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Transitions: The Lived Experience of Bachelor of Science Nursing Students

Rita Peters

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TRANSITIONS: THE LIVED EXPERIENCE OF BACHELOR OF SCIENCE NURSING STUDENTS

A Dissertation Submitted in Partial Fulfillment of the Requirement for the Degree of Doctor of Philosophy

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Entitled *Transitions: The Lived Experience of Bachelor of Science Nursing Students*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences, School of Nursing, Nursing Education Program

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ABSTRACT


This study explored the lived experience of the Bachelor of Science in Nursing (BSN) nurse utilizing an interpretive phenomenological approach. Transition theory was utilized as the lens to guide the study. Societal needs are demanding nurses who are capable of caring for increasingly complex patients. An aging population continues to increase the need for nurses. The increased need for new nurses is complicated by continuing attrition from schools of nursing. The literature identified many interventions that have been implemented to decrease attrition with little impact on the number of students who fail to progress every year.

Ten participants who were all in the final semester of their BSN program of study were asked to describe their journey through nursing school. A semi-structured interview guide was utilized and all of the participants had the opportunity to prepare their responses prior to the interview. Five themes were identified: Emotions Are Strong, Pervasive, and Conflicting; Nursing School Means Sacrifice; Support Matters; Growing Up; and Striving for Excellence.

The findings of this study described the journey through nursing school and indicated the transition phase did not end once they had finished their formal education. Rather, the transition needed to be considered as the period including the movement into practice; these two events should not be considered as dichotomous phases.
The findings also highlighted the challenges BSN students faced and interventions that had the possibility of diminishing some of those challenges. Recognizing the emotions involved in this experience, the sacrifices made, providing support, and acknowledging growth and change are important in decreasing attrition and facilitating retention.

Key Words: Transition Theory, attrition, phenomenology
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CHAPTER I
INTRODUCTION

Change is an inevitable state of being. As a function of being a living, breathing human being, change is inherent. The early Greek philosopher, Heraclitus, has been cited as the creator of the statement “Change is the only constant” while Ben Franklin (1789) has been noted for the phrase “but in this world, nothing can be said is certain, except death and taxes.”

How individuals traverse and adapt through times of change varies greatly. Some fare well, adapt, transition to the new state, and continue through their life journey. Others struggle with the transitions and fail to adjust to new expectations and ways of functioning. The transition to becoming a nurse begins upon entry into college and continues past graduation as students transition into the new graduate nursing role.

A significant thread of concern that exists throughout these transitions is that of attrition. Nursing education has been addressing the problem of attrition for many years but has failed to have any significant effect on rates of attrition in nursing programs (Glossop, 2002; Jeffreys, 2015; National League for Nursing, 2007b; Tinto, 1975; Williams, 2010). As the literature review demonstrates, efforts to decrease attrition and its resultant impact on the nursing profession and, by extension, society have been fragmented and of limited efficacy. The lived experience of the Bachelor of Science in Nursing (BSN) student and their experience of transition was explored in this
dissertation. The findings might provide additional insight into the challenges of transition and lead to mechanisms that might better impact attrition and retention.

This dissertation sought to explore the lived experience of students as they completed a BSN curriculum as viewed through an interpretive, phenomenological lens utilizing transition theory as its theoretical foundation.

Transitions

The concept of transitions has been explored by numerous nursing researchers in numerous contexts (Guay, Bishop, & Espin, 2016; Meleis, Sawyer, Im, Messias, & Schumacher, 2000; Meleis & Trangenstein, 1994; Schumacher & Meleis, 1994; Suva et al., 2015). Schumacher and Meleis (1994) defined transitions as “a passage or movement from one state, condition, or place to another” (p. 119). Transitions can be viewed as either positive, negative, or both, depending on whether they are desired transitions as well as the outcome of the transition. Chick and Meleis (1986), in their seminal work Transitions: A Nursing Concern, identified transitions as having identifiable beginnings and endings. They are a process and uncomfortable by their nature. All transitions occur over time and are not situated in one specific moment. Transitions incorporate stages or phases of development where change occurs. There can be changes of identities, roles, relationships, behaviors or abilities or any combination thereof (Schumacher & Meleis, 1994).

Successful transitions are manifested by three specific markers: a subjective sense of well-being, mastery of new behaviors, and well-being of interpersonal relationships (Schumacher & Meleis, 1994). Failure of successful transition in any of these areas
could lead to stress, ineffective coping, and potential attrition as one fails to master new behaviors as well as experiencing disrupted relationships.

**Background of the Study**

The BSN students’ educational experience is influenced by several different factors including the pre-nursing curriculum, the composition and level of difficulty of the nursing curriculum and licensure examination as well as expectations of new graduates as they enter practice. These factors frame the educational experience and influence a student’s transition experience.

**First-Year Experience**

The first year of college is seen as an essential developmental year for many college students (Kuo, Hagie, & Miller, 2004). It is the year when they are first seen and treated as independent learners. Programs have been developed and implemented in many schools for first-year students to facilitate student transition to the learning environment and demands of college-level education. Entire student success teams are focused entirely on helping students learn to study effectively for college and ultimately become college graduates (Bers & Younger, 2014; Connolly, Flynn, Jemmott, & Oestreicher, 2017; Higbee & Schultz, 2013; Permzadian & Credé, 2016; Schnell & Doetkott, 2003). These programs are typically implemented in the first year of the college experience. Topics such as adapting to college life, study skills, and library utilization are frequently included in these first-year experience courses (Permzadian & Credé, 2016). Research data suggested these programs are helpful in facilitating student transition and acculturation to the post-secondary academic environment (Bers & Younger, 2014; Connolly et al., 2017; Permzadian & Credé, 2016; Schnell & Doetkott,
Current research does not inform nursing educators, however, how to facilitate the transition and acculturation of students to a rigorous nursing curriculum with increased academic demands—students who are working their way into a profession in which complexity is increasing exponentially, knowing the cost of error or inability to adapt might cost human lives.

There is also a non-academic component to first-year experience programs that moves beyond the classroom. Karp (2011), utilizing student persistence theories, identified four non-academic impacts: (a) creating social relationships, (b) clarifying aspirations and enhancing commitment, (c) developing college know-how, and (d) making college life feasible. These characteristics were similar to those proposed by Schumacher and Meleis (1994).

**Evolution of Nursing Education**

Nursing education has evolved over time to meet society’s need for well-educated care providers. The earliest formal nursing education was based in hospitals and was focused on the completion of simple care tasks. Nurses were not tasked with complex skills or decision-making (Tobbell, 2014).

Over time, nursing education moved into post-secondary education. This occurred as society recognized the need for more skilled care as well as the recognition from within the profession that nursing needed to develop its own body of knowledge. Curriculum reform, development of advanced nursing programs such as the Master of Science in Nursing (MSN), as well as advanced practice nursing such as the Doctor of Nursing Practice (DNP) continued to enhance the rigor of academic programs (Tobbell, 2014). Philosophical doctoral (Ph.D.) programs in nursing began in the 1950s and Ph.D.s
that focused on nursing education slowly followed, shifting from the previous Doctor of Education (Ed.D.; Carter, 2013).

Curricula reform has resulted in three levels of undergraduate nursing education: the hospital-based diploma program (DN), the associate degree (ADN) and the BSN degree. All students participating in these programs sit for the same licensure exam—the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The 2016 data from the National Council of State Boards of Nursing (NCSBN), the regulatory body responsible for licensure of registered nurses in the United States, demonstrated that of all the U.S. applicants to take the NCLEX-RN, only 1.7% were from hospital-based DN programs versus 3.4% in 2006. A similar shift was noted for ADN programs with a decrease of 4% in testing applications (56% in 2006 to 52% in 2016). The BSN degree educated test applicants increased by 10% from 36% in 2006 to 46% in 2016 (NCSBN, 2008, 2016).

**Future Needs of Nursing Education**

Shifting enrollments within undergraduate programs could partially be attributed to the Institute of Medicine (IOM, 2011) document, *The Future of Nursing: Leading Health, Advancing Change*. The intent of this document was to address the critical question of how nursing would respond to and meet the health care demands of the future. Identified within the document were four key messages.

1. Nurses should practice to the full extent of their education and training.
2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
3. Nurses should be full partners, with physicians and other health professionals, in redesigning health care in the United States.

4. Effective workforce planning and policy making require better data collection and an improved information infrastructure. (IOM, 2011, p. 4)

Embedded within the key messages were two subtopics that were relevant to this dissertation. The *Future of Nursing* report (IOM, 2011) advocated for a continued shift in nursing education to have 80% of nurses be BSN educated by 2020. The document addressed not only the need for more nurses to address the current and upcoming nursing shortage but that these nurses be educated to address the increasing complexity of care, both in and outside of hospitals (IOM, 2011; National Advisory Council on Nurse Education and Practice, 2010).

The *Future of Nursing* report (IOM, 2011) also identified that complex thinking skills were needed to provide increasingly complex care. It is incumbent on nursing educators to utilize teaching methodologies that challenge students to apply and analyze knowledge in ways that replicate clinical practice (National Advisory Council on Nurse Education and Practice, 2010). It is also imperative that students make the transition to utilizing critical thinking and critical reasoning early in the curriculum and continue to practice complex thinking skills. Gone are the days when nursing students can simply memorize information and regurgitate it on examination. They must have a strong grasp of the foundational concepts they are expected to learn via class input and individual study time. They must be able to apply, analyze, and evaluate information to come to a correct answer on the NCLEX-RN (NCSBN, 2017) as well as be able to apply these same
skills and conceptual understanding in their clinical practice as students and professionals in the field.

The most recent update regarding these recommendations indicated progress has been made in several areas. As noted previously, there has been an increase in BSN-educated nurses, not only through newly licensed RNs but also through RN-BSN degree programs. The update identified that the quality of these programs needed to be verified by accreditation agencies (National Academies of Sciences, Engineering, and Medicine, 2015).

In 2011, the IOM recommended the use of nurse residency programs to decrease the attrition of newly graduated nurses but residency programs have not been consistently implemented or evaluated due to cost. The current recommendation is transition-to-practice residency programs should be funded, created, and implemented to decrease job turnover within the first few years of practice (National Academies of Sciences, Engineering, and Medicine, 2015). There are also those who leave nursing within the first two years. Available data are imprecise but the number of new nurses leaving the profession is estimated to be between 3% and 14% percent (Flinkman, Isopahkala-Bouret, & Salanterä, 2013). Residency programs purport to decrease the attrition of new nurses from the profession.

**Call for Nursing Education**

Nursing education has responded to the call from the IOM (2011) to increase the critical thinking capacity of its graduates. Changes in teaching pedagogy are evident in nursing education literature (Arca-Contreras, 2017; Armstrong, 2014; Behan & Van Der Like, 2017; Josephsen, 2017; Robb, 2016; Watts, 2016; Wolf, Rutar, Delgado, &
Niederriter, 2017), professional nursing education conferences, and student textbooks that frequently included multiple approaches to teaching and learning. While lecture is still utilized, active learning strategies such as simulation, case studies, active response systems, and problem-based learning are becoming more prevalent (Johnston, Hepworth, Goldsmith, & Lacasse, 2010; Oermann, 2015; Walls et al., 2010). The shift to andragogy was intended to provide the foundation for fostering the critical thinking skills students would need to utilize when they are studying and preparing for examinations, clinicals, licensure exams, and, ultimately, their own practice as well as facilitating attitudes to enhance life-long learning (Weimer, 2013).

It is short-sighted, however, to consider only andragogy in the question of the development of the life-long learning. Being able to engage students in the educational environment is more complex than simply teaching in a particular manner. Models such as Tinto’s (1975) model of student success and Jeffreys’ (2007) model of nursing universal retention and success demonstrated the complexity of facilitating student success and failure. By exploring the lived experience of BSN students as they transition through the nursing curriculum, nursing educators might be able to identify further multifocal interventions to facilitate the development of the lifelong learner identified in The Future of Nursing report (IOM, 2011).

**Education-Practice Gap**

The complexity of providing client care has also continued to increase. It is estimated that the doubling time of medical knowledge will be just 73 days in 2020 (Densen, 2011). The increasing challenge of educating nursing students has also been recognized. Benner (1984) identified the process of developing nursing skills, moving
from novice to expert. Ancheta (2013) explored the concept of the education practice gap and confirmed that preceptors, new graduates, and clinical managers recognized the need to develop further clinical skills and critical thinking. Tanner (2006) proposed the clinical judgement model to facilitate teaching students to think like a nurse.

One component of successful transition through a nursing curriculum is passing the licensure examination. The NCSBN (2020) administers the NCLEX-RN examination across the United States. This examination consists of a minimum of 75 questions up to a maximum of 265 questions. The number of questions administered to a student is determined by a computerized adaptive algorithm that identifies a minimum competency level. This is frequently called a computerized adaptive test (CAT). Once a test taker has demonstrated minimum competency or has failed to demonstrate minimum competence, the examination ends. The level of minimum competence is determined by a committee of psychometricians as well as nursing educators and clinical nurses (Personal communication, Kim, 2017). According to Kim (Personal communication, 2017), a psychometrician for the NCSBN, the overall ability of the average nursing student has increased as has the difficulty of the licensure examination. This was consistent with an earlier discussion of the increasing complexity of nursing care required by clients as well as the increase in content.

**First-Year of Professional Practice**

Duchscher (2009) proposed a transition shock model that addressed discrepancies between nursing education and the realities of real-life practice. Duchscher stated,

The contemporary new graduate engaging in a professional practice role for the first time is confronted with a broad range and scope of physical, intellectual,
emotional, developmental and sociocultural changes that are expressions of, and mitigating factors within the experience of transition. (p. 1103)

The ultimate goal of a nursing program is to successfully prepare the student for nursing practice. Benner (2010), in summarizing the increasing complexity of nursing practice, stated:

New nurses need to be prepared to practice safely, accurately and compassionately, in varied settings, where knowledge and innovation increase at an astonishing rate. They must enter practice ready to continue learning, often through self-directed learning that can be adapted to any site of practice, from school nursing to intensive care nursing. To practice safely and effectively, today’s new nurses must understand a range of nursing knowledge and science, from normal and pathological physiology, to genomics, pharmacology, biochemical implications of laboratory medicine for the patient’s therapies, the physics of gas exchange in the lungs, cell-level transport of oxygen for the acutely ill patient, as well as the human experience of illness and normal growth and development- and much more (p. 1).

The education-practice gap has historically been education outpacing practice. This situation has been reversed and now practice is outpacing education and educators are struggling to facilitate the transition of students to practice (Benner, 2010). Educators recognize the need to prepare students for the complexity of practice but it is unknown whether students recognize the complexity of the upcoming transition into practice.
Statement of the Problem

Failure of nursing students to transition successfully through a BSN curriculum and into nursing practice negatively impacts the nursing profession and the society it serves. Nursing education has been tasked by the IOM (2011) to prepare more and better prepared nurses to enter into practice. These nurses must be able to transition into practice and remain in practice to meet societies’ needs presently as well as in the future. As demonstrated in the review of the literature, the challenge of attrition and facilitating transition is complex and multifaceted.

Nursing Shortage

The nursing shortage is a complex problem with multiple contributing factors. One contributing factor is the nursing population is aging. The most recent workforce survey conducted by the NCSBN (cited in Budden, Moulton, Harper, Brunell, & Smiley, 2016) indicated 50% of nurses were 50 years of age or older. Within 15 years, most of these nurses would have retired and would need to be replaced. While enrollments into schools of nursing have increased (American Association of Colleges of Nursing [AACN], 2017a), the number of graduates are still being outpaced by retirements as well as by the increasing number of jobs being created by the growing numbers of elderly people requiring care (Juraschek, Xiaoming Zang, Ranganathan, & Lin, 2012).

Projections of the need for nurses have suggested an increase of 439,000 nursing jobs by 2024. At the same time, a significant number of nurses are expected to retire from the profession. The net result is a significant shortage of nurses throughout the United States (AACN, 2017b; American Nurses Association, 2014; Juraschek et al., 2012). Not only will there not be enough nurses to care for the aging population, there
will be an increasing need for nurses who are adaptable to changes in healthcare delivery systems as well as continuing to adapt to information technology needs and communication patterns (Commission on Collegiate Nursing Education, 2013)

**Nursing Student Attrition and Retention**

Nursing student attrition and retention is a component in the discussion regarding developing and retaining future nursing students to sustain the nursing workforce. The most recent data from the National League for Nursing (NLN, 2016) found 45% of BSN programs turned away qualified applicants in 2016 due to lack of clinical spaces and qualified faculty. The lack of qualified nursing instructors mirrors the contributing factors of the nursing shortage due to an educator population that is aging and retiring without adequate incoming educators to replace them (National Advisory Council on Nurse Education and Practice, 2010).

