs must belong to them and not have been used in any prior publication.
**Interview process.**

Interviews were conducted, individually and face-to-face with each participant and the researcher. All interviews were digitally audio-taped for verbatim transcription. At the outset of the interview, students signed on-going consent to the research process on their original consent forms, and they also provided written consent for the use of their photographs.

The interviews were unstructured (see appendix D for guiding questions for the research conversations with the participants). While I began each of the interviews with similar questions to gain some basic demographic information—for example, year of study, and outside employment, there were no other guiding questions used for any of the interviews. “Phototalk” (Berman et al., 2001, p. 29) began almost immediately as a dialogic process, whereby each participant described the significance of their photographs to me. Evolving narratives arose from the discussion, as a synthesis of their stories. While prior professional experience had prepared me to manage these interviews, each participant required very little prompting; the images successfully elicited the dialogue throughout every interview. Interviews ranged from two to three hours, and students freely shared their stories of persistence with little to no interference from me. Participants, rather than myself, dictated the direction of the interviews.

Ethics approval was received from the Human Research Ethics Board at the University of Victoria in January 2012. All of the study participants were interviewed during the winter semester of 2012 (January-April). Participants met with me either in a study room in the library or in the private doctoral office in the nursing building at the University of Victoria. Both rooms were sound-proof and conducive to privacy. All of the participants agreed to have their interviews audio-taped and all photographs available.
for use in the study, with the exception of photographs that had images with faces that could be identified. They also agreed to meet for any necessary follow-up to validate my findings through member checking. Member checking involved meeting with the participants’ individually to gain their feedback on my interpretations throughout the analytical process. All of the students responded to subsequent requests for member checking, reading through my interpretations and provided their approval to how the material was both interpreted and presented.

**Data collection and instrumentation.**

The research conversations, photographs and participant’s accompanying notes were the main sources of data for the study. The research conversations were digitally recorded and transcribed verbatim by a professional transcriptionist with no affiliation to the university, and anonymity was maintained with the use of pseudonyms. Additionally, I made observational notes throughout the research conversations, citing any behavioral cues that could not be audio-taped (e.g. emotional responses) from participants that I judged to be important.

**Reflexivity/My role as researcher in the data collection process.**

According to the assumptions of my research approach, the researcher influences, if not actively constructs, the collection, selection, and interpretation of data. Reflexivity is a well-recognized concept that attempts to acknowledge the central role and position of the researcher in the study. Through the practice of reflexivity, I recognize that research is constructed—a joint product of the participants, myself, and our relationship.

The process of reflexivity remains, however, enshrouded by controversies. There is little agreement, for example, of how and how much one should self-disclose throughout the process. There is always a risk that the research participants’ stories and
the quality of their representation will suffer as a result of inappropriate reflexivity on the part of the researcher. Finlay (2002) attempted to offer some guidelines with a description of five types of reflexivity that can be deployed in particular situations. This typology, admittedly not complete, is nonetheless helpful for demonstrating the various modes of reflexivity that are available. Several forms of reflexivity were useful in my study, and I have labelled them accordingly. This became an important part of acknowledging my biases and judgments throughout the data collection process.

The five forms of reflexivity are as follows (Finlay, 2002) *Introspection* occurs as the researcher provides personal meanings and experiences relative to the research stories. Reflexivity of this nature attempts to ensure that the researcher’s experience does not detract from the participants’ stories. *Intersubjectivity* demands that the relationship *between* the participant and the researcher be discussed and examined as well. This was an important consideration for my research. While my role in this research study was that of researcher, in other professional settings I am both a teacher of nursing students and a registered counsellor. I worked diligently to focus on the present role—of researcher, and not to respond to the participants as I would in other contexts. While I cannot assert with absolute conviction that aspects of my other roles did not manifest themselves in the research process, I can say with confidence that I made every effort to remain mindful of this possibility. *Intersubjective reflexivity* was an important part in assuring my acknowledgement and avoidance of this multiple role conflict. With the principle of *mutual collaboration* the researcher collaborates with the research participants to co-construct the interpretations of the data; taking account of these multiple voices offers a greater depth of understanding. In my research, mutual collaboration occurred through
the member checking process. Social critique attempts to deconstruct the authority of the researcher and the natural power imbalance that occurs as a result. Additionally, as the researcher, I examined social norms and constructs within the process and analysed my response and participation in them. These discussions were essential components of the third level of analysis in Fowler’s (2006) guiding framework that will be discussed later in this chapter. Through discursive deconstruction—I explored the multiple layers of meanings of the language being utilized both by myself and my research participants.

Data analysis Procedures.

The process of data analysis followed three central procedures: (a) thematic analysis, (b) Internarratives using the systematic analysis and reconstruction process outlined by Fowler’s (2006) conceptual framework, and (c) photographic analysis.

Thematic analysis.

Thematic analysis in qualitative research has rarely been explicitly outlined (Braun & Clarke, 2008). All too often, researchers have vaguely described the process (e.g. “the following themes emerged from the data”), without providing an adequate explanation of how and why such themes emerged. Admittedly, considerable latitude in how one may conduct thematic analysis contributes to the lack of guidelines for novice researchers. However, this lack of precision diminishes the rigor of the final product, and puts the final analysis into question. Thus, researchers must clearly outline their processes of thematic analysis.

Braun and Clarke (2008) suggested taking a detailed, step-by-step approach to thematic analysis, in addition to articulating a clear definition of and potential pitfalls in the process. The authors argued that thematic analysis is a method in its own right and that it should be considered foundational for qualitative analysis. I utilized these authors’
recommendations in my thematic analysis and included an overview of each phase in the following section. Prior to articulating a particular analytical path, however, Braun and Clarke suggested the researcher consider the constitution of a theme. Generally the authors concluded that a theme will “capture something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data” (p. 80). The degree of prevalence needed for an idea to become a theme is a judgement made by the researcher, although Braun and Clarke caution the researcher to be consistent. In other words, if I am deciding that an idea becomes a theme because 60% of my participants identified it, then I need to ensure I maintain this percentage in determining other themes.

Prevalence may be determined by words or ideas repeated throughout the entire data set. Methods of determining prevalence include using word tools and search engines to identify commonalities. Wordle, for instance identifies the most commonly cited words in the text. I used wordle through a website (Feinberg, 2011) that was created to assist in identifying prevalent words and possible themes. In addition, I highlighted words repeated throughout and across all of the transcripts. Determination of themes was also, undoubtedly, influenced by Braun and Clarke’s constructionist approach, consistent with my beliefs that meaning and experience arises out of socio-cultural contexts that are impossible to separate from the individual. I utilized this epistemological approach in my study to focus on the multiple contexts influencing the students’ decisions to persist rather than more realist and objective accounts.

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3 Wordle is an online tool that creates word clouds featuring the prominent words from the text you enter into their search engine.
Braun and Clarke (2008) identified two primary ways of entering the thematic analysis process and determine how a researcher may look for themes: *inductive* and *theoretical*. I proceeded inductively, allowing the data to determine the themes without attempting to apply an existing theoretical lens to the process. For example, I examined the data for themes of persistence that apply to my research participants, rather than drawing upon themes that were previously identified in the conceptual frameworks discussed in the literature review. I provided consistent, documented reflection throughout this process to ensure transparency during my analysis, in addition to discussing my expectations about what themes would emerge.

A benefit of using photography as the catalyst for discussion became evident in the analytical process, as research participants dictated the direction of the research conversation with very little prompting from myself. This prevented any possibility of using pre-set interview questions to determine themes, a potential thematic analysis pitfall recognized by Braun and Clarke (2008). The authors cautioned that there may be no relationship between the original interview questions, participants’ responses, and the questions guiding the coding and analysis; thus, it is more appropriate to consider the questions arising from the data. The six phases are summarized below.

**Thematic analysis: six phases.**

1. *Familiarizing oneself with the data.* This phase involved repeated readings of the data and actively looking for meanings and patterns. The entire data set (completed interviews) was read through completely before beginning coding.

2. *Generating initial codes.* During this time, I began to develop initial codes that may be semantic (surface analysis of immediate content) or latent (theorizing of underlying significance of patterns). These codes were developed through focusing
on the participant’s experiences in relation to their social contexts. I used charts that color-coded particular ideas at this stage, in addition to the Wordle search engine to generate potential codes. Braun and Clarke (2008) advised researchers to code for as many potential patterns as possible; extracts of data should be coded into as many themes as appropriate.

3. **Identifying themes.** At this stage, all of the data was coded and collated, and a list of different codes was identified. This phase moved into analysing the data to determine how the various codes fit into overarching themes. Utilizing a mind map on post-it notes and cardstock, I wrote the name of each code with a brief description and rearranged the themes to distinguish main themes from sub-themes.

4. **Reviewing themes.** Phase four began by revising the candidate themes produced in phase three to determine which themes could be collapsed into others. Braun and Clarke (2008) identified two levels in phase four. The first level required reading all of the collated extracts for each theme and whether they formed a logical pattern. If they did not fit, I had to decide whether the theme was an accurate reflection of the data, whether the data belonged elsewhere, or whether it should be discarded altogether. If the extracts were cohesive, then the second level required examining whether the thematic map was an accurate reflection of the meanings from all of the data collected. This phase required further coding for additional themes when themes appeared to be missing.

5. **Defining and naming themes.** At this point, each theme from the thematic map developed in the previous phase was refined and defined. For every theme, there
was a detailed analysis. In other words, I was able to outline the story that each theme told and how that theme fit into the overarching story in relation to my research questions. At the end of this phase I was able to clearly delineate my themes. Braun and Clarke (2008) recommended being able to “describe the scope and content of each theme in a couple of sentences” (p. 92), and I was able to distill each theme accordingly.

6. Producing the report. In the analysis there will be detailed examples of the prevalence of each theme and each theme should connect back to the original research question. Braun and Clarke (2008) provided a 15-point checklist of criteria for good thematic analysis (see appendix E).

Fowler’s conceptual framework.

Leah Fowler, a doctoral graduate of curriculum studies from the University of Victoria, offered an applicable conceptual framework for my data analysis (2006). Fowler created seven orbitals or phases, of narrative analysis. The foundation of her work arises from her own research analysing narratives of teaching difficulty. It is important to recognize that Fowler created internarratives, as she has coined them, as a response to the original narrative. These are known as second-order narratives (Creswell, 2007). I have followed a similar process in retelling aspects of my participants’ stories, maintaining their anonymity and yet preserving their unique characteristics. Fowler created a systematic and extensive framework that articulated the unique ability of narratives to profoundly alter ones teaching self. Demonstrating her insight, genuine curiosity, and compassion, Fowler crafted stories rooted in her own autobiography about some of the difficult challenges in teaching. I have sought to achieve the same level of empathy and understanding of undergraduate nursing students as I present their unique
stories of persistence. I have selected elements of some of the participants’ stories to craft a constructive internarrative that further highlights the thematic analysis in a creative form. Fowler, not satisfied with superficial analysis, insisted that researchers’ look deeper into their participants’ narratives to uncover messages that are typically hidden. This level of analysis has been essential to my research as the participants and I discussed particularly difficult experiences and feelings. I sought to provide a place for undergraduate nursing students to freely describe their challenges, concerns, and suggestions for improvement. I have adapted Fowler’s fifth orbital in my research, adopting an alternative perspective.

The following is a systematic outline of the process of analysis within each orbital, based on Fowler’s (2006) work:

1. *Naive Storying.* This first level of analysis is the unedited version of the story, -- freely written notes, and comments that are not carefully articulated. Fowler described this task as *apprehending* understanding, where one begins to engage with the narrative in order to *comprehend.* Questions of what, when, who, how, and where are a subtle part of this pre-understanding phase. Reflection by the researcher can be summarized as: “Something happened; what is being told at the elementary story level?” (p. 30).

2. *Psychological Re/construction.* At this level Fowler stressed connection between affect and cognition. At this stage, I analyzed the emotions of both my participants (as the narrator of their story) and myself (as the reader/interpreter). I also examined the conceptual changes that were evoked by the narrative. In other words, as emotions were revealed and brought to the surface, both for the
narrator/research participant and for myself as the researcher, I both recognized
and experienced the emotion; this process simultaneously led to deeper levels of
cognitive understanding. Fowler discussed the importance of the researcher paying
close attention to the unedited emotion of the narrator, and field notes of nonverbal
observations were a valuable source at this stage. This was particularly salient in
my study when participants spoke about their photographs.

3. *Psychotherapeutic ethics.* In my study, I recognized the multiple—and sometimes
conflicting—roles that I am taking as teacher/interpreter/evaluator/reader. This
third level required a thorough commitment to analyzing my privileged position
and to examining my evolving epistemological and ontological positions as they
both limited and made possible the research process. I needed to situate myself in
the research while knowing where to objectively remove myself at the same time,
and a dual self-reflection as both a nurse and an educator of nurses was required.
Fowler found this orbital particularly important, since it “calls into question
intimate foundations of who we are and how we have become what we are” (p.
76).

4. *Narrative Craft.* Fowler provided some historical consideration to how narrative
crafting has evolved, in addition to the challenge of re-narrating another’s story.
This orbital required attention to authorship, “conventions of structure” (p. 107),
and style, as well as consideration of the rationale behind one’s motives to re-tell
someone else’s story.

5. *Adaptation through language deconstruction.* Deconstructing the narratives in
terms of their language (e.g. inconsistencies, hidden ideas/messages, and concepts
of power and hierarchies) was the focus at this stage. A multi-layered analysis examined both the language used by the research participants and my interpretations of their narratives. I drew upon the work of several authors to assist with this challenging process (Conrad & Serlin, 2006; Gubrium & Holstein, 1997; Richardson, 2000; Schneider, 1991; Williams & Slife, 1995). Schneider provided an example of a deconstructed text, by creating several characters that actually respond to one another in the text. This is distinguished through one text being stylized differently from the other. Essentially, the different voices (although obviously representative of one narrative account) allow for a plural dialogue and, additionally, one voice does not assume to hold authority over another.

6. Curriculum Pedagogy. This level required focusing on pedagogy to gain greater understanding of the implications for teaching and learning from the narrative data.

7. Poetics of teaching. Fowler described this concluding phase as the beauty that unfolds from the final outcome in a narrative as it relates to teaching. Fowler stated this seventh orbital “. . . is where clarity of insight and essence can develop” (p.31) for the teaching self. Fowler returned to her autobiography as an example of the beautiful outcome of her own narrative regarding her teaching life.

Photography analysis.

While the photographs selected for my research were subjected to Fowler’s (2006) stages of narrative analysis, additional resources for analyzing photography included Reismann’s (2008) form of narrative visual analysis and Prosser’s (1998) work on image-based research.

Drawing upon the original work by Rose (2007), Resimann (2008) focused on three sites, or phases, for analysing visual data. I have summarized my analysis under
each site: (a) Using the notes that students had taken with their photographs and the phototalk, I explored how, when, and why an image was created (see appendix C: Photography protocol). (b) The second site occurred as I looked at the details of the image. All of these aspects contributed to the uncovering of the underlying narratives and the overall interpretation of the image. (c) The third site of analysis focused on the spectator’s response. This process began with my initial impressions, and the subsequent stories that the images evoked. Additionally, I considered my preconceptions, in addition to any responses to the caption or text that was provided with an image.

Prosser (1998) provided a similar analytic process of visual material to that of Reismann (2008). Prosser highlighted the importance of the context of the photo, and suggested an examination of both the internal (why the photographer took that image at that point in time) and external (the text that was offered to help the viewer understand the image from the photographer’s perspective) processes of the participant. Additionally, Prosser noted that analysing photos required consideration of the social phenomena under study.

**Verification.**

Lincoln and Guba (1985) are the most renowned for developing terminology appropriate for assessing the rigors of a qualitative study. The authors argued that researchers should examine *credibility* as opposed to *internal validity* of data. In my study, I have attempted to portray an accurate meaning of the data through member checking; participants read rough drafts of my interpretations of their stories and validated whether they were accurate representations of their overall intentions. Additionally, I reflexively addressed my own biases and judgments throughout the process. Finally, doctoral committee members were asked to participate in external audits.
throughout the process to assess whether my interpretations and evaluations were consistent with the data collected.

According to Lincoln and Guba (1985), external validity is consistent with transferability of the study. That is, there is the possibility of transferring these themes and interpretations to other similar undergraduate nursing programs. Moreover, in accordance with qualitative studies, the locus of control remains with the reader in terms of the transferability of the study. In other words, readers themselves, determine whether the data is transferable to their particular situation or experience.

Whittemore, Chase and Mandle, (2001) also offered primary and secondary frameworks for assessing the rigors of a qualitative study. Primary criteria included: (a) credibility, congruent with Lincoln and Guba’s (1985) definition; (b) authenticity, (i.e. how closely the data reflected the experiences and meanings of the participants); (c) criticality, or the critical analyses of the researchers’, assumptions and biases; and (d) integrity, or the researchers demonstrated attempts at “recursive and repetitive checks of interpretations” (p. 531). Primary criteria in my study were ascertained through the aforementioned processes of member checking, external audits, reflexivity, and depth of detail in the narrative descriptions.

Whittemore, Chase and Mandle, (2001) developed secondary criteria for assessing validity that extended the ideas of Lincoln and Guba’s original terminology. Secondary criteria included: (a) explicitness, which was demonstrated through bracketing how I came to certain methodological decisions; (b) vividness, as evident through the level of richness and depth in the narrative descriptions and through exhausting the client’s story through in-depth questioning; (c) creativity, or presenting the data in a
unique manner that reflected my process and the individuality of the participants’ stories; and (d) *thoroughness*, or the comprehensiveness of the research process.
Chapter Four

Research Findings: Part A

Introduction

Chapters four and five discuss the findings from the narrative and photovoice study carried out with six University of Victoria nursing students. Chapter four introduces the analyses of the participants’ stories of persistence and focuses on the themes that I have identified as the more personal influences on persistence: support, challenges to persistence, and motivation to continue persisting. Chapter five highlights the themes that reflected the larger systemic and institutional influences on persistence: the profession of nursing, teaching, and the curriculum. The themes were separated into two chapters for organizational purposes only. This division does not indicate or imply a specific hierarchy of the themes. All six themes constitute a constellation of interrelated factors.

A brief introductory description of each of the research participants, limited to only basic demographic information to ensure anonymity of the participants, begins this chapter. Next, I outline the process of how I selected the six major themes and the corresponding sub-themes that resulted from the thematic analysis. A detailed discussion of the first three themes follows. Chapter five presents the remaining three themes.

Introduction to the Research Participants

Anna

Anna was the mother of two young boys. Her partner, and father to her sons, worked in a considerably dangerous job that takes him to remote places for many weeks. Thus, Anna remained the primary caregiver of their children throughout her nursing
program. She completed a degree in biology prior to entering nursing. Anna originally began the nursing program in 2005, but she left for a few years to have children and work as a Licensed Practical Nurse. Anna returned to the nursing program after having her two children and was in her third year at the time of this study. Anna, who was in the 35-40 age group, lived an hour’s drive away from campus.

**Amelia**

Amelia was a month away from graduating at the time of this study. She completed a degree in biology prior to entering nursing. She lived off campus and was in the 25-30 age-group.

**James**

Having moved to Victoria from another province to join the nursing program, James was a third year student. He worked as a river-rafting guide prior to entering nursing, and he had completed no other post-secondary education. James lived off campus with other students, and he was in the 25-30 age-group.

**Camille**

Camille was the single mother of a five-year-old daughter. They both lived in the basement of her father’s home. Although Camille was working on her third year of the nursing program at the time of the research conversations, she originally began her studies over 10 years ago. She left the program soon after starting, “not feeling ready for it.” Shortly before the study began, Camille was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). She was prescribed medication to treat this condition. She was in the 30-35 age-group.
Kelly

Kelly was the mother of two girls, aged eight and five years old. She lived with her husband and family in Victoria. Kelly was in the third year of the nursing program, although she had completed three quarters of a degree in English prior to entering nursing. She was in the 35-40 age-group.

Esther

In her third year of the nursing program, Esther was diagnosed shortly before the time of the study with a painful and debilitating medical condition that might prevent her from persisting. Esther lived off campus and had no other post-secondary education. She was in the 20-25 age-group.

Thematic Analysis

Drawing upon the work of Braun and Clarke (2008), as outlined in the previous chapter, I read over the entire data set multiple times in order to thoroughly familiarize myself with the overall content of the research conversations. Since transcripts had been copied verbatim from the digital recordings by an external transcriptionist, I had to read the transcriptions many times even at this preliminary stage. While I made mental notes of any repetitions and patterns in the data, I did not begin coding until I had read through the entire data set several times. Following this, I devised a list of 25 initial codes, or concepts, that were demonstrating prevalence over 50% or more of the transcripts and that I had noted as being important components in the participants’ stories of persistence: the choice of these codes was driven primarily by the data and my research questions. Extracts of data fit into multiple codes and overlapped several coding areas. These items/codes were summarized as follows: life/work experience prior to entering nursing, rationale for choosing nursing as a career, the profession of nursing, personal strengths
and characteristics, concerns with instructors, excellence in teaching, financial needs and requirements, financial support, emotional support from family, emotional support from peers, emotional support from others, practical support, spiritual support, concerns about the curriculum, endorsement of the curriculum, horizontal violence, disability (physical and psychological), barriers to completion, motivation to continue, what finishing the degree represents, coping mechanisms, children, parenting, care-giving for parents, visualizing the finished degree, external interests, and external commitments.

I then began to compile themes and to consider how one came to predominate over others and better describe patterns in the entire data set. Furthermore, I created sub-themes within the overarching themes to indicate the various layers of meaning. To assist in this process, I created thematic maps to visualize where particular codes best fit with overarching themes (see Figure 1 for an example of this mapping).

Figure 1. Thematic Maps
At this stage I submitted each transcript (without any of my prompts or responses) through a wordle search engine to create word clouds (clouds of prominent words selected by the search engine). Additionally, I put all six transcripts through wordle together in order to create one word cloud for the entire data set. Overall, the word clouds confirmed the predominant words that I had identified from each participant as being thematically the most important of the individual and collective data sets.

The themes were then refined to create six candidate themes that best categorized the data and that were sufficiently supported by extracts from the entire data set. These six major themes included various sub-themes which demonstrated a level of hierarchy that I had established from the data (see table 1). The predominant themes and sub-themes—numbered, but not meant to indicate any hierarchical order—were as follows:
Table 1: Summary of themes and sub-themes

<table>
<thead>
<tr>
<th>Main theme</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support</td>
<td>a) Practical</td>
</tr>
<tr>
<td></td>
<td>b) Emotional</td>
</tr>
<tr>
<td></td>
<td>c) Spiritual</td>
</tr>
<tr>
<td>2. Challenges to persistence</td>
<td>a) External commitments</td>
</tr>
<tr>
<td></td>
<td>b) Health challenges</td>
</tr>
<tr>
<td>3. Motivation to continue</td>
<td>a) Personal strengths</td>
</tr>
<tr>
<td>persisting</td>
<td>b) External interests</td>
</tr>
<tr>
<td>4. The nursing profession</td>
<td>a) Rationale for pursuing a career in nursing</td>
</tr>
<tr>
<td></td>
<td>b) Embracing the profession of nursing</td>
</tr>
<tr>
<td>5. Teaching</td>
<td>a) Excellence</td>
</tr>
<tr>
<td></td>
<td>b) Expectations</td>
</tr>
<tr>
<td>6. The curriculum</td>
<td>a) Clinical Practice</td>
</tr>
<tr>
<td></td>
<td>b) Frustrations with the curriculum</td>
</tr>
<tr>
<td></td>
<td>c) The evaded curriculum</td>
</tr>
</tbody>
</table>

While each category represented distinct differences in the data, the themes clearly influenced one another. Participants’ lives are influenced by their multi-varied contexts, and themes are more accurately reflected in a relational context (see figure 2).
Furthermore, while the themes were a reflection of the written data that arose from the research conversations, it is important to note they were generated through an encounter with images selected by the participants. Consequently, the images highlighting these six themes remained central to the detailed discussion of the themes.

Braun and Clarke (2008) recommended that researchers analyse their themes by moving from a semantic approach to a more latent understanding of what the themes represent. In other words, researchers should begin moving to a deeper understanding of notions that exist behind the “surface” or immediate ideas that are more obvious. I have included a summary within each theme, discussing my interpretation of the broader meanings and the process by which I progressed from simply describing the data to a theoretical understanding of what was being said. However, as the process unfolded, I found that reflexivity became an essential part of this progression. In both my initial conversations with the participants and subsequent readings of the data, I experienced
multiple reactions. To ensure an adequate degree of transparency in how I arrived at various conclusions, I have included elements of my internal dialogue at the end of each theme under reflexivity.

Detailed Discussion of the Themes

Support

Areas of support were emphasized by every participant as a major influencing factor in their stories of persistence. Support was described as being practical, (childcare, financial, housing, provision of meals, teaching of nursing skills, and medical referrals), emotional, (empathy, mentoring, advice, and caring) and spiritual (understanding of an external presence, comprehension of the greater world and environment). Support came through a variety of resources including family, pets, peers, government systems, physicians, nurses, patients, the environment and aesthetic processes. While there was a discussion of teachers that had provided both practical and emotional support for each of the participants, I have included this data, specifically, under the theme of teaching.

Practical.

Practical support came in a variety of ways, including the provision of childcare. Three of the six research participants are parents of school-aged children. One of the participants was a single parent, and another was the primary caregiver for her children while her partner works out of town for most of the month. Childcare was a major concern for all three participants, since they had to ensure that their children were schooled full-time and cared for when they were not in school. Two of the participants acknowledged their parents as the main caregivers for their children, also noting, however, that both sets of parents were initially resistant to their daughters entering the
nursing profession. Camille discussed the difficulty her Mom initially had with Camille entering nursing.

In one way, my mom was really opposed to me going into nursing. She didn’t think I could handle it, she didn’t think it was the right choice for me. She wanted me to be a teacher like her. Part of me at first was “I’ll show you”… And then she really helps with my daughter. They have a really good relationship. My daughter has a room at her house. They do sleepovers and when I have lots of projects or an exam my mom will take her. Once a week she takes her overnight, so it’s just a lot of help. And she’s a little bit more supportive now in terms of, well I’ve gotten this far, I’ll probably make it to the end and so she’s less, I mean she still has her concerns, but I basically told her that she’s welcome to her opinion but she’s not welcome to voice it anymore. We have a complicated relationship, but I appreciate her support all the more knowing that she wasn’t that willing for me to do this at first. (Camille)

Family represented a critical source of support for both Camille and Anna, not just through providing childcare but by preparing meals and providing subsidized housing:
When I found myself stranded by my husband with nowhere to go he [Camille’s father] evicted the tenant from his basement suite and gave me a place to live and he really goes above and beyond. I know that when I go home tonight there’ll be dinner ready for me. If I’m home after 4:30, he makes dinner. (Camille)

Yes, and they [parents] drive an hour and a half to watch my kids like 2 or 3 times a week. Like, today, my dad’s there and he’ll take my kids fishing because the strike’s on and then he’ll go to the grocery store and make dinner so that when I come home there’s dinner. They do everything they can to make it easier and so if I don’t just grasp that opportunity and appreciate it—it’s never going to get any easier than it is right now—they’re awesome. (Anna)

Financial concerns preoccupied every participant, and they all noted the difficulties specific to nursing students. Required to attend clinical placements with varying hours, these nursing students found it difficult—if not impossible—to maintain a regular routine. External work possibilities were extremely limited. However, students
highlighted the various governmental supports they have utilized to fund their education.

James discussed the funding available to students from other provinces.

The funding works well...if you’re from [another province] they give you a grant every year but if you go to school in the [original province] they’ll just pay your school...so I’ve had $5000 every year... they justify that by saying if you lived in Victoria you could live at home and everything is easier but because we are from [another province] we have to pay travel fees, and rent...(James)

Several of the participants acknowledged the importance of the “Employed Student Nurse” (ESN) positions in assisting with the funding of their programs. Anna selected Photo 2 to represent this.

Photo 2: Anna’s confirmation of working as an ESN

We’ve acquired debt with me going to school. I’ve just applied for my first student loan (see photo 3) because this is really the only reason I’m still here this semester because I couldn’t afford to pay tuition this semester and I thought—(I took this picture to represent the financial part). I couldn’t pay my tuition this semester and my parents offered to help but I don’t really want my parents

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4 The Employed Student Nurses (ESN) program is offered to students who have completed two years of nursing education in a recognized registered nursing program in British Columbia. Students who qualify apply for positions in the hospitals that are participating in the program and may earn up to 400 hours of paid clinical work.
paying my tuition—I’m 35 but because I work at a rural hospital as an ESN (and that was another picture I took) which is really another reason why I’m still in the program, because I could work that program is amazing. It has got me working in the rural hospital (close to where I live), so I can accumulate $20,000 in debt and not have to pay a penny back because I work in a rural hospital….I can’t work because I’m going into 12 weeks of practicum this summer of 12 hour shifts. So this ESN and this student loan is allowing me to finish plus I have a good chance of getting a job there when I’m done because now they know me. (Anna)

Photo 3.

*Photo 3: Anna’s application to her student loan*

Kelly and Camille acknowledged receiving money from alternative sources such as bursaries and gifts from family.

I feel like I’ve received a lot of money—bursaries and scholarships—and I’ve also spent a lot of money so I’d be absolutely insane to not finish. I’ve got a lot put into this already. (Kelly)

She [Grandma] does everything she can to make my life easier. The student loan inevitably runs out before the
semester ends but I never have to worry that we’re going to go without. She’s sending me on a vacation next month because she decided I need a break. So I get to go to the Dominican Republic for a week. By myself. (Camille)

More than half of the students have struggled with physical and psychological challenges during the course of their studies requiring medical referrals. Both Esther and Camille commented on how their respective physicians helped support them through their medical challenges.

Photo 4.

Photo 4: Esther’s image representing her physician’s support

This image was to symbolize how often I see my doctor. Usually we talk. I like to keep him aware of any changes, I like to update him just so…I think, it might just be because I’ve worked with charts before, it’s easier if everything is there, updated. It depends on the circumstances. Every once in a while when I try a new med, he’ll have me come in. I personally have had a very positive experience with my doctor—I’ve never felt like he didn’t believe me. That’s good because it’s something I always worry about. Now I’m getting worried because he’s retiring. He’s getting older. I never have to wait to see him—ever. (Esther)

He [specialist] confirmed the diagnosis I had made and the GP had doubted. He said diagnosing it isn’t rocket science. He said it’s pretty obvious that this is what’s going on for
me and he even doubled the medication that there was probably room for improvement. He said I could go back and see him whenever I want and if my doctor (GP) won’t prescribe the medication then to call him and he would call the pharmacy for me. He took a different approach than other people I’d met. It was good. (Camille)

Amelia highlighted the support she received from nursing staff and patients in clinical placements.

Realizing we have tons of people you’re surrounded by: excellent, working, colleagues, and your patients are supporting you… I don’t know how patients pick up on this but occasionally they will and it’s happened a few times where they’ll actually sit down and write letters [of support] and address it to nursing students. So there are always people out there trying to help you—whether it’s nurses working on the floor teaching you—I’ve had wonderful nurses on many of my units. . . So there’s always going to be people who will help you, who will teach you when you’re not surrounded by people—who know how to teach you. (Amelia)

**Emotional.**

Emotional support holds significant importance for these nursing students. Whether simply a hug, positive words and affirmation about persisting, or a mentor that provides on-going empathy and care, participants have appreciated many forms of emotional validation. The three participants with children highlighted the role their children played in supporting their persistence.
Even when I feel that I can’t do it anymore I just look at her. She’s such a loving little girl. If I’m stressed or doing homework on the couch, she’ll come up and give me a little backrub or she’ll put her hands on my face and give me a kiss, or just grab my hand, just little things that show me that… it’s her own… I don’t think she knows that she’s encouraging me, but she does. Just the fact that she wants to show me that she loves me, it means a lot. (Camille)

Photo 6.

Photo 6: Kelly’s image representing her family
This image represents my family. Part of the reason I am doing this. I want to set an example for my children. I know they will never forget the countless hours I have spent studying...I could stop and have lots of time with them, but long term, it would be a waste if I stopped. Like if I didn’t finish I would have guilt forever more about the time I did waste not being with them. So finishing is in part for them as much as it is for me. (Kelly)

The research participants also cited their peers as important emotional supports for connecting with and sharing stories and experiences. James selected Photo 7 to represent this support.

Photo 7.

I met this guy at the beginning of the 3rd year of my studies...this guy is in third year nursing as well and we went swimming in the lake and we’ve been good friends ever since...this is a photo with him and another friend...he’s a good guy, he’s always down for an adventure, he thinks I’m a bit crazy with some of the ideas I come up with but he’s still tagging along. (James)

I’ve absolutely been supported by my peers in the program. I think I was lucky in that there were a handful of people in my section initially that were in a similar stage of life to me so I think that really helped. If I was the only person, I
would have felt very alone…I’ve found that I’ve become friends with people that are a lot younger than I am and I think some of them are just wise beyond their years. I know that the friends that I’ve met in the nursing program I will very likely have for the rest of my life. I’ve met some wonderful people. A lot of them, I may be acquainted with them and maybe keep in touch electronically on Facebook or whatever, but there are still a few people who I will continue to see on a regular basis. (Kelly)

Amelia discussed turning to her peers for support during some of her difficult times with instructors.

Another piece that came out through talking with other students—because gradually after you get over a little of your shock and your fear you do turn to your peers and you share some stories and through sharing those stories you build strength among your group and you also realize that other people are going through the same thing as you in various situations. (Amelia)

Emotional support did not always come in the form of human contact, and Amelia’s family pet offered her a significant degree of supportive companionship. She selected Photo 8 to illustrate this.
That’s my dog. I guess dogs, they always find a way to make you laugh, or, they don’t talk so they won’t talk back, they have no opinions, no judgment. Dogs live their lives relevant to their environment so they’re always content just to be. I guess they’re a witness in a sense to what’s going on in life, like my dog is always watching me but they always bring you back to what’s practical, what’s relevant, what matters in life. It’s that joie de vivre that—you think about a puppy playing, they just have this incredible enthusiasm for life. (Amelia)

**Spiritual Support.**

While the term “spirituality” was not mentioned by participants as an area of support, I would argue that the photos taken by the participants added a spiritual awareness, that was not overtly recognized by individuals in the study. If spirituality can
be partially defined as connection to a larger reality and reciprocity with nature, then many of the images selected by the participants contain a spiritual element. If we also define spirituality as the incorporation of the values and meanings by which one lives, then this notion was reflected in many of the participants’ research conversations.

Camille chose Photo 9 to reflect one of her life mantras.

Photo 9.

*Photo 9: Camille “This too shall pass”*

Every year this tree in my backyard sheds its leaves and stands exposed through the dark and cold of winter. And every year, it lives. In the days before spring, it begins to bud—proof that it is alive and about to bear leaves once again. The tree knows that winter will pass as it always does...I try to remember that life goes in cycles of hard times and easier times. (Camille)
Camille reflects on the familiar life cycle for many living organisms as a metaphor for her journey, a process that helps her to endure her own difficulties. Camille incorporates this mantra and concept of growth and development into her core values, thus, adding a spiritual element of support in her persistence.

James described the following image as a place that has managed to preserve its natural beauty, largely untouched by human civilization.

Photo 10.

*Photo 10: Untouched beauty.*

People have dedicated their whole lives to preserving this area...no one gets to go there...I’m so happy I got there for work, because it’s all fly in fly out on planes and helicopters, it’s really expensive. (James)

James spoke with great emotion about this particular image, reflecting his deep connection with the environment and awe of the beauty of nature. The image clearly portrayed a spectacular display of the magnificence of our natural world, full of vibrant colors and the wonders of nature: the mountains, wild flowers, the rainbow with a
reflected image, the river and sky. The photo is undeniably breath-taking and representative of the larger world around us. This image captures the notion of an external sense that exists beyond human existence, vividly highlighting the spiritual element in James’ story.

Amelia also found peace in acknowledging the “bigger picture”. The following image was the one of two photographs that Amelia purposefully reproduced in color, rather than black and white. This image represented Amelia’s understanding of “something greater” that existed and were constantly present, beyond some of the day-to-day struggles she experienced.

Photo 11.

![Photo 11: Amelia, “Heaven and Hell are but drops in the bucket of time”](image)

This [Photo 11] is the Gulf Islands...you can see the beach, the water, and mostly what you see is the sky, most of the picture is I guess the atmosphere we’re living in. Where we are, can be so small, we can get fixated on a tiny little spot in our life...forgetting the bigger picture. (Amelia)
Interpretive summary of the theme of support.

Many believed that support was a necessary element for them to persist in their studies. What appeared to be most important about this theme were the various layers and forms of support for these students. Research participants did not appear to differentiate between practical and emotional support, noting that both were equally important to their stories of persistence. Moreover, no one area of support appeared to predominate overall as the single, necessary component for the students’ persistence. Furthermore, two of the participants also commented on their lack of support from peers in the program: while they wish they had felt more connected to others, they did not cite this as a reason for wanting to leave the program. What appeared central to the notion of support was that some form of support existed in a way that was appropriate to the student’s current needs. As demonstrated from the data, this support could occur by a variety of means and wasn’t just restricted to other human beings.

Having the photographs as part of this study provided a unique opportunity to illuminate aspects of spiritual support that might not have arisen through verbal discussion alone. In particular, the images reflected the theme of spirituality through the participants’ appreciation and respect for nature and the environment.

Reflexivity: Introspection on the theme of support.

I entered the research process with a variety of assumptions about the topic of support, influenced by the current literature and my own personal experience as a student. I was not surprised that support became a prominent theme, since I believed that everyone needs a certain level of support during their student years. However, I was surprised that some students were content with not connecting with their peers in the program or other students on campus. I had expected all students would require a level of
support from peers either in their program or, at least, on campus. Several students appeared not to need peer support to continue to persist, and it did not factor in their desire to leave. As they were getting support from somewhere, peer support in the program or on campus was not important. I suspect that this might be a reflection of the ages of my participants, as the majority tended to be more mature. None had entered the program immediately from high school and, therefore, their social networks might have been stronger outside of their school community.

As a parent and a student, I empathized with the three participants who were parents to a significant degree, and I had to work diligently to ensure that I did not project my own story into theirs. I could relate to all three participants easily, and yet each of their circumstances was unique and different from my own. Subsequently, when I found myself thinking of a similar story from my own life, I deliberately listened more intently to the student’s story and paid close attention to their non-verbal behavior in order to silence my own thoughts. Consequently, when I read over those stories in the transcripts, an image of the participant was etched in my mind. However, I still found myself tempted to include parenting as an overarching theme. After paying close attention to the entire data set, I discovered that the students without children still required support for their own circumstances. Although parenting resonated deeply with me with regard to support, I decided that the data did not merit including this theme as a type of support.

**Challenges to Persistence**

All of the participants identified issues and challenges they have faced—or were currently struggling with—during their stories of persistence that had the potential to interfere, if not halt, their continuation in the nursing program. Some of these challenges
were unique to each individual, while others were challenges that many post-secondary students have to manage. However, the unique requirements of nursing programs increased the complexity of these universal challenges. For example, professional governing bodies of nursing mandate a number of specific, strict requirements for both time spent in the classroom and in clinical training. Attending clinical placements requires nursing students to be available for varying shift hours at a range of medical institutions and agencies, thus, creating a challenging time and travel schedule. Furthermore, expectations for nursing students extend beyond simply attending their program. Nursing students are required to participate in their studies and achieve skills at a required level of competency. Therefore, any challenges that interfere with one’s ability to function effectively would likely have a greater effect on a nursing student’s ability to persist than on students in other post-secondary programs.

In this section I have categorized these “challenges to persistence” under two sub-themes: external commitments including; work obligations, caring for children, caring for elder-parents, and; health challenges: physical and psychological.

**External commitments.**

Research participants reported that faculty had strongly suggested working no more than 20 hours a week when they entered the nursing program. However, many of the participants acknowledged working hours that exceeded this number due to financial needs. Thus, part-time employment was an important priority that could interfere with their persistence.

James discussed how he needed to take time out from his clinical placement to attend a training program for his job as a river rafting guide. Although this job took up
much of his time in the summer months, he continued working to support himself financially.

Last year, even when I was in school, I took time off to get an instructor qualification for river rescue so now I can teach the search and rescue certificate...It’s not easy to take time off and it’s hard to come back in. I took time off in a [clinical] placement I was in and I managed to avoid having to take a year off because I completed my requirements and I told them [the instructor] that I’ll take a hit in the marks but that I needed to do this. The instructors didn’t really understand, but they finally let me do it, because I explained how much I needed to do it. (James)

Camille discussed her frustration with the double conflict of having to pay tuition while also complying with the nursing program’s requirements and managing an academic work-load:

We were told no more than 20 hours a week but we’re all working, and then all the teachers say we really shouldn’t be working while we’re here. You can’t focus as much but really, how do we get—are they going to pay my tuition? (Camille)

Esther noted that she had to decrease her work hours due to work-load, scheduling conflicts and her own health problems.

I worked a lot more in the first year—I think 24-30 hours a week—and now I’m pushing eight and sometimes I feel so drained—I think it’s more that I just need a new job. (Esther)

While Esther’s situation was compounded by a medical issue, Amelia echoed the need to cut back in working hours because of scheduling and time restrictions for the nursing program.

The amount I work is varied, sometimes about 20 hours a week, 16 down to 8 hours a week, it’s fluctuated depending on whether I was in an academic setting...if it was a
practicum and your hours are a little more unpredictable that that’s constrained and it cuts back my ability to work. (Amelia)

In this example, Amelia highlighted one of the challenges for nursing students in comparison to post-secondary students in other programs. Attending clinical placements entails complex scheduling that changes throughout the course of the nursing program. Attempting to find consistent part-time work that will accommodate this varied schedule, is an issue for nursing students and has the potential to affect them financially.

Three of the participants had children, and in two of these cases the participants were the primary caregivers. Each of these participants emphasized the challenges of managing both childcare and the requirements of the nursing program. These competing priorities often required them to make difficult decisions about how they spent their time.

In order to both spend quality time with her daughter and manage her academic work load, Camille had to compensate by giving up other activities.

I try and do most of my homework when she’s [daughter] sleeping—I try not to take away from my time with her which can’t always be avoided but she has to give up so much time with me as it is. Unless it is absolutely necessary I don’t want her to see me chained to my books and computer, I want to be able to interact with her. I sleep a little less than I would otherwise. She doesn’t understand why I’m so busy. (Camille)

Anna shared an example of a recent, demanding weekend that involved finishing a paper, driving hours for some important family time together and volunteering for one of her nursing teachers.

It took me 36 hours to take my kids up to see their Dad and go skiing for one day. We left Sunday at 11 and we got home last night at 8pm. And I drove up to—just the dynamics of this—I had a paper due on Saturday so my Mom took my two year old up the island. I had to be at this
kidney thing Saturday night, come home, finish my paper, I had to be up in the morning with my older one, drive and pick him up, drive up to Campbell River, go to bed, drive them up the mountain, drive into town with the little one because we had to kill six hours while they were skiing, drive back up to pick them up, we all drove last night and he [kid’s Dad] left at 4am this morning to drive back to work in Campbell River. (Anna)

Kelly described the challenges of finishing homework rather than spending time with her children.

There has been many times that I’ve said “No I can’t do that right now,” and there are times when I’ve had to lock my office door and they [two children] bang on it and cry and so I’ve had to put headphones on because I have to get stuff done. (Kelly)

Unfortunately, these transcriptions do not adequately represent the emotions communicated by the participants. The expressions on their faces and the tears in their eyes provided further evidence of the challenges involved in dividing time between children and the demands of their nursing program. The participants also discussed the feelings of guilt and sadness that they experience since they cannot spend more time with their children. In all three cases, the children were still very young and may have had trouble understanding why their mothers were working so hard.

Aside from caring for her daughter, Camille also had to care for her divorced parents, both of whom experienced serious health issues.

She [Mom] has a rare kind of cancer...I would help her by giving her questions to ask her doctors and went with her when she was nervous. My Dad has chronic fatigue syndrome...and he is struggling right now...he needs me too. (Camille)
Camille’s example illustrated the fact that a challenge to persistence might also be directly related to a support in persisting. In other words, at times we expend energy supporting those who also support us.

**Health challenges.**

Four of the six participants suffered a significant health challenge during their nursing program and they discussed the impact that being sick or injured had on their persistence. According to the participants, if students miss a semester for any reason during the nursing program, they have to wait an entire year before re-entering. Participants noted their reluctance to take off any time from the program worrying that their motivation to continue would wane if they were required to do wait another year.

Esther described her experience of discovering that she had a significant medical condition.

I was sitting for my exams and just started to get this shooting pain down my legs, which I figured probably wasn’t good...in the manner of two weeks I had both a CT and an MRI... I’ve got one major, two minor herniated discs with final stenosis and degenerative disc disease. (Esther)
Later in our research conversation, Esther discussed her fear of having to leave and later return to the nursing program.

I think that it would be a much bigger deal, a much—much harder on me to have to stop and then come back. I think now that we’re kind of—it’s so close, one more year—and I know I can do it. (Esther)

In an attempt to avoid having to take time off, Esther hoped she can schedule her surgery around her nursing studies, if it’s required.

I’ve got a community placement in September and I’m finished August 1st. That gives me six weeks to recover before I have to be back in the hospital...And we graduate in April...so I’m going to get surgery either when I graduate or in August. I’ll probably tell the surgeon that. (Esther)

Esther knew that her plan might be unrealistic, but her conversation demonstrated the lengths to which students might go to avoid taking time off from the program.

Two of the participants suffered broken ankles during their nursing programs. Such significant injuries would normally merit a medical leave, but both participants...
were determined to persist despite their injuries. Amelia shared her experience of
requiring surgery for severely breaking her ankle. Resolving to continue in the program,
she asked her instructor to work with her in maintaining her current clinical placement.