Statistics from the NLN (2014) indicated 45% of BSN applicants were accepted into nursing programs, 19% of qualified applicants were not accepted, and 36% of applicants were not qualified. The AACN (2017a) enrollment data indicated full-time baccalaureate enrollment in 2014 was 182,063. This means 34,591 *qualified* students were not admitted into BSN programs in 2014. This data highlighted the depth of the candidate pool for nursing programs. Nursing admission standards, while individually established by each school of nursing, are generally utilized to select students who would be successful within the program of study (Wambuguh, Eckfield, & Van Hofwegen, 2016). Yet, even with admission standards in place while selecting those students who appeared to be the most capable, student attrition still occurs.
Attrition from nursing programs is difficult to accurately quantify as data are not collected by one specific governing body. Depending on the parameters applied, attrition rates vary from 13% in 2006-2007 (the last year attrition data were collected by the NLN, 2007a) to 50% within BSN programs in 2009 (Newton & Moore, 2009). Utilizing the conservative estimate of 13%, it could be estimated the attrition of nursing students at the current rate of enrollment in 2014 would be 23,668. However, the 50% attrition rate is more likely given the rate of college completion and graduation within six years is estimated at only 60%, meaning 40% of students failed to graduate (National Center for Education Statistics, 2018b).

Considerable research has been conducted into the “why” and “how” of attrition. Tinto (1975) developed a model that addressed student attrition and retention in the general college population. Jeffreys (2015) developed a similar model specifically focused on nursing education. However, even with the use of these models to aid in understanding attrition, rates continue to be of concern. Both models are very complex and research based on them tended to focus on subsets or single components of the models (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Glossop, 2002; Hadenfeldt, 2012; Higgins, 2005; Santiago, 2013).

Attrition, the process of students leaving a nursing program, can be voluntary or involuntary (Jeffreys, 2015). Voluntary attrition occurs when a student decides to leave a nursing program. Financial concerns, family demands, as well as determining that nursing is not an ideal career for the student all contribute to voluntary attrition (Harris, Rosenberg, & Grace O’Rourke, 2013; Jeffreys, 2015).
Involuntary attrition typically occurs as students are dismissed from a course of study due to academic failure. They have failed to master the new roles required. These roles could be those of critical thinker as measured on examinations or safe practitioner as demonstrated by their clinical practice.

**Cost of Attrition**

The cost of attrition can be identified financially, psychologically, and societally.

**Financial impact for the student.** The average cost of one year of education in a public academic institution was $16,757, $43,016 in a private non-profit university and $23,776 in for-profit universities in 2015-2016 (National Center for Education Statistics, 2018a). Whether this was paid directly or via student loans, the failing student must find a way to pay their tuition bills. The default rate for federal student loans is significantly higher for those students who do not complete their plan of study (Perna, Kvaal, & Ruiz, 2017). While general education courses such as English Composition and Chemistry might be applicable to other courses of study, nursing-specific courses are not. The financial expenditure for these courses is lost when a student fails to progress. This might result in additional financial stress from student loans for many years to come without the career through which to repay those costs.

**Psychological impact for the student.** There is also a psychological cost to attrition. Failing to succeed could result in diminished self-esteem and depression for the individual student. Crises could occur any time there is a loss of identity and perception of ability. Students who fail could become angry and retaliatory, particularly if they felt they were treated unfairly (Glossop, 2002; Peterson-Graziose, Bryer, & Nikolaidou, 2013; Roa, Shipman, Hooten, & Carter, 2011).
Self-esteem is frequently linked as both an independent and dependent variable when linked with attrition. Students with lower self-esteem tend to have higher rates of attrition (Peterson-Graziose et al., 2013). At the same time, failure tends to engender lowered views of one’s own power and self-efficacy (Crocker, Karpinski, Quinn, & Chase, 2003).

**Financial impact on the nursing profession.** Some students successfully navigate through a nursing curriculum, pass the licensure exam, only to leave the profession within two years of practice. This signals a potential challenge with transition to the professional nursing role. Whether this failure lies with nursing education, the student, the profession, or a mixture of all of these is unclear. The loss of these nurses is costly. Learning about the lived experience of nursing students might shed light on how they are transitioning through a nursing program and into the nursing profession.

The overall turnover rate of registered nurses is approximately 16.8% nationally (Nursing Solutions Inc., 2018). Of the RNs changing roles, 28.3% had been in the nursing profession for less than one year, 21.5% had been working one to two years, and 25.5% had been working for more than 2.5 years. The financial impact of these turnovers is estimated to average $49,500. The cost to the healthcare industry is estimated to be between $4.4 and $7 million. The trend of early and frequent turn-over has been slowly rising over the last decade (Nursing Solutions Inc., 2018).

Turn-over is costly but even more concerning is when new graduate nurses leave the profession. It is estimated that between 3% and 14% of new nurses leave the profession within two years of entering practice (Flinkman et al., 2013). When nursing jobs are changed, there is carry-over of knowledge and skills that could be transferred to
a new position (Kovner, Brewer, Fatehi, & Jun, 2014). When new graduates leave the profession, there is no “return on investment.” Just as when there is attrition within a nursing program, the financial investment is lost and must be repaid by someone—in this case, the healthcare agencies.

**Societal impact.** Not only is there a significant financial cost when students fail to transition through a nursing curriculum or transition into practice, there is a negative societal impact. Nursing is contracted by society via education and licensure to provide care for those in need. Failure of transition through the educational process and into professional practice decreases the number of nurses available to provide care. As discussed earlier, a shortage of nurses exists to fulfill this societal contract. There is a direct correlation between nursing staffing levels and patient outcomes with increases in infection rates (Mitchell, Gardner, Stone, Hall, & Pogorzelska-Maziarz, 2018), failure to rescue (Recoi-Saucedo et al., 2018), and high wait times for access to care in the emergency department (Shindul-Rothschild, Read, Stamp, & Flanagan, 2017). These findings were confirmed by a study from the Agency for Healthcare Research and Quality (2007) that posited similar relationships of improved outcomes with improved staffing levels.

**Purpose of the Study**

The purpose of this qualitative study was to explore BSN students’ lived experiences as they transitioned through a nursing curriculum. This data gathering study facilitated exploring the experience of transition as students completed a nursing curriculum.
Nurse educators must be aware of how and when nursing students are learning to engage with nursing content as well as other aspects of the educational experience such as clinical experiences that might impact their ability to learn and adapt to the complex thinking skills needed to be successful in today’s nursing environments.

As demonstrated in the ensuing review of literature, there is considerable evidence regarding success through the pre-nursing curriculum. A preponderance of literature also exists regarding transition into practice as a nursing graduate. There is little research regarding the experience of students as they transition from the pre-licensure curriculum to the post-graduate professional experience. Even with this information, transition challenges still exist and students either fail to transition through the nursing curriculum or fail to transition successfully into nursing practice.

**Research Question**

The following research question guided this study:

Q1 What is the lived experience of baccalaureate nursing students as they transition from a pre-nursing curriculum through a professional nursing curriculum?

**Philosophical Underpinnings**

It is important to recognize the philosophic underpinnings of this research. The philosophical approach to studying a research question contains four basic elements: the epistemology, the theoretical perspective, the methodology, and the methods used (Crotty, 2003). These four basic elements inform one another and inform the research design. Creswell (2013) stated the ontological, epistemological, axiological, and methodological assumptions are to guide the philosophical development of qualitative studies.
In this study, the ontological assumption was that the nature of reality is as individual as the person experiencing that reality. There is no specific “truth”; rather, themes and experiences might demonstrate congruence. However, the value of each perspective must be recognized.

Epistemological assumptions form the structure that allows the researcher to approach the participants or phenomenon being studied (Creswell, 2013). Social constructivism (or constructionism) was the epistemological assumption that underlaid this research. Social constructivism is a worldview in which individuals seek and make their own understanding of their world and the phenomena they experience within their day-to-day. They are impacted by social interactions with others and can change with each interaction. Social constructivism research relies on participants’ understanding of a phenomenon and requires that broad, general questions be asked to gather as much information as possible (Creswell, 2013). As the participants in this study experienced life in a BSN nursing curriculum and anticipated what the experience of practicing as a nurse might be like, they were seeking and creating their own understanding of their experience. It was this researcher’s task to attempt to interpret their understanding and make sense of it in the broader context of transitions.

A theoretical perspective is chosen to “provide a context for the process and grounds its logic and criteria” (Crotty, 2003, p. 7). Studying the lived experience requires a framework where the individual who experiences the phenomena constructs their own understanding of the phenomena. The theoretical context utilized for this research was phenomenology. Phenomenology focuses on understanding the essence of an experience
and draws from philosophy, psychology and education. It provided a framework for the methodological decisions utilized in this study.

This study utilized a phenomenological research design based on the Moustakas (1994) transcendental approach in which the researcher attempts to get close to the phenomenon but not become entangled with the participants. The unit of analysis is at the individual level using data from participants who have all experienced the phenomenon or shared experience (Creswell, 2013). This design facilitated exploration of the lived experience of the BSN students as they transitioned through a curriculum and allowed the exploration of what the BSN student anticipated in the transition into professional practice. All of the participants in this study shared this similar experience, each constructing their own meaning and integration into their own understanding.

The selection of the methods that accomplished the data gathering in a way that was consistent with the methodology, theoretical framework, and epistemology was essential. The primary data gathering method in a phenomenological research design is the use of interviews, typically with broad, open-ended questions. There might be some secondary data gathering such as written artifacts, journals, as well as demographic data but the primary source of information is the participant who has experienced the phenomenon being explored. The data, once gathered, were analyzed and organized into themes that could extend the understanding of the phenomenon (Creswell, 2013; Crotty, 2003; Merriam, 2009).

**Theoretical Approach**

The primary theoretical framework utilized in this research was that of transition theory as described by Meleis and her colleagues (Chick & Meleis, 1986; Im, 2011;
The development of transition theory began in 1975 with the publication of *Role Insufficiency and Role Supplementation* (Meleis, 1975). Meleis continued this work with numerous other research studies with the eventual development of a mid-range theory (Chick & Meleis, 1986; Meleis et al., 2000; Meleis & Trangenstein, 1994). Transition theory identifies four distinct types of transitions: developmental, situational, health and illness, and organizational. The theory encourages nurses to analyze whether a transition is a single transition or a multi-transition event and, if so, whether multiple transitions were sequential, simultaneous or overlapping, and the nature of the relationships between the events that triggered a transition (Meleis et al., 2000).

Unique properties must exist for a change to be considered a transition. The first is there must be an awareness that change is occurring. A second property is engagement in the change process. The third property is change happens and differences are recognized. These differences could be in expectation of the experience, being perceived as different, or seeing the world and others in different ways. The fourth property is represented by the flow of time. Transitions are identified with start and end points. The fifth identified property is that of critical points and events. In some situations, these critical points and events are easily definable and other times, they are characterized by the individual’s responses such as feelings of uncertainty. There can be multiple critical periods within any transition (Meleis et al., 2000).

The transition theory model identifies conditions that might impact whether a transition could be navigated successfully or not. These factors are labeled as facilitators and inhibitors. The personal meaning attributed to the change is impactful (i.e., whether
the change is harmful or helpful). The person’s cultural beliefs and attitudes impact the interpretation of the transition as positive or negative. The individual’s preparation and knowledge could be helpful in transition whereas a lack of preparation and knowledge could be challenging. Socioeconomic status could influence access to resources to successfully navigate a transition. Community and societal variables could impact successful navigation of transitions (Meleis et al., 2000).

Healthy transitions demonstrate similar themes. Feelings of connectedness, interacting with others, establishing a sense of location and being situated, developing confidence, and coping could all lead to a positive outcome of mastery and development of fluid, integrative identities (Meleis et al., 2000).

The experience of entering a school of nursing could be viewed as a situational transition with a starting point of being accepted into a nursing program and an ending point of graduation. The patterns, properties, transition conditions, and patterns have not been examined within the BSN population. However, as demonstrated in the review of the literature, information suggests this theory has congruence with the lived experience of the BSN student and so this theory provided the framework for this research.

**Summary**

In a dynamic and everchanging world of nursing and nursing education, BSN students must successfully transition into a nursing curriculum and navigate through the curriculum to enter the nursing profession. Attrition of students from nursing programs continues to be problematic. Attrition is recognized to be multifactorial. While many efforts have been made to address attrition, very few studies have approached the challenge through the lens of transition and the lived experience of the BSN student.
CHAPTER II

REVIEW OF THE LITERATURE

The review of literature that follows is divided into four major sections. The first section discusses models that have been utilized in exploring the BSN student experiences that contributed to matriculation. The second is focused on attrition and retention literature for the pre-nursing students. The third explores research regarding BSN student success including retention and attrition reduction strategies. The fourth addresses research that has been conducted regarding the transition experiences of students in different phases of study.

Research into retention and attrition from college and nursing programs is vast and multifaceted. Specific search terms and delimitations are noted within each section of this chapter. The focus of the literature review was to capture the current state of research surrounding attrition from college, from nursing education programs, and the converse: academic success as it relates to transitions and the BSN lived experience.

Attrition and Retention Frameworks

The question of student retention and attrition has received significant attention in educational literature. Tinto (1975) developed the first theory regarding student attrition and retention. Based from a synthesis of the literature of the time, Tinto developed the theory titled “Dropout from Higher Education.” The model included the concepts of interpersonal components such as family background, individual attributes, and pre-college education. It also included commitment to the academic goal and institution,
academic systems, and social systems. The model demonstrated all of these factors become integrated, the commitment to the goal and institution are once again reviewed, and ultimately a decision for or against attrition is made (Tinto, 1975).

Building off Tinto’s model, Jeffreys (2015) developed the nursing undergraduate retention and success (NURS). The nursing student progress pathway developed by Jeffreys demonstrated the possible tracks a nursing student might follow as they move from entry into practice through the NCLEX-RN. The ideal pathway was that of a student moving through all of the courses successfully within the ideal order and timeline, resulting in successful licensure on the first attempt. The paths of attrition, particularly first semester failure, as well as NCLEX-RN failure are paths nursing educators wish to interrupt and, in so doing, keep students on the retention path.

Within the NURS model (Jeffreys, 2015), the interaction of multiple components is demonstrated. Many factors could influence others within the paths to attrition or retention. Without positive academic outcomes, students are not able to progress to graduation, the NCLEX-RN, and, ultimately, into practice. The model demonstrates that success is derived or limited by many factors such as psychosocial integration, environmental factors, psychosocial outcomes, the student profile, and student affective factors (Jeffreys, 2015).

**Transition Theory**

The research that developed into transition theory began in 1975 as Meleis explored the concept of role insufficiency. The primary framework of transition theory was developed by Chick and Meleis (1986) as well as Schumacher and Meleis (1994).
**Concept analysis.** Chick and Meleis (1986) completed a concept analysis of transitions. Using a multi-step process, Chick and Meleis defined the term *transition*, explored concept congruency, discussed exemplars, compared transition with other similar concepts, developed contrary casts, and analyzed research potential of the concept as both dependent and independent variables.

Within this concept analysis, transition was defined as “passage from one life phase, condition or status to another…a multiple concept embracing the elements of process, time span and perception” (Chick & Meleis, 1986, p. 239). An important understanding is the process of transition includes disruption and the person’s responses to these disruptions. The time of transition begins with the anticipation of change and lasts until new stability has been reached. Transition is both the process and the outcome.

The concept analysis identified that transitions have an entry, passage, and exit. Beyond these commonalities, there is no predictive length to any transition. Commonalities found within transitions are patterns of responses that include times of disorientation, distress, irritability, anxiety, depression, and changes in self-concepts, role performance, and self-esteem. In general, transitions are typically viewed as positive (Chick & Meleis, 1986).

**Distinctions of health-relevant transitions.** Extension of the concept exploration of transition was explored by Schumacher and Meleis (1994). Utilizing a review of the literature from 1986 through 1992, they identified four distinct health-relevant transitions.
**Developmental transitions.** Developmental transitions are those associated with developmental stages such as becoming parents, female menopausal experiences, or body image transitions through adolescence.

**Situational transitions.** Situational transitions frequently address educational and professional experiences where roles and expectations are different than previously experienced.

**Health-illness transitions.** Health-illness transitions explore change experiences of individuals and families through the process of illness. Health challenges such as myocardial infarctions, cancer, and spinal cord injuries were a few of the health-illness transitions identified.

**Organizational transitions.** Organizational transitions are focused at a systems level such as the family or work environment, or community.

The transitional state explored within this dissertation was that of a situational transition. Students were voluntarily entering the nursing student role. The role of “student” was assumed by the person entering the program of study. There was an expectation of role mastery and transition from the pre-nursing role into the nursing student role and, ultimately, into the professional nursing role.

**Universal conditions.** The literature review continued to identify universal properties of transitions.

**Time.** Common to all transition situations is the fact that transitions are a process that occurs over time. This aspect of transition is frequently described as a “development, flow or movement from one state to another” (Schumacher & Meleis, 1994, p. 121). The nature of this change is also consistent as there are changes in
identity, roles, relationships, abilities, and behavioral patterns. It is frequently assumed that the time of transition for nursing students begins when they enter the nursing curriculum and ends when they graduate and pass the licensure examination. However, the literature review suggested the transition to the role of the professional nurse expanded into the first years of practice. This dissertation explored whether or not students described having transitioned effectively while still in the nursing curriculum.

**Meanings.** Conditions of transitions were also found within the review of the literature. Transitions must include meaning for the participant of the transition. These meanings might be positive, neutral, or negative. The experience might be desired and a result of a personal decision or might be involuntary. The literature review emphasized the need to understand the experience of transition from the view of the person(s) experiencing the transition (Schumacher & Meleis, 1994). It was assumed by this researcher that the decision to enter into the nursing program of study was made voluntarily and would be framed in a positive way by the participant but this area of the student experience has not been currently addressed in the research literature.

**Expectations.** Expectations and level of knowledge or skill impact the transition experience. The experiences through transition might be unexpected or different than what was expected, which seemed to increase transition stressors. The same is true when the transition experience demands knowledge or skills beyond the current capacity of the person moving through transition. Knowledge and skill acquisition are then required for successful transition to occur (Schumacher & Meleis, 1994). Developing a sense of mastery is considered a marker of a completed transition. This would be an area of
exploration within the interview guide to explore the lived experience of the BSN student.

**Support.** Environmental support was a theme noted throughout the review of the literature. Social support from family, partners, and friends was identified as important as well as support from professional staff. Support from a professional mentor was noted to facilitate smooth transition by guiding, role modeling, and listening (Schumacher & Meleis, 1994).

**Planning.** Effective planning could impact transition. Identifying key people to assist in times of need was identified as being essential for a smooth transition. Even when expectations of the transition are unknown, planning for possibilities is helpful. Planning for effective communication with others impacted by the transition, such as family and friends, is required for a healthy transition experience (Schumacher & Meleis, 1994).

Caring for oneself emotionally and physically through a transition is important. Transitions often trigger feelings of anxiety, insecurity, loneliness, frustration, apprehension, ambivalence, and depression. Fear of failure, role conflict, self-criticism, being overwhelmed, and feeling defeated could all lead to an inability to concentrate or take necessary risks and could lead to avoidance behaviors (Schumacher & Meleis, 1994).

**Healthy transitions.** Healthy transitions were identified in the literature review as subjective well-being—where effective coping is evidenced and dignity and personal integrity have been restored or maintained. Satisfaction in life roles and relationships is also an indicator of a healthy transition (Schumacher & Meleis, 1994).
Role-mastery is integral to a healthy transition. There is a comfort level with the behaviors required in a particular situation and competence is evident. There is mastery of the role expectations (Schumacher & Meleis, 1994).

The final hallmark of successful transition as evidenced in the literature review by Schumacher and Meleis (1994) was the well-being of relationships. While relationships of friends and family might be challenged through the transition, they are restored or strengthened at the end of the transition.

**Middle-Range Theory Development**

The development of the concept of transition to a middle-range theory continued with the work of Meleis et al. (2000). Utilizing five research articles based on the concept of transition, the authors developed a framework that provided a visual reference that presented the interplay and movement between components of the theory (see Figure 1).

*Figure 1.* Concept of transition to a middle-range theory (Meleis et al., 2000, p. 17).
Properties of a Transition Experience

The properties, or defining characteristics, of the transition experience were identified by Meleis et al. (2000).

Awareness. Awareness was defined as perception, knowledge, and recognition of the transition experience. There was some discussion as to whether awareness is a necessary characteristic of transition. There was also suggestion in the literature that increased awareness might influence the level of engagement within transition and as such might have influence over the success of a transition.

Engagement. Engagement is “the degree to which a person demonstrates involvement in the process inherent in the transition” (Meleis et al., 2000, p. 19). The operationalization of this property within the transition theory development included seeking out information, role models, and preparing proactively for change to occur. It is, at its essence, linked to awareness in that these actions require awareness of a potential transition.

Change and difference. Change and difference have also been identified as properties of transition. An important note was transition involves change while not all change results in transitions. The concept of change could be both cause and result. It could cause a transition or a transition could result in change. As a result of change, difference describes a disequilibrium or mismatch in expectations or seeing the world/transition event in a different light. The degree of difference between reality and expectation appears to impact how successfully people experience transition (Meleis et al., 2000).
**Period of time.** Transition occurs over a period of time rather than in one discrete moment. The start and ending of the transition might be clearly defined or might be nebulous and identifiable only with retrospection. As such, it is somewhat tied to awareness and engagement (Meleis et al., 2000).

**Critical points and events.** Transitions typically include critical points and events the participant can look at as hallmarks of change. These critical points vary on the type of transition but typically include an awareness of change and a shift in engagement (Meleis et al., 2000).

Hart and Swenty (2016) completed a concept analysis utilizing Walker and Avant’s eight step method. Within the conclusion of the concept analysis, the authors stated,

The literature remains limited with regard to strategies for facilitating a successful transition for beginning nursing students entering their initial clinical experience…. In order to identify effective strategies to assist students with the transition into nursing and the clinical environment, nurse educators must understand the concept of transition. (Hart & Swenty, 2016, p. 184).

Hart and Swenty also indicated little research on the transition experience has been conducted within the context of nursing education.

**Model Summary**

The models discussed have all influenced the development of the understanding of the lived experience of the BSN student. It was clear from the complexity of both the “Dropout from Higher Education” model (Tinto, 1975) and the NURS model (Jeffreys, 2015) that student success and attrition is complex and multi-faceted. The transition
theory model (Meleis & Trangenstein, 1994) provided a structure where the many aspects of success and attrition could be distilled into the phenomenon of transition and movement from one state of being to another and explore what success or lack of looks like from the perspective of the lived experience.

**College Attrition and Retention**

A search of the Education Resources Information Center (ERIC) database utilizing the terms college or university and attrition and retention initially yielded 1,371 results. These were further filtered to only include results from the last five years, subject specific to student attrition and higher education (not secondary education, high schools, adult education, early childhood education, elementary education, grade six, intermediate grades, junior high schools, or middle schools). Of the initial search, 64 results remained. Upon further review, 21 articles did not meet inclusion criterion of traditional on-campus undergraduate programs focused on student attrition and retention. A summary of the findings of the remaining 43 articles follows.

As the Tinto (1975) model presented earlier suggested, attrition and retention are a multimodal and complex challenge. This was affirmed in the wide range and topics present in this current review of the literature. Beer and Lawson (2018) stated, “Attrition has been reconceptualized as a wicked problem. Wicked problems are complex and multifaceted problems that cannot be solved using traditional approaches to problem solving” (p. 498). The authors went on to assert that attrition is “not a single problem that can be solved with single solutions” (Beer & Lawson, 2018, p. 498). However, most studies in this review of the literature explored and offered single approaches to the challenge of attrition.
The review of the pre-licensure literature demonstrated the focus of the studies could be clustered into predictor variables, interventions, social supports, bureaucracies, the development of predictive models, as well as efforts to facilitate student success (rather than decrease attrition).

**Predictor Variables**

A significant amount of research has been conducted to attempt to isolate stable predictors of attrition. Predictive studies primarily focused on identifying who might have difficulty within the post-secondary environment but some also contributed to selectivity in admission policies.

Predictor variables identified included first semester grade point average (GPA) and the Scholastic Aptitude Test (SAT; Litchfield, 2013; Shaw & Mattern, 2013). These variables are frequently utilized to make admission decisions for entry into post-secondary education and early identification of students who might struggle academically. Use of questionnaires such as the New Student Questionnaire (Litchfield, 2013), First Year Experience Survey (Naylor, Baik, & Arkoudis, 2018), and Science Motivation Questionnaire (Pope, 2018) have also been used to address both academic and non-academic predictions of student success or failure. Students who demonstrate a lack of preparedness academically, socially, and/or motivationally are deemed to be higher attrition risks.

Computerized modeling programs have also been tested in the most recent literature. Time-based modelling (Chai & Gibson, 2015) and linear regression models (Mason, Twomey, Wright, & Whitman, 2017) have been utilized to determine which
predictive variables at which point in time yielded the most robust predictions regarding student attrition data.

Beck and Davidson (2015) furthered their research by attempting to determine the ideal timing of assessments regarding potential attrition. Interestingly, the authors recognized two differing viewpoints regarding attrition assessment. One was early recognition of potential attrition was important for implementation of interventions versus the increasing accuracy of prediction when more data (i.e., student was further into the curriculum) were gathered. The results of this study identified the limited ability to identify at-risk students from student admission information. Students’ experiences during the first year were better predictors of attrition and retention so the authors recommended more efforts be made during the first year to enhance the student experience (Beck & Davidson, 2015)

Student engagement with their peers and academic institution, persistence, and motivation were factors identified as variables that impacted student attrition (Jeffreys, 2015; Tinto, 1975). Landek (2013) did not identify any difference in persistence between residential and commuting students regarding attrition even though perceived engagement was higher in the residential student body. Vogel and Human-Vogel (2016) found increased student engagement and self-efficacy improved retention rates within an engineering program of study.

Most of the attrition research was centered on the freshman student. D’Arcangelo (2013) addressed attrition in the sophomore year, identifying that there could be “stagnation” and decreased morale that could impact attrition. The author attempted to
predict the attrition rate of sophomores by examining student developmental tasks. There was a correlation noted among developmental tasks, engagement, and attrition rates.

**Interventions to Decrease Attrition**

A meta-analysis completed by Sneyers and De Witte (2018) from the Netherlands identified the most common interventions in higher education: placing students on academic probation, student-faculty mentoring, and providing financial support. Punitive academic probation did not facilitate student retention while the supportive interventions were more successful. The review of the literature suggested support for these findings.

The following topics were discovered in the review of the literature. Courses were designed to support learning (Ellis, 2013; Mellor, Brooks, Gray, & Jordan, 2015). There was a focus on creating personal contacts that consisted of mentoring (Foy & Keane, 2018; Larkin & Dwyer, 2016; Yomtov, Plunkett, Efrat, & Marin, 2017), encouraging engagement (O’Keeffe, 2013), decreasing incivility (Christe, 2013, 2015), connecting with students (Kopel, 2018), and intrusive advising services (Campbell, 2013; Reese, 2013). Support services such as the utilization of academic librarian services (Oliveira, 2018), student-centered business practices (Hassabis, 2014), professional staff actions (Roberts, 2018), and availability of work experience within the students field of study (Maher & Macallister, 2013) had an impact on student retention.

Bureaucratic structures can hinder or facilitate student retention. Beer and Lawson (2018) labeled attrition as a ‘wicked problem’. Wicked problems are complex, multifaceted, and difficult to solve. Bureaucratic, top-down attempts to address student attrition often attempt to address the issue within the strategic plans and outcome goals of the institution. Beer and Lawson argued that given the wicked nature of attrition,
bureaucratic approaches, like strategic goals, are not enough to impact attrition. Rather, the solution for high attrition rates needs to be as multi-dimensional and individualized as the students experiencing attrition. Strategies need to be innovative and dynamic. These findings echoed the information presented by the Higher Education Standards Panel (2017) in *Final Report: Improving, Retention, Completion and Success in Higher Education*. This report also stated that student-centered supports need to be in place and they need to be individualized by institution and individualized for student needs.

**Predictive Models**

The development of predictive models received attention within research conducted in the past three years. These models looked at more than individual predictive variables. They utilized multiple ways of addressing factors that contribute to attrition. Ahmed, Kloot, and Collier-Reed (2015) blended sociological theories to create a structural theory to predict attrition.

An ecosystem approach was utilized by the University of Houston (Jones, Croft, & Longacre, 2017). A cultural discourse model was explored by Johannsen, Rump, and Linder (2013). These models are tools that could be used to create system changes. There was insufficient data to determine the efficacy of these models.

**Improving Preparedness and Remediation**

As suggested in the background section of Chapter I, students who enter post-secondary education often have inadequate preparation for college level courses (Gajewski & Mather, 2015). A frequent approach was that of remedial or developmental courses to “catch-up” students and improve their reading, writing, or numeracy skills to the point they could be successful in college level courses. These might also be called
rudimentary or remedial courses, though the term developmental education is considered to be more appropriate (O’Brien, 2013).

   Developmental courses are expensive for both the student and academic institution, as they do not garner college credit and typically extend a student’s plan of study. They may, however, prevent attrition and facilitate the student’s ultimate success. Developmental courses can be stand-alone, embedded into courses, taught concurrently, or implemented via adjunct services, like tutoring assistance (O’Brien, 2013).

   Systemically, remediation and identification of students in need of further academic preparation connected with the prediction of students who were at risk for attrition. Marr, Nicoll, von Treuer, Kolar, and Palermo (2013) determined that identifying the actions needed to remediate student learning needs to prevent attrition was challenging.

**Student Success**

   Wade (2019) completed a review of retention and success rates. The author identified the ways in which attrition was calculated were fundamentally flawed and in actuality were more reflective of admission policies rather than retention of students. Wade found anomalies such as allowing students with lower SAT scores or academic challenges to study abroad when retention data were collected so they were not counted in the retention data. Retention data were collected in the fall semester; thus, some colleges only admitted high-performing students in the fall, postponing lower performing student admission to the spring semester so their possible failure did not impact the university’s retention scores. Wade referred to practices such as these as “gaming the system.”
Overview of Findings

The literature review demonstrated the multiple ways in which researchers have attempted to positively impact student attrition and improve student success. Yet even with all of these efforts, attrition rates have remained relatively stable. Of interest to this study was none of these studies had utilized the transition concept or looked at students’ perspectives regarding their success or failure from a global, holistic viewpoint. Rather, the researchers demonstrated what Beer and Lawson (2018) advised against—a traditional approach to a “wicked” problem.

Bachelor of Science in Nursing Success, Attrition, and Retention

Research regarding BSN success, attrition, and retention was also vast. As stated in Chapter I, the nursing profession is invested in increasing the success of nursing students to meet society’s need for expert nursing care. Nursing programs are invested in the success of students as their attrition is costly to the student as well as the academic institution. Not only do programs want to graduate students who can pass the licensure exam, they also want to graduate students who transition successfully into the nursing profession and remain in the profession to meet the needs of the population.

The CINAHL database was used for this literature search. Search terms included bachelor’s degree in nursing (or BSN) AND success or achievement or performance or outcomes 2013-2019. There were 218 results in the original search, which was ultimately reduced to 78 results by excluding RN-BSN, clinical practice, or non-nursing topics. These articles have been organized into the predominant themes.
Predictors of Program and National Council Licensure Examination for Registered Nurses Success and Attrition

The concern regarding attrition continues once a student enters a school of nursing (SON). Programs want to admit students who are capable of not only passing the course work within the SON but also passing the NCLEX and fulfilling society’s need for well-educated, competent nurses. Many attempts have been made to predict which students are at risk for failure.

When addressing the question of what factors predict success in a nursing program, one would frequently find success as being defined as passing the NCLEX-RN examination. For this reason, studies that attempted to predict program and NCLEX-RN success were grouped together in this discussion.

Grade point average and standardized test scores are frequently utilized in an effort to predict success or failure in a nursing program as well as to make admission decisions. In the second-degree population, GPA and admission test scores have been most predictive of success in a nursing program (Elkins, 2013; Kowitlawakul, Brenkus, & Dugan, 2013; Rowland, 2013; Turissini Keeler, 2017).

Overall GPA, SAT verbal score, science GPA, and nursing GPA were determined to be predictive of success on the NCLEX-RN. Congruence of curriculum with the NCLEX-RN test blueprint, student supports, and student evaluations were determined to be essential in achieving and maintaining an 80% or greater passing rate on the first attempt of the NCLEX-RN (Mathew & Aktan, 2018).

Turissini Keeler (2017) endeavored to capture the essence of academic success for BSN students. The variables included were faculty support, academic motivation,
and academic self-concept as it related to GPA. This study incorporated some of the many components identified in the NURS (Jeffreys, 2015) model. The findings indicated faculty support was positively correlated with intrinsic self-motivation, which in turn was correlated with self-concept. The study demonstrated reciprocity between these variables and positive impact on GPA.

In addition to the above-mentioned admission criteria, Rowland (2013) also noted a correlation between age and NCLEX-RN success where older students had more difficulty with the exam. This was true for minority students as well with Asian, Black, and Hispanic students having lower pass rates on the NCLEX-RN. This trend is also noted in the section below that addresses minority student success and attrition factors.