I was exhausted and a simple trip, you go down pretty hard...and it needed to be pinned with surgery...I told my instructor that I wanted to continue my training...and I asked how do we make this happen?...I was able to go into clinical and I’d just sit down and read the charts, read through different disease conditions again and get a mental picture and take part that way, but I literally was on crutches and was still going to school. (Amelia)

Camille discovered that she had Attention Deficit Hyperactive Disorder (ADHD) during the program. Prior to the diagnosis, the struggle to persist in the nursing program was significant for her. Identifying ADHD as the cause of some of her difficulties and finding the right medication to help actually benefited her persistence. However, the process of attaining a diagnosis and medication was a challenge in itself. She recounted her conversation with her general physician.

Look, you see these characteristics in me. I know you’re uncomfortable with it [prescribing medication] but failure is not an option for me. I need to be successful; I need to get through this. I’m struggling. You see me struggling. Please try a low dose...she [physician] wasn’t happy about it but she did it. (Camille)

Camille described her experience shortly after starting the medication for ADHD.

Within a few days I sat through a three-hour nursing theory course and for the first time I didn’t squirm, I wasn’t doodling, I paid attention, I heard what the teacher said, usually I’m only half listening so I have to go and process the information after I leave, if it happens at all. I was able to make connections in class and contribute and it made sense to me. Usually it’s so hard for me to sit still for three hours, it’s almost physically painful. (Camille)
Photo 21: Camille’s, “Hope in a bottle”

Camille wrote the following in her journal at the time she took the photograph (Photo 21).

Ritalin is not a miracle cure, but it has made a huge difference in my life. I’m less anxious, less depressed, more focused, more motivated, and most of all, more hopeful. I procrastinate less and function better. It’s easier to get my school work done. I’m less irritable, and it’s easier to get through each day...Getting a proper diagnosis and treatment, even though it happened much later in my life that it should have, are part of why I’m still in the program. If I hadn’t gotten help when I was at my breaking point last semester, I don’t know that I would have been able to stay in nursing. (Camille)

The latter part of Camille’s example is more about the medication supporting her persistence. However, understanding Camille’s process of diagnosis underscores the
difficulty of managing an undiagnosed illness while in the nursing program. It remains an important example of the challenging health issues that participants are experiencing as they persist.

**Interpretive summary of the theme: challenges to persistence.**

The challenges faced by research participants provided an important lens to understand the broader and multiple contexts of the participants’ lives. While some of the issues were in some sense inevitable and to be expected in the participants’ stories of persistence, nonetheless, all of these challenges to persistence created a high level of conflict and struggle for participants. Understanding *how* these participants persisted in spite of these challenges, illustrates the complexity of researching persistence and the benefit of qualitative research. In other words, describing the participants’ barriers to completion is only one part of the story. One would assume that there are other mitigating factors that will affect an individual’s decision to persist rather than the specific barrier alone. For example, a few participants in this study persisted despite facing medical challenges. Thus, support, resilience, and pain tolerance influenced participants’ experiences of their medical challenges and, consequently, their decision to persist.

Furthermore, challenges to persistence were double sided, for some those challenges also provided the motivation to persist. For example: Children provided motivation to persist, while they simultaneously created a challenge to the participants’ persistence.

Esther and Camille provided similar photographs to represent their health challenges, although their rationales for including them are entirely different. While Esther’s “cupboard of pills” represented the level of pain and suffering she was experiencing, Camille’s image of one bottle of medication represented a positive image of hope and growth. This difference highlighted how perception of a similar experience
can differ from one person to another. I would argue that one’s interpretations of personal challenges are a key factor in determining what promotes and what inhibits persistence.

**Reflexivity.**

The challenges facing my research participants both humbled and inspired me. As a parent, I am quite familiar with the feelings of guilt and sadness that accompany spending time with my studies and not my children. However, I am now more aware of how difficult that struggle must be for a single parent. I am truly surprised by the number of obstacles my participants have overcome successfully. As a teacher of nurses, I feel ashamed that I have not made it more of a priority to get to know my students better. Surely, many of them have experienced struggles that I could not even begin to imagine. Despite these obstacles, they persist in the program. I have often wished our program requirements could be less rigid. For example, I had a student attend a class sobbing after having returned from the funeral of a family member. Because she simply could not afford to take any more time off school, she was forced to show up in the midst of her grieving process. How do I help students facing these sorts of difficulties to persist?

**Motivation to Continue Persisting**

Various mechanisms that maintain and increase the motivation to persist were described by the research participants. Drawing upon personal strengths such as resilience, determination, the desire to set an example for children, and visualizing the end were all cited. In addition, most participants identified particular interests, hobbies, and activities that do not relate directly to nursing that help maintain the motivation to persist. In some cases, *not* being able to engage in these activities—due to significant demands that the nursing programs place on students’ time—motivated participants to
complete their degrees as soon as possible. The theme of motivation to continue was divided into “personal strengths” and “external interests.”

**Personal strengths.**

Although research participants tended not to acknowledge explicitly the personal characteristics that motivated them to overcome challenges and persist in their programs, personal strengths were readily evident throughout all of the photographs and subsequent discussions.

**Photo 25.**

![Photo 25](image)

*Photo 25: Camille, “Bloom where you’re planted”*

Camille chose **Photo 25** to represent how she feels she *needs* to thrive in her situation, rather than simply survive.

Another mantra for me is “bloom where you’re planted.” I’m not in an easy situation. Doing anything as a single mother is difficult, and getting through nursing school is
very difficult. I have to do the best I can to thrive in these circumstances...How many single mothers are in a position to get a higher education and follow their career dreams? This is an incredible opportunity I have been blessed with. These daffodils—in the neglected little garden underneath my bedroom window—bloom every year. I took this picture a couple of days after some nasty weather, including snow and high winds. The daffodils are a little worse for wear, but they are still there, still blooming where someone planted them years ago. It’s my job to do the same. (Camille)

Significant obstacles had the potential to prevent Camille from persisting: life as a single mom, divorced parents with their own health challenges, and her own struggle with undiagnosed ADHD for most of her nursing program. Camille chose to work through these and believes she is flourishing as a result.

Anna, another participant who was practically a single-parent while her partner worked out of town, demonstrated similar qualities. Her work ethic and determination to add to the family income were significant factors in her completing most of the program. Anna was particularly aware of what completing the nursing program would mean to her family and she fully concentrated her efforts on finishing her studies. With the end in sight, Anna’s motivation to persist only increased. As I spoke with Anna, I could feel the almost palpable sense of relief that she was anticipating. Furthermore, she expected to be the “sole breadwinner,” giving her partner the option of choosing when he works.

Well, I think that if he works, that’s great, but I don’t want to be in the position where I’m losing my house because he can’t work. Because my kids—I want them to have that stability...once I’m working it will be better. (Anna)

Another powerful motivator driving her persistence was Anna’s desire to be a role-model to her children. All of the participants with children echoed this sentiment.
Yes, well I think I put a lot of pressure on myself to be able to provide for my family and to role model for them. My nine-year old says, “I got a C, it’s average, who cares” and I say, “but average is not going to get you anywhere.” So he redid the test and he’s so proud of himself because he got an A. So he could just float through but he’s picking up on my attitude. (Anna)

So I need to know that this little girl will be looked after and I have to be the one to do that so I know that this way, I won’t be rich, but I know that I’ll be fine. I need her to see me persevere and no matter how tired and overwhelmed I am and how stressed...that someday that will affect how she chooses to do things, that she chooses to persist even when it sucks and that even if she finds herself in a situation like I’m in...that she’ll know that she can—it doesn’t have to stop her. I just want to set a positive example and I want her to see me succeed. That hard work does matter. (Camille)

Esther provided an alternative view of determination. Although she was unquestionably tenacious in her passion to become a nurse and religiously attended her classes, and clinical practice despite being in constant, excruciating pain, she acknowledged nonetheless that her medical condition might eventually prevent her from persisting in the program. Esther certainly hoped that her condition was not permanent and could be cured through surgery. However, she also worried that in the interim her determination to persist could put her patients at risk. She was well aware that pushing oneself too far can be a dangerous pitfall.

I think that right now my biggest thing I’m worried about is whether I’m going to recognize when I’m putting my patients at risk, or am I going to be so determined to keep going that I’m going to compromise someone’s safety? And I don’t know if I would recognize it anymore. (Esther)
While Esther’s medical situation is unique, the underlying theme is a familiar one. Esther worried more about her patients’ well-being than her own.

Kelly also described pushing herself physically and mentally in her studies at the expense of her health. When she did pay attention to her body and stayed home from work, she felt guilty about her decision and was worried that she let people down.

I had a paper due last night by midnight and Friday I worked, Saturday night I stayed up until 2am, worked on it all day Saturday as well, and I just felt like I wasn’t—you know when you’re writing a paper and you think you’re not going in the right direction and have to change everything—and I was exhausted and I woke up Sunday morning and I had a terrible sore throat and I was supposed to work Sunday night. I can often do homework at work but I just felt awful so I phoned in sick—which is totally not something I do. I felt so guilty and torn. I’m in school and I’m just a casual employee but I’m going to feel guilty for the rest of my life because I’ve let someone down. I really had to think about what my priorities were. Do I email my instructor and say that I need another day? And then I think—no, I can’t do that because I asked for an extension for the last paper. (Kelly)

Kelly’s discussion provided another example of how nursing students often have multiple competing demands for their time and energy. Prioritizing can be complicated, and one cannot always adequately meet every responsibility. While the determination and perseverance in Kelly’s story is evident, I wondered how often nursing students let their health suffer while persisting.

James provided an interesting example of both his character traits and external interests that bridges the two sub-themes of these sections. He demonstrated his determination and sheer will-power to persist through his adventurous nature. Rock climbing, challenging hikes, and river rafting all required a significant amount of courage
and resilience. This passionate drive to be more fully immersed in his external interests, also motivated him to finish his nursing program.

External interests.

Photo 26.

*Photo 26: James’s photograph from the Juan de Fuca Marine Trail.*

James had always had the goal of completing the 47 kilometer Juan de Fuca trail ([Photo 26]) on Vancouver Island in *one* day. After a failed attempt with some friends due to poor weather, he was even more driven to achieve his original objective. He finally convinced a friend to join him in what others would perceive to be an impossible enterprise.

We left town at 3am and hiked quickly, running most of it...we were out just as it was getting dark—it was really awesome—we had to walk back to the road, we dropped our bikes in the bushes and drove to the start—so we had our bikes there to bike back to the beginning, planning to bike another 50km, but we didn’t do that, some guys picked us up. (James)

Most people would, typically, take a minimum of between two to three days to hike the mountainous and challenging Juan de Fuca trail, and unpredictable weather can
make the hike take even longer. James’s love of adventure and the outdoors was evident here and in many other examples, and he had an incredible ability to achieve goals he set for himself. The overwhelming drive to complete what he has started in his outdoor pursuits transferred easily to his drive to persist in his nursing program. James described a desire to overcome any anxiety and insecurity—whatever the context. For example, despite James’s passion for the outdoors, he admitted to a deathly fear of the ocean. In defiance of his fears, he intentionally took advantage of the opportunity to live on a friend’s yacht for a year. He sailed the boat alone, despite the anxiety and stress he felt inside.

James’s examples provided an interesting combination of both the character traits and interests that drive his persistence. Engaging and persisting in any of James’s outdoor pursuits, would require a high level of tenacity, courage, and the ability to overcome discomfort. He reported never having quit before meeting a goal, and this seemed to be no less true with regard to his nursing program. He persisted, despite experiencing strong desires to leave at times.

James’s level of intensity about his interests outside of the nursing program seemed to be much higher than those of the other participants. He described an urgent need to “get outdoors” and “chase adventure”, and he believed that these activities were necessary for him to be able to survive the nursing program, if not his life in general. Although the other study participants acknowledged that their external interests helped them cope with the demands of the nursing program, they tended not to speak of them as being as much of a necessity.
Kelly discussed several activities that she loved but could not spend as much time doing, during her time in the nursing program two of which were baking and reading for pleasure. Completion of the nursing program will allow her the freedom to engage in these activities, which for her also meant spending more time with her children.

Camille, Amelia and Esther mentioned activities they have begun as a means to cope with their own emotional turmoil that arose from the nursing program, and their private lives. They described these activities as forms of therapy.

I had always wanted to take dance classes. My mom wouldn’t let me. I had to swim and that was it…but I started taking Irish dance, I think it’s the coolest thing I’ve ever seen. I’m terrible at it. I haven’t been able to do it in the last year and a half or so because the dance schedule hasn’t worked with my schedule. In a way I think it’s good for me to do something because I love it and not because I’m good at it…it’s a good lesson for me to do something because I love it and not because I’m the best in class.
(Camille)

Throughout the research conversations, Camille described her perfectionism about grades in the nursing program. She recognized this trait in herself, demonstrating a high degree of self-awareness, and deliberately chose an activity that she could simply enjoy without having to be the best.
Photo 27: Amelia, “Piano ghost hands an outlet no one else can micromanage.”

Amelia’s story of persistence was full of examples of her feeling controlled by “the powers that-be at the nursing program”. She felt that someone else was in control of her destiny with regard to becoming a nurse. She took the image of playing the piano to portray an activity where she was free from that control.

Piano playing has always been something that is a personal outlet—a creative outlet—that nobody owns. I hadn’t been playing piano for several years and actually picked it back up while in nursing school, while at one of those rock bottom points when I really wondered, can I—do I have what it takes to endure running this gauntlet for yet another term. So this was something that—I don’t play for other people, I just play for myself—a form of expression where nobody else has claim on me…the piano playing for me, that was a turnaround point. I did kind of regroup my strength and was able to endure and to find a way to just keep my head down and learn, say what I needed to say, and get through what I needed to get through. (Amelia)
Esther’s medical condition prevented her from engaging in her previous external interests. Walks on the beach that used to be enjoyable became too painful for her to manage. Esther, because of the pain, found herself sitting more than she did before. She took up knitting (Photo 28) as a replacement for the walking she used to do and a means to keep her hands busy and away from other unhealthy coping mechanisms.

I took up knitting—about a year ago. It’s really relaxing. That’s just a basic knit and I’m working on a blanket for my mom. I picked it up—I guess in place of walking. Because it’s something you can just kind of do. And it’s something I had always wanted to do but before it was always, ‘Why would I want to sit at home and do nothing’ and when you’re knitting my hands are busy so I can’t eat too—that’s another bonus. (Esther)

While Esther found this image of her knitting quite positive, there was undeniable sadness in her voice as she spoke about knitting instead of walking. Knitting for her was not an adequate replacement for walking, and she experienced a significant sense of grief and loss at how her life had changed.
Interpretive summary of the theme: motivation to continue.

All of the participants offered examples of resilience and determination through their stories of persistence, and unique challenges. Given that participants were required to have seriously considered leaving the program, I assumed that each faced challenges, struggles, and barriers to continuing. Thus, I was not surprised that every participant demonstrated characteristics of strength and survival that were integral to their stories of persistence. What was most important about their individual stories was how the depth of their resilience and determination was almost always linked to the external activities that participants undertook. Thus, these two sub-themes were inextricably linked with one another. For example, a high level of resilience was required to be able to engage in an external activity or interest as a coping mechanism. Several participants spoke about these activities as being essential to their coping and, thus, increasing their level of resilience.

Determination, tenacity and resilience are difficult if not impossible traits to measure quantitatively. Yet, I would argue that they are essential components of one’s ability to overcome obstacles and complete goals. Research has often overlooked these important factors, making assumptions about how the lack of finances or support, for example, negatively affects student retention and persistence (Barr-Telford, et al., 2003). The experiences of participants in this study suggested that an individual’s strength of character can play an incredibly positive role in perceiving and managing challenges. These findings provide support for Jeffreys (2004, 2012) inclusion of self efficacy in her model of undergraduate student nursing retention as participants would appear to have higher self-efficacy expectations, although this has not been formally assessed. However, while self-efficacy would seem to be another important variable influencing student
nursing retention, I would argue that Bandura’s theory (1977) provides one theoretical lens through which to understand motivation and persistence, and that other theories would need to be examined to more completely understand the complex psychological study of motivation. However, future research in student nursing retention would undoubtedly benefit from studies incorporating further theories of motivation.

I do not, however, want to ignore a valuable message in both Esther’s and Kelly’s examples of determination potentially going too far. As a nursing educator, I am convicted that we need to both model and advocate for self-care for our students. Too often, I have taught students that are physically ill and should be at home. Instead they pushed themselves to show up, complete assignments, and attend clinical, out of fear of missing out on essential information or being accused of having a questionable work ethic. I am not sure how these notions fit with any ethic of caring for both the nursing profession and the curriculum of a nursing program. At times, nurses face a double standard: “do as I say but not as I do.” Unfortunately, and I am not sure why, we are better at promoting health, wellness and self-care in others than ourselves.

**Reflexivity: introspection.**

This particular theme resonated with me both as a student and as a nursing teacher. I thought of many of the activities that I have had to put on hold throughout my education and the motivating desire I have to return to those pursuits once I have earned my degree. I was also struck by how much guilt I experienced as a student, especially with regard to time spent away from my children.

What I did find particularly condemning throughout this particular theme is the double standard I have often held for myself and others. As much as I might say rules for care of ourselves and our patients are the same, I realized that I rarely put this principle
into practice. I am also unsure how to right this imbalance. If I cannot adequately maintain my own self-care, how can I expect my nursing students to do the same?

The participants have greatly increased my awareness of this problem, and I have become even more motivated to help myself and my students to address this critical issue.
Chapter Five

Research Findings: Part B

Chapter five concludes the detailed analysis of the three remaining major themes: the profession of nursing, teaching, and the curriculum. These themes focus on the broader systemic and contextual forces that influence the persistence of the study participants, rather than the more personal influences that were discussed in the previous chapter.

The Nursing Profession

Rationale for pursuing a career in nursing.

One of the questions that I asked consistently in each of the research conversations—posed prior to discussing their photographs—involved the participants’ reason/s for entering the nursing program. What became particularly salient about these responses was the way in which each student’s initial rationale for choosing nursing continued to influence their stories of persistence. As the research conversations progressed it was evident how often participants would revisit these reasons for choosing nursing, to assist in their persisting.

Kelly discussed how she initially chose a career other than nursing, due to her mother’s influence.

I chose nursing because I’ve wanted to be a nurse since I was a small child, three or four—probably three... but I’d always loved to read and write stories so my Mom kind of steered me in that direction instead—which was fine, what did I know? (Kelly)
After discontinuing her undergraduate studies in English, Kelly worked for a while before considering the option of a nursing career. She chose Photo 10 to signify this occasion.

**Photo 12.**

*Photo 12: Kelly’s daughters’ hands*

This picture [shows] my daughters’ hands. One was six weeks old and one was three, and I took that because I’ve wanted to be a nurse since I was 3—the age of my oldest in this picture—[Kelly wrote this when she took the picture]...but my life took a different path. I thought it was a dream I would never achieve until I met a student nurse when my youngest was born. She was a mature student with two small children, she was in her final year, and this convinced me that my dream could become a reality. (Kelly)

Many of the participants also mentioned someone that had inspired them to pursue nursing, either because they spoke about the profession or because they had been impressed after observing a nurse working first-hand.

Amelia credited the nurses she worked with in a volunteer position with inspiring her to enter and persist in studying nursing.
I’ve always wanted to be in healthcare, it was just where in healthcare. And for me, knowing that my decision to go into nursing was made only after watching nurses work on a unit—I’ve been volunteering for years on a clinical unit in palliative for ages—it was watching those nurses work that made me want to apply to nursing in the beginning. (Amelia)

Amelia also discussed how her on-going volunteer work reminded her of the nurses who inspired her when she seriously questioned continuing in her nursing program.

My volunteer work only helped bring me relevance. Helped me see that joie de vivre—what life is—put it all in perspective for me while I was going through all this...the volunteer shifts which brought me back to...this is the thrill that you still get when you’re helping somebody heal. (Amelia)

Anna’s grandmother, a woman whom Anna greatly admired, changed Anna’s perception of nursing as a profession, and she was grateful for her grandmother’s inspiration.

She’s [grandma] really inspired me...she was lovely and hard and flexible and all these things that I admired. She loved nursing. There was a kinship that she had with all her girlfriends...she had great friends, great stories and great reunions...I think before that I had this misnomer that nurses were not educated and not that strong, and she was the opposite of that. I admired it and it didn’t seem like a weak profession to go into...but the fact that she did it, and she did it with kids and it provided a life for them—was the main inspiration. (Anna)

A respected and admired colleague of James inspired him to imagine how nursing might help him meet his own life goals. He entered the nursing program as a result.

A guy I know used to work at the company, and he was a nurse and he finished the UVIC program probably a year before I applied...and he was a guy I looked up to when I was younger so I decided I’d apply for that... nursing
seemed to fit and as I go through nursing, it does fit. (James)

James chose Photo 13 as a symbol of why he went into nursing.

Photo 13.

Photo 13: Guiding a rafting trip

James, a river-rafting guide loved the adventure and interaction with people, but he realized that he needed a stable job to continue and support this activity. James recognized similarities between the profession of nursing and his job as a rafting guide that provided a further impetus to enter the nursing program.

I really like the connection with people—figuring it out, and talking to someone—everyone’s so different and you question their story and where they’ve been and what’s their deal—what’s going on, and I get that guiding...I think nursing will give me that. (James)

Research participants also made the decision to enter nursing from a practical and financial perspective, and there was an understanding of what the profession of nursing
could offer that would benefit their individual needs and long-term life-plans. This practicality served as further motivation for persisting.

All three of the following participants cited the profession’s positive employment prospects and reasonable salary expectations as important factors in their initial decision to enter the nursing program.

I have a biology degree from UVIC...I got an awesome job here as a technician in the biology department, running all the student labs...but then, there was nowhere for me to move—if I wasn’t going to do my masters then there was nowhere for me to go...[nursing] is science, it’s with people, I got to use my biology and actually would have a job...And there’s not a lot of jobs that women can do where you can say ‘if you [partner] don’t work this month, we can still pay our mortgage.’ There’s no biology job that will do that. (Anna)

I need some sort of security...I didn’t really want to go to school and just hang around, I wanted to get in and get out...so it was either school; something quick and easy or trades through an apprenticeship...something where you come out with something practical. (James)

I’m a single Mom...I need to know there’s going to be a cheque coming in, and a good cheque. (Camille)

The rationale for entering nursing was clearly interwoven with the participants’ understanding of what the nursing profession entails. While this section provided evidence of why participants entered nursing, the following section demonstrated how their enjoyment and ideas of the nursing profession have increased and solidified as they have progressed through the program.

Embracing the profession of nursing.

Overall, the participants reflected positively on their genuine contentment with the profession of nursing that reaffirmed both their choice to enter and persist in the nursing program. Three of the six students used the word “love” in reference to their role
as a nursing student and future career, identifying a genuine passion for the work they are doing. Furthermore, the participants’ images of nursing appeared to be realistic and grounded in an accurate understanding of the profession, rather than an idealistic fantasy. Research participants were exposed to many aspects of nursing through their clinical experiences, and volunteer and work opportunities. The participants’ knowledge of the profession of nursing and the congruence with their own goals created a notion of “fit” with choosing and persisting in the nursing program. While research participants discussed both the strengths and weaknesses of the nursing profession, the motivation for persisting evolved through focusing on the strengths of the profession. These strengths included the flexibility and variety of work opportunities, the ability to make a difference in people’s lives, and the symbols associated with nursing as a positive profession.