Accelerated degree programs have also endeavored to predict success on NCLEX-RN. Kaddoura, Flint, Van Dyke, Yang, and Chiang (2017) attempted to isolate factors that predicted pass rates. The only statistically significant demographic predictors were the number of courses equal or less than a “C” and the Health Education Systems, Inc. (HESI; “HESI Review & Testing,” 2020) exit exam score. The researchers did note that first degree accelerated students generally did not fare as well as second degree accelerated students.

Predictor tests such as the Assessment Technologies Institute (2020) comprehensive predictor, HESI (“HESI Review & Testing,” 2020) and Kaplan Readiness Test (“NCLEX Review and Nursing Test Prep,” n.d.) are utilized by nursing programs to predict the likelihood of passing the NCLEX-RN exam. The study by Santiago (2013) suggested these predictor examinations had mixed ability to predict success; the Assessment Technologies Institute predictor demonstrated statistical significance in being
able to predict success while the Kaplan Readiness Exam did not. Cox-Davenport and Phelan (2015) noted that while these predictive exams were relatively good at predicting success, they were not good at predicting failure. Some nursing programs have utilized predictor exams as graduation requirements so they are considered to be high-stakes exams. The NLN (2012) recommended against this practice.

One of the most recent publications was a dissertation by Rogers (2019). Rogers attempted to predict failure of the NCLEX-RN, which the above predictive exams failed to do. The study was based on a single school of nursing, utilizing an initial \( n \) of 2,214 graduates of which 237 students failed their first time NCLEX-RN between May 2013 and July 2017. The logistic regression indicated the pre-admission HESI ("HESI Review & Testing," 2020) entrance exam score was the only predictor of future NCLEX-RN failure with the indicator being the student’s score at or below the mean of the exam. Correlations with scores in the Foundations, Medical-Surgical, as well as the Critical Care course grades were also noted; those students who scored poorly were more likely to fail the NCLEX-RN. In addition, being Black and male increased the likelihood of failure on the NCLEX-RN. Rogers encouraged nursing programs to implement program changes including early intervention strategies for students struggling in the foundations courses, having dedicated student success faculty, paying particular attention to the populations that have increased attrition rates, as well as re-evaluating the utilization of standardized examination results to prevent progression through the program.

The above studies utilized quantitative data to predict success within a nursing program and the licensure examination. They were addressing only one aspect of the
NURS (Jeffreys, 2015) model—the academic aspect of student success. As already noted, many more variables potentially impacted student success or attrition.

**Contributors to Success**

In efforts to identify students who would ultimately succeed, researchers explored factors that contributed to student success. These contributions could be from many different realms: academic, financial, and psychosocial to name a few.

**Emotional intelligence.** Emotional intelligence has been identified as a potential contributor to success. Beauvais et al. (2014) conducted a descriptive, correlational study which demonstrated that within undergraduate students at a private Catholic university, the ability to identify emotions, a sub-set of emotional intelligence, was positively correlated with academic success. Psychological empowerment, resilience, and spiritual well-being did not correlate with student success.

Kirwan (2018) explored a variant of emotional intelligence by exploring the relationships of achievement emotions and academic performance. Kirwan found no emotion that had a predictive quality affecting academic performance. The population ranked the following emotions from highest to lowest frequency: enjoyment, anxiety, shame, boredom, pride, hopelessness, hope, and anger as well as being overwhelmed by the material. Of these emotions, enjoyment, pride, and hope were positive emotions while the remainder were negative emotions. It was notable that of these emotions, three of the first four were negative. It brought to question whether these students had or were experiencing the challenges of a situational transition.

**Motivation and persistence.** Motivation and persistence were explored in both pre-nursing environments as well as within nursing programs. Tools such as the
Motivated Strategies for Learning Questionnaire (MSLQ; Pintrich, Smith, Garcia, & Mckeachie, 1993) were developed to explore motivation and use of learning strategies used by college students. The MSLQ addressed the value students assigned to a learning task and whether they expected to have control over their learning and the emotions associated with those learning tasks (Pintrich et al., 1993).

Heid (2014) correlated both motivation and persistence with success in nursing programs. The MLSQ (Pintrich et al., 1993) was utilized by El-Banna, Tebbenhoff, Whitlow, and Fraser Wyche (2017). The population was a second degree, accelerated BSN. The study found differences in intrinsic and extrinsic goal motivation with younger students having an extrinsic motivation focus. This would be relevant when considering teaching strategies and the composition of the student population within the classroom.

What was not addressed in the motivation and persistence literature was how motivation and persistence were connected with the experience of transition. It was possible that within the process of transition from one state to the next, students might experience changes in motivation and persistence. When a challenge was present, the ability to persist might have had an impact on whether there was a successful transition or not.

**Self-directed learning.** Self-directed learning is often perceived as a part of motivation and persistence. Merriam (2010) identified self-directed learning as a significant component of adult learning theories—the basic tenet was learners are responsible for identifying their own learning needs and taking actions to choose and implement strategies and identify resources to accomplish the learning goal. The Self-Directed Learning Readiness survey was created by Guglielmino (1977) to determine a
student’s readiness to engage in self-directed learning strategies. It had direct ties to andragogy or adult learning theory.

Alharbi (2018) utilized the Self-Directed Learning Readiness survey to explore differences between bridging and traditional nursing students and found self-direction actually decreased in higher level classes. The author did not have an explanation for why this might have occurred. Alharbi did recognize that the overall scores for the programs explored were lower than anticipated and thought that perhaps the teaching strategies utilized (lecture) contributed to students’ lack of self-directed learning strategy utilization.

**Contributors to Failure**

Owen (2015) explored the perceived causes of course failure. Students who failed courses related problems to integrating previously learned material, balancing time and energy demands, having trouble being prepared for nursing difficulty, not accessing resources, as well as personal challenges like illness. The experience of the students described in this study might be characterized as a failure to transition between pre-nursing and nursing curriculum. As one of the few qualitative studies found in this review of literature, Owen provided some insight regarding the nature of transitions as being uncomfortable and challenging. In the case of course failures, the students did not adapt and change in a way that facilitated their success.

A study by Warren (2014) did not find any statistical significance between students’ work hours and their GPA. This contrasted with findings in other studies that demonstrated financial concerns and the need to work negatively correlated with student success (Reye, Hartin, Loftin, Davenport, & Carter, 2012). Both Tinto (1975) and
Jeffreys (2015) identified fiscal concerns as a component of attrition for students. Transition theory identified financial concerns as a function of not being adequately prepared to undertake the situational transition.

**Minority Student Success**

Individuals within minority groups have been proportionally under-represented within nursing demographics (Smiley et al., 2018). Studies have explored minority populations in an effort to determine population-specific interventions to aid in their success. In general, the findings were consistent with the predictors of success and attrition in both the pre-nursing and nursing curricula. They suggested a need for additional supports to overcome financial and academic challenges (Diaz, 2015; Dolan, 2014; Lott & Davis, 2018).

**Instructional Strategies**

Instructional strategies have been considered as critical components in a student’s academic success or failure. The academic success of students is impacted by the efficacy of teaching and learning strategies that are used. While instructional strategies are important, they are not the only contributor to student success or failures.

**Classroom instruction.** Armstrong (2014) explored the impact of instructional strategies on students’ outcomes and found no statistically significant difference when a case-study was utilized versus lecture. This study also indicated no statistical difference in study practices of deep and surface learners. This was in direct contrast to other studies that indicated teaching strategies and learning strategies directly impacted academic outcomes (Kus-Patena, 2003; “LASSI (Learning and Study Strategies Inventory) scales,” n.d.; Watts, 2016; Weimer, 2013). This disparity demonstrated that
academic success could be influenced by educators but was not limited to one variable as demonstrated by the NURS model (Jeffreys, 2015).

Loy (2014) investigated the most commonly used teaching strategies and how they were perceived to influence the development of critical thinking skills. Although critical thinking has been considered to be an essential skill for nurses (IOM, 2011), the investigator found the strategies varied between the didactic portion of the educational process including strategies such as case studies, lectures, group work, reflection, and simulation. However, clinical teaching strategies were limited to psychomotor skill demonstrations and the nursing process. The focus of this study was on a micro-population with the goal of increasing NCLEX pass rates. Critical thinking in the didactic classroom was not explored. Studies such as this demonstrated a unifocal effort to address student success rather than a more global understanding of the student experience.

The flipped classroom is a teaching method where the student is expected to engage in the content via a recorded lecture or assigned reading. Then in-class time is focused on application and active learning strategies (Arca-Contreras, 2017; Schlairet, Green, & Benton, 2014). The assumption was students would utilize self-determination and intrinsic motivation to learn and apply the content. It fit well with a constructivist teaching philosophy. Green and Schlairet (2017) explored the student experience in a flipped classroom. Kinesthetic learners responded positively to the flipped class, auditory learners were evenly divided, and visual learners were decidedly negative. The students reported difficulty discerning what was important or relevant in the pre-class assignments. The students reported the shift was difficult and pushed the students to find
relevance in the assignments and take responsibility for their preparation and learning. Developing self-motivated or heutagogial learning might be a possible component in facilitating academic success and the development of critical thinking as advocated by the IOM (2011) in the *Future of Nursing* report.

**Success courses.** Just as success programs have been utilized to improve student outcomes in the first year of college, success programs are sometimes utilized in BSN programs. Black (2017) explored the impact of a student success program on first semester attrition. The intervention consisted of orientation that included an introduction to peer mentoring and tutoring, time management, study skills, exam skills, stress and wellness (labeled as “surviving nursing school”), team building, and discussions with peers in the senior class as well as graduates. The students also had to meet with a faculty member at assigned times. This intervention resulted in a 16% reduction from the average attrition rate of 38%. The sample size was 26 and so represented the retention of four students with the implementation of the intervention. No data were presented to address whether these interventions decreased overall attrition within the program.

**Simulation.** Simulation has been utilized with increasing frequency to facilitate student clinical reasoning, particularly with low-frequency patient events they might not encounter in a clinical setting. The NCSBN (cited in Alexander et al., 2015) has ascertained that simulations could be as effective for student learning as clinical experiences. There was much variance within the simulations, however, that could impact student learning. Use of a standardized patient within a simulation session was demonstrated to increase student confidence as they entered the clinical setting (Hampson & Cantrell, 2014).
Simulations have been utilized to enhance interprofessional collaboration skills (Behan & Van Der Like, 2017), general communication skills (Foronda, Gattamorta, Snowden, & Bauman, 2014), and facilitate recognition of patient decline, which incorporates critical thinking and clinical judgement (Hart et al., 2014). Students experiencing high-fidelity simulations reported improved critical thinking, confidence, competence and integration of theory with practice. Some students found the experience to be overwhelming (Kaddoura, Vandyke, Smallwood, & Gonzalez, 2016).

**Education-Practice Gap**

A significant concern in the *Future of Nursing* report (IOM, 2011) was students were not coming prepared to function at a minimally competent level even though they had passed the NCLEX-RN exam. The term utilized was the education-practice gap. The concern was the pace of practice change was faster than the pace of educational change. This has implications for academia, employers, and the profession and it speaks to the attrition of new nurses early in their professional career. Hayter (2017) explored the concept of work readiness with newly graduated nurses and found an increased residency time decreased the rate of departure from the profession. The individual’s academic experiences were considered to be an antecedent to work readiness and, as such, had a place in the literature regarding student success. As Hayter stated,

Educators have an opportunity to provide high-quality knowledge and skills and can also assist in personal maturity by reviewing the cause and effect of clinical situations and students’ actions, leading to appropriate emotional response and subsequent behaviors. (p. 23)
The characteristics Hayter discussed resonate with the characteristics of an effective transition to the nursing role via the nursing curriculum. The number of nurses that leave the profession in the first few years of practice suggests that perhaps students have not successfully transitioned into the nursing role even if they are able to pass the curriculum requirements and the licensure exam.

One of these necessary professional behaviors is the ability to collaborate effectively with other care providers. Interprofessional collaboration skills can be challenging to effectively teach in the pre-nursing curriculum. Murdoch, Epp, and Vinek (2017) reviewed the literature and identified that research regarding effective interprofessional collaboration teaching and learning activities was lacking.

The *Future of Nursing* report (IOM, 2011) identified the importance of communication between professions as did the baccalaureate nursing essentials (AACN, 2008). These concepts are generally not found on the NCLEX-RN test blueprint and so nursing educators are challenged to balance the need for work readiness with the need for preparing for the licensure examination.

Curriculum revisions have been utilized to attempt to address the learning needs of students—not only as they traverse the pre-licensure curriculum but also to prepare nurses for the work environment. Shostrom and Schofer (2016) presented a curriculum revision that emphasized health outcomes and reduced costs of care. They utilized a case-based curriculum that emphasized community health concepts and health coaching and care coordination. No outcome measures were presented in the literature.
Clinical Outcomes

Evidence in the literature review suggested BSN education positively impacted clinical outcomes. Fall rates were lower (Baernholdt et al., 2018), overall mortality rates were reduced (O’Brien, Knowlton, & Whichello, 2018), and post-surgical mortality rates were decreased (White, Smith, Trotta, & McHugh, 2018).

Summary

The literature presented regarding BSN student success and attrition was similar to the pre-licensure curriculum in that there was an effort to predict success and failure as well as facilitate student success via multiple different academic and psychological methodologies. The challenges were enhanced by the fact that nursing students must not only pass the licensure examination but must also prepare for practice beyond the scope of the NCELX-RN. Of the research presented thus far, the vast majority focused on a single aspect of the attrition and retention models as presented by Tinto (1975) and Jeffreys (2015). As Beer and Lawson (2018) stated, the challenge of attrition and retention is difficult and cannot be addressed by typical means. Rather, the approach must be multifaceted and novel. The utilization of transition theory provides an alternative lens through which to examine this difficult challenge.

Transition Experiences

The literature regarding transition experiences was much less robust than that of attrition and retention. The search for literature included the utilization of CINAHL, Google Scholar, and Summon broad search engine from the University of Northern Colorado. The terms utilized were transitions AND college students, transition theory AND Meleis AND BSN or Baccalaureate or Nursing Students, transition theory and
nursing education. No time delimiter was applied. Associate degree and RN-BSN nursing program articles were also accepted.

The findings of the literature demonstrated many uses of the word “transition” but very few articles utilized any type of transition theory, described a state of transition, or addressed the lived experience of a BSN student within the nursing curriculum. The majority of the studies were focused on attrition and retention with the priority focus on academic interventions (Carroll, 2011; Herrera, 2012; Mitchell, 2012; Permtzadian & Credé, 2016; Rogers, 2019; Rogstad, 2014).

**Transition into Nursing Education**

Research into the student experience of transitioning into nursing education was sparse. The search comprised of the terms nursing student, transition, nursing education within Education Source, Academic Search Premier and CINAHL. Only two studies were discovered in the review of the literature, both of which were from outside of the United States.

Andrew, McGuinness, Reid and Corcoran (2009) published one of the few research studies that addressed transition from the context of undergraduate nursing. Based in Scotland, the researchers explored the readiness of student preparation for the academic work of the undergraduate nursing program. Transition theory was not utilized as a framework for this study but the concept of transition was identified as a component of the development of professional identity. The authors identified that “moving into nursing is akin to a *rite of passage*, involving a transition from one way of life to another” (Andrew et al., 2009, p. 15). This study addressed the idea that professional identity and
movement into the profession of nursing began in the academic curriculum of the nursing program.

The second study that discussed transition into a professional nursing curriculum came from the United Kingdom. Utilizing a hermeneutic, phenomenological approach, Porteous and Machin (2018) explored the lived experience of the first year of undergraduate study. The authors of this study perceived the first year of study to be a transition into the professional identity of nursing. They did not offer a theoretical framework regarding the underlying premise of the study nor did they discuss the concept of transition. Five themes were identified: uncertainty, expectation, learning to survive, seeking support, and moving forward. The authors organized these themes into what they termed an adaptation curve. The model suggested this adaptation was linear and moving forward was a result of the development of resilience and coping strategies. Positive supportive experience and developing a community of support contributed to the adaptation of the students (Porteous & Machin, 2018).

The findings of this research were somewhat similar to components of transition theory (Meleis et al., 2000), which were previously discussed. Porteous and Machin (2018) suggested the experience of transition might be present in the population that was followed. However, the differing academic structure and lack of integration of transition theory suggested replication in a U.S. educational model could extend these findings.