Participants identified two words to describe the benefits of becoming a nurse: flexibility and variety. They discussed the wide variety of work opportunities available to nurses, noting especially the ability to work almost anywhere geographically. They were confident that they would be able to find a satisfying place to work. Moreover, the variety of work options available to nurses increased the participants’ desire to persist.

Esther recognized the many potential options available to her in nursing—even with a serious medical condition.

If this is permanent [referring to her medical condition], she said, “there’s lots of things I can do in nursing. I don’t have to do bedside nursing.” (Esther)

Having different clinical experiences has helped Anna narrow down areas of nursing that most appealed to her.

I thought I was going to be a maternity nurse. I went to the maternity floor and it’s like the last place I want to be...and
pediatrics—I don’t want to be around sick children...I like palliative...but I like the surgical unit more and I like the population and the age, the in and out, it’s still got care plans but quick, achievable care plans. (Anna)

Kelly was thrilled with the variety of work opportunities available to nurses and this prospect has been instrumental in Kelly’s desire to persist. Kelly took Photo 14 this image to represent the variety of work options the nursing profession offers.

**Photo 14.**

If you’re a nurse, you can work in a hospital, you can work in a health unit, you can work in an office, you can work— you name it, there’s a nurse there. You can sell pharmaceuticals. So I just thought that if I don’t like hospital nursing...there are other things I can still do in nursing. (Kelly)

Participants also highlighted the flexibility of professional nursing opportunities as a key factor in their stories of persistence. Flexibility included being able to work in other countries, travel, and time off when needed. James and Anna provided examples that highlight this theme.
You know if I think about how I want to be outside, then this [nursing] is going to give me that. I can work shift work or I can work casual hours and I can take off. I have a friend who is a nurse and she went for six weeks to India and she’s working. There’s a lot of opportunities I’ve started exploring…it’s a lot easier to travel as a nurse, compared to other professions. (James)

“It’s a great flexible job. You can pick your days and times if you want to.” (Anna)

Research participants with children also noted the flexibility of being able to work while continuing to meet their childcare needs.

When I worked before it was business hours during the day. Even if I wanted to work full time…I’d be away from my kids. Sure they would be in school during the day, but I wouldn’t be able to drop them off or pick them up…I just like having the option of—nurses are needed 24/7 so if I wanted to work full time, or ever needed to work full time, I could. And I could work around their schedules so that I’m more available. (Kelly)

The participants emphasized nursing as a profession that provides the opportunity to make a positive difference in people’s lives and this conviction formed a strong component in their desire to persist in nursing programs. Camille described an example of her experience in this area.

There has to be some sense of joy and like I’m contributing to something. I know that I can’t make a difference in every person’s life, but if you can make them more comfortable for a few hours or make sure the needs that can be met are met, that’s a good day…a few weeks ago we had a patient and it was her first dialysis session, she’d just had the permacath put in and she was terrified. At the beginning of my shift, I said, ‘I hear you are a newbie.’ She said yes. I asked her about her story. She was overwhelmed because the social worker was there, the dietician was there, and the doctor; the nurse was explaining how it was going to go and she was just overwhelmed. I just tried to make her laugh a little and asked her husband how he was doing because he had to sit and watch this for the first time. I
came and I checked her vital signs every 15 minutes and reassured her and just tried to make that extra effort. It made the difference for her and those are the kinds of—it’s so simple to do. (Camille)

Kelly chose Photo 15 to symbolize the difference she hopes to make in nursing:

Photo 15.

Photo 15: Kelly’s glass of water

This [image above]—just a glass of water—clean water. Clean water, we’re studying global health right now and it’s truly amazing how many people in the world do not have access to clean water and I just—I thought of that and then I thought of how being a nurse will allow me to make a little bit of a difference somehow. I might not be able to bring clean water to everybody, but I can at least do my part and feel like I’ve accomplished something. I think a lot of the time when you’re doing anything, it may seem like nothing to you but to the person on the receiving end it could mean the world. (Kelly)

Finally, the images and the accompanying discussions throughout the study depicted several symbols of the profession of nursing. The participants demonstrated a deep understanding of and connection to the nursing profession, and their photographs clearly reflected this.
Photo 16: Camille’s stethoscope

Camille selected Photo 16 to represent her understanding of why she belongs in the nursing profession. Camille purposefully took the image in black and white to represent a sense of clinical sterility, an essential part of nursing practice. She also chose a symbol that is familiar and identifiable with nursing work. A stethoscope listens to a person’s heart, and Camille identified her emotional “heart” as being in the profession of nursing. She wrote the following comments about why she took this image:

I didn’t have a nurse’s cap lying around to take a picture of, so I settled for a stethoscope to represent being a nurse. The meaning behind the photo is simple. Every time I feel like giving up, something invariably happens in my nursing practice to remind me why I love nursing, and that I am exactly where I am supposed to be. I was meant to be a nurse, so I had better get the university degree that lets me do that. I don’t have to love the nursing program itself—I just have to love what I do as a nurse. And so far I do. So here I am. (Camille)
Photo 17: James’s rock climbing

James selected Photo 17 to reflect his feelings about nursing, mental health and his present situation in the nursing program. The climbing hooks that are positioned in the rocks anchor and keep the individual safe while making the climb. James used this image as an analogy of how nurses work with people to “ground” them and provide a focus on the present, rather than looking back or ahead. James also related this concept to his own story of persistence in that he often finds himself needing to focus on the present to avoid being overwhelmed with what he has yet to accomplish.
Kelly selected images of orchids (Photos 19 and 20) to symbolize love, beauty, wisdom, thoughtfulness and strength. She felt that these qualities epitomize the essential characteristics of a nurse. Kelly deliberately chose two images of orchids. The first image, an individual flower, acknowledged that “all it takes is ONE person to make a difference in another person’s life.” The second image consisting of multiple flowers symbolized “a group of nurses or perhaps an interdisciplinary team. One that is cohesive, and [a team] I hope to be a part of when I complete my education.”

**Interpretive summary of the theme: the nursing profession.**

The notion of “fit” was prominent in this theme, as participants found that their initial choice of entering nursing was congruent with their on-going decision to remain in nursing. If I compare this notion of “fit” to Tinto’s (1973, 1990, 1993) theoretical approach, this concept parallels his concept of successful integration. Weidman, Twale and Stein (2005) would, perhaps, see the participants’ notions of fit as successful
socialization. I would argue that these research participants extended both of these theories by demonstrating the complexity of this idea for students in a nursing program. Fit, for the participants of this study, involved more than integration into the academic and social aspects of their program: in some cases social integration didn’t appear to factor. Fit required participants to have a thorough understanding of how nursing would integrate with both their immediate situations and long-term goals. The evaluation of this concept of fit was considerable. It began before they entered the program, factored in the decision to enter, and continued throughout the program. I would speculate that some aspect of fit evaluation would likely continue throughout their professional lives as nurses. Further confirmation of an increase in the level of fit assisted in contributing positively to participants’ persistence, and there appeared to be a continual reflection process on this fit as participants gained more knowledge and experience with the nursing profession. This reflection on fit also occurred as participants faced challenges or questions about their continued persistence in their nursing program.

**Reflexivity: Introspection on the theme of the nursing profession.**

The participants’ degree of passion for the nursing profession, and the positive reflection on their clinical and work experiences, surprised me throughout the study. Not one participant mentioned any aspect of the profession that had seriously challenged his or her persistence in the program. Although, they certainly did have negative experiences in the clinical setting, these particular experiences did not cause them to consider leaving nursing. (I had quite a different experience as a nursing student, and this is reflected in my internarrative: learning to care.) Additionally, I was impressed by the level of knowledge that participants demonstrated about the profession they were entering. Unlike my own experience, and that of many of the students I have taught, these persons
appeared to maintain realistic concepts of nursing and the work nurses do. Disillusionment with the nursing profession was not indicated by participants, and this theme did not factor into any of their stories of persistence.

Teaching

The research participants described their relationships with instructors as essential components in their stories of persistence. They recounted experiences with both teachers who were excellent and those who did not meet their expectations. Thus, I divided this theme into sections of “excellence” and “expectations.”

Excellence.

Examples of teaching excellence abounded in the participants’ stories of persistence, exemplifying individuals who went above and beyond their role as an “instructor” to engage with the students as individuals. The participants felt that these teachers had a direct and positive impact on their desire to remain in the nursing program. Anna described two instructors that made a significant difference in her experience as a student nurse, motivating her to persist.

This teacher is really inspiring. She works here [at the University]...This woman is amazing. She is amazing! I don’t know how—she is like 60 something—she is so committed to these moms and mentors and this kidney thing—I don’t even think she sleeps. But she is so positive and has done so many different things that it’s just so inspiring to me to want to be doing this nursing program and seeing what you can do. It’s not just in the hospital. Her husband [has some serious health challenges] — so this is on the side—and then she’s got an exchange student who is staying with her and she’s running “Moms and Mentors” and she’s writing proposals to get money and she’s teaching and she’s—we’re going on Thursday to do this kidney walk that she’s organized so we’re meeting down at the Jubilee Hospital—it never stops. (Anna)
Anna described engaging in volunteer work because of this teacher, despite the fact that her life is already considerably full. She provided another example of an instructor that was particularly caring and compassionate about the unique challenges of Anna’s family.

And then there is [instructor’s name]...I don’t know if you know her, but she is also amazing—so cool though. She meets me at McDonalds [near my home] for my midterm so that my two year old can play in the play-park. She’s working with the Ministry of Children and Family with moms with addiction issues...She’s so awesome and she’s so educated and she’s so knowledgeable. I really like the teachers here...They treat you like you’re—an adult—you know what I mean? (Anna)

Anna’s conversation highlighted the values that she found important in her teachers. She wanted them to be inspirational and, well educated, but—perhaps more importantly—she wanted them to take the time to get to know her as more than just another student. Anna wanted to be treated as an adult learner.

Camille described how empathy, care and positive encouragement that she experienced with one of her teachers have been integral in her story of persistence.

There’s one teacher I was thinking that I should have found a way to represent her in my photographs, because when I think that I can’t do it and how much I don’t know yet and how terrifying it still is to be in practice, I think “What would [teacher’s name] do, what would she tell me” because first semester of second year when you’re in your first acute care placement it’s kind of terrifying. Learning your skills and giving meds and injections and she said to me “you are extraordinarily capable and you’re going to be an amazing Registered Nurse. I see leadership qualities in you. You’re going to go far in this and you need to remember that when you struggle”, because she could see me overwhelmed and then I’d get anxious and doubt myself...when I saw her recently she gave me a hug and asked how I was doing...and she saw me in the hallway before finals freaking out and she took the time to stop. So
she’s made a difference, and I remember her words.
(Camille)

Camille’s teacher knew enough about her as a person—not just as a student—to reduce her anxiety and reinforce her self-confidence at a critical time.

Kelly discussed teachers who had offered practical advice and fostered bonds between students in the beginning of the program.

I think in the beginning everyone feels like a fish out of water but the instructors are really good at helping everyone get connected. I remember one of our first classes, our instructor said to start a Facebook page for your section and he suggested somebody starting it and he passed a sheet around the classroom so we could all put our email addresses down. I think that was one of the smartest things an instructor could do because you are going to be with these people for four years, you better get to know them. He was a little abrupt, but a lot of his advice was great...he really gave us some good suggestions on how to connect—maybe he could see how uncomfortable everybody felt. (Kelly)

Kelly also talked about how her process of persistence provided clarity about the educational goals that her teachers had for her. She chose Photo 23 to portray this idea.
Photo 23. Kelly’s portrayal of the expectations of teachers.

This image represents chaos and that sometimes things are blurry, and it just made me think about what instructors really want and what’s the point of this class—whatever one you’re in at the time—and then later on it becomes clear and it all fits together so I just thought that it represented that persistence is important to find clarity. (Kelly)

Not everything that Kelly’s teachers asked of her was immediately comprehensible, but she understood that the process of learning takes time. Kelly even discovered that her teachers are, in fact continually pushing for higher levels of learning and complexity of thought.

Expectations.

The participants in this study had clear ideas of what they expected from their teachers, citing educational background, nursing and teaching experience, the ability to engage students, and the acknowledgement of students as adults with unique lives and experiences. The lack of teaching experience by some nursing faculty was of particular concern for many of these participants.
Amelia had several experiences with teachers who she felt were inadequately prepared for teaching.

It’s having instructors who are secure within themselves, secure within their knowledge of nursing. What I would like to see is that nursing instructors are placed in clinical settings where they have worked themselves in the recent past or continue to work themselves so that they are secure on the unit...it’s just that unfamiliarity with that particular unit and those particular skills to even be able to anticipate the student’s learning needs and be able to guide them through learning these particular skills, they haven’t done it enough or they haven’t done it in 20 years. So how can you ask someone to teach something when they haven’t done it in 20 years? (Amelia)

Amelia shared her frustration that teachers would be placed on unfamiliar units, potentially with little to no knowledge about the client population on the unit. She was not blaming the individual instructors but rather the larger organizational system that allowed this situation to arise. She later empathized with teachers who were put in this situation.

In another conversation, Amelia provided an example of the emotional toll that feedback from some of her teachers had on her sense of self. She felt unable to defend herself, given the teacher had the power to pass or fail her.

They didn’t have the knowledge—to deliver feedback in a supportive way. The instructors that have bullied me, they didn’t have the knowledge to deliver feedback in such a way that they could make it constructive feedback so it did come across in some cases very personally cutting...you feel absolutely demoralized...degraded or belittled...in a way that you cannot retaliate...and I think the greatest cripper of this being bullied by instructors is that fear that they fail you—that they would prevent you from doing something that you always wanted to do. (Amelia)
Amelia selected Photo 24 to depict how she often felt unarmed to defend herself against certain teachers.

Photo 24.

Photo 24: Amelia’s unarmed defense.

Amelia suggested that new teachers in a nursing program should be shown how to give effective feedback.

There’s room to set up something where you give all nurses wanting to teach nursing: a basic course in how to deliver feedback; how to teach students; how to deliver content in a classroom; how to stimulate discussion prior to asking for feedback from a class; and, asking them to chip in their comments. You need to actually give them some content, you need to teach them something first from which to base their comments and what they’re going to tell you back, their ideas. (Amelia)

Several other participants voiced similar concerns. James described his frustration with teachers that lack experience with formal teaching instruction, and he likened this situation to his work as an instructor for kayaking and river rescue.
What annoyed me was the lack of experience or formal teaching instruction. I teach courses in kayaking and river rescue, and I try to think about the most effective way to teach a group and I don’t see a lot of teachers doing that—it might be harder with a class of 30 teaching some far-fetched nursing theory but you still have to look at your teaching style. (James)

Anna complained:

A lot of them don’t have their masters—they’re just working nurses who haven’t even been working that long, that are put into this—I’m sorry but my last instructor has never—he worked like two years after graduating and he’s marking papers and telling us what we’re doing right and wrong. I think that’s nuts. I don’t think he’s qualified. We’re putting in all this time and money...and there’s no steady even ground. You never know what you’re going to get. (Anna)

Camille echoed Anna’s concerns about instructor inconsistency, noting the educational backgrounds of teachers as a factor.

Every teacher wants something different. The teachers marking it don’t have an English background so the marking is really inconsistent and it’s really frustrating if you don’t have good writing skills to be successful and feel good about your progress. (Camille)

Moreover, Camille expressed a desire to be challenged in her thinking so that her class time would feel more essential to her learning.

Don’t waste my time, I’m busy...I’ve always been impatient—it’s part of ADHD but after I had my daughter it’s like, I’m tired, I’m busy, I don’t want to be here, so make it worth my while. Teach me something that I didn’t learn from doing my readings...they teach from the text and then get mad if you don’t come to class but it’s like I’m not learning anything here. What do you want from me? (Camille)
Interpretive summary of the theme of teaching.

Teaching is first and foremost a bi-directional *relationship* between two or more people. Rather than being an activity that is simply “done to people” teaching denotes a process of relational engagement that requires the full participation of both teacher and student. Break-down can occur in that relationship—by either party—and at many levels.

I would argue that the research participants in this study identified an issue that is endemic to the profession of nursing education in Canada. I suspect that most nursing educators began their teaching careers with little to no experience teaching within an academic setting. Additionally, we are probably one of the few disciplines at the post-secondary level that still allows persons to teach without a master’s degree, often out of necessity due to the growing demand for nursing faculty. Although I am not suggesting here that a master’s degree necessarily qualifies one to teach. I would agree with the study participants that inexperienced teachers in nursing programs is problematic. This issue requires examination for nursing education across Canada.

As a teacher of nurses, I find the reciprocal relationship of teaching to be a challenging one. Although I certainly want to engage students as equals and unique individuals, a power differential necessarily characterizes the relationship. Nursing teachers are responsible for students’ ongoing progress in the program, and that cannot be changed. I have a significant appreciation for the participants’ struggles with receiving negative feedback from teachers, and all educators must carefully consider the *manner* in

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*I deliberately chose the word “teacher” instead of “instructor” in this study, because I detected a significant difference in the connotations associated with each. To me, the word “instructor” implies that I am being *instructed*; that is, the student becomes an object to be acted upon. The word “teacher”, on the other hand, seems to allow room for a reciprocal relationship between two subjectivities.*
which they deliver feedback. However, teaching nursing students requires upholding professional standards of nursing designed to protect the public. That factor alone makes delivering feedback a very different matter from that in, for example, an English course. Thus, teaching within the nursing discipline often requires bearing weighty responsibilities for the public good and making difficult decisions about the careers of well-meaning individuals. Moreover, many students are not in a position to receive feedback, no matter how delicately it is delivered. Finally, not all feedback can be immediately digested, and several years might be required for complete understanding.

What was significant about these discussions of teaching research is the importance of this relationship in the participants’ stories of persistence. Good or bad, these participants consistently and thoroughly showed that their relationships with teachers were central to their stories of persistence.

**Reflexivity.**

I found it difficult, if not impossible, to step out of my role as a nursing educator in reflecting upon and writing about the theme of teaching. Although I have experienced both being a nursing student and a teacher, I found myself having more empathy for teachers. However, I have also received feedback as a student from which I had difficulty recovering, and I have been frustrated having to learn from teachers I judged to be inept. Does the experience of being a teacher make you a more critical student?

I really appreciated Kelly’s example of persisting to learn while not fully understanding what sort of product teachers want. I have often found myself frustrated, both as a student and as a teacher, when I could not have answers laid out with bold clarity. As a teacher I intuitively understand that the *process* of learning is more beneficial than being immediately directed to an answer. I have found this principle
increasingly valuable as I progress as a student through my own doctoral program. Although we often seem programmed to seek clear-cut answers, more and more I appreciate the fact that simple, black-and-white solutions are not always attainable. Accepting this notion is critical for the profession of nursing, where all too often we have no answers for our patients as to why they are unwell. Surely, in these cases, guiding the patient through the process of healing and health is more valuable than continuing to search for an answer we might never find.

The Curriculum

The theme of the nursing program curriculum found its way into a number of discussions with participants. Presenting this information in a manner most relevant to my research question was challenging. That nursing students attend an applicable transfer college for the first two years of their program, with the remaining two years at the University of Victoria, is important to consider. While participants were at times explicit as to what part of the curriculum they were referring, others spoke more generally. With this fact in mind, I divided this theme into three sections: (a) clinical practice, (b) suggestions for curricular improvement, and (c) the evaded curriculum. Only those excerpts that were deemed the most relevant from an overall nursing curriculum perspective were included.

Clinical practice.

Clinical practice is one area that makes the professional nursing program curriculum unique. Not only do nursing students spend long hours with academic work, but they also enact the curriculum by developing skills with professional nurses in real-life health care settings. However, the growing number of private institutions offering nursing programs has resulted in greater competition amongst post-secondary institutions
to secure appropriate clinical placements for nursing students. Additionally, while nursing programs aim to expose nursing students to diverse areas of practice, nursing educators must align clinical placements with the specific practicing requirements from their professional bodies. Thus placing students in appropriate clinical settings that will both serve the learning needs of the individual student and fulfill the requirements of the educational institution is an increasingly complex and difficult process. Nursing students in the nursing program at the University of Victoria complete six clinical placements prior to graduation, totalling 916 hours (UVIC School of Nursing Website). Clinical training, therefore, remains a significant portion of the overall nursing curriculum.

Research participants spoke very positively about clinical practice. Overall, they noted that their clinical practice experiences confirmed their decisions to embark on a nursing career. In particular they emphasized that clinical experiences improved and reinforced what they were learning in the classroom. Camille highlighted the advantage of being able to work with “real” patients in the clinical setting.

Every time I feel like I can’t deal with the crap, can’t do it, maybe I don’t want to do it. Something always happens at...clinical where something positive happens with a patient where they grab your hand and tell you what a good nurse you are, or one of those transformative moments that you have with a client or suddenly you put some pieces together with an assessment and all this stuff or you figure something out, before anyone has to tell you. Those moments keep me going. It’s not the moments in class that keep me going, it’s the moments out there, synthesizing the knowledge and processing— that’s how I process things, I have to be in the context and those moments are really important. (Camille)

These “real-world” experiences offered valuable feedback to the students.
Many research participants advocated for more clinical experience, particularly earlier on in their nursing program, arguing that clinical experience provides such valuable learning.

It makes no sense—the fact that we weren’t even in the hospital at all until semester three was—when you want to be a nurse, you just want to get in there and do things...I think not even necessarily if students did anything—I think they’d be happy just being there and shadowing a nurse, watching, seeing what goes on. I’d be happy doing that just to see what happens there. (Kelly)

But you forget that you’re there [referring to first semester] because you want to be a nurse and it’s hard to connect sitting in a classroom all day doing nothing—no assessment, no lab time, absolutely nothing. It’s hard to connect what you’re doing with what you want to be doing. (Camille)

In both of these examples, Kelly and Camille discussed the frustrations they experienced at the beginning of their nursing programs, feeling disconnected from the practice of nursing in that early stage of their studies. They expected theory classes to be more concretely connected to the professional work of nurses, and they wanted more exposure to the practical skills of nursing earlier in the curriculum.

Other participants noted the lack of clinical experiences in acute medical settings further on in the program, due to the sequencing of the curriculum.

We have talked to the CNA [Canadian Nurses Association], and we put in feedback regarding the abrupt end to practical nursing skills, and we’re going to have a whole year before we go back to a clinical setting where we are all unsure of how to do an IV (intravenous), or hang blood. If there was continuation, if you were able to create some sort of clinical experience that integrated all of that. Perhaps only half the community placement and then half back in acute. (James)
I really feel like it’s a huge issue that we have a whole semester where we do no practical hospital nursing and then we go back into the hospital in May for three months in an intensive practicum without direct teacher supervision and we’re expected to pull it together. I have an ESN job and my community placement involves doing outreach work with mental health and addictions so I do some assessments and give meds and stuff like that, the odd dressing change. But there are some people who are really far removed from all of that and it’s kind of terrifying to think of going back [to an acute hospital placement] and being overwhelmed. (Camille)

James and Camille exemplified a position taken by many of the participants in this study. Camille noted that while there were opportunities to schedule laboratory time in another post-secondary institution to practice clinical skills, there were none available for students at the University of Victoria. Camille felt that students would be less likely to book this time, given the distance to the other campus and a lack of time available to practice the skills.

Most of the participants looked forward to their preceptor placements—both because of the clinical options available to them and the fact that this placement signified the end of the nursing program. Thus, this clinical placement added further motivation in their programs. Moreover, the location of the preceptorship also factored in their persistence.

So I’ve actually applied to do my preceptorship in a [rural hospital only 15km from participant’s home]—that will make a difference too...I’m so excited...If I can get them [there]—two twelve week practicums. I’m done. (Anna)

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6 Preceptor placements are typically defined by nursing education programs as the final clinical placements for nursing students. In most nursing programs “preceptorship” occurs in the final semester of a nursing student’s academic studies and comprises full-time shift work, where the student nurse assumes the role and responsibilities of a graduated nurse while under the supervision of a recognized preceptor—or Registered Nurse that is responsible for monitoring, teaching and supporting their clinical practice.
The option of having a clinical placement only 15 kilometers from Anna’s home would save her two hours per day of driving into Victoria. Having a preceptor placement so close to her home would make it significantly easier for Anna to spend time with and care for her two young children.

James was also excited that his preceptor placement might address his long-term interests better than other clinical placements.

I am hoping to get a placement in the emergency department (ER)...I’m not a huge fan of the ward style—this is your assignment, take care of them, go home...I have been geared towards the ER and I think it’s because you see people coming in doing what they do, and they are broken and you need to figure it out. (James)

James’s entire story of persistence demonstrated his passion for the challenging, adventurous side of life. He thrived on a significant amount of excitement and stress and the ER would be one of the most likely work settings to satisfy James. Thus, finding an area of nursing that most aligns or “fits” with one’s personality also seems to support persistence.

At the time of this study, Amelia was in the process of completing her final clinical practice, and she felt very appreciative of her experience. She received a clinical preceptor placement in an area of nursing that she requested, and she was hoping to secure employment at this site. Amelia’s experience demonstrated the importance of this final placement for future employment; she was graduating with a sense of confidence about her upcoming profession.

**Frustrations with the curriculum.**

The participants’ expressed their frustrations about aspects of the content and implementation of the nursing curriculum. All of these research participants were in
either their third or fourth year of studies and, therefore, have had adequate time to experience most of the curriculum. Although a few of the participants shared their opinions about the curriculum in other forums, they all stressed their desire for their suggestions to be heard in this context. I have included several of their concerns in this study.

Kelly chose an image that she felt captured the overall approach of the nursing program curriculum. She advocated for a curriculum that would incorporate the individuality of students by acknowledging the diverse experiences, talents, and backgrounds with which students enter the program.

Photo 22.

Photo 22. Kelly’s image representing one of her frustrations with the curriculum.

This image [Photo 22] represented the ‘cookie cutter analogy’ of the nursing program curriculum. It assumes that all students are the same and come from the same—or similar—stages in life and they don’t take into account things like life experience. The program isn’t flexible, like there’s no part-time version, or even slightly part-time. I could go on and on and I don’t know if I should. But I just
hope that the feedback that I’ve given throughout the program is taken into account. (Kelly)

Kelly’s comments highlighted her desire to be recognized as an individual and have her unique set of life experiences taken into account with regard to the curriculum. Kelly’s example stressed the fact that the curriculum is inextricably intertwined with broader organizational structures, policies, requirements, and professional nursing standards. Whatever the nature of the curriculum, the many facets of the institution play a critical role in the implementation and flexibility of this program.

Amelia questioned the policy of allowing a pass/fail grade for courses that were based on subjective evaluations by the instructor and where evaluation criteria were not clearly delineated.

Subjective—how do you feel, how do you write reflectively...journaling—on events that came up in class, topics, so just to write our innermost thoughts; our emotional reaction. That is subjective; you can’t argue with somebody that I should get more points. If your opinion differs from theirs, that’s where you stand...those things convert to complete pass or fail letter grades, where somebody has complete power over you and there was no real criteria, there was no solid foundation for which you could dispute your points or stand your ground. (Amelia)

This example from Amelia also obviously fit in with the theme of teaching, but I included it here to highlight Amelia’s argument that the curriculum be more explicit about student requirements, particularly in assignment criteria.

The participants in this study were critical of a curriculum they experienced as being wasteful of their time on campus. They wanted to see the connection between what they were being asked to learn academically and their goal of being a nurse.

When I’m asked to do things that don’t make sense or that I can’t see the value of, even if it’s just an individual
assignment, or it becomes really obvious that I’m being asked to do busy work, or if I really disagree with the way something is done, it makes me really angry...it shouldn’t be this way. (Camille)

You sit in a circle—nobody really wants to hear about what you’ve been doing. I don’t really want to hear about what they’ve been doing—how they had a fight with their roommate—I don’t really care. Why am I paying to be here? (Anna)

The theme of increasing the relevance of the curriculum to practical nursing work was a consistent theme in this study.

The most prevalent idea expressed about the curriculum involved how the curriculum was designed and laid out. Participants—having transferred from other colleges to the University of Victoria—felt that material was repetitive, courses lacked a logical sequence or development, and the development of practical skills were not allotted enough time.

First year we got to school for 10 months, second year for 10 months and third year we go for 12-18 months right through. So it’s really a five or six year degree when you compare it to other programs—if you add up all the months. And I wonder why it is like this because so much of the information that we learn is repetitive. In year one, we learned about global health and community health—why are we learning about it again? Yes, it’s in a little more depth, but hardly. (Kelly)

I have some serious issues with the way the program is laid out which, it doesn’t necessarily make it easy for people to get through...like in first semester, if you haven’t taken English and an elective, you have a full course load, including anatomy and physiology and all these theory courses that involve a lot of papers...that’s seven courses that people are being asked to take their first semester...and only certain types of students can be successful...personally I think that anatomy and physiology should be a prerequisite to the program because a lot of people struggle with it...make it a prerequisite and then if they can’t handle
it, and it’s not what they want to be doing, then they have
the option of leaving before they’ve spent a semester or two
in nursing. (Camille)

Halfway through second year was probably the hardest
semester of the program...they sort of cram all of the
biology, and pathophysiology and it’s the highest failure
rate in that semester and there’s a lot of stress and re-
registering because they don’t have enough spots...and it’s
really difficult...and I thought if I don’t pass, I’m not
coming back, it’s over, goodbye, I’ll do something else.
(James)

Anna left the nursing program several years ago, but she has since returned to
complete her nursing studies. This reflected the curriculum changes that have been made
since she was in the program previously. Anna felt that, since she returned to the
program, the heavy course-load of the first and second years had been reduced somewhat,

Anna recalled the program several years ago.

I remember my second semester of second year and I had
to go do a blood sugar and I just about passed out. I had so
much anxiety and I was just so done...The thing you need
to know is when I did the program before, every skill was
taught by the end of second year, and now every skill is
taught by—you get another semester. They have changed
the program so there was a lot more crammed into that
second year [before]. In first year we just said hi to
patients...by the end of second year every skill was done.
So we went from not doing anything to the pressure of
performing and having a teacher look at you and having to
do all these things all in one year and it was really high
pressure. It was really hard and that’s how I ended up with
so much anxiety. (Anna)

Although Anna’s example demonstrated that the nursing curriculum has changed
within the last few years, other participants were still concerned with the heavy course-
loads and sequence of courses.
The evaded curriculum.

The evaded curriculum—or the idea that certain issues, ideas, and thoughts exist that, nonetheless, are not part of the formal curriculum—was also an important theme of this conversation, and the participants’ images and comments opened a window into this valuable area of knowledge. In the context of this study, I am asserting that the lives of nursing students are an essential part of the evaded curriculum, and that this was evident in the participants’ stories of persistence. In other words, the participants’ complex and unique lives extends beyond their identities as student nurses and contributes much to the formal curriculum and their engagement with it. Yet, the life of the nursing student has too often been overlooked. Furthermore, the evaded curriculum for a nursing program extends beyond the academic setting of the institution and into the professional world of nursing. Participants in this study had the opportunity to discuss the difficult issues that have often been left unspoken.

Several participants introduced the term “horizontal violence” or hostile, non-physical aggressive behaviour toward another individual, as part of their research conversations. One participant used the term “bullying” but my interpretation of her experience would align her use of this word with current beliefs of horizontal violence. Behaviors expressing this concept include all acts of unkindness to another person, and either individuals or groups may engage in undermining, gossiping, or sabotaging activities (Duffy, 1995).

Kelly described her disappointment with the way certain Registered Nurses have behaved in the clinical setting.

The way I’ve seen nurses treat students would never—it’s so shocking to me because where I was prior to nursing
school—that kind of treatment would never happen. It’s just—it would never—people might talk about others behind their backs and obviously that happens no matter where you are, but never would anybody treat another person as disrespectful as I have seen in the nursing profession. (Kelly)

Kelly continued by describing a specific incident between a nurse and a student that she witnessed. She felt that the nurse working with this particular student had undermined the student’s care of a patient by taking over duties herself. Furthermore, the nurse was “blatantly disrespectful and nasty” to the student—and—in front of the patient.

Camille felt that horizontal violence existed in many contexts in the field of nursing, extending even to the faculty within the nursing program.

No matter how much we push towards academia, the issues of the nursing profession are falling on the floor and the mind games and the horizontal violence doesn’t end in the hospital. It’s everywhere...you hear whisperings and teachers will come out and tell you that they don’t agree with how something is being done or that they’ve had an argument in a curriculum meeting: ‘This isn’t the way I would do it but this is the way we have to do it’ and others would say ‘well I wouldn’t do it this way but I don’t have a say in it.’ You can see the way teachers act in the hallways—who is friendly to each other and who is not. (Camille)

While other participants shared their own experiences with horizontal violence, Kelly was, additionally, frustrated that there had been no discussion of horizontal violence in the formal curriculum.

I think the onus is on the instructor to protect and make the students feel safe. Throughout the curriculum we were never warned about this [horizontal violence]. We did have a panel of nurses in first term, one of them probably in her late 50s, close to retirement, she was talking about being a nurse and how nurses eat their young. I was sitting there thinking ‘Nurses eat their young? What?’...she actually said that and I don’t think anybody asked about it or said
anything...and we went to our praxis group and I said ‘So what about this nurses eat their young thing?’ The instructor told me to Google it that he wasn’t going to talk about it at that time, but wanted us to see what we came up with and we’d talk about it next time. And I was shocked at what I found. And I thought it had to be...it sounded more historical than current, at least that’s what I was telling myself. And then I wrote a paper about it last term and yes, it’s still happening. Although between then and the time I wrote the paper I had experienced it myself. (Kelly)

While the evaded curriculum was evident in other areas of the research participants’ conversations, horizontal violence was the most consistently discussed theme.

**Interpretive summary of the theme: the curriculum.**

Research participants devoted a significant amount of time to discussing areas of both the formal and evaded curriculum. Obvious challenges accompany the development of a nursing program that spans a variety of institutions even among the college and university settings. Aspects of the college environment might differ from that of a university, and each student will have a different experience. Creating a curriculum that has continuity and relevance to every student under these circumstances is a difficult task, to say the least.

Although the research participants wanted their opinions and experiences to be taken into consideration with regard to curricular development and evaluation, I would argue that they were also demanding that the nursing curriculum be intimately connected to the practical work of nursing and their unique lives as individuals.

Although the disturbing issue of horizontal violence seemed all too prevalent from the participants’ experiences, I would suspect that this issue is not isolated to the profession of nursing alone. Moreover, in my experience, the awareness of horizontal
violence has been heightened within the nursing profession. I have encountered more open discussion about some of these issues than I saw earlier in my career as a nurse.

Kelly suggested horizontal violence should be formally discussed in the curriculum. However, addressing the issue of horizontal violence within the formal curriculum is not without challenges. Any discussion of this issue warrants a thorough analysis of the various sides and contributing factors to the problem, and gaps remain in the literature discussing this problem (Becher & Visovsky, 2012). While I am not advocating ignorance of this important area of the evaded curriculum, it is my opinion that the issue of horizontal violence needs to be investigated further, before being addressed within the nursing curriculum. What I am hearing Kelly ask for is a sense of accountability for Registered Nurses working with students in the clinical setting. Furthermore, I would argue this issue relates to the challenge of finding appropriate clinical placements, amongst other problems. I am suggesting the issue is much larger than nurses behaving poorly in the clinical setting and requires a thorough discussion that examines the multiple layers involved and beyond the scope of this research.

**Reflexivity: introspection.**

I struggled with this entire theme of the curriculum, and my roles as a nurse—not to mention former nursing student—and teacher of nurses were at odds. As an educator of nurses, and someone who has worked on curriculum development, I felt defensive. I had to work especially hard to remind myself to portray the student’s experience, not my own. Their stories were important ones to tell, and an educator’s perspective would necessarily be different. Until one has been involved in it, one will have difficulty understanding how truly difficult and challenging the process can be. In my own work setting, we are constantly sculpting our curriculum to make it relevant and appropriate to
the students’ needs, in addition to satisfying professional practice standards. Nevertheless, the participants’ experiences are essential to the process of all curriculum development and should not be dismissed. As an educator, I was reminded of the need to remain open to these discussions.

My discomfort continued with the discussion of horizontal violence, one can rarely examine this issue without feeling uncomfortable. Although I would acknowledge that there are negative aspects to the culture of nursing that we would rather not talk about, I believe that no profession is exempt from these sorts of problems. Moreover, I would argue that horizontal violence is a “buzz word” in the professional world of nursing, and the term can be overused. While I would agree that the behaviors identified by the term ‘horizontal violence’ are still very much a part of the evaded curriculum, our use of the term must be carefully analyzed. Although my own discomfort might be resulting in avoidance, I would still argue that there are many sides to the issue. An entire dissertation—beyond the scope of this one—could be devoted to the topic.
Chapter Six

A synthesis of the study findings through internarratives

In this chapter I present three internarratives, also known as “second-order narratives”. Working within Fowler’s (2006) analytical framework, I have created internarratives where the researcher and the participants’ stories coalesce to create a new reality or understanding. The internarrative presented at the end of chapter one, “Learning to Care,” was an example of this form of analysis. However, that particular internarrative was based on a personal memory of my own story of persistence as a nursing student and was included near the beginning of the study in order to make my own perspectives more transparent. In contrast, the following three internarratives were drawn from the research conversations with the study participants. I argue that these internarratives highlight the unique identities and contexts of the participants and offer an important avenue for analyses and presentation of the research data. As in the thematic analysis, photographs taken by the participants appear throughout this chapter and were instrumental in creating the internarratives.

Internarratives

All of the participants’ stories of persistence inspired the following internarratives, and any one particular internarrative likely interweaves aspects of several participants’ stories. While elements of the internarratives have been retold almost as exactly as the participants originally recounted them, I take full ownership of my interpretations and accounts of these stories. Thus, I acknowledge that these internarratives are representative of my own interpretation of the stories and photographs provided by the participants. The original stories have been elaborated upon, embellished,
and reworked. Even my personal internarrative (“Learning to Care”) at the beginning of Chapter One is my interpretation of that memory. The internarratives were read by the study participants as part of the process of member checking, and they formally acknowledged that aspects of their stories were being re-narrated into the final internarratives. Feedback from the participants provided further support to the value of the internarratives for the study. Research participants agreed that the “new” stories allowed them to better address the more emotional challenging aspects of their original stories through a safe and anonymous, yet accessible, format.

Internarrative: “The Breadwinner”

Photo 29.

\[Photo 29: \text{Anna’s bread.}\]

Anna closed her weary eyes for just a minute, and with a deep breath she could smell the heavenly fragrance of molasses and rye. She pictured Oma’s fresh brown bread, cooling on her counter—one of many recently pulled from her tiny cast-iron oven. That pervasive, luscious aroma reminded Anna of all that was worthwhile in this world and could settle her heart on the toughest day: the bold strength, wholesome, “down-to-earth”
ingredients, lovingly crafted and molded into a perfectly round shape—somehow something much bigger was represented. That bread was dense and yet moist; just looking at it, you could tell how it could sustain you for days. Yet the bread symbolized so much more than just nourishment. Anna’s Oma had truly perfected the art of bread making, baking over 25 loaves a week and spanning well over 30 years. She had raised her brood of seven children on that brown bread. She had a dogged determination to support her family, while her husband risked life and limb daily working in the local mine.

Wise beyond her years, Oma knew that it was likely that she would eventually have to support the family by herself. Before the inevitable occurred, she chose one of the few options available to women at the time and began nursing in the local hospital. She worked afternoons and nights when her husband returned home from the mine. Oma was the reason Anna had gone into nursing. She truly loved her job as a nurse. Even the pittance of pay she must have received at the time could still provide for her family. Over a thick buttered slice of her fresh bread, Anna would listen intently to Oma reminiscing over her joyous life as a nurse and the lifelong friends she had made—not to mention a few of the cheeky tricks they had played on the charge nurse. Oma described a deep camaraderie and sense of family with her fellow nurses, particularly when her husband had died in that fatal mining accident. She showed Anna another side of nursing that intrigued her. Oma depicted nursing as a strong, worthwhile, and noble profession—not just as some “back-up job”, that Anna imagined women falling into out of necessity.

”Mom….Mommmm, earth to Mother” “Seriously, Mom where are my shin pads?” Back to reality and stinky hockey equipment! Anna quietly walked over to the
wooden tree that Steve had so lovingly built and fished out the gross pads from off the floor, still damp from yesterday’s practice. She handed them to her 11 year-old son, Mark.

“Great, they are all wet,” he complained, storming out the front door.

“Well you could try actually hanging them up Mark, if you want water to drain from them. The floor isn’t a mop, you know.”

Anna felt instantly guilty, not meaning to begin the day with sarcasm and nagging. She looked back at Steve’s handmade “hockey” tree, as if he himself were standing there in its place. He would offer a supportive and knowing grin, and reassure her that she was still a good Mom. Anna was amazed how much that tree reminded her so much of him—strong, tall and serene. Anna was also reminded of how much she missed him and the magnitude to which the kids really needed him at home.

“Hurry up Mom, you’re going to be late,” Mark yelled from the car.

Anna thought, “It’s scary how parental that kid could be at times and yet so immature at others.”

She quickly turned on the car engine, desperately praying that the beaten-up, old dodge wouldn’t give her any grief. She glanced at the clock with horror.

“Crap, already 4:45.” Silently cursing, she drove off into the early morning darkness.
Photo 30: “Steve’s hockey tree.”

With some creative driving, Anna managed to pull into her parent’s driveway 35 minutes later. Her dad greeted her at the door with a gruff smile and a coffee. Anna gently handed over little 4 year-old Logan. He smiled and gazed blearily at his Poppa, still not quite awake.

“My little peanut,” said Anna, lovingly. She tousled his crazy blonde mop, wishing for just a few more precious minutes to snuggle him and his fuzzy fleece jammies.

Mark, meanwhile, ignored all of his Mother’s attempts to kiss him. He ran into the house to greet his Grammy who was waiting for him with a plate of bacon and eggs, nothing like what Anna got for breakfast growing up.

“Funny how that works,” she thought to herself, vividly remembering the cold cereal and “get-it-yourself” approach of her parents.

“Thanks Dad for taking them… again. Oh, can you make sure that Mark doesn’t leave his jacket at the rink? Also, can you check Logan to see if he needs to use the toilet
once in a while? He seems to be forgetting to go to the bathroom these days, and we’ve had a few accidents.”

Dad waved Anna on, and she wondered if he had actually heard a word that she had said.

“Oh, well,” Anna smiled and thought to herself, “they have raised two of their own so I guess they can figure it out.”

“Now”, she thought, “finally, some time to think through that damn paper.”

In many ways, Anna was grateful for the 45 minute drive to her clinical placement, and her mind began to sort through all she needed to get done that day.

“Maybe the hospital library has something on Neuman’s systems. Ugh. I just don’t get the whole flexible defense thing if you try and put that in the community context. I really should have asked my prof. that question last week, but I needed to get out of that class in a hurry to get Logan to his eye appointment. That reminds me: his glasses should be about ready to pick up. Oh, that’s right, I do have that “Betty” article too. I should really read that on my first break. Damn, I forgot Logan’s blanket! Ha! Good luck Mom and Dad getting him to sleep without that.”

Thinking of that made Anna smirk a little, but she immediately felt guilty.

“I shouldn’t be so spiteful. It just feels like these days they have his routine down, even better than I do. But it’s not their fault, and I don’t know what I’d do without them. No good whining. Hmmmm perhaps I can get to the computer during my second break, and then just suck it up and pay to print that article at the hospital coffee shop. I know that nasty desk clerk, Lisa, isn’t going to let me use the printer at work—that’s for sure.
Stupid printer at home! How is that thing out of ink already? Another 50 bucks gone on toner. What a waste!"

Anna’s thoughts continued to spin as she pulled into the hospital parking lot.

Thankfully, Anna had somehow miraculously managed to make up the lost 15 minutes, and she arrived just as her instructor was getting out of her shiny black Acura.

“Wow, wish I didn’t have to park my old Dodge next to that thing!”

“One day”, Anna thinks to herself, “I, too, will have a shiny something to climb out of.”

”Hey Anna, you still good for Saturday?”

Sarah Francis smiled at Anna warmly. Anna was amazed with her grace and energy, even at this unearthly hour of the morning.

Anna answered her as upbeat as her stiff, morning body would allow. ”Of course, I wouldn’t miss it, Steve is home for the weekend so it works out well.”

Ms. Francis beamed her beautiful smile at Anna. “Sorry about the costume Anna. I know it will be stuffy in there, but the kidney foundation will be so grateful. We just need you to smile, shake some hands, and give some kids a hug. Just a couple of hours, I promise.”

Anna thought about how much she could really use the time with Steve. Even more she could spend a few precious hours reading those numerous articles for N328, while Steve watched the kids. Still, Anna would never give up a chance to spend some more time with Ms. Francis. Anna found Sarah Francis truly inspirational to be around. She radiated goodness and a ceaseless enthusiasm for helping others. Anna felt incredibly motivated when she was around her. This is what she had gone into nursing for
and this is she wanted to be here. Plus, Anna had never met an instructor that had taken the time to understand Anna’s life—not just as a student, but as a human being. Sarah Francis seemed actually to consider how she could make Anna’s life easier! For Anna’s clinical midterm, for example, she had met her at the McDonalds, closest to Anna’s house, so that her boys could play while Sarah completed her evaluation.

“What instructor does that,” thought Anna?

For once, Anna didn’t need to ask her parents for help or waste two hours of her life driving into campus as she did for every other evaluation. Anna would never have expected that level of consideration from her professors, and Sarah’s thoughtfulness meant a great deal to her. Knowing that a teacher had taken the time to learn a little about Anna’s life and the unique challenges made all the difference to her. So, Anna would give up study time, time with Steve, and time with her kids because being around Sarah Francis was worth every minute. Anna knew, too, that Sarah Francis’s life was no picnic either. Sarah’s husband had Parkinson’s disease, and his condition was worsening with all sorts of complications. Plus, it was rumored that one of Sarah’s kids had a developmental disability, and he required a great deal of extra help in school. Yet, Sarah always had a smile on her face and was always keen to help Anna, or any other student learn.