**Bachelor of Science in Nursing Transition**

Studies that addressed the nature of a transition through a BSN program were limited. The search terms utilized included Meleis, transition theory, baccalaureate nursing, BSN, lived experience, and phenomenological. One study by Zenoni (2017)
addressed the experience of transition through a BSN program from a retrospective view, interviewing students after they had passed NCLEX. The study identified five themes: (a) figuring it out, (b) the learning process, (c) influential people, (d) where you practice matters, and (e) questioning preparation. The focus of this study was to explore the transition to practice of the new graduate nurse. It asked the participants to reflect on their nursing education experiences as they related to transition into practice. The author recommended the use of precepted practicum experiences, utilization of high-quality clinical placements, confrontation of incivility, support for nurse preceptors, increased opportunity to care for critically ill patients, increased independence of students, and increased understanding of the needs for the current incoming workforce. Zenoni identified that since this study was conducted retrospectively, the participants might not have accurately reflected their educational experience. The participants were only from one academic entity in one geographic location.

The Zenoni study (2017) had elements of similarity with this current study. The current study focused on the transition experience as it related to attrition and retention of students while they were still in the nursing program and as such enhanced the understanding of the transition experience of students. It might also be applicable to their transition to practice and might inform educational practices.

A concept explored in the BSN environment that has similarity to transitions is that of the development of the role identity and selection of a nursing career (Price, 2008), which identified that the closer a participant’s image was to the real-life experience of nursing, the more likely they were to be happy with their career choice.
Family members, peers, educators, and friends all influenced the choice of nursing as a career and socialization into the profession.

**Clinical Environment Transition**

Wadsworth (2010) examined a component of the overall BSN transition to nursing when she explored students’ transition from classroom to clinical experiences. Wadsworth’s dissertation utilized a case study design to understand transition at the point in time when BSN students transition into the clinical environment with the purpose of seeking understanding of the transition to assist educators in designing interventions. Also included in the underlying premise of the dissertation was early clinical experiences impacted the professional socialization of students.

The findings of Wadsworth’s (2010) study demonstrated some resonance with transition theory with the identification of three phases. The first phase was an emerging reality of what it means to be a nurse. The second phase was discord and ambiguity. The third phase was that of unconquerable resolve. The primary focus of the interventions was on the second theme, which addressed the horizontal violence experienced by the participants from their preceptors (Wadsworth, 2010).

**New Graduate Nurse Transition**

A significant amount of research focused on the transition of new graduate nurses (NGN) and their adjustment to nursing practice post licensure. The focus has been on the first year of practice and resulted in the development of transition shock theory (Duchscher, 2009). The theory identifies distinct phases in the development of new nurses as they practice as new graduate nurses. It was relevant in that the transition experience of new nurses is believed to begin as they enter into practice; yet, this
experience has not been explored from the perspective of students while they are still enrolled in a nursing program. It is possible that rather than being discrete phases, the transition into practice should be considered an extension of the education transition.

**Summary**

The literature reviewed demonstrated that multiple efforts have been made to understand attrition and retention with no one single intervention resulting in sustained changes in student success. This was demonstrated both within the general academic setting as well as within BSN academic programs. Predictive efforts could provide guidance in developing admission guidelines as well as identifying potential at-risk students but they have not demonstrated sustained improvement in student attrition challenges.

Studying the transition experiences of BSN students suggested there might be a holistic approach to understanding the challenges students face as they move from being novice nursing students through the professional curriculum. By exploring this lived experience, educators might more effectively tailor the learning experiences and environments to facilitate student success.
CHAPTER III

METHODOLOGY

Nursing education continues to evolve and work toward preparing nurses for an unknown future. Increasing technological demands, complex patient care that continues to become more elaborate, and changes in nursing care delivery demand that nurses demonstrate clinical thinking, reasoning, and judgement. Nursing education has a vital role in preparing the future workforce to be effective and efficient in meeting clients’ complex care needs. Understanding the lived experience of students undergoing the transition of becoming a nurse could facilitate accommodations in educational systems and structures.

The following research question guided this study

Q1 What is the lived experience of baccalaureate nursing students as they transition from a pre-nursing, general education curriculum through the professional nursing curriculum?

This question was explored through the lens of transition theory.

Qualitative Research Paradigm

In discussion of selecting an appropriate research paradigm, Creswell (2014) identified important considerations in approaching research: worldview assumptions, the research design, and the research methods. The question being asked had a direct relationship to these considerations. In the instance of this dissertation, the worldview has been identified as constructivist where the participant actively constructs their own understandings and learning in a social environment.
The research question being asked was one of exploring a lived experience. A qualitative paradigm that seeks to understand, explain, recognize, or explore a construct was the most appropriate vehicle for this type of research. The ‘uncovering’ of a concept (Merriam, 2009) is a key action within a qualitative research paradigm and consistent with a constructivist world view.

**Phenomenological Research**

Phenomenological research has its roots firmly planted in the field of philosophy. Huesserl, Heidegger, Sartre, and Merleau-Ponty abstractly explored the concepts embedded in phenomenology (Dowling, 2007). Phenomenology has more recently become a research methodology commonly utilized in qualitative research. Researchers such as Moustakas (1994) and van Manen (1990) explicated differing philosophical approaches to phenomenological research and resulting methodologies.

Moustakas (1994) identified his approach to phenomenology as being transcendental with a focus on intentionality with intuition being essential. He described the Epoche—where “everyday understandings, judgments and knowings are set aside, and phenomena are revisited, freshly, naively, in a wide-open sense from the vantage point of a pure or transcendental ego” (p. 33)—as an essential component in transcendental phenomenology. Transcendental-phenomenological reduction is a process by which everything is perceived as if it was the first encounter and imaginative variation where the essence of the experience is described as seen as essential methodologic actions. The researcher was separated from the phenomenon.

Van Manen’s (1990) approach varied in that while similar actions such as bracketing needed to occur, the value and importance of phenomenology lay in the
interpretation of the lived experience. Hermeneutic phenomenology is at its heart a reflective process where the researcher seeks to understand the structures of experience, situations, and meanings ascribed to those experiences (van Manen, 1990). This is accomplished via the identification and interpretation of themes to “get at the notion…give shape to the shapeless…describe the content of the notion (van Manen, 1990, p.88), recognizing it is not possible to fully unlock any phenomenon completely. The role of the researcher is to be a part of interpretive process.

As this dissertation research sought not only to describe the lived experience but to examine it through the lens of transition theory, it was important to recognize that the writing of Van Manen would primarily guide the methodology utilized. As an educator currently involved in teaching the population that would be studied, this researcher needed to bracket her assumptions and understanding of the phenomenon to facilitate understanding and description of the lived experience of the BSN student.

Bracketing

An essential component within phenomenological research is reflecting on a researcher’s own preconceived notions or ideas about the phenomenon being explored with the intention of ‘setting aside’ those ideas and being able to explore without bias. Van Manen (1990) defined bracketing as “the act of suspending one’s various beliefs in the reality of the natural world in order to study the essential structures of the world” (p. 175).

Acknowledging

The belief of this researcher surrounding the lived experience of students becoming registered nurses was these students undergo a significant transition upon their
entrance into the nursing curriculum. They are frequently unaware of the degree of
transition about to occur and are thus unequipped and ill-prepared for the onslaught of
transition from many different avenues (academically, fiscally, emotionally and
physically). The more prepared the student is, the more effectively they transition from
before nursing into the role of student nurse and ultimately into the full-fledged registered
nurse role.

**Experience**

Also relevant within bracketing was this researcher has been actively teaching in
nursing education for the past 16 years. Observing students learning, growing,
struggling, and changing has impacted the researcher and created a desire to understand
the ‘other side’ of the education equation. While well versed in academic process and
pedagogy/andragogy, the experience of being a novice nursing student has changed
significantly since this researcher was in that life phase. Understanding the student
experience would no doubt be eye opening.

**Sampling Frame**

The sampling frame for this study could theoretically have included all students in
pre-nursing through graduation from BSN programs within North America. However,
logistics dictated constraints in selection of the sampling frame. For this study, the
sampling frame was all of the BSN programs within a 100-mile radius of the researcher’s
home. Seven programs of nursing fit that criterion. The program where the researcher
was employed was eliminated to prevent bias as well as to avoid a conflict of interest
with currently enrolled students. One program was excluded as it was a licensed
practical nurse to BSN program.
Sample Selection

The sample consisted of volunteer participants drawn from the sampling frame discussed above. The timeframe for participation was current enrollment in the senior year of a BSN program. The students were in the next-to-last or last semester of study and had not attempted or completed the NCLEX-RN.

The purposive sample was drawn from students who expressed interest in participating in the study. An email was sent to the directors of each BSN program within the 100-mile radius with a request to forward the volunteer request letter to students meeting the above described requirements (see Appendix A for letter to directors). Students who expressed interest in participation were contacted to schedule a meeting at a time and place comfortable for the participant (see Appendix B for letter to students).

An amendment to the initial participant recruitment process was implemented after a poor response from the nursing schools and subsequently from students was noted. Three students had responded to the initial recruitment email from one school of nursing. The directors of nursing were contacted, requesting permission to come to nursing classes to present the opportunity to participate in the study. Permission was granted by two schools. Classes were visited and students were informed of the study, its purpose, and invited to speak with the researcher if interested in participating in the study (see Appendix C for script for presentation in the classroom).

The revised recruitment process yielded initial interest from an additional 25 students, of which nine students responded to the follow-up text to set up an interview time and location. The recruited sample represented three of the five possible schools of
nursing. One school failed to respond to any emails or phone calls. The second program required internal Institutional Review Board (IRB) permission, which was granted, but then failed to respond to further requests to visit the classroom. No interviews were conducted from this program.

**Saturation**

Participants were interviewed until saturation was met. Saturation was defined by Remler and Van Ryzin (2015) as the point when “few questions or issues arise that have not already been discovered” (p. 78). The number of participants could not be predetermined. Saturation was met after the ninth interview.

**Setting**

The geographic setting for this study was the central Midwest of the United States. The five programs selected for this study were all approved by the Board of Nursing. Three of the programs were accredited by the Commission on Collegiate Nursing Education and one was accredited by the Accreditation Commission for Education in Nursing. One was currently not accredited (Kansas State Board of Nursing, 2018). Three of the programs followed a course pattern of 60 credits of pre-professional content followed by 60 credits of professional content. One program followed a similar pattern with the exception of an introduction to nursing course in the spring of the sophomore year. The fifth program required 30 credits of pre-professional course work and began the nursing curriculum in the sophomore year.

**Human Subjects Consideration**

This study was reviewed by the University of Northern Colorado’s IRB within the expedited category of human research (see Appendix D). There was minimal anticipated
risk of harm to the participants of this study. There might have been emotional discomfort as participants reflected on the questions being asked regarding their academic transition. There was no biological testing, interventions, or manipulation of the study participants. Participants were able to withdraw from the study at any point in time with no penalty or punishment. Participants were asked to create a pseudonym for themselves. Their true names and identities were not gathered. They were asked to provide an email address that would be valid for six months so that they would be able to preview the findings of the study prior to publication to ensure they were accurately represented. A revision to the initial IRB approval was submitted when the need for revision to the participant recruitment process was noted (see Appendix D).

**Data Collection**

The following process was utilized to gather data for this study.

**Creation of Interview Guide**

A semi-structured interview guide was created to facilitate exploration of the lived experience of the BSN student. The questions explored the student experience from their decision to enter nursing school through their current situation. It asked the participant to explore critical experiences in their education as well as persons and/or relationships that impacted them. These questions resonated with the hallmarks of a healthy transition but also allowed participants freedom to explore other aspects of their educational experience (see Appendix E for the semi-structured interview guide).
Interview Procedure

Pre-interview phase. Upon receipt of an email or text indicating interest from a potential participant, the researcher contacted the participant via phone, text, or email, depending on the preference of the participant. In the revised protocol, students indicated their interest in person. A mutually agreeable interview date for the interview was established. The interview location was chosen by the participant per their preference and comfort.

As per the phenomenological approach of van Manen (1990), the interview guide was provided to the participants prior to the interview so each participant could prepare for the conversation as a co-creator of the data collection experience. This was sent to the participants via text or email per their stated preference.

Interview. This researcher took a few moments at the beginning of the interview to ensure the comfort of the participant, providing water or beverage of choice at the location chosen by the participant. The adequacy of the recording device (a non-Internet linked device) was tested within the interview environment to ensure all dialogue was accurately captured. The researcher introduced the purpose of the study, discussed how the participant’s information was made confidential, how information would be stored as well as how participants were able to provide feedback regarding the interpretation of the information provided. If in agreement, the participant signed the informed consent release (see Appendix F for informed consent release).

Upon signing the informed consent release, the participant was asked to complete a data form that would include the alias they selected for themselves, date of interview, age, gender, semester of student and an email address that would be valid for the next six
months, which would be used to send a copy of the study for the participant’s review (see Appendix G for data face sheet).

The interviews were recorded via a voice recorder that was isolated from any Internet network. The device was secured with a researcher-specific password and secured in a locked office. Occasional hand-written field notes were taken by the researcher regarding follow-up questions or to note significant emotional expressions, but the focus was primarily on listening to the participant’s responses. Upon completion of the interview, the participant was thanked with a $20 Visa gift card.

**Post-interview.** Information gathered from the recorded interview was transcribed as soon as possible after the interview. The transcribed information was sent to the participant for their review of the conversation to ensure the transcript accurately reflected their thoughts and feelings. Merriam (2009) referred to this process as member-checking. This also allowed the researcher an opportunity to ask any follow-up questions that might have been omitted within the original conversation. One student provided amendments to the initial interview data. One additional question was asked for clarification, to which an answer was provided by the interviewee. After both the researcher and participant confirmed the transcript was accurate, the interview process was concluded. A lack of response was inferred as approval of the transcript.

**Accuracy and Credibility**

As indicated in the post-interview process, the accuracy of each transcript was verified for both content and clarity by the participant in the study with opportunity provided to make corrections to the transcript prior to data analyses (Merriam, 2009).
The same interview protocol was utilized with each study participant (Polit & Beck, 2012).

Upon completion of the data analysis, a summary of themes identified was returned via email to the participants for their feedback. Feedback was requested to be returned within seven calendar days. Reminders were sent via email and text after days three and five if responses were not received. Comments received were reviewed and changes were made if deemed appropriate by the researcher. If no comments were received, the researcher inferred the results were determined to be accurate and trustworthy by the study participants.

Inclusion of the bracketing information discussed previously also enhanced the credibility of the data as presented. Inclusion of researcher engagement, observation, and interview processes enhanced the truthfulness and trustworthiness of the information collected (Cope, 2014; Polit & Beck, 2012).

An audit trail was maintained throughout the entire study process. This allowed verification of information by an outside researcher if needed to assert veracity and authenticity of the data collected, analytic processes, and study findings (Cope, 2014; Creswell, 2013; Polit & Beck, 2012)

**Confirmability**

Transparency in the data analysis phase led to confirmability of the conclusions and interpretations made by the researcher from the data. Demonstration of the data analysis process as well as the inclusion of source quotations allow readers to confirm the interpretation of the data that led to the thematic identification (Cope, 2014).
Dependability

Dependability refers to the ability to replicate data in similar situations. As such, the methodology, question guide, and settings were clearly explicated so attempts could be made to replicate the research process utilized in this study (Cope, 2014; Polit & Beck, 2012).

Transferability

The concept of transferability refers to the application of findings to other groups or settings. Within qualitative research, transferability often refers to the idea of ‘fit within the readers’ experiences (Cope, 2014; Polit & Beck, 2012). This researcher sought to understand the lived experience of the BSN nursing student and should resonate with other BSN student experiences. It should be noted, however, that generalizability is not the desired goal of qualitative research. This researcher sought to clearly articulate the student lived experience by utilizing a thematic network analytical process discussed later in this chapter.

Storage of Data

The interviews were recorded utilizing a self-contained voice recorder, which was secured with a passcode known only by the researcher. Immediately upon return to the researcher’s private home office, the voice recordings were transferred to the researcher’s office computer and deleted from the voice recorder. The researcher’s office computer was secured by a passcode known only to the researcher. The voice recordings were stored on the office computer once transcribed and verified for accuracy by the participant. The transcription files will be kept digitally on the researcher’s computer for
purposes of creating an audit trail for one year after completion of the study (Cope, 2014). Any paper versions of the transcriptions were shredded.

**Preserving Confidentiality**

Participants were ensured confidentiality when they agreed to participate in the study. They were asked to provide an alias by which their information would be coded. The aliases were connected to the program of study, phone number, and email address for data analysis and validation purposes. Original names were not collected.

**Data Analysis**

Data analysis is the process by which the information gathered is clustered and organized into themes that describe and explain the phenomenon being explored (Creswell, 2013).

**Transcription**

Data analysis began with the transcription, ideally within 24 hours of completion of the interview. Verbatim transcription was completed by the researcher as a means of becoming acquainted with the data. The transcribed interviews were line by line, double-spaced, with room in the margins provided for note taking. Each interview was transcribed in the same manner by this researcher to ensure consistency in the transcription process.