Anna felt that she mattered when she was around Sarah. She treated Anna as an equal, rather than just a student, and always with the utmost respect and grace. Anna felt so safe and comfortable with her, free to make mistakes and talk about her struggles without judgment. Anna felt that Sarah Francis really cared about her as a person, and Anna knew that it was not because she was always a brilliant student. While she worked
as hard as she could, most of the time, Anna’s work wasn’t reflective of her best efforts. Honestly, she didn’t have the time to perfect her work in the manner she wanted. Anna had to pick and choose what she could spend her time on, and often a sick kid or a hockey practice took priority. Anna knew that Sarah understood her situation. Rather than chastising her for her lack of time she gently encouraged Anna always to do the best she could.

What a difference from other semesters! Anna was already dreading losing Ms. Francis in the next semester. Anticipating this loss, she made sure to keep volunteering with the kidney thing—even if it meant having to wear a stupid costume, because then she would get to keep spending time with Sarah. Plus, Anna secretly hoped that in doing so, some of Sarah’s goodness and never ending motivation might rub off on her!

Photo 31.

Photo 31: “Anna, dressed as Sidney, the Kidney.”
“Anna, you’ve got beds two and four today. Mrs. Simon didn’t sleep a wink last night, so she’s good and cranky for you, but she does need that dressing checked. And of course vitals are back to Q4. I doubt she’ll be going home until next week, now, much to our chagrin”.

The night nurse was tired and more than ready to be going home. She’d had more than enough of Mrs. Simon’s constant complaining all night, dissatisfied with everything the nurse did. She no longer filtered her frustration in her hand-over report to Anna.

Anna listened intently to the report and focused on her patients for the day, not even hearing the night nurse’s parting shot about Mrs. Simon. She loved every part of this job, and was really excited to be back at clinical, despite the nagging tiredness in her body and thoughts of all she still needed to get done that day. There were so many days that Anna really could not believe that she was training for a job like this; that she actually enjoyed coming to work, and found it continually challenging and meaningful. Every day she felt that she was making a difference in someone’s life. She could not wait to see her patients each morning—even the more difficult ones, like dear sweet Mrs. Simon.

Anna breezed cheerily into Mrs. Simon’s room, and pulled the blind exactly half open—just the way that Mrs. Simon preferred it to be. “Hi Mrs. Simon. I hear you had a rough night and didn’t get much sleep.”

Mrs. Simon looked up at Anna, her face brightening considerably. She was happy that her young student nurse was back on the unit. “I’m glad to see you Anna! The night nurse wasn’t too friendly and clearly was in no mood to spend time talking to the likes of me.” Mrs. Simon folded her frail thin arms across the sheets with indignation.
Anna, chuckled quietly to herself “Oh Mrs. Simon. Who wouldn’t want to spend time with you? Now, just lean back in that pillow while I take a quick look at that dressing. Ok, yup, I’m afraid it’s a bit mucky. We will need to change it. And how is that IV doing? Is that tender? Yeah, that’s going to need changing too I’m afraid. But don’t worry. We’ll have you all taken care of in no time. Breakfast is here. Yes, I know you don’t want it. But remember as much as I want you to stay, we have to get you better and home again.”

Anna moved about the room in minutes—straightening the bed, checking the dressing and IV—and had Mrs. Simon sitting comfortably up in bed and ready for her breakfast. She dutifully ate in response to Anna’s gentle prodding. Anna had a real gift with tricky patients like Mrs. Simon who were frequent complainers and always wanted things “just so.” In fact, Anna was getting a reputation on the unit for being able to “handle” such patients. She was subsequently being given charge of them over other nurses and students, much to Anna’s secret pleasure. She knew that this was not hurting her reputation with her favorite instructor either.

Anna’s exhaustion melted away as she found her “groove”, with morning care and meds. Anna thought briefly about how she could still be stuck doing work as an LPN and shuddered at the memories of those awful days—working in that God-forsaken unit! She thought it was really a miracle that more people hadn’t died. No one ever asked questions: they all just did as they were told. Anna cringed at the memory of how she gave out all sorts of medications with no understanding of what they were or why she was giving them.
Now, as a student, Anna was not even allowed to take a verbal order from a Doctor. She felt relieved being able to do things safely and understanding the what, and the why of what she was doing. Instead of living in constant fear that she might kill someone, Anna actually loved giving meds now, checking them over, and feeling that great sense of accomplishment at how much she knew. Anna thrived on understanding why patients were on certain medications and how one affected the other, as she mentally pictured her patients and their experiences. Anna had to admit, however that she was grateful for those original experiences as an LPN, reminding her again of why she needed to hang in there, finish this degree, so she would NEVER have to go back to those days of being an LPN.

At break time, Anna sprinted to the hospital library. A quick computer search turned up some great articles online, but with no time to read them, Anna shook her head at the cost of printing. “Forty-five cents a page? They have to be kidding!” “There goes my coffee money” Anna sighed with disappointment.

Back to Mr. Gracen’s glucometer. “Mr. Gracen, the blood sugar is 12.9. What did you slip into your breakfast? Oh, that Mrs. Gracen, she’s trouble, bringing in home-made shortbread. I think she secretly wants to keep you out of the house longer.” Anna winked knowingly at Mr. Gracen and began the dressing change on his feet but she was interrupted by the desk clerk’s shrill voice.

“Hey Anna, phone call from your husband. Take it at the back desk, and remember you need to keep it short!” Somehow, she never failed to put students in their place.
"Whhaaatt?" Anna replied from behind Mr. Gracen’s curtain, feeling instantly sick to her stomach. Steve never called Anna at work, knowing full well that it was against school policy unless it was an absolute emergency. Plus, he was supposed to be well out of cell phone coverage right now. Anna began to panic about what could have happened. Thoughts of his recent close call immediately came to her mind, remembering the sight of his right hand being mangled in a net—it had cost him two months of work. “If he gets seriously hurt right now, we are screwed financially. There is no way my student loan would cover us”. Anna’s head and heart were racing as she picked up the phone.

"Hey, Steve, what the heck…"

“Sorry Anna, I have two minutes. We docked in Port Hardy, but I have to be quick. I have the chance to go out with Peter and his crew, but unfortunately I would have to leave tomorrow. They are heading to the Queen Charlottes for 3 weeks. I’m sorry babe. I know I was supposed to be home this weekend, but this could be a big one for us. He’s expecting a huge haul of cod this time, and having two months off nearly did us in, Anna, I gotta take this, you know I do.”

“Damn it” she thought. Anna knew he was right, it was feast or famine with his damn job, and she was just so sick of it. The kids never seeing their Dad, living paycheque to pay-cheque, never knowing if they would have enough. Anna started to think about how she just had to be finished with this program—and soon. If Anna could start working full-time as a nurse, they would ‘have it made’. Steve could choose to get some local painting gig, fish, if, and when he wanted to. Plus, Anna thought, this job was literally killing him physically—and, while he would never admit it—emotionally, too.
Anna didn’t really know how he survived it. She knew for the most part, he got on alright with the crew, but days and weeks of those disgusting little beds, crappy food and intense weather and ocean, stinking like fish, Anna knew they all wanted to kill each other after a few weeks, who wouldn’t. Plus, Steve didn’t love fishing that much.

“Yeah, well what can I say, that definitely sucks Steve, but I get it, I guess. So just another 3 weeks then?”

Anna bit her lip, trying not to let on just how disappointed she really was. Anna really wanted to scream at him—swear every profanity she knew at the stupid phone, not caring that she was in a public place. Enough was enough. Anna was so done with all of it—a single-parent again for the next 3 weeks, while he was out on that stupid boat. Anna could not help but wallow in self-pity as she thought about trying to juggle full-time school, work, clinical, house issues and a dumpy. And hockey, oh, and now she was going to have to find a babysitter for Saturday night.

Anna just felt so exhausted. She couldn’t remember the last time she had a full night’s sleep, not to mention some time for herself. Anna thought cynically about how the instructors kept harping on about the students needing to take care of themselves, but Anna did not even know what that looked like anymore. “Me-time, what a joke! Me-time consists of finishing a paper without being interrupted by Logan or Mark” she thought wryly.

Of course, Anna didn’t breathe a word of complaint to Steve, sucking her self-pity back in, keeping her own vile thoughts to herself. No sense taking it out on a two-second phone-call, she thought wisely.
“Well, it could actually be four weeks all up, depending how far out we end up going. Anna, I’m sorry, really I am…I gotta go”. “I love you.” And then he was gone. Anna thought she might have repeated a pathetic “I love you too”, back to him, but to be honest she couldn’t remember. All she could think about was how unfair the situation was, and how thoroughly drained and cheated she felt.

Anna hung up the phone and sat staring at the wall. “Deep breath”, Anna said to herself, not wanting to cry in front of anyone at the hospital-- particularly that witch of a clerk, Lisa. Anna knew she could not give in to the overwhelming feelings she had, there was no point, not here, not right now. Anna tried to think of her Oma, what she would have said to Anna. It worked a little, too, to think about how close she was to the end. She was in third year and she knew she just had to hang on. If she had been in second year, a phone call like that one, would have meant several weeks of crying herself to sleep, but not now. Anna was so close, she could feel it. Just two more semesters and she would be done, and Steve could come home. Four papers, one lab, two clinicals and then of course the final and it would all be over. Anna began to picture it in her head, and slowly felt the knot in her stomach unravel. After a quick check in the mirror, Anna returned to Mr. Gracen’s room hiding all signs of what had just happened.

Seven o’clock rolled around before Anna knew it, and she had even managed to secure and print three articles on Neuman. Steve’s phone call still reverberated in Anna’s head, particularly as she began to think about the coming weeks, and she started to feel her panic and anger rising again.
“Are you picking the kids up on your way home Anna?” Sarah Francis’s gentle and caring question brought Anna back to her present task at hand. She always seemed to have a knack for doing that with Anna.

“Yes”, Anna replied, “I have to see their faces, even if they are asleep”. Anna smiled gratefully at her instructor, thankful she had also managed to keep her emotions in check today.

“Okay, great work today, Anna. You handled your dressing changes and Mrs. Simon superbly. She’s going to miss you these next few days”. And off she went, in her shiny black Acura, looking as fresh as the morning. Infuriating and inspiring, all in one, thought Anna.

The drive home was peaceful, although Anna was beyond exhausted but strangely relaxed. Anna’s Dad stood quietly waiting at the back door for her with Logan, asleep in his arms.

“He asked for you instead of his blanky tonight Anna”. Anna’s Dad studied his daughter’s face thoughtfully, but failed to realize how deeply his words would affect her.

“Yeah, he cried like a baby for you, Mom” said Mark, yawning from behind Anna’s Dad.

Anna choked back a grateful tear. It hurt so much and yet felt so good at the same time.

Strapped in their seats, Anna’s Dad gently covered both boys with Logan’s worn-out, old fleece blanket. Mark smirked tenderly at his Mom, but quickly closed his brown eyes, wasting only minutes before his gentle breathing filled the air.
“Dad, I hate to ask, but would you guys be able to come to the house and look after the kids on Saturday night? Steve has to work—again”.

Anna’s father thought he caught a glimpse of a tear in Anna’s eyes, and knew she wouldn’t be asking unless she really needed it. Despite his lack of words, he had a deep respect for all his daughter was doing and would have done anything for her. He just had a really hard time showing it.

“Well I guess so Anna, at least the play-offs are on, I can watch them with Mark.” He gave her a half-smile and disappeared into the house.

“Wait, one more thing Anna.” Anna’s mother came running out of the house with a fresh, warm loaf of brown bread in her hands. “We made this today. Mark thought you might like some, he says you’re always muttering about wanting to make him some—it’s your Grandma’s recipe”.

As a grown woman, Anna felt too old and stubborn to let down her guard in front of her parents, but once safely in the quiet darkness of the drive home, Anna allowed the tears to fall freely down her weary cheeks. The bread sat, warm and comforting in her lap.
Amelia received the email in her inbox at exactly 11:38pm. Clearly, this time was chosen deliberately to ensure that she had exactly three days until the end of term—because only two days before—would have been plain unfair, of course. This way “she” could say she had given Amelia ample warning. What a joke, Amelia thought.

“Amelia Sinclair, please come to my office on Thursday December 19th at 11:30am, immediately following the end of your Concepts class. I need to discuss your final grade with you. Furthermore could you please acknowledge your receipt of this email.” Respectfully, Ms. Janice Tresor.
Short, polite and professional, the message was clear, plus she had cc’d the damn thing to the department chair. She may as well have written, “YOU’VE FAILED”.

Obviously, students did not get summoned to their instructors’ offices to discuss passing grades. Despite feeling as if she had just been violently kicked in the stomach, Amelia had to admit, that she wasn’t overcome with total surprise. She was pretty certain Ms. Tresor had resented her from that first day in class.

Things between Janice Tresor and Amelia had definitely not started well. Janice was new to the department, and likely a contract instructor—although the students were not privy to such details, and could only guess at this information. What was apparent to Amelia from the outset was Janice Tresor’s complete lack of teaching experience and obvious incompetence in the classroom.

Amelia Sinclair, meanwhile, was well known in the nursing department by both peers and instructors as a bright student—articulate, analytical and passionate about learning. She already held a double honors degree in psychology and biology and enjoyed being intellectually challenged in her thinking. Amelia read profusely, and readily absorbed material, but questioned thoughtfully, and thrived on a full-time schedule. She was one of those enviable students: attractive, smart, and popular with her peers.

Academic success seemed to come easily to Amelia, unlike many of her fellow students who studied much longer only to receive considerably lower grades than Amelia. However, Amelia had little patience for poor teaching, and didn’t appreciate ill-prepared instructors.

Amelia remembered how they had all eyed Janice Tresor, that first day, with sincere curiosity as she stepped carefully over the students sitting outside the classroom.
door, in her pointy black shoes with three inch heels. She had certainly looked the part of the competent professor, if not perhaps trying too hard, in her pinstripe a-line skirt that fell just below the knees and crisp white shirt with just the “right” amount of buttons open. Amelia noted the lack of any wedding ring and trendy black Juicy Couture glasses with minimal make-up, and guessed her to be in her late 30’s. She had an interesting face, thought Amelia, and she briefly wondered what her story was. Amelia’s curiosity quickly dissipated, however, as that first class began to unfold like a bad dream.

Surely, Janice Tresor’s first mistake—other than showing up five minutes late to her first class—was opening the textbook and reading large sections of it aloud to the class. Amelia watched the inevitable eye rolling and fluster of noise as most of her peers began to pull out an array of papers, laptops and phones to entertain themselves for the next two hours of what could only be described as a complete waste of time.

“How could she have not seen all of that, and altered her delivery?” thought Amelia, but Ms. Tresor was clearly oblivious to the commotion as she continued to wade through pages of the textbook in a coma-inducing monotone. Amelia, silently cursed herself in the memory of it all, wishing she had simply done as her peers had and worked on another assignment, but instead, she had watched with mounting hostility, as the class continued with one train wreck after another.

Following her repeated readings of their prescribed textbook, Janice Tresor failed miserably in her multiple attempts to operate the “SMART classroom”—an affectionate term coined by the students and faculty for the tech savvy learning space that could utilize power-point at the touch of a finger—supposedly idiot proof, but Amelia mused, Ms Tresor must have missed the training. Amelia could only dream that Janice had some
powerfully engaging, thought provoking lesson prepared on that power-point that was never delivered in that first class, but given what came next, she highly doubted it. Janice tried to alter the position of her chair, and rather than raising it she lowered it so her face sat mere inches above the desk. Then, in what seemed like mild desperation, she abandoned sitting and spoke to the class from a rather awkward half-standing, half-slouching position. Even Amelia felt slightly embarrassed for her at that stage, but her sympathy was short-lived. After twenty-two painful minutes of Ms. Tresor’s unsuccessful attempts to find the assignment due dates, Amelia could hold her tongue no longer.

“Ms Tresor, are we not expected to read the syllabus and assigned textbook readings prior to class so we can discuss them in class?” While Amelia had thought to hide her frustration, the curtness in her question was unavoidable—she had given Ms Tresor the benefit of the doubt long enough. Surely, Ms Tresor realized she was teaching adult students who could read after all. Ms Tresor’s response, however, took Amelia by surprise.

“Well, ah, Miss..Sin….Amelia, is it…why don’t you start by telling all of us, your impression of the readings then?” Janice Tresor seemed annoyed at the interruption and for the first time since the class had begun, made deliberate and piercing eye contact with Amelia.

“What…well, what do you mean?” Amelia responded, taken off guard by Janice’s counter-question and intense glare.

Ms. Tresor pressed her. “Your impressions, what were they?”
“My impressions…of all of the readings? Or just one specifically? And what exactly do you mean by my impressions?” She looked directly at Ms. Tresor, now feeling a little indignant.

Ms. Tresor shifted uncomfortably on her pointy 3 inch heels, looking at Amelia with some obvious disdain. Rather than answering her, Ms Tresor, continued to stare fiercely at the shell-shocked student through her black rimmed glasses that Amelia no longer found trendy or interesting. A quiet hush had come over the classroom as students sat silently waiting for what promised to be the most exciting interlude in class that day. Not wanting to be outdone by the inept instructor, Amelia took her own direction.

“Well, why don’t I begin with the Lockwood and Sooke reading then. My impression of this particular reading—by which I assume you mean my general sense or opinion of the reading—was that Lockwood and Sooke are attempting to provide some rather lofty empirical support for an outdated nursing theory, that in my opinion, no longer holds any validity, and I am not sure why we are being asked to read about theories that are no longer relevant to the current healthcare climate.” Amelia could barely contain her sarcasm, and wanted desperately to say a lot more, but she worried she had already “dug her own grave.”

“Well, I can see you have a critical eye, Amelia.” Janice Tresor responded sharply, clearly referring to more than just Amelia’s analytical reading skills.

Amelia thought, however, “that comment was the first intelligent thing I’ve heard the woman say to the entire class.”

“Does anyone else have an opinion on the Lockwood and Sooke reading?” Janice folded her arms across her middle, waiting for an answer. Deathly silence.
“Well, does anyone even agree with Amelia?” Janice Tresor looked quite fearsome at this stage, staring the class down with her lips pursed in anticipation.

“What was she thinking asking that question,” thought Amelia. “Was she just trying to set Amelia up against her peers? Of course they weren’t going to say anything now—they would be stupid to even open their mouths. Nothing about this discussion made anyone safe to say anything, and that is exactly what happened—nothing”. No one said a word. “Doesn’t she know anything about facilitating a discussion with adults? How could she be so ignorant?” Amelia decided it was her turn to speak again.

“Maybe, we should we move on to another reading, Janice?” Amelia asked, a little tentatively, attempting to break the tension.

Janice Tresor snapped back. “I would really like to hear from someone else now, Amelia!” She continued to stare at the blank faces in the room, but no one uttered a sound. It felt like hours passed in those next few minutes of silent hell, and Amelia sat, feeling like she had been slapped, her face beet-red with both shame and frustration.

“Well, I shall take the lack of comments as disagreement with your opinion Amelia, and perhaps we could get back to finding those assignment due dates, something that everyone is usually focused on in the first class,” and with that, Janice dismissed Amelia and continued flipping through the pages of the syllabus.

Amelia, while feeling completely shut down, was determined not to look like the fool she felt, and spoke up one more time, like a kicked animal going in for more punishment.

“The assignment due dates are on page six of our syllabus, Janice, and I’m sorry to remind you, but we should be out now, as most of us have a lab across campus and are
supposed to be allowed 20 minutes between classes.” Amelia wasn’t intending to sound so haughty, but really, she shouldn’t have to be telling Janice Tresor any of this stuff, and given the way she had just made her feel, she no longer cared about her feelings!

“Well then, I guess class is dismissed!” and Janice quickly gathered her books and left before any of the students had even begun packing up.

One of the students ribbed Amelia. “Crap, Amelia, that was brutal—she’s really got your number now.”

“She’s terrible, I’m not going to waste my time doing her stupid readings if that’s all she does—at least it can be used as quality study time eh Amelia?” Sarah, another student, was trying to be supportive but Amelia was still reeling from the class, and remained in her seat, stunned by all that had just taken place. Amelia had always got on well with her instructors and couldn’t believe the interaction had actually happened.

Amelia wished she could say things improved over the semester in Janice’s concepts class. Sure, Janice’s ability to use the technology in the classroom got better. She finally got the power point working by the third class, but even her slides were carbon copies of the readings and truthfully, Amelia had gotten no more out of the class than the readings had offered. If there hadn’t been an attendance policy, Amelia would certainly have avoided wasting the two hours a week for the entire semester. Amelia couldn’t understand how someone could get a job teaching, and not actually be able to teach—as a paying adult learner, Amelia expected Janice to facilitate the class from the beginning by engaging her and her fellow students in meaningful discussions; challenge their critical thinking regarding what they were reading, and make the necessary connections to the nursing profession they were about to enter! And, knowing that Janice
was allowed to show up every week and use the same material and method of delivery with no seeming accountability was infuriating to Amelia. Certainly, Amelia believed Janice Tresor to be a very competent nurse, given the odd story she had shared, but this did not in any manner, equate to an ability to teach nursing students in this area, and Amelia was left wondering why someone, somewhere, was allowing this to happen. What Amelia had learned, however, was to keep her mouth shut. It appeared that asking intelligent questions only got her further into Janice Tresor’s bad books, and she observed her quieter classmates gaining greater favor with Janice. So she kept to herself and provided only what she felt was expected of her. Trouble was, the class was a pass or fail, and the evaluations were based on subjective journal reflections, which Amelia had definitely written from a guarded position. Her first journal reflection was met with a repeat of Janice’s hostile reaction in class. While Amelia had attempted to critically analyze the readings and give her opinion on how she didn’t agree with particular aspects of the text, Janice had fiercely criticized her lack of judgment and sarcastically commented on her lack of positivity in her feedback. Similar to her classroom experience, Amelia felt vulnerable and exposed like someone had stripped her naked and laughed at her innermost thoughts and abilities. She became careful to ensure her reflections aligned with the readings, rather than criticizing them, and masked her real opinions.

Amelia’s only positive experience to the whole ordeal was counting down the days and hours this class would finally be over and she would be rid of the incompetent Janice Tresor. And yet, here she now was, sitting anxiously outside Janice Tresor’s office at exactly 11:28am, incredulously wondering how someone could have this much power.
This woman could actually fail her, and in turn, determine the outcome of her professional career! Failing any course entailed an entire year out of the program, an option that Amelia wondered if she had in her to pursue. At this stage, the thought of extending this misery for another year and still having to take this class over with Janice was more than she thought she could cope with. Just as she began to sort through alternative career options in her mind, the office door opened.

Janice Tresor ushered Amelia in to the only available seat, in the small office. Amelia looked briefly around the room, mentally noting the bland empty walls, and lack of personalization. Just like her teaching skills, Amelia thought, shaking her head. Then Janice began…

“Amelia, I am afraid, I don’t think I can pass you in this course” she looked at Amelia over those irritating black rimmed glasses, although she quickly turned her face back to her computer screen where she had Amelia’s last journal assignment up in front of her.

“Shed seemed to be avoiding eye contact,” Amelia thought, “but she had also used the word ‘think’, which made it sound like there was still room for negotiation,” Amelia made a mental note, but decided it was best to keep listening.

“It’s your journal reflections, they lack any real substance and I feel you have not gone deep enough in your thinking.” This time, Janice had turned her head to look at Amelia, and seemed to be waiting for Amelia to react.