**Thematic Analysis**

Van Manen (1990) identified the task of thematic analysis as “recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work” (p. 78). Once transcribed, the coding process of the data began. The thematic network described by Attride-Stirling (2001) was utilized for this data analysis.
process. The extraction process began with the identification of basic themes, which were then grouped together into organizing themes. These were then organized into broader global themes. The data groupings were then organized into a web map where the relationships could be visualized.

**Basic themes.** Basic themes are the low-order themes derived directly from the data. The process of deriving of basic themes includes reading the data and then highlighting and annotating data that pertained to the research question. As such, they were simply a reduction of the data into what are frequently called codes (Attride-Stirling, 2001).

**Organizing themes.** Basic themes as individual units of data do not have significance. Basic themes are clustered into data groups that begin to assemble the similarities within the separate transcripts, develop common themes, and facilitate the description of the experience being explored (Attride-Stirling, 2001).

**Global theme.** The global theme is the synthesis of the themes that capture the principal experiences described by the participants. They provide the ‘big-picture’ within the context of the full analysis of the data. They are simultaneously a summary and interpretation of the main themes uncovered in the data. More than one global theme might be identified.

**Steps of Thematic Analysis**

Attride-Stirling (2001) developed a step-by-step analytic process that guided the data analysis for this study.

**Step 1.** Code the material by devising a coding framework. The coding framework is not prescribed but is developed uniquely by each researcher. The coding
framework for this analysis was developed as the data were processed during transcription as well as in the initial reading of the data. The coding framework distilled large amounts of data into smaller units of analysis.

**Step 2.** Once the basic decoding was completed, the first level of theme abstraction began. Similar codes were grouped together into salient, significant themes. Identified themes were then further refined to make them “specific enough to be discrete (non-repetitive) … broad enough to encapsulate a set of ideas contained in numerous text segments (Attride-Stirling, 2001, p. 392).

**Step 3.** The network was created. Utilizing the themes identified in step two, the researcher grouped the themes into similar coherent groupings. Organization of these groups was guided by content of the interviews. Each grouping in turn resulted in a global theme. The researcher revisited the data frequently in this process, reviewing and refining the coding and basic, organizational, and global themes (Attride-Stirling, 2001).

**Step 4.** Once the network was built, the researcher described and explored the network. The researcher returned to the original text and reread once again but using the network as the framework for interpretation of the data. The description of the content occurred and underlying patterns were explored and noted (Attride-Stirling, 2001).

**Step 5.** The fifth step was that of summarizing the main themes and patterns. They were clearly and succinctly stated for the audience. The researcher made explicit the patterns that emerged from the data (Attride-Stirling, 2001).

**Step 6.** The patterns were interpreted by the researcher. The researcher returned to the original research question and brought together all of the themes and underlying meanings identified in the analysis (Attride-Stirling, 2001).
Dissemination of Results

The resulting document created by the completion of this research was submitted for the completion of the Ph.D. requirements of the University of Northern Colorado. Upon completion of the dissertation defense, the researcher will seek publication and opportunities to present the findings to other nursing educators.
CHAPTER IV

DATA ANALYSIS

The purpose of this study was to explore the lived experience of the BSN student. Understanding the student perspective of their experience might aid educators in the development of tools and processes to facilitate success and transition through a BSN program.

Participant Sample

The participant sample consisted of nine students from three different schools of nursing (see Table 1). Three were male and six were female. The ages of the sample ranged from 21 to 26. All were in the final semester of their nursing program. Two were weeks from graduation and the remainder were in the beginning of their final semester. All were Caucasian. Although not part of the data collection form, the researcher noted two of the participants were second degree students and all discussed working while in nursing school in various types of jobs. All of the participants chose their own aliases as discussed in the methods portion of this document. All quotes are associated with the respective aliases.
Table 1

**Participant Characteristics**

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*N = 9*

The data analysis was conducted utilizing a thematic network discussed by Attridge-Stirling (2001). Five major themes were identified within the data:

1. Emotions are strong, pervasive, and conflicting
2. Nursing school means sacrifice
3. Support matters
4. Growing up
5. Striving for excellence

**Themes and Subthemes**

Table 2 presents five themes and 14 subthemes that emerged from the data analysis.
Table 2

*Themes and Subthemes*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
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<tr>
<td><strong>Emotions Are Strong, Pervasive, and Conflicting</strong></td>
<td>Positive emotions</td>
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<td><strong>Nursing School Means Sacrifice</strong></td>
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<td>Social life or free time</td>
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<td>Finances</td>
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<td>Clinical experiences</td>
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<td>Time management</td>
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<td>Finding balance</td>
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<td><strong>Striving for Excellence</strong></td>
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**Emotions Are Strong, Pervasive, and Conflicting**

The emotional response to entering and journeying through a BSN program was evident in all of the interviews conducted. The emotions were often a conflicted mélange of anxiety and joy at being enrolled in a program. They remained present throughout the program of study but the focus of the anxieties and joys shifted over time from being present-focused to future-focused. The emotions discussed often tied directly to other themes as the emotional responses were either moderated or enhanced by the sacrifices demanded, support provided (or denied), drove the maturational process, and affected the desired excellence for which the students were striving.
**Positive and negative emotions are present throughout the program.** The BSN students reported strong, pervasive, and conflicting emotions throughout their program of study. At the beginning of the program of study, a combination of positive and negative emotions, e.g., being excited and scared, was most frequently reported. The emotions remained strong and pervasive throughout the program; however, the focus of the emotions was often reported as changing from the original area of concern (clinicals) to the academic realm (particularly testing). The description of the emotions discussed by the participants was interpreted to be positive or negative and did not constitute a judgment of their value; rather, it reflected how the emotion was experienced by the participant. Participant NS32 stated,

Nursing school is definitely very emotional. Up and down, stressful, overwhelming process… When I started nursing school, I felt super excited, anxious, like good anxious. I wanted to learn. I was so excited…. Once I got into nursing school and I got the experience, I was more scared about grades and more scared about failing tests and more scared about finding time to study than I have ever been. I was really worried going in that I wasn’t going to know anything clinically…and I felt like I was always going to do fine on the tests, but I was more scared about applying my knowledge. But now it’s kind of the opposite. I’m like, Oh, I feel like I can do anything when I’m in clinical, hands-on. My hands-on is great. But in class, it’s the opposite.

The persistence of negatively associated or negative emotions such as fear, stress, and anxiety were present in each of the interviews and persisted throughout the student’s educational experience to the time of the interview. The negative stress emotions were
an undercurrent through their entire journey through the nursing curriculum. Phrases such as “impending doom” (James), anxiety (all participants), “very nervous” (Brianne, NS27) and stressful (all participants) were utilized to describe emotions at the beginning of the nursing program.

Kristen and Janelle echoed the fear of the unknown. Kristen stated,

I was very overwhelmed, very scared, stressed, and anxious. I think a lot of that started with the first day of class when our professors tried to almost scare us into it a little bit to get us prepared. I think that really started us out with a bad feeling. Each semester got progressively harder. With that increase in difficulty, those emotions increased as well. I just felt that there was a lot of tension between students, not student to student necessarily, but with every student and what they were doing and feeling, everybody felt a little more tense as each semester went on.

Janelle was looking for connections within the nursing program:

I was very afraid because I had been in a very familiar place at my previous school where I got another bachelor’s degree and I had a lot of friends. I was very involved, and I was going to a new place entering into a new program where I didn't know anyone. And I was afraid that everyone else would know everybody and I wouldn't have anybody to kind of walk alongside nursing school with.

Jake’s concern was focused on whether he was making the right career choice:

I was more nervous to apply skills in a clinical setting, which was big for me. And then just seeing if I was cut out for it, you know, you never know. You hear a bunch of nursing people that went through nursing school say they'd never do it
again or it was super hard. So it's hard for you to hear that a lot and then be, okay, like, I'm ready for it, you know?

Academic stressors, particularly as related to test scores, were frequently reported. Testing success, or lack of, was often what drove students to consider leaving their school of nursing (SON). Many of the challenges reported centered on achieving the required average for a passing score. All of the SONs represented in this study had a passing test average to be achieved as a determinant of success before any other course scores for other work were considered for the final course grade. The use of standardized exams, such as ATI and Kaplan tests, also increased concerns about the ability to pass courses. Kristen stated, “I was pretty scared of failure…knowing that we had to get 77’s on all of our exams.” Jake had similar concerns: “Our tests here are worth 80% of our grades…and then you get one bad score on a test and you might not pass…I mean, I try not to stress tests. But your grade really relies on it.”

Participant NS27 stated the stressors of exam scores almost drove her to leave her SON:

Yeah, the tests have done that to me. Recently, about a week ago, that was where I was. Considering just dropping out and being done because you get to a point where you’re excited and you feel like you know your stuff, you’re taking care of patients and people are telling you you’re doing such a good job and your just like, wow, I’m actually doing this. And then you take a test and you don’t do so well. It just kind of deflates your balloon a little bit. It makes you feel like you’re not smart enough, that you don’t know anything. In layman’s terms, it makes you feel stupid.
Two of the students reported the development of significant anxiety through the nursing program to the extent of requiring medication and counseling to deal with the anxiety. Participant NS32 stated she experienced anxiety attacks related to stressors she experienced while in school:

I went to the doctor one time because my chest was hurting really badly. I ended up collapsing on the floor. They told me I was having a panic attack. I've never had one before. It definitely has raised my blood pressure and caused me some anxiety that I never had previously been diagnosed with or exhibited. So, it's been all in all very overwhelming to me.

Kay reported needing to begin taking medications to help deal with significant testing anxiety: “I ended up getting on anti-depressants to help myself just because that test anxiety was so high and my expectations for myself.”

Negative emotions were typically balanced with positive emotions as well. All of the participants identified feeling excited, happy, or thrilled with their entrance into the nursing programs. Everett stated this most clearly: “The first emotion that I can think of right off the bat was just excitement.”

**Future-focused emotions.** Participants in this study were asked to discuss if and how their concerns changed during their progression through the nursing curriculum. A future orientation was evident in their voiced concerns, centering around two distinct sub-themes. These sub-themes were divided between the upcoming licensure exam as well as their rapid progression toward professional practice.

**National Council Licensure Examination for Registered Nurses.** Many of the participants of this study mentioned the NCLEX as a new concern. The anxiety of
needing to pass the hurdle to be able to function as a novice nurse was also present. This anxiety was often in conjunction with needing to complete the requirements of the program of study. James stated, “I'm in my capstone and am mainly just focusing on that and kind of studying for the NCLEX.” Participant NS27 was looking ahead: “Now I'm more nervous about passing the NCLEX and actually getting a job where you're not a student anymore like ‘this is your patient.’ You're not in the shadow of somebody else.” Kay was focused on preparation for testing: “What can I do in order to prepare myself for NCLEX?”

**Seeking the “aha” moment.** The second future-focused concern was on determining the actual job role they would fulfill once licensure was achieved. The students articulated concerns about finding the right “fit.” The phrase most commonly used was “the “aha” moment”, describing when they found where they would fit within nursing. Students who had not experienced the “aha” moment were concerned that perhaps they were not going to find their place within the nursing profession. Participant NS32 described finding her fit:

The first day I was ever able to observe a surgery was pretty much the best day of nursing school I've had. I knew from that point forward I wanted to work in OR. I didn't know what OR nurses did at that time. I just knew I wanted to be in the room…. And that was a defining moment. I called my mom when I went home and I was like, this is literally the best day ever.

Brianne talked about finding her place when she experienced her mental health rotation:
The concern that's changed to where it is now, I guess is just there are so many options for nursing. Just trying to figure out the right path so that I can become as knowledgeable as possible before I specialize…but we went to the psych ward. I was like I was on fire. I was like, yes, this is my favorite.

James, Kristen, and Everett had not found their favorite clinical rotation at the time of the interview. James stated that “finding a place that I would like to work at and not just kind of settling for whatever gets put on my plate” was a concern for him.

Kristen was feeling frustrated. When asked whether her concerns have changed over time, she stated:

Not having that ‘aha’ moment of “this is the specialty I want to go into.” I'm in my fourth semester and I keep thinking, “well, do I actually want to be a nurse?” I haven't had that aha. Do I want to be a critical care nurse? Do I want to be an OB nurse? Do I want to be mental health? So not having that aha is kind of scary just because I've had my CNA and my CMA for about five years now. I know I love nursing and I love caring for people and I do love geriatrics, but I just want to get out of that for a little bit. I don't want to say I have that to fall back on because that's wrong. I absolutely love geriatrics and I know I will return to it one day, but I do want some hospital experience before I go back. I'm very frustrated with not having that ‘aha’ moment. I go to clinicals and I say, this is a specialty I want to be in. So that's kind of made me reconsider a little bit. I'm just not going through that. You're going through all this difficulty and stress of school and I still don't know what I want to do. I have weeks left to start applying for jobs. That's just been kind of scary.
Everett has loved most of his clinical rotations, which also created a discomfort: I think I'm one of those people that still don't really know what I want to do. I was hoping I'd have one of those aha moments. Oh, I'm definitely doing pediatrics. I'm definitely in geriatrics or something like that…the very same time, I mean, the next clinical, I could be at the adult oncology. Then I'm like, oh, I love this, too…I haven't had any experiences where I don't like them either. I think I kind of like everything in some way.

The shifting of emotions is a common finding within the BSN population. None of the participants interviewed indicated finding stability within their emotions or comfort within their emotional landscape.

**Nursing School Means Sacrifice**

The second global theme centered around the concept of sacrifice. All of the participants recognized losses and sacrifices made in order to be able to complete the BSN degree program. These sacrifices included time spent in other activities, specifically the time they did not spend with friends, family, other areas of interest or employment. The subthemes within the main theme were interwoven but could be divided into four subthemes: Sleep, Family and Friends, Social Life and Free Time, and Employment.

**Sleep.** The loss of sleep was difficult for Participants NS27, NS32, and Everett. They identified that it impacted their ability to focus in class. They attributed the sleep loss to early clinicals, late night studying, as well as needing to work. For example, Participant NS27 admitted,
You don't get as much sleep. You don't have a social life. I don't have family here. There are a lot of things that made me lose my excitement, I guess. But it doesn't change that as soon as I step into a clinical setting. I love it. It's all the other stuff that comes with it, which is staying up till 2:00 a.m. and having a 6:00 a.m. clinical. That's stuff I don't really enjoy. I would love to have some sleep.

NS32 identified that lack of sleep made the class setting more difficult: “You're sitting in lecture for two and a half hours straight before you get a break, it's hard to sit still that long, especially when you're already kind of overwhelmed or lacking sleep.”

Everett had to alter sleep schedules in order to be able to work as well as be able to study and meet his other responsibilities:

I will study that evening like that night where some people might want to fall asleep. I will study that night…. When you're waking up to be at the hospital at 6:00 and then work eight hours and then for me, I have to work after that eight hours or whatever, I work nights. That gets pretty hard. It's kind tested of my abilities. I had to learn to use the full 24-hour clock.

Family and friends. The sacrifice of family and friends caused distress for many of the study participants. They reported having to sacrifice time with family and friends, which resulted in the loss of friendships. None reported loss of relationship with family members but some reported distress between having to choose between spending time with family or studying.

Kristen found school to be predominant in her thinking. She sacrificed time to practice for her sport, friendships and employment:
Other aspects of life have been cut back dramatically. Less time with family and friends…less time dedicated to my sport, to where I could maybe be better than I am now…I've also lost a lot of friendships for people who aren't in nursing school.

Participant NS32 identified missing family interactions and the increased stress it caused:

At times I felt I literally had no life. I've had to turn down family events. We had three tests the day after Easter this year. I felt like I couldn't go to Easter because I put nursing first. I'm glad I did. But at the same time, I have had increased stress because of not having a good outlet. All of my time being taken out between working and school.

Kay identified the challenges with maintaining friendships while in the nursing program:

I underestimated what I would be doing, the workload that it had, the responsibility, the time dedication, time management, all of those necessities….

Probably the hardest thing to give up is friendships. Outside friends and outside career majors don't necessarily understand the circumstances and efforts that we have to put into study. That's not saying that their majors aren't any more difficult than ours. But it's a different type of challenge. A lot of my friends would still go out party, hang out with boys, hang out with all their friends, go to movies, and I'd have to stay in to study because I would have to balance all this stuff. I think friendships, losing friendships was probably the biggest thing that I had to give up.
She also identified the impact on family: “…difficult that has been to skip out on family events and things I really want to do, but I need to prioritize this time.”

**Social life or free time.** Many of the study participants identified the sacrifice of their social life or free time to enjoy other activities that were important to them. Jake participated in an extracurricular activity and found it challenging to balance the requirements:

- Having a social life on top of that was pretty tough… A lot of my friends…they're going out Thursday, the bar specials on Friday, Saturdays and typically, every day of the week I'm doing homework or preclinical work for the next day or studying for a test. I don't really have that luxury. …I usually had homework on Friday and then Saturday is my one day, if I wanted to go out, I could. But if I did and I'm sacrificing all that time for schoolwork. I found that it is important to find a balance and that if you just drive, keep going and go and you're going to get exhausted. I think I found a good balance with that. Sunday is kind of my homework day, family day.

- Kristen also participated in an extracurricular activity. She sacrificed advancement in her sport and felt as if she did not perform as she might have been able to otherwise:

  - My sports have been affected tremendously. I'm one of the only athletes left in the program. It's me and one other girl. And beyond that, I still go to practice all five days a week. But I don't lift weights as I should. I'm not in a regular weightlifting program. I don't. some of my practices have had to been cut short.
She also stated,

I felt as if any free time I had, I found myself starting to think about school. That made me nervous and anxious. Like I have track practice or watching TV or being at work, I was like, oh, I could be studying, I could be doing homework, I could be doing anything but what I'm doing now.

Participants NS27 and NS32 both stated, “You don't have a social life.” Both related having to sacrifice free time for socializing and spending time with friends and family in order to fulfill the requirements of the nursing curriculum.

**Finances.** The majority of the study participants reported needing to decrease work hours or focus on working during the holidays in order to be able to work less during the semester. James was very focused on the economic impact of being in school. He was determined to graduate without debt and yet had to cut work hours in order to be successful:

Once you get in and you've been fully immersed, there's really no backing out unless you want to totally start from scratch again. Once you start getting into those classes, they don't pertain to anything else...how important is this based on how much money I'm spending or I'm really stressed out. I don't know if this is worth the amount that I'm spending for it...I was working two jobs and basically choosing which one to keep and which one to give up.... My last job, the bartending job I had to give up because I was working too many hours and was affecting my grades in critical care.
Brianne was concerned about the fact that she was taking on debt in order to complete the nursing program, which was compounded by needing to sacrifice work hours:

I haven't been able to work a whole lot because I've been in nursing school. Luckily, my parents have helped me out a lot, but I will be paying them back…Yeah, it's stressful trying to balance being a college kid and being a nursing student and wanting the best for my career and my patients later on. That's stressful. Finances.

Kay related difficulty in scheduling work hours with the clinical schedule and needing to readjust financial expectations:

You have to do well in the classes you're taking now. It's impacting me in my career that I have now. I'm a nurse intern at St. Francis. So I won't be able to work during end of March, April through May time just because I don't know my schedule yet. So financially, it's having to readjust my finances to meet with [the] Capstone [schedule].

Kristen identified that not only did she need to decrease her work hours during the school year but she also needed to work more during breaks to be able to afford her education:

Other areas have been sacrificed a little bit. I can't work as much as I used to. My first two years of college, I worked every weekend and picked up shifts in between now and then when I was a CNA. Now I work maybe every other weekend, maybe both days, less than about 16 hours pay period or less.
And during my spring break, Christmas breaks and stuff like that, how much I had to work to be able to pay for school and sacrificing that. One week over Christmas break. I literally worked 70 hours because I had to be able to pay for this semester because I want to be able to say “no” for my mental health. “I cannot pick up the shift. I have to study. I have other things to do.” But in knowing that I had to work so many hours over Christmas break and I didn't even feel recharged when I came back.

Everett worked night shifts in order to be able to attend classes and clinicals and still earn enough income. “When you're waking up to be at the hospital at 6:00 and then work eight hours and then for me, I have to work after that eight hours or whatever, I work nights. That gets pretty hard. It's kind of tested of my abilities.”

Only one of the participants in this study did not identify specific losses or sacrifices. However, Janelle did identify a situation early in her academic program where she was willing to sacrifice competing in a national athletic contest in order to begin her program of study. The support of her instructors in the nursing program as well as coaches on her team made it possible for her to compete. This situation demonstrated the third theme.

Support Matters

The third theme identified within the interview data was that external support made a difference in student success. Support from family, faculty, and clinical nurses were all identified as essential components in being able to complete the nursing curriculum. All of the participants recognized instances of positive supports, the impact where support was not offered, or when participants felt ignored or unseen.
**Family/friends.** All of the instances of support regarding family and friends were positive. The connection made in nursing programs with other students was identified as essential for student success. Participant NS32 identified the importance of her connection with other nursing students: “Honestly, the most impactful thing has probably been the girls I've made friends with. OK. There are seven of us, which is weird having an odd number, but we're each other's support system. God's my rock. But these girls are my earthly rock.”

The same sentiment was reiterated by Janelle, who credited a structured program within her school of nursing in helping her build her support network within her classmates:

> We study together and we meet together. Through that, we've developed… I've developed friendships with almost everyone in my program. And nursing school brings you together because you go through the trenches together, you experience things together, and then you develop deep relationships that I think can last for a while because you have that experience. So now my emotions are I am in a place of gratitude for all the people around me who have taken the time to get to know me and to walk with me…. We're all in this together. So having that connectedness to your classmates that they want you to succeed and you want them to succeed.

Kristen and Kay also identified the importance of family support for both emotional and financial support as they moved through the nursing curriculum.

**Employment opportunities.** Employment opportunities were very important to James. He identified the challenge of having to leave jobs in order to be able to complete
the nursing curriculum. The fact that his employers and coworkers continued to support
him was important:

Pretty much all my places of work, especially when I would leave. I would say,
well, the reason why I'm leaving is not because I don't like. I love working with
you guys. But, you know, I need to have my head here. And all of them were
very supportive and all of them. I still keep in contact with most of them.

Professors. Participants were asked about persons who had the greatest impact
on their nursing academic journey. The overwhelming response was the caring presence
of nursing professors was incredibly valued and appreciated. There were fewer reports of
professors negatively impacting their academic journey but those situations were very
challenging for the participants.

Positives. All of the participants shared stories of professors who went above and
beyond the teaching role to nurture and care for their students. They all talked about
situations where they were seen as individuals with individual stories and needs. Brianne
stated, “We have some amazing professors that you can tell that they're holistic approach
nurses, because they can tell when we're stressed and it's like "why don't you come talk to
us?" James identified the impact his professors had when they assisted him with some
personal challenges:

She could definitely tell that I was I wasn't doing good in my mindset. I was
distracted… she could tell that something was negatively impacting me. And she
felt the need to address that…. So that event of being helped by a nursing
educator definitely gave me a whole new kind of perspective and respect for not
only her, not only teachers who, you know, regularly do that and know when to do that at the right time.

Janelle identified her appreciation when flexibility in scheduling was demonstrated to allow her to participate in an important extracurricular event: “Those two professors will forever…. I’ll always remember them because they had such great flexibility for me.” She also identified the importance of being able to ask questions and seek clarification of concepts outside of classroom hours. A personal conversation helped her see the importance of having intellectual humility.

The remainder of the study participants’ comments echoed those presented above. The importance of personal connections with professors was stated repeatedly and identified as very impactful on participants’ individual journeys through the nursing program. The participants recognized that these connections frequently occurred “above and beyond” typical work hours for many faculty. Kay related, “She'd come in on the weekends to help me study, to go over things, because when I talk about things, I get it.” They also recognized that instructors had an interest in student success. “They definitely took the time out of their day. They wanted me to succeed. They didn't want me to just fail... They reached out and I appreciated it a lot” (Participant NS27). Jake identified the importance of being “seen” by faculty: “I think many nursing students want to be encouraged and noticed. Notice that they're making improvements because sometimes we can't tell because we're always learning.”

**Negatives.** Situations where participants reported feeling unsupported were fewer than where they did feel supported. However, situations where there was a perceived
lack of support were influential. The negative impacts were centered around a lack of flexibility and adaptation of the professors to students’ learning needs. James related, This last semester. Some of the teachers, they also are trying to just get us through the last bit and have us pass. And some of them kind of used tactics as far as like teaching to where we're going to post all the power points you read through them will kind of gloss over them in class if you have any questions. You know, a lot of classes are kind of built like that, but it kind of got to the point where the amount of teaching that was kind of done in class or the emphasis of importance. There was a disconnect as far as when we actually had to be tested. Participant NS32 was very frustrated with inconsistencies between textbooks and professors’ expectations:

I had a teacher tell me she is the expert. The book is not the expert. And then in a different test. When I was reviewing it with her in her office, the questions I got wrong. I said, okay, well, your PowerPoint showed me this. She said, well, we don't go off my PowerPoint, we go off the book. So just complete inconsistency really stressed me out.

For Participant NS27, the frustrations with faculty teaching almost led her to leave the nursing program:

Professors at nursing school have made me not want to continue my education… So it has made me not want to continue, I don't want to get my masters anymore when at the time, I did want to get my masters…. When they're teaching you, you want them to be just as excited as you are to learn what they're teaching. I felt like with specific professors that it was never like that. It was just like, let me just
read off of this slide…there was no passion behind it. There was no excitement. There was no trying to teach us…that really affected my learning. I didn't learn anything. I was frustrated…I feed off of the professor, I feed off of their excitement. I feed off of their passion for what they do. And I didn't get any of that.

**Clinical experiences.** Clinical experiences were frequently reported as impacting participants’ learning experiences. The majority of the experiences reported were positive—where participants reported feeling affirmed and supported. There were also negative experiences, while reported less often, that had significant impacts on the participants.

**Positives.** Clinical instructors as well as nurses who demonstrated support for participants were reported as being influential. Support was demonstrated by “doing mental check-ups” (Participant NS32) and by being approachable, (Participant NS32, James, and Kristen). James talked about the importance of having his progress noted by his clinical preceptor:

Last week, my nurse and I were walking out, and she said, “You know, you have it.” I asked what are you talking about? She said, “you're meeting all of your goals really well. All you have to do is just improve and get used to it. She told me, you know, your confidence has gone up from just like the first two weeks you've been here. You're on the right track. And I see this huge confidence; you are going to be successful.” That meant a lot to me.
Jake reported the impact of a similar interaction with a clinical mentor.

My clinical instructor, she's usually pretty, pretty stern. She doesn't really give out too many compliments…one day she came in, she told me that my care plans were top of the class and that I should think about being critical care and just hearing that because like, dang man, like she works there. I mean, on the unit as an advanced practice nurse and she sees what it takes so for her to see that in me. I thought maybe I do have what it takes…. That made me so confident in my skills and stuff…she may not know it, but I would say, faculty just come kind of just giving encouragement and stuff really helps even if the students may not seem like it because they're too stressed or whatever to show that. But it really does.

Participants felt affirmed and supported in their career path when clinical nurses demonstrated passion and excellence in the nursing care they provided. Participant NS27 stated:

I know this is what I'm supposed to do, because at the end of the day, I feel so satisfied from what I've done, for the people I've been able to help as well as the patients and the nursing staff. All of them are encouraging. That's what makes it worth it. You fail a test but the next day you're at clinical and you're told you're great. So it kind of makes up for it a little bit.

Janelle made a similar statement:

When you get put in the clinical setting and I think when you work with great nurses and you see that they're really good at their job and they know what they're doing. That’s what you want to strive to be. You want to be the nurse who
clearly works hard and puts in the time and effort. So that is that motivation to be as prepared as you can be.

Everett reported observing nurses and being influenced by their attitudes: “They’ve changed me…they've been doing it for five to 40 years. But you can tell that they still love what they do. They're great teachers. They talk to their patients. They enjoy talking to patients. That's a huge part of what it means to be a nurse.

**Negatives.** Not all clinical experiences were positive. The antitheses of the positive, supportive experiences were those where the students reported feeling abandoned, isolated, or observed situations where nurses were mistreated. Kay reported being abandoned by her clinical nurse:

Some of the nurses aren't all that welcoming to nursing students. It's been kind of hard to not be comfortable with patients or still be learning the routes and the ways of everything….one day I had a nurse leave me and didn't tell me he was going to a different unit. I was sitting by myself for two hours.... I thought he was going to the restroom. I didn't follow him. and he was gone. I said, “Guys, have you seen my nurse?” “Oh, yeah. He went to PACU.” I'm pre-op that day…. I ended up cleaning their desk, wiping down their desk on their unit. That was probably the hardest day.

Daily stressors felt by nursing staff were observed by the participants of this study. Conflict with other professionals was very disturbing. Janelle related one such incident.

One time I was in the clinical setting and I saw a nurse and a doctor having a very heated discussion or argument. There's just not a lot of respect for the nurse….
And you're like, why would I want to go into a career that people are going to talk to me like that? …other situations that made me question like, do I, is this really what I want to do?

Everett identified the attitudes of the nurses as something that impacted him:

They're very stressed out and you can see that they've kind of lost it, like they don't find happiness in what they're doing a lot of times…. I guess it's something that kind of scares me. Some of the complaints like, you know, too many patients, don't get paid well enough. All of those things kind of stay in the back of my mind.

Jake questioned how nurses who were not receptive to students would translate to professional practice:

They don't really want a student and then they don’t let them do anything and just make them watch, which I think is really hard because it's you and me working with those people, too. Maybe someday is like, do you really want to work with them? I think that's why it's important. I mean, in nursing school they talk about collaboration and teamwork, communication, and I think people don't realize how important that is, especially in health care.

Kristen and Brianne both identified the day to day stress of not knowing how they would be received in the clinical unit; whether they would be acknowledged or welcomed was a source of stress.

The importance of support and the impact when it was missing was very evident in the reports of the study participants. The supports provided by faculty and clinical nursing staff facilitated the growth and development of the participants. Participants
recognized they had changed through their time in the BSN curriculum and indicated they had “grown up.”

**Growing Up**

The fourth theme centered around the idea of growing up. Participants were asked to discuss how being in a nursing program affected them. The participants identified that they matured, had become more proficient in their time management skills, as well as being able to balance and prioritize varying role responsibilities.

**Maturation.** Participants in this study identified areas in which they perceived they had matured through the course of their nursing studies. They identified they had developed the ability to persevere through challenges. Participant NS27 identified this characteristic:

> I think that nursing school has shown me that no matter what I'm going through personally, no matter what I've been through in school, I can always persevere and get through this strenuous situation…if I can get through nursing school I feel like I can get through anything!... And it's made me realize that even with all of that going on, I can still persevere and come out at the end. It's changed my perspective that I can do this, and I can work through these situations and not just give up and throw in the towel.

Participants compared themselves to their peers and considered themselves to be more mature. Kristen stated:

> I think during nursing school, I have become more mature than other students my age…I have other people who are exactly my age and they don't act their age at all or something. I just feel like this whole process has made me more mature
than others…. I found myself carrying myself differently and being more mature in that position and role.

Participants identified that they developed more self-awareness through their program of study. Kay commented:

Now in fourth semester, Oh, my gosh, I have overcome so much in the last three years.... Coming into nursing school I was kind of emotional. I probably say I was a stereotypical girl, teenage girl like boy drama, friend drama. Got all worked up, worked up about that. And then coming into nursing school, like I said, it kind of put things into perspective. I realize, hey, your problems are really small. These really aren't problems. I've become more passionate and I don't stress out over the little things anymore. I think I've learned how to manage stress more too, because nursing school is so stressful. You have to learn how to kind of tuck it away, especially in a situation like with a patient. If something is being stressful, you can't let that show to the patient that it's a stressful time for you, because if you panic, they're going to panic. It's also made me aware of how I reflect myself towards others.

Janelle identified changes in how she perceived persons from different cultures: “I think that it has impacted my life and opened my eyes for greater cultural awareness. And it has definitely lessened my judgment towards those people.” Jake’s comments encompassed many different maturational areas:

I think I've grown more in the past two years, probably than I have close to my whole life, I think. Really I mean, just using your time skills, time management skills, organization, really prioritization like do you really want to go out or do
you want to do what you want to be a nurse and do this stuff now because it's gonna pay off later? I think just growing up, because maybe my first two years of college, I probably would have been I am going out definitely like this can wait.

**Time management.** The ability to manage the requirements of nursing school was mentioned frequently when asked about concerns when starting their program of study. It was just as frequently identified as an area in which maturation had occurred. James stated, “I would say a lot of concerns were also probably for me, especially time management…. But now that I've moved through the program and I'm almost done. Time management has moved on to kind of on the unit where I'm working at.” Jake voiced similar concerns:

My biggest concern was time management…. But I think after my first and second semester, just going through it all and seeing I can do it. It was fine. Last semester is really tough for me just because I was one of the hardest semesters. We have with the most clinicals in a week. But I think just seeing that I could conquer and overcome that made me confident and like that no task was too big for me.

Kristen was able to extrapolate how being in nursing school aided her time management and prioritization ability as well as how to care for herself:

It's taught me better time management and prioritize is so extremely important. And how difficult that has been to skip out on family events and things I really want to do, but I need to prioritize this time. I'm in nursing school for a little less than two years. So these two years will affect me for the next however many years. I just said that nursing school has helped me evaluate my mental health
more than I ever thought it would that I didn't. That wasn't necessarily something I ever thought about. Being under the stresses and troubles of nursing school, you have to sit down and think, is that the best? Even if I have time off. Is it the best for me to go out with my friends right now? Or is it best for me to sit and recharge and do what I need to do? So just about evaluating my mental health is really important.