While Amelia had prepared for this moment for the last 72 torturous hours of her life, knowing this conversation was more than likely happening, she still experienced a physical, violent intensity, rising within every fiber of her being, as the injustice of the
whole situation began to envelop her. It took everything in Amelia not to scream back at her.

“Who the hell did this woman think she was?” She thought. “She was bloody well supposed to have taught me—me! Instead I had to teach myself, and I learned well. I learned how to be like everybody else, and comply with the rules, and not to provide my opinions. I learned how to be the quiet student and sit there and just take the garbage she called teaching, without complaining. Now, I was in trouble? What the hell was this?” Amelia swallowed back her tears—there was no way this woman was going to get the satisfaction of seeing she had gotten to her!

“Perhaps, you can give me some more specific examples of what you were looking for Janice?” Amelia’s voice was cold as ice, but remarkably even, given the explosive tension she felt inside of herself.

“Well, Amelia, it’s difficult to give you a specific example as such, it’s just that I expected more out of you” Janice, looked at her hands and again, seemed to be avoiding eye contact with Amelia.

Suddenly Amelia had a revelation. “Of course, Janice Tresor couldn’t give her a specific example, because she didn’t really know how to. She didn’t know how to teach, so obviously how could she tell Amelia what she expected of her. She had consistently demonstrated this from day one, so Amelia shouldn’t expect her to be any different now.”

So Amelia took a deep breath and softened her face and her positioning and began to apologize for not being a better student for Janice, and asked which students in the class had given her what she wanted.
Amelia thought she should have been given an A+ in her communication and conflict resolution skills that day. She listened intently to what Janice had to say, fought every emotion inside of her, and instead, turned the tables on Ms. Janice Tresor so that Amelia could respond empathically to her rather than the other way around. And it worked. By the end of the conversation, Amelia had learned a great deal about Janice Tresor—how she almost failed her nursing program, how she really wanted a permanent position in the department and how she loved her job as a nurse but hated the hours and needed teaching to give her a “normal” work life. Whether it was because Janice Tresor felt listened to, or saw something in Amelia she didn’t before, Amelia didn’t care. Janice agreed to pass her with a contractual warning as she entered the next semester. And as the on-going path of least resistance, Amelia reluctantly signed her agreement to the clause that she would connect with her next concepts instructor and set some learning goals at the beginning of the semester, and left Janice Tresor’s office exhausted and taught with emotion.

Little did Amelia know how long that contract would continue to affect her reputation, and it would be two full semesters later before she was able to enter a class and not feel as if she was being judged through Janice Tresor’s eyes.
Internarrative: “Esther’s Secret”

Photo 33.

*Photo 33: Esther’s Wheelchair.”*

The pain had now become excruciating, radiating up and down both of her legs. Esther looked up at the clock at the front of the classroom—just one more hour, please—Esther silently pleaded with her wretched body. She desperately tried to alter her position in the chair, but the small hard-backed, plastic chair with its tiny, attached half-swivel desk, had her surrounded like a tombstone.

“Concentrate”—Esther scolded herself quietly in an attempt to ignore her overwhelming agony. Esther’s eyes hazed over as she tried to focus on the next multiple choice question.
Question 39:

The nurse makes a home visit to a 48-year old female recovering from hip surgery. Which finding has the greatest implications for the client’s care?

a. The only food in the house is that which has been delivered by take-out restaurants

b. The client has some rosacea around her nose and cheeks and an empty bottle of vodka in the trash

c. The client has a neighbor who routinely mows his lawn at 7:00 AM on Thursdays

d. The client has placed a portable toilet in the same room as her bed

“Oh the irony of it all. Studying to be a nurse, and yet seeming to need one myself. What do I think I’m doing here...” Esther’s mind wandered again.

The CT scan had read like a formidable document, suggesting all manner of things about Esther’s poor body. It’s wrong, she thought for a brief second. They must have mixed up the results somehow, that happens doesn’t it? I surely can’t be stuck with this—really—for life?

But the burning pain in Esther’s body rapidly brought her back to the reality of her diagnosis. This disease was defining her—her friendships, her activities—or rather the lack of them; her social life—what social life—who the hell would want to marry someone in this state. And now, it threatened to rob Esther of her dreams, her career, her future....
The pain was blinding, and Esther saw white spots in her line of vision as she struggled to read the next question.

*Question 42:*

*Following a client's colonoscopy, the most important thing for the nurse to attend is:*

a. *The client’s comfort level in passing air from the colon*

b. *The client’s level of fluids and electrolytes....*

Damn, is it A or B. The pain made it near impossible for Esther to think straight.

Perhaps, it was time to try some of that weird visualization stuff from the pain clinic, Esther sighed. Ok, here goes: “I’m floating up from my body, as light as a feather and sitting on a cloud like a mushroom—I am completely and utterly pain-free, and I feel nothing but lightness, just like a big-soft marshmallow”. Esther had closed her eyes briefly, hoping no one was watching. She opened them abruptly, knife-sharp pain, stabbing her in the back, exploding in her blood vessels like an over-ripe tomato.

“What a load of horseshit. That crap doesn’t work. What a bunch of airy-fairy, bafoons at that clinic. I wouldn’t send my worst patient there. You know what works—drugs, and lots of them. Why the hell didn’t I just grab a couple of oxycontins from the cupboard—then I really could be floating on air right now! Esther pictured her drug cupboard that was used for make-up, now resembling a small narcotic company. “Now that was a good visualization”, Esther managed to laugh at herself, despite her despair. “Hmmm....however, on further thought, attempting to pull two oxy’s from my pocket during a nursing exam would likely blow my cover....God-forbid anyone find out. I’d be kicked out for sure”.

Question 45:

Migraine headaches are often triggered by:

a. Lack of regular exercise
b. Food allergies and stress
c. Excessive consumption of vitamins
d. Hyperthyroid activity

“How much longer can I do this? How much longer can I keep this secret, how much longer before I need a freaking wheelchair?” Esther sat writhing in pain at the cramped little desk with just two questions left.

Esther also wondered how much longer her ever-patient doctor would continue to be so patient. Esther had a secret fear that her doctor really thought she was a hypochondriac, making all this stuff up. Furthermore, Esther was really worried her doctor might retire soon. The waiting room was looking more and more deserted every time she saw him. At her last appointment, Esther’s brain had been so fuzzy with the drugs, she had forgotten the actual time of her appointment, and she had shown up two hours earlier than her scheduled appointment. But, somehow there was no problem getting in to see Dr. Walker—she got taken in right away, regardless. That probably wasn’t a good sign, she thought to herself. Either he was a really shitty G.P. or he was nearing retirement and not taking on new patients. Neither prospect thrilled Esther. She couldn’t imagine life without Dr. W. He had brought Esther into this world, and knew every nook and cranny of her body. Now he had become her weekly confidant and comforter, as he listened patiently to her weep and complain about the unbearable pain
and unfairness of it all. Who would replace that, she thought bitterly. Likely some other young Neanderthal, similar to the idiots at that crazy pain clinic, Esther thought, cynically.

And then there was Brian. Poor, patient Brian. They had been dating just two weeks when she was diagnosed. They used to go for romantic walks together on the beach, but that had stopped about 2 months ago, when the uneven sand would send Esther into a puddle of pain. He sure wasn’t going to stick around—who would, I’m no fun to be around anymore, Esther felt herself sliding into a pit of darkness.

“Times up, pens down” the instructor called from the front of the room. Esther stared at the two blank questions left on her page.

“Maybe, I’ll just fail instead”, she thought.
Chapter Seven

Conclusions

Conclusions and Implications for Nursing Education

I designed this study to deepen the understanding of the persistence of nursing students who have seriously considered leaving their studies. From my own experiences as a nursing student and a post-secondary teacher of nursing students, I was well aware that continuing one’s nursing studies often involves making difficult decisions and enduring painful sacrifices. Therefore, I focused on the individual stories of nursing students in order to understand better the unique situations and contexts in which they live, as well as to learn how and why individuals persist despite the various challenges they face. Utilizing narrative inquiry with photovoice, I identified six themes that best summarized the complex array of factors that influenced the research participants’ persistence in their nursing studies: (a) support, (b) challenges to persistence, (c) motivation to continue persisting, (d) the nursing profession, (e) teaching, and (f) the curriculum. The images used in the photovoice portion greatly extended the narrative data by eliciting more comprehensive and emotionally charged stories. I firmly believe that the photographs provided a more complete portrait of the participants’ lived experiences and unique perspectives.

The study highlights the need for research that includes the voices of nursing students. The cohort of nursing students from the University of Victoria that were involved in this study embraced the opportunity to openly share their stories of persistence in a confidential forum. The participants were hopeful that their stories would be used to help other nursing students through their own processes of persistence.
The main discussion in this chapter focuses, predominantly, on three areas of dialogue: the notion of support, the contributions of photovoice and the internarratives. All will be discussed within the context of the existing literature. Additionally, the chapter includes a general discussion of this study’s implications for the recruitment of nursing students and nursing education. Finally, I will offer suggestions for future research to further our understanding of the phenomenon of nursing student persistence.

Support

The theme of support took form in this study as research participants identified a variety of resources that helped them to persist in their nursing studies. While faculty support was listed as a separate theme in the results section of this study, this theme has been incorporated in my discussion as part of the broader notion of support.

That “support” was a theme consistently mentioned by participants in their stories of persistence came as no surprise. Other research noted the following areas of support as important to retention and persistence: financial support (Barr-Telford et al., 2003; De Broucker, 2005; Nora et al., 1996; Berger et al., 2007; Singell & Waddell, 2010); social support-in the form of social integration with peers in the post-secondary institution (Gerdes & Mallinckrodt, 1996; Halpin, 1990; Kuh, 1993; MacFadgen, 2007, 2008; Pritchard & Wilson, 2003; Spady, 1970; Tinto, 1975, 1990, 1993, 2006); and faculty support, including positive relationships with professors (Andres et al., 1996; MacFadgen, 2007; Tinto, 1975, 1990, 1993, 2006). Social support and post-secondary persistence and retention has been a major factor in the literature for many decades, dating back to Spady’s (1970) theoretical assumptions. Tinto’s (1975) conceptual framework followed, positioning social integration in one’s academic institution—and
the social support that necessarily accompanies it—as an essential component in post-secondary retention.

In the nursing literature on student retention and persistence, support has been noted as occurring in the following forms: faculty support, including academic assistance and mentoring (Anthony, 2006; Baker, 2010; Hopkins, 2006; Jeffreys, 1998; Jeffreys, 2001; Jeffreys, 2004; McGann & Thompson, 2008; Magnussen & Amundson, 2003; Poorman, Webb & Mastorovich, 2002; Shelton, 2001; Uyehara, Magnussen, Itano & Zhang, 2007); peer support, within the nursing program (Jeffreys, 2004; Rudel, 2006); social support, extending to family, friends, and mentors outside of the nursing program and institution (Jeffreys, 2004; Montes-Berges & Augusto, 2007; Rudel, 2006; Williams, 2010); and financial support (Baker, 2010; Evans, 2006; Jeffreys, 2004).

A much smaller body of research from nursing education specifically examined social support and persistence and differences in the definition of social support have been significant. The nursing literature has distinguished between social support from within the nursing program itself, more commonly described as “peer support”, and social support that originated outside of the nursing program. I have included the literature that discussed peer mentoring or peer support that is defined as “academic assistance by one’s peer” within the section on academic support, rather than peer support that is defined as “social support”.

Rudel’s (2006) study found that support from spouses or significant others were the most important factor influencing participants’ decisions to continue their nursing studies. This differed from the results of my study, in that none of my participants cited significant others as the most important reasons for their persisting. Moreover, no one
reported that any *one* area of support was consistently noted as the *most* important form of support.

Jeffreys (2004) offered the most comprehensive view of support within her conceptual model of student nursing retention. She cited family emotional support, family financial support, nursing faculty helpfulness, outside friendship support, and peer support as critical for retention. Although my study highlighted the same areas of support as Jeffreys, the participants introduced a broader definition of support in my research. Practical (rather than just emotional) support from family was deemed important, and pets and registered nurses in clinical settings were also named as sources of support. Additionally, in contrast to Jeffreys’ and other post-secondary studies models (e.g. Tinto’s, 1975), several participants did not mention peer support or social integration within the nursing program (or institution) in their stories of persistence—either positively or negatively. That nursing students tend to be more mature, and, therefore, have their social needs met outside the academic environment could explain this difference. That is, nursing students who fall under a mature status have likely already formed important social ties prior to entering their nursing studies. However, further research must be conducted to understand more precisely how social support influences student nursing persistence.

Jeffreys (2004) identified “faculty helpfulness” as important to student nursing retention. In my study, participants found teachers who treated students with respect to be supportive. Furthermore, participants described supportive nursing teachers as people who took the time to understand their unique and complex lives providing empathy and care for them. Being treated as an adult learner was particularly valued. Supportive
faculty was also described as demonstrating a passion for the profession of nursing and these teachers’ inspired and motivated students to be more engaged in their learning. They believed that nursing was not just a job, but also an opportunity to make a difference in the lives of others.

Notably, spiritual support has not been mentioned in the existing post-secondary persistence and retention literature, including nursing. Although the participants in my study did not originally acknowledge spirituality as a form of support, they agreed that spirituality was an important factor in their persistence when I highlighted this aspect of their photographs. Unfortunately, the definition of spirituality has too often been limited to formal religion. However, a broader notion of spirituality, while not linked directly to persistence, has been a theme in many nursing theories (Henderson, 1966; Leininger, 2002; Neuman & Fawcett, 2002; Watson, 1997). Similarly, in my study, the concept denoted a connection with the universe, as well as a linking between the mind and the body. This notion of spirituality also included connections to the environment and the universe as a whole. The admitted difficulty of defining spirituality concretely might partly explain why participants in this study and other previous theoretical frameworks did not initially consider the concept to be important to post-secondary persistence. Spirituality—and its central role in the lives of nursing students—emerged clearly in this study, and none of the theories of student retention thus far have acknowledged this phenomenon. That the theme of spiritual support arose at all in this study emphasized one of the many benefits of using photovoice.

Although support was shown to be a significant influence on nursing student persistence, this concept was broadly defined and depended on specific, individual needs.
This fact emphasized the necessity of conducting research that examines individual perspectives. Areas of support have been illuminated here that were not mentioned in previous research studies on student persistence and retention—in particular, the importance of registered nursing support and spirituality. Furthermore, the participants in this study showed, contrary to the results of other studies, that all forms of social support and integration with peers in the program and institution, do not necessarily influence persistence. Further research should be conducted to understand why.

**Photovoice**

The nursing theory literature dating most notably back to Carper (1978) has identified and outlined extensively an aesthetic way of knowing. Carper discussed how nurses take creative, “aesthetic” approaches to providing care for patients. In other words, nursing care was described as not just a calculated response to specific health concerns, but also as a creative, holistic process that responds to individualized needs of different patients. Although nursing care often involves an almost “literal” process of anesthetic care as we attend to certain essential clinical and sterile components of nursing, both the scientific and aesthetic elements of care are critical with our patients. Consequently, nurses must work to broaden our knowledge in both of these areas.

Using photovoice within this study illuminated the aesthetic way of knowing in particular, revealing the creative process that participants used to understand their personal stories of persistence. The study participants reported that the photographs added a creative and “fun” aspect to the research process while allowing them an opportunity for deeper self-understanding. Participants emphatically expressed how the images helped them to conceptualize particular ideas from their stories of persistence that
might have remained consciously unformulated. Thus, taking and interpreting the photos provided a method for communicating thoughts and internal processes that would likely have remained inaccessible otherwise. The notion of spirituality as a source of support was one example, in particular, that stood out.

Additionally, I found that many of the images provoked a significant emotional response from me as the researcher, and these reactions followed an interesting trajectory. Viewing a number of images for the first time elicited an emotional response and invited curiosity about their meaning. Once the research conversations took place and I understood the meanings of the images for the participants, my emotional responses evolved and deepened. I felt far more emotionally invested in the stories from this research than with those from other narrative studies I have conducted without images. Amelia’s image of herself naked and covering parts of her body with her head down (see photo #32) provided one of most vivid examples of this process. Amelia chose this image to represent her vulnerability as a student, feeling exposed and defenceless throughout her first couple of years in the nursing program. This image remained etched in my memory in a way that a story alone could not. Furthermore, the use of color versus black-and-white in the photos revealed emotional content. Amelia chose to use color for the last two photos in her story, to express the sense of relief, freedom and clarity she felt as she had emerged from the darkness. Including photovoice provided greater accessibility to the emotional content of the stories, deepening my understanding of the participants. This allowed me to respond to the participants more creatively and intimately throughout the research conversations. Photovoice made it possible for me to utilize the aesthetic way of knowing that Carper (1978) asked nurses to deploy in their work.
The participants strove to select images that would accurately reflect the most important aspects of their stories of persistence. Thus, the photographs provided necessary clues to the main themes and elements of the stories. I was surprised at how the images represented similar themes across the participants’ data. For example, all of the participants selected images that represented a form of support.

However, while different images reflected similar themes, many similar images were also offered. Photographs of beach scenes, natural settings, family members, stethoscopes, food and medication appeared throughout all of the participants’ photo offerings. Despite the similarities among the images, however, different meanings were associated with each person’s story of persistence. This illustrated not only importance of the interpretations of images, but also how interpretations of images reflected the unique situations of individual participants. In other words, the variables—supports, challenges to persistence, understanding of the nursing profession, etc.—named in the various stories have less of an effect on persistence than the specific, interpretations of those variables. For example, two students with nearly identical financial concerns had quite different individual perspectives on those financial issues; these different interpretations—more than the variable alone—were the mediating factors with regards to persistence. The theoretical models of student retention and persistence to date have focused predominantly on the external variables influencing student persistence e.g. supports, finances, academic ability, and stressors—but have failed to acknowledge the student’s perspective on how they interpret those variables. These interpretations also included the student’s sense of “self”—i.e. his or her perception of the resilience, capability and courage available to overcome challenges. This sense of “self” has not been mentioned as
a mediating factor in the conceptualizations or previous theorists with regard to persistence. In other words I am suggesting that the “self” should be at the center of any theoretical framework for student persistence. All the other variables should be interpreted with and through students’ self-conceptions.

Using photovoice within this study extended far beyond simply stimulating dialogue. Through the creative process of selecting and discussing particular images, the participants and I deepened our understandings of the individualized nature of student nursing persistence. This demonstrated the need for future studies to adopt methodologies that will access these unique perspectives of each person.

**Contributions of the internarratives to this study**

Working through an adaptation of Fowler’s (2006) orbitals of narrative analysis in order to create the final internarratives presented in the first and previous chapters was a thoroughly challenging and time-consuming process. Each orbital, or phase, required an in-depth reflection on the participants’ stories of persistence in order to uncover stories beneath the stories. With the exception of the internarrative that I constructed from my memories, I experienced a great deal of discomfort assuming responsibility for the accurate retelling of these stories. While I was clear that the internarratives were my interpretations and re-narrations, I have undoubtedly embellished portions in my attempt to maintain the central spirit and message of each story. Since the internarratives were created after the systematic thematic analysis, it will come as no surprise that they revealed the same themes that arose in the first analysis. Thus, the internarratives offered a significantly different mechanism for encountering the themes that arose from the formal analysis of the data. Thus, the internarratives should not be viewed as an analysis,
but rather as a process of “bringing the data to life” in a storied manner. Although the participants themselves considered much of the internarratives to be non-fiction, my desire to protect the participants’ anonymity led me to alter a number of specific details. Every internarrative represented a specific challenge, issue, or struggle for the participant, and drew from several participants’ stories to create an individual internarrative. In each case, I attempted to provide a story that adequately captured both the emotional content and deep significance of the event. I remain confident that this could not have been fully communicated with a thematic analysis alone. Through the internarratives I attempted to offer more intimate—and, thereby, informative—portrait of the research participants, while protecting their anonymity. My hope was that the internarrative provided another mode of understanding the wide range of contexts in which student nurses live, work, learn, and relate.

The first internarrative presented at the end of chapter one was an example of my reflexivity and transparency in my participation in the research process. I believed it was appropriate to share it as a contrast to the participants’ stories. I was surprised by the study participants’ understanding and knowledge of the profession as well as the genuine enjoyment for the “work” of nursing; my experience had been quite different.

Anna’s internarrative highlighted many of the challenges she, and other participants faced while persisting: attending a full-time nursing program as a single-parent, living with meager financial resources, and managing the emotional exhaustion and overwhelming responsibility felt throughout the process. Anna’s story identified the various factors that keep her persisting: her parents, an inspiring teacher, the memory of
her grandmother and the benefits that her nursing career will offer her family in the future.

Amelia’s internarrative also explored the tenuous and potentially challenging relationship between a new teacher and a seasoned nursing student. I agonized as I wrote this story. Having remembered my early days teaching nursing students, I found myself wanting to present both sides. Although the story did, indeed, represent both sides of the relationship, I nonetheless attempted to focus primarily on Amelia’s experience as the student telling the story.

Acknowledging my part of the process, I took some time to remember my first year of teaching. To call that year challenging would be an understatement, and feelings of inadequacy were never far from my mind. I experienced a great deal of anxiety, and I understood firsthand the desire to “save face” in front of my students. I was well aware of how much I needed to learn to become a better teacher. Thus, I incorporated a few of my own thoughts about being a “new” nursing teacher in the internarrative. Amelia experienced the frustration of being capable and competent with a teacher that seemed to be neither. One of the central messages in this story was the sense of vulnerability and exposure that Amelia felt when she realized that the “new teacher” had a great deal of power over her future. Her story reminded me, again, of the incredible responsibility that one shoulders as a nursing teacher. Since we often have to make difficult decisions that significantly change the direction or students’ lives, we must be ever mindful of the depth of this responsibility.

Esther’s story highlighted the intense psychological and physical pain of her medical condition that could prevent her from continuing in the program. I struggled to
find appropriate adjectives to fully describe the intense and relentless pain that Esther was experiencing. This short internarrative attempted to capture the immense difficulties Esther faced studying each day with the overwhelming distraction of her medical issues. Quite likely, other nursing students dealt with similar significant obstacles. Esther’s story demonstrated the powerful role that resilience can play in the process. Her determination to persist showed just how burdening this choice can be for students with health challenges.

**Implications for recruitment of nursing students**

While the focus of this study was not to gather information for recruiting nursing students, it, nonetheless, offered valuable feedback in this regard. While disillusionment was not a major factor for the study participants in their stories of persistence, they echoed the findings of Spouse’s (2000) qualitative study. Spouse suggested that pre-entry nursing students should be encouraged to express their preconceptions of nursing prior to beginning study, as well as learn about the variety of professional roles that nurses may take in the “real world”. Furthermore, Spouse asserted that the motivation to complete nursing studies will increase if students experience less disillusionment about the profession. Results from my study supported Spouse’s arguments, given that the participants in the current study entered their nursing education with a sound understanding of the profession. The congruence of “fit” between the participants’ ideas prior to entering nursing and their current experience and knowledge of the profession increased their desire to persist. Participants visualized themselves working in the profession of nursing, and they were well aware of how a nursing career could benefit their lives. Participants understood that the variety of work options for nurses could
satisfy a range of personalities, interests, and capabilities. The perceived benefits of a nursing career included the abilities to travel, earn a good salary, facilitate childcare, and manage personal medical conditions. Furthermore, study participants had a positive outlook on employment opportunities immediately upon graduation. All of these factors influenced both the initial decision to enter nursing studies and their subsequent persistence.