**Balance.** Finding balance with school, friendships, family and work was challenging as was identified in the first global theme. As students wrestled with these challenges, they identified struggling with their self-worth. James said, “I don't feel like I'm like I'm fulfilling my self-worth if I'm not, you know, keeping busy, being productive.”

Jake discussed the need to find balance between his academic requirements as well as athletics:

So just making my own decisions, basically and saying, you know, I've got to prioritize this first and then put football second. That was that was hard for me, for sure. …I live at home so I could focus. It was kind of hard for me to focus in the dorms with all my teammates. …You're always stressed in nursing school. So having that balance, I mean, it's really important. Your mental health is really important.

Kristen also struggled to find balance and ultimately succeeded:

I thought, well, how am I going to do that? With everything else I have going on, I'm already a busy student regardless. Now I'm a busy nursing student…. It felt
impossible to do at all. It just felt so impossible. But I'm in the fourth semester and I have done it all at this point.

Everett had to restructure many aspects of his life to find balance but stated he was able to do so by following a specific schedule:

I like to balance my social life. So I go to nursing school. I say we have a test on Monday. Well, if I have everything else, nothing else to do I'm going enjoy my Saturday for sure. Like, I'm going to hang out with friends, family. I have different hobbies I like to do. And so Sunday, I'm kicking into high gear and I make sure I know what I need to know. I got to get myself comfortable so that I can be comfortable on a test.

Growing up meant finding balance and determining priorities for these participants and required them to make sacrifices and choices to meet their desired goal—becoming excellent nurses. The culmination of their experiences was evident as they discussed their future as nurses.

**Striving for Excellence**

All of the participants in this study identified they not only were striving for excellence in the “now,” they recognized they would need to continue to engage in lifelong learning. They voiced a recognition that they would not be able to enter practice being completely prepared. Rather there was an acknowledgement as novice nurses that they would need to be prepared to ask questions and rely on experienced nurses to facilitate their development into strong practitioners. Janelle summarized striving for excellence like this:
Having the opportunity to say maybe I'm not fully prepared, but that's OK....
That's why you have nurses, other nurses, experienced nurses. And so having that
trust that you're where you're supposed to be and you're doing what you're
supposed to be doing can kind of ease some of those fears. But I think going into,
you know, like one of my professors said for the first year of your job, you're
probably going to go to work every day with butterflies in your stomach thinking,
what am I going to do today? What am I going to see? And so even though I
have that concern...it's not so overwhelming that it makes me want to stop it. It's
more of like this motivation. How can I get as best prepared as I can to be the
best nurse that I can?

Participant NS27 identified that she was actively working to be excellent: “I still
strive for excellence, though, and pushing myself to be a great nurse. I don't want to just
be mediocre.” Jake utilized the term “life-long learner” in his reflection about his
journey through a nursing program:

I'm getting prepared, you know, and then knowing that you're never going to be
prepared, like fully prepared, no matter what you do in nursing school, you're still
going to be a lifelong learner in health care. So I think that's important, too.... So
I've always been...I need to take this really seriously.

This sentiment was echoed by James, Kristen, Brianne, and Everett. Kristen
always wanted to do better and be a patient advocate:

It was kind of my drive is like what I would want to be the nurse that does better
and I want to be the nurse that advocates and helps care for patients because
somebody is related to everybody. So, I mean, they need someone to advocate for them. I guess I kind of found my passion there.

Kristen, Everett, Kay, and Brianne all indicated their nursing programs prepared them as well as possible for the next professional role. Kristen summed up her thoughts when she stated,

I don't think that any nursing school that could prepare us any more for the workforce than they already do. But that is probably my biggest concern. And stepping out into a workforce, not knowing. Not knowing what it's going to look like, not knowing everything, you know, that we're going to need. I mean, someone I work with nurses at the nursing home I work at and I frequently talk to my nurse’s, preceptors at clinicals. And every single one of them said nursing school did not prepare me for nursing. They do their best. And we know our basis of knowledge, but we still don't know how to act as a nurse. It's a little intimidating, but I'm glad that nursing programs are doing the best that they can.

Each participant identified a desire to contribute well to excellence in client care as well as to the nursing profession. Although each participant identified different roles within nursing, they all wanted to be excellent practitioners!

An interesting difference was noted in the comments of two participants who were within weeks of graduation versus the participants who had two to three months of education to complete. Those close to graduations indicated, “Yes, they were ready for the move to the novice nurse role” (Participant NS27, James). The remainder of the participants did not make this observation. Not enough data were available to identify this observed readiness as a theme.
The themes identified in this study—Emotions Are Strong, Pervasive, and Conflicting; Nursing School Means Sacrifice; Support Matters; Growing Up; And Striving for Excellence—encompassed the lived experience of the BSN student and provided a path for exploration by nursing educators for tools to facilitate student development and success.
CHAPTER V
DISCUSSION

The purpose of this dissertation was to explore the lived experience of BSN nursing students through an interpretive, phenomenological lens using transition theory as the theoretical foundation. The literature review reflected the state of the science with regard to concepts that impacted attrition and retention in higher education in general and, more specifically, within nursing education.

The use of an interpretive, phenomenological lens facilitated generating understanding regarding what the journey through a BSN program was like for a student in a traditional four-year BSN program. The interpretive lens provided the researcher the opportunity to co-create an understanding of this journey by collaborating with the participants while recognizing that the researcher’s own experiences as an educator needed to be acknowledged and bracketed so as to not interfere with the interpretation of the data.

Transition Theory

Transition theory (Schumacher & Meleis, 1994) was utilized as the theoretical framework for this study. The data gathered demonstrated resonance with the chosen theory. The universal conditions of time, meanings, expectations, support, and planning were present in the discussion of the participants regarding their transition experience through the BSN journey (Schumacher & Meleis, 1994).
The first universal condition—*time*—was identified by the participants as a defined starting time in the BSN program and a defined ending when they passed the NCLEX-RN. However, the participants also recognized they would need to continue to learn once they entered into practice as novice nurses. All of the participants discussed acquiring skills and knowledge through their BSN courses but none considered themselves as having achieved mastery of the psychomotor, affective, or cognitive domains of nursing.

This perception suggested their transition into the nursing role really was not complete when they finished their nursing curriculum. Currently, nursing education is generally identified as the pre-professional transition, followed by a separate transition to practice. The results of this study suggested it would be more helpful to consider the transition experience as beginning with the entry into the nursing curriculum and ending after the first year of practice by incorporating the components of transition shock as discussed by Duchscher (2009). The arc of the transition should be expanded and both education and practice agencies should recognize that the journey of the nursing student does not end at the completion of their formal education.

The *meaning* of the transition was identified as a desired, positive transition into a career that was initiated and sought after by the participants. All of the participants identified their journey as one that was desired and entered into of their own volition. While they experienced challenges when the expectations of the journey were different than anticipated, the overall outcome (graduating with a BSN and becoming a registered nurse) was considered to be advantageous.
The participants in this study reported that their *expectations* of being a nursing student in a BSN program were incomplete when they entered into the course of study. They reported hearing and being told by others that nursing school was rigorous and challenging but they were still surprised by the workload and intensity experienced throughout the BSN program. The fact that the intensity never decreased surprised the students and made it difficult for them to sustain the focus and attention. Some participants reporting wanting to quit because they felt they could not meet the expectations of the program.

*Support* was identified as a key contributor to successfully completing a transition experience. This was affirmed by the participants of this study as seen by the fact that support was identified as a major theme. Financial, social, familial, and academic supports were essential to the success of the BSN student. All of the participants of this study named these supports as being important to them.

*Planning* for a transition experience was identified as a key component for a successful transition. The participants identified that they thought they were prepared for the BSN journey. They anticipated that they were prepared for the academic demands by having successfully completed their prerequisite courses. Many anticipated being able to continue to work and compete in their athletic activities as they had previously. However, many of the participants also recognized they really were not prepared for the intensity of the experience nor were they prepared for the impact of the journey on their support systems.

The markers of a healthy transition were not fully realized by these participants. These markers were subjective well-being, satisfaction in life roles, and well-being of
relationships (Schumacher & Meleis, 1994). The participants voiced experiencing significant and varied stressors that were common in transition states and had not yet voiced subjective well-being or role-mastery. They all reported anxiety regarding the upcoming licensure exam as well as recognizing they were not yet finished with their formal education. The two students nearest completion identified as “being ready” for the licensure exam and their novice nurse role. At the same time, they voiced concern about entering into their first nursing job, finding the right fit, and becoming excellent nurses.

Relationships were lost, maintained, and developed through the journey of the BSN curriculum. All of the participants identified changes in their support systems that had occurred in the last two years. They experienced loss of relationships when non-nursing friends could not adapt to the changing needs of the nursing students as well as gained relationships with nursing student peers. Most reported maintaining healthy relationships with their family members but these were not without stressors.

These findings suggested the transition process was not complete. As suggested earlier, there was strong support for extending the arc of transition and marking the end somewhere near the final part of the first year of nursing practice.

**Emergent Themes**

**Emotions Are Strong, Pervasive, and Conflicting**

The strong, persistent, and conflicting nature of the emotional experiences within the journey through the BSN curriculum was both anticipated as well as surprising. Being a nursing student was often reported in the literature to be stressful and there were known challenges when students failed to cope with the stressors. As an educator, this
researcher had worked with many students who had experienced stressful situations while in nursing school. What was surprising was how pervasive the emotions were reported and how they entered into and penetrated into all corners of the participants’ lives including work, family, academics, and social situations. Even when participants were “off” of school, they reported thinking about and worrying about their educational journey.

The participants in this study identified numerous negative emotions such as anxiety, distress, and loss of self-esteem. These emotions, along with the challenge of balancing multiple demands on time, were contributors to incivility in the academic environment. Clark and Springer (2007) and Luparelle (2011), in their early works on incivility, identified connections between student stressors and incivility by nursing students. Gibbons, Dempster, and Moutray (2009) and Kulland (2015) quantified the levels of stress by students. The stresses reported demonstrated an overlap with those reported by the participants in this study.

The participants of this study frequently utilized the description of a “roller-coaster” to describe their academic journey. Similar to a roller-coaster, the ups and downs of the emotions experienced created dis-ease and disequilibrium. Students experienced decreased stress when supported by faculty and clinical nurses and increased emotional discomfort when they were unsupported. Sacrifices increased stressors when they created challenges in other areas such as loss of relationships and financial wellness. Alternately, the sacrifices often increased their academic successes, which decreased stress.
The participants did identify the “eustress” of the nursing program that helped motivate them to apply themselves to the work at hand. While eustress is considered to be an optimum level of stress, Gibbons et al. (2011) identified eustress as less impactful on student health and outcomes compared to the harmful effects of distress. The participants in this study predominantly discussed the distressing impact of their nursing education on their lives.

**Nursing School Means Sacrifice**

The concept of sacrifice was not addressed in the attrition and retention literature reviewed earlier in this dissertation regarding BSN or general education students. However, the models of Tinto (1975) and Jeffreys (2007, 2015) did address the non-academic influences on attrition. Tinto discussed the idea of a cost-benefit assessment that can contribute to student attrition when the costs, or sacrifices in this instance, are too high to offset the benefit. Goodolf (2018) identified similar findings while exploring the development of a grounded theory of BSN students’ professional identity. The grounded theory indicated a cycle of self-doubt and confidence unanticipated by the participants. The sacrifices required and rigor of the program were unanticipated and led to challenges in acclimating to the nursing climate and development of a professional identity.

The participants in this study voiced surprise at the sacrifices required to successfully complete the BSN program. Numerous students voiced being very close to dropping out because the costs were too high. These costs included financial, loss of relationships, loss of self-esteem and self-image, as well as frustration when needs were not being met or expectations were challenged. These findings resonated with the
markers of a health transition discussed earlier in this chapter. The participants recognized they were not fully prepared to meet the expectations of the nursing curriculum as well as the number of sacrifices they would need to make in order to be successful.

Of particular note was the frequency financial concerns were mentioned. A desire to limit student loans, the cost of education, the loss of work hours, or having to choose between working and studying were voiced by all of the students. Every participant in this study discussed working to pay tuition fees and having to reduce work hours. This sacrifice was connected to the stressor identified in the emotional responses found in the first theme.

**Support Matters**

The need for support of BSN students was present in both the BSN and general college-wide literature. As discussed in the review of the literature, previous research on this topic included personal support such as mentoring (Foy & Keane, 2018; Larkin & Dwyer, 2016; Yomtov et al., 2017), encouraging engagement (O’Keeffe, 2013), decreasing incivility (Christe, 2013, 2015), connecting with students (Kopel, 2018), and intrusive advising services (Campbell, 2013; Reese, 2013). Support services such as the utilization of academic librarian services (Oliveira, 2018), student-centered business practices (Hassabis, 2014), professional staff actions (Roberts, 2018), and availability of work experience within the students’ field of study (Maher & Macallister, 2013) had an impact on student retention.

Within this study, the participants discussed the need to make connection with others. An emphasis was placed on being seen as individuals by the people they
respected. The participants all identified a faculty member who took personal interest in them, their challenges, as well as their development as most impacting on their BSN journey. They wanted to be seen, affirmed, and challenged. There might be a generational difference at work as this need for connection has been researched and is evolving in the educational environment. Generational theory (Howe, 2007) suggested the cohort currently in college is at the end of the millennial generation and at the beginning of the Gen Z generation. One of the characteristics of this cohort was seeking to connect with others and to have meaningful work. They were also very concerned about the financial impact of the choices they made.

The clinical environment was where many of the students reported finding their “aha” moment—when they identified the beginning of their nursing path. The nurses they worked with were crucial in facilitating the student-learning role as well as helping them define their entry into practice. Zenoni (2017) also identified that the clinical learning environment was a critical component in students’ transition into practice. The data within this study affirmed the importance of a positive, supportive clinical environment for BSN students.

**Growing Up**

Maturation is expected as students move through the college experience. As academic rigor increases, students’ metacognitive, academic, and social skills are expected to develop to the point where they are able to “launch” into an adult world. The emerging adulthood theory (EAT) developed by Arnett (2019) explored the development of students as they move from adolescence into young adulthood.
The EAT (Arnett, 2019) identified the age range for emerging adulthood to be 18 to 29, which captured the age range of participants in this study. Arnett (2019) described five distinct features of emerging adulthood: identity explorations, instability, self-focus, feeling in-between, and possibilities/optimism. Comparison with the features of the EAT with the findings in this study supported the participants’ perceptions of maturity as compared to their peers particularly in the features of identity exploration, instability, and self-focus.

Identity exploration included vocation identification in addition to other personal growth areas such as sexual identity, worldview, and development of relationships. Arnett (2019) identified that for most college students, a period of exploration is necessary to identify a vocational path. The nursing students interviewed for this dissertation indicated a commitment to their vocational path. They were committed to the successful completion of their program of study and without an intent to change or explore other paths. Arnett (2019) stated,

Not all emerging adults are interested in exploring identity options during their college years…. The purpose of college is to obtain the skills and the credentials that will enable them to do the work they know they are cut out to do. But they are the exception, not the rule. (para. 20)

Instability within EAT is based on the idea that emerging adults identify that they are supposed to have a plan for the future. These “plans” are frequently revised as students move toward young adulthood including where they will work, live, who they will love, etc. Arnett (2019) identified that many emerging adults find themselves in the “beer and circus’ of college life-the parties, the drinking, the social life, the sports
events” (paragraph 27). This is where the participants of this study differed. They identified that they had to choose their plan, to study, to do homework, and forego the parties, the drinking, and the social events. They perceived themselves as being more mature than their peers because of the choices they were making to achieve their goals.

Self-focus is the other criterion that demonstrates a difference from typical college peers. Emerging adults are expected to be self-focused, developing their independence, knowledge, skills, and autonomy. The majority of these students are beholden to very few others and can focus solely on their own development (Arnett, 2019). Nursing students though are beholden to the nurses and clients with whom they work. They must function in ways that serve others, knowing that if they do not, they might cause harm to those they are seeking to help. The participants of this study recognized that they had chosen a career with a high level of responsibility to others and this was not taken lightly.

**Striving for Excellence**

It was heartening as a nursing educator to note that all of the participants in this study recognized their education would continue beyond the halls of academia. The participants verbalized the importance of life-long learning as they leave college and move into their nursing role. All of the participants voiced a desire for excellence, striving to function above “mediocre.”

Life-long learning was identified as a required nursing attribute by Benner (2010) and essential for providing safe