Disillusionment was a primary issue in my undergraduate nursing story of persistence. After this study, I became convinced that recruitment efforts could be improved if prospective students were made aware of the diversity of jobs available to nurses. However, the more challenging aspects of the profession, as well as the academic rigor demanded of students in the education process, should also be communicated. Interested persons should consider both the sacrifices to be made and benefits to be gained in order to avoid disillusionment and facilitate persistence.

Disillusionment for some participants in this study arose around the issue of horizontal violence, a phenomenon unknown to them prior to their clinical training. They all wished they had known about it before they had begun their studies. Participants did not say, however, whether or not prior knowledge would have influenced either their decision to enter nursing or to persist. As previously noted, this is a challenging issue and remains beyond the scope of this study. Further research is required to understand how horizontal violence might influence the recruitment and persistence of nursing students.

**Implications for nursing education**

Through this study, I came to appreciate the many intense challenges that nursing students face in persisting in their studies. As educators, we demand a high degree of
academic performance. Clinically, we expect students to provide compassionate, competent medical care to others, and they are scrutinized and held to rigorous professional standards. My empathy for students embarking on this new career path—with all their unique gifts and challenges—has been profoundly enriched.

Nursing education in Canada has not been designed to cater to part-time students. Students have been expected to maintain high levels of attendance to both the clinical and classroom sessions that external accrediting bodies demand, and few if any compromises have been typically made for ill-health, financial problems, and the other multitude of extenuating circumstances of “life” that can potentially interfere with full-time nursing studies. Participants in this study described a variety of childcare issues, financial stressors, employment needs, and medical concerns—among other issues—that could quite likely have forced them to suspend their studies for at least a year—unnecessarily in my opinion. In other words, small obstacles can easily become major crises when attendance requirements remain inflexible, and students’ ability to persist in their programs comes increasingly under threat. Students and programs must openly acknowledge these realities.

Recent reports by the Canadian Association for Schools of Nursing (CASN) have noted an increase in distance delivery options for portions of nursing programs throughout the country, as well as several “fast-track” programs, and these developments seemed to have resulted in increased accessibility for new nursing students (CASN, 2012). Fortunately, nursing education in Canada has begun to adjust its method of delivery to remain current with other trends in post-secondary education aiming to increase accessibility and persistence—i.e. on-line learning and increase transferability of
education credits amongst national institutions (Ogilvie & Eggleton, 2011). This study highlighted the need for nursing education to consider the diverse contexts and backgrounds of today’s nursing students and provide appropriate resources to foster student persistence. The Employed Student Nursing program—a shining example of the sort of formal support that students need—has been an important component for persistence for several of the participants of this study.

Given the specific and unique demands of a nursing education, are there other structures that could be implemented to further support student persistence? For example, could programs allow for part-time study? If students could not attend their clinical rotations due to an immediate health concern, could programs be more flexible with their curriculum sequencing in order to prevent students from having to take a year-long leave of absence? I am asking nursing educators and external policy makers to question the rationale behind the unnecessarily rigid elements of the nursing curriculum and develop innovative approaches that fully support our students’ needs. If we want mature, competent, and critical thinkers to enter and succeed in the nursing profession, then we must take into account and accommodate the complexity of the lives they lead. I would argue that this requires creative and aesthetic responses to students. Nursing educators must take the time to acknowledge and understand their students’ unique needs, stories, and contexts.

This study has also highlighted the importance of the clinical setting in furthering persistence. Progress must be made to better integrate Registered Nurses in the education of nursing students. Registered Nurses have a profound influence on the persistence and late careers of students, and they must be encouraged and empowered to help student
nurses learn and grow. How we can positively engage Registered Nurses in this process without adding to their already significant workloads remains an open question.

The study participants also identified a need for a more relevant curriculum. They wanted to know—explicitly and throughout the program—how their course work and grounding in theory were directly related to the daily work activities of a nurse. Participants even attributed high attrition rates on the perceived divorce between nursing theory and practice. Anecdotally, I am aware that, even within my own institution, the first year of nursing studies has moved to focusing almost entirely on theory and many schools of nursing are creating a foundation year with little to no opportunities for students to participate in a clinical setting. Although there are many logical explanations for the shortage in clinical options for students (Smith et al., 2007), I would argue, nonetheless, that nursing educators must be more creative and explicit in linking nursing theory in the classroom and “real-world” clinical practice.

Participants in this study criticized faculty that lacked experience, both in the classroom and clinical setting. The problems they described are well known in the nursing literature (e.g. CASN, 2012; Little & Milliken, 2007; Scanlan, 2001). While anyone—the participants in this study included—would certainly demand well-educated and experienced nursing faculty, recruiting and retaining qualified nursing educators, remains a significant problem across Canada. In their key findings regarding National nursing faculty shortages, CASN found four significant problems with recruiting and retaining nursing faculty in light of the imminent retirement of a number of nursing faculty: (a) a shortage of nurses prepared at the nurse-practitioner, masters and doctoral levels; (b) lower salaries offered for masters-and doctoral-level nurses as compared to
the practice setting; (c) a higher demand for nurses in the community; (d) a lack of funding in post-secondary programs to sustain full-time faculty positions. These problems often force nursing education institutions to hire inadequately prepared faculty. Furthermore, nursing teachers are typically overextended, attempting to balance teaching in both the classroom and clinical setting, with pursuing additional education themselves. Finishing a masters or doctoral program,—while also teaching full-time, creates an extremely heavy and stressful workload. Little and Milliken (2007) thoroughly discussed these challenges facing Canadian nursing educators and the essential need for further analysis and resolution of these complex quandaries. The results of the current study supported Little and Milliken’s suggestions that nursing students can play an important role in this area and should be included in future dialogues about nursing faculty competence.

**Considerations for future research**

Research on student nursing persistence remains in its infancy, particularly in Canada. While this study contributed much to the small body of existing literature, many aspects of student nursing persistence have yet to be examined. Since the transferability of qualitative studies such as this one is understandably limited replicated studies in other Canadian schools of nursing that would reveal other student perspectives would be welcome. Somewhat different results would be expected, however. For example, the University of Victoria divides their nursing curriculum into two parts, and students transfer from a college program into a university setting at the mid-point of the process. I suspect that this geographical and institutional change during the program would have an effect on persistence not present in a four-year nursing program at one institution. The
size of the program and academic institution would likely factor into the students’ experiences of persistence as well. Additionally, the condensed, “fast-track” nursing programs offered by certain institutions would likely influence student persistence in ways not observed in this study. These examples reiterate the need to examine nursing persistence on an individual program and institutional basis.

MacFadgen (2007, 2008) identified the different factors that influence mature student persistence, as opposed to those students who begin post-secondary education immediately after high-school. In my study, the majority of the participants would be defined as non-traditional or mature, given their previous professional experience and education. Comparative studies that examine whether or not different variables affect persistence for mature and younger student nurses would offer important data to those who design support services and develop nursing curricula. For example, a feeling of belonging with peers and social support within the program might factor more prominently in persistence for younger students. Younger students might also have fewer opportunities to learn about the realities of the nursing profession prior to entry, thereby increasing their chances for disillusionment and negatively affecting persistence. In contrast, however, younger students might struggle less academically and have fewer competing demands on their time than their mature counterparts, and this could have a positive influence on persistence.

One area notably missing from this study was the voice of aboriginal students. To gain a truly rich and comprehensive understanding of Canadian student nursing persistence, future research must include aboriginal student perspectives. The same could be said for other ethnic and minority groups—for example, students with mental health
issues or who speak English as a second language. Additionally, the literature has indicated that male nursing students face unique challenges that may create additional barriers to persistence (Anthony, 2006; Brady & Sherrod, 2003; O’Lynn, 2004). Examples of the barriers noted by the authors included: (a) gender bias in the nursing literature’s preference of using the feminine pronoun, (b) patients’ reluctance to receive care from male nursing students in the clinical setting, and (c) a lack of male role models within the nursing profession and nursing faculty, amongst other issues. While the current study had one male participant, no specific factors arose in regards to gender and persistence. However, more information is required to understand if there are variables specific to gender in the student nursing persistence puzzle.

Several other areas for future research have already been mentioned, such as examining the prevalence and potential influence of horizontal violence on student nursing persistence. It would be important to understand whether student awareness and understanding of the issues surrounding horizontal violence would positively or negatively affect student nursing persistence. Additionally, studies specifically examining the influence of social support on student nursing persistence are needed. Social support from within the academic institution has historically been well documented in post-secondary studies on retention, and this form of support was considered a major influence in Tinto’s (1975) theoretical framework. Participants in this study, however, felt quite removed from the social fabric of the institution, and they did not seem to regard this theme as an important topic of discussion. Overall, participants did not feel that their social integration within the institution contributed to their persistence. They cited that since they were all mature students who had only set foot on the University campus in
their third year of studies, social support from their institution was not relevant to them. Participants did acknowledge, however, that social integration with the post-secondary institution would likely be more important for younger, first-year students. Further research would deepen our understanding of how the discipline of nursing compares to others with regard to institutional social support and persistence.

Finally, nursing faculty competence, a complex topic within its own right, merits further research. As the present study showed, this issue intersects with the concept of student nursing persistence. Future studies examining faculty competence should include student perspectives in order to provide a broader and more nuanced understanding of the problem. Furthermore, including the stories of faculty and students regarding persistence would assist in providing a more complete outline of the issues for both sides.

**Conclusion**

This study has extended the existing literature on student nursing retention and persistence. A dialogue with nursing students was begun at one institution to understand how they have continued to persist in their nursing studies, despite having thought seriously of leaving. In summary, the study concluded that student nursing persistence is a multi-faceted issue and that all variables were mediated by the unique perspectives of each individual student. The internarratives provided a wonderful opportunity to explore more thoroughly and creatively present many of the critical issues discussed in the thematic analysis. While I assumed a great deal of creative license in my re-narrations, the communicative intent behind each internarrative was successful according to associated participants. These stories uncovered valuable phenomena that would likely not have been revealed otherwise. Thus further investigation in this manner is merited.
While this study was limited to one institution, my compassion for and understanding of the nursing students that I now encounter and educate have been considerably expanded. My thirst for knowledge on this topic has only increased. I am very thankful to the participants, who enthusiastically offered their valuable time and insight to this study and encouraged me to share their experiences with others. I was impressed by the quality of the painstakingly selected images, as well as the diligent manner in which participants attended to particular details. Their hard work and thoughtfulness, greatly added to the richness of this study. The participants’ commitment to this research during their very busy lives was a testament to their desire for their voices to be heard. Their stories have demonstrated the immense value of student perspectives for understanding student nursing persistence.

I am grateful for the opportunity to have utilized photovoice within this study. My understanding of narrative methodology has been significantly broadened throughout this process. I am confident that I gained a far deeper understanding of the issues surrounding student nursing persistence than if I had used narrative text alone. I implore future researchers to consider using alternative methodological strategies that expand the idea of what counts as data. Photovoice was a valuable strategy to adopt for this research, given the time limitations for my participants and the ease in which they could access the instrumentation. This method both increased the participants’ self-knowledge and allowed deeper access to the emotional content of their stories.

Finally, I challenge my teaching colleagues and fellow researchers to consider the value of including student perspectives in research, particularly with regard to student nursing persistence and retention. Student nurses have stories to share that can greatly
enhance our understanding of the impact that we have on persistence. I hope this study marks the beginning of a comprehensive and rich dialogue about this valuable topic of research.
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Appendix A

Recruitment letter for email through listserv

Dear UVIC Undergraduate Nursing Student,

A research study is being undertaken to examine the stories of persistence for undergraduate nursing students who are currently persisting/staying with their program, despite having seriously thought of leaving their nursing program at some stage in their studies. This research is in partial fulfillment of my doctoral program at the University of Victoria. I am inviting you to participate if you have thought seriously of leaving your nursing studies, and instead made the decision to persist in your program. (Please note: you may have thought seriously of leaving at any stage prior to your current position in the program, for example, in your first or second year, and therefore may not have been attending University of Victoria at the time.)

Participation in this study will involve:
- approximately one 1-hour orientation session (includes a brief discussion of the research process, the opportunity for you to ask any questions, discussion and provision of informed consent and discussion of the photography protocol);
- taking photos (over a two week period at your leisure) of images that you believe show your experience of persistence in the undergraduate nursing program, and;
- one 1-2 hour research conversation with myself as the primary researcher, discussing your images and experiences with persisting in your studies. A final interview may be required for further information.

There are no risks to you if you agree to take part in this study and complete anonymity will be retained throughout the study. Your decision to participate is completely voluntary and you may withdraw at any point. Additionally, you will own all rights to any images that you take, and the subsequent use of those photographic images.

At the completion of your participation in the research, you will receive the choice of a mounted image of one the photos or a $50 gift certificate to the University of Victoria Bookstore. You will still be entitled to a gift certificate to the bookstore in a lesser amount, should you choose to withdraw prior to the end of the research study.

If you are interested in participating in this study and/or have any questions or concerns about the proposed research of the stories of persistence of undergraduate nursing students, please contact me, Briar Schulz, for further information. I can be reached by email at: schulzb@uvic.ca or confidential cell at 778-885-3775. I hope that you will consider this invitation. Thank you very much.

Kind Regards,

Briar Schulz, RN, RCC, MA, Ph.D (c)
Appendix B

PARTICIPANT CONSENT FORM

Stories of Persistence of Undergraduate Nursing Student
You are invited to participate in a study entitled stories of persistence of undergraduate nursing students that is being conducted by Briar Schulz. Briar Schulz is an interdisciplinary doctoral student in the department of Nursing at the University of Victoria and you may contact her if you have further questions by confidential cell at XXX-XXX-XXX or at her UVIC email address: schulzb@uvic.ca

As a doctoral student, I am required to conduct research as part of the requirements for a degree in Interdisciplinary Studies. It is being conducted under the supervision of Dr Lynne Young and Dr Wanda Hurren. You may contact my supervisors at Dr Young: leyoung@uvic.ca and Dr Hurren: whurren@uvic.ca

Purpose and Objectives
The purpose of this research project is to explore and analyse the stories of student nurses who are persisting in their undergraduate nursing program at the University of Victoria, despite having thought seriously of leaving, using a qualitative approach. Narrative and photo methodological strategies will be utilized to generate knowledge about the individual stories of student nursing persistence. The research seeks to answer the following research questions:

- What are the stories of undergraduate nursing students who persist in their program, despite having thought seriously of leaving?
- What are the meanings of the images that undergraduate nursing students identify to represent their stories of persistence?

Importance of this Research
Research of this type is important because it will contribute to the existing literature regarding student nursing retention through greater understanding of individual student nurses’ unique perspectives. Student voice is notably absent from the Canadian student nursing retention literature. Moreover, researching undergraduate nursing students who are currently persisting, despite having thought seriously of leaving, offers an alternative position in the retention puzzle, in comparison to examining students who have already left. Additionally the proposed study will assist undergraduate nursing faculty in understanding the individual stories of their students with important implications for the curriculum and pedagogy at the University of Victoria.

Participants Selection
You are being asked to participate in this study because you have indicated that you have seriously considered leaving your undergraduate studies at some stage, and have persisted despite those thoughts.
What is involved
If you agree to voluntarily participate in this research, your participation will include:

1. One initial orientation meeting with myself at UVIC in a designated classroom to go over the consent and process of the research and receive the camera for taking your images and accompanying photographic protocol (1/2 hr approx).
2. Two weeks of time to complete taking your photographic images that represent your story of persistence in your undergraduate nursing studies. Images may be taken at your leisure during this time frame.
3. Drop off camera at UVIC to myself for photo processing (March 5th-9th, 2012) and scheduling arranged for research conversations and phototalk (dialogue between the researcher and participant regarding the images and exploration of the meaning behind the images for the research participant).
4. Research conversations (March 12th-15th, 2012). 1-2 hour discussion in a designated classroom with myself involving a narrative exploration of your story of persistence and phototalk regarding your selected images. These conversations will be digitally recorded in addition to observation notes that I will be taking. A transcription will be made.
5. One more follow-up research conversation may be required for further information following the above process.

Inconvenience
Participation in this study will cause some limited inconvenience to your time.

Risks
There is a small potential risk to you by participating in this research including the possibility of an increased emotional response in reflecting on your story of persistence. To prevent or to deal with this risk the following steps will be taken. If you are feeling particularly emotional in response to the discussion, I will offer you one of the following options:

1. The opportunity to take a break for a brief amount of time and resume when you are feeling more comfortable
2. The opportunity to reschedule the interview/research conversation at another time
3. Remind you of your option to withdraw from the research at any stage
4. Refer you to the University of Victoria’s counselling services (available by drop-in and/or appointment Monday-Friday 8:30am – 4:30pm. After hours: Vancouver Island Crisis Line (1-888-494-3888, available 24 hours)

Benefits
The potential benefits of your participation in this research include the opportunity to share your lived experience of overcoming the desire to leave and persist in your studies, thus making an important contribution to an unexplored area of research in Canadian student nursing retention. You will have an opportunity to reflect on your strengths and resilience in challenging situations, and have someone, empathically, listen to your story. Additionally, you will further increase your knowledge of self through the added visual dimension of the research. Finally, by participating in this research, you may have the potential to directly influence some of the pedagogical decisions at the University of
Victoria to assist future undergraduate nursing students in persisting in their academic studies.

**Compensation**
As a way to compensate you for the time inconvenience related to your participation, you will be given your choice of either one of your photos mounted, or a $50 gift certificate to the University of Victoria’s bookstore. If you agree to participate in this study, this form of compensation to you must not be coercive. If you would not participate if the compensation was not offered, then you should decline.

**Voluntary Participation**
Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used in any manner and will be completely destroyed. Research participants who withdraw at anytime will still be entitled to a gift certificate to the University bookstore at a lesser amount depending on the time of withdrawal.

**On-going Consent**
To make sure that you continue to consent to participate in this research, I will be asking for your consent on three separate occasions:

1. At the outset of the research
2. After the first interview/research conversation and discussion of your images
3. At the end of all interviews in regards to the images you will release and how the material will be analyzed and used.

Each of these will require an initial on this consent form on those occasions.

**Anonymity**
In terms of protecting your anonymity I will be using a code book that associates your data with a number. While it is possible that I may recall aspects of the data and associate it with a particular individual, your anonymity will be retained to anybody else reading the data. Additionally, all use of names will be changed, including any reference to significant others (such as other students, faculty, family, friends, patients etc).

**Confidentiality**
Your confidentiality and the confidentiality of the data will be protected by the code book and data being password protected on my personal computer and locked in an office that is maintained by a security company 24 hours a day. I am the only person that will have access to the code book, and your confidential data.
Dissemination of Results
It is anticipated that the results of this study will be shared with others in the following ways:

- Dissertation
- Presentation at scholarly meetings
- Displays of visual images within an educational context

Disposal of Data
Electronic data from this study will not be disposed of for seven years and will continue to be stored on my personal password protected computer for the seven year duration, after which time it will be completely erased. Paper notes will be shredded immediately after they are incorporated into the transcriptions. The only permanent documents will be the dissertation and visual images that participants have released for use in the dissemination of results.

Contacts
Individuals that may be contacted regarding this study include the researcher (Briar Schulz), the two co-supervisors (Dr Lynne Young and Dr Wanda Hurren). Please refer to contact information at the beginning of this consent form.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you agree to participate in this research project.

Visually Recorded Images/Data Participant to provide initials, **only if you agree:**

- Photos I have taken of my story of persistence for: Analysis ______ Dissemination* ______

PLEASE SELECT STATEMENT **only if you agree:**

I agree to be identified by name / credited in the results of the study: ______________ (Participant to provide initials)

I agree to have my responses attributed to me by name in the results: ______________ (Participant to provide initials)

__________________________  ___________________  ____________
Name of Participant  Signature  Date

* A copy of this consent will be left with you, and a copy will be taken by the researcher.
Appendix C

Protocol with Photographic Images

You will have two weeks to take photographs of images that are representative of your story of persistence in the undergraduate nursing program at the University of Victoria. Please do not take photographs of any illegal behaviour or activity (i.e. underage drinking); images of children; pictures within the formal clinical setting including pictures of patients/clients.

If any of your images include people that are not included in the list above, you MUST get a signed release from the individual for the use of their image in the research (Please see following page for individual image release form.)

At the time you photograph your image please note the following in the field journal provided with the camera:

1. Date and time of the image

2. Reason for taking the image at the time you took it,...i.e. how it was representative of your story of persistence in nursing?

3. Some information/notes about the context of the image at the time you took it

Please drop off your cameras with the researcher, Briar Schulz on:______________________ for photoprocessing. Your next research conversation day and time is:

________________________________________

During the next research conversation you will be asked to reflect and talk about how the image you selected was representative of your story of persistence in undergraduate nursing at the University of Victoria.
Appendix D

Interview/Research Conversations Protocol

Date:
Time:
Place:
Interviewer:
Interviewee:
Relevant demographic issues: (Racial/ethnic status, gender, age, semester of study, previous post-secondary school training, last year of high school)

This narrative qualitative study focuses on the stories of individual nursing student’s decisions to persist in their chosen nursing program, despite having thought seriously of leaving.

Guiding Questions:
1. How did you choose nursing as a program of study?
2. Why the University of Victoria?
3. What kinds of support did you have entering the program?
4. What kinds of support do you have now?
5. At some stage you have had serious thoughts of leaving the undergraduate nursing program....tell me about that?
6. You are still here, persisting, choosing to be here....tell me about that?
7. What do you think would help other undergraduate nursing students persist?
Appendix E

15-Point Checklist of Criteria for Good Thematic Analysis
(Braun & Clarke, 2008, p. 96)

<table>
<thead>
<tr>
<th>Process</th>
<th>Number</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcription</td>
<td>1</td>
<td>The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for ‘accuracy’</td>
</tr>
<tr>
<td>Coding</td>
<td>2</td>
<td>Each data item has been given equal attention in the coding process.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Themes have not been generated from a few vivid examples but instead the coding process has been thorough, inclusive and comprehensive.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>All relevant extracts for each theme have been collated</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Themes have been checked against each other and back to the original data set.</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Themes are internally coherent, consistent, and distinctive</td>
</tr>
<tr>
<td>Analysis</td>
<td>7</td>
<td>Data have been analysed—interpreted, made sense of—rather than just paraphrased or described</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Analysis and data match each other—the extracts illustrate the analytic claims</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Analysis tells a convincing and well-organized story about the data and topic</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>A good balance between analytic narrative and illustrative extracts is provided</td>
</tr>
<tr>
<td>Overall</td>
<td>11</td>
<td>Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly</td>
</tr>
<tr>
<td>Written report</td>
<td>12</td>
<td>The assumptions about, and specific approach to, thematic analysis are clearly explicated</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>There is a good fit between what you claim you do, and what you show you have done—ie. described method and reported analysis are consistent</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>The language and concepts used in the report are consistent with the epistemological position of the analysis</td>
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<tr>
<td></td>
<td>15</td>
<td>The researcher is positioned as active in the research process; themes do not just emerge</td>
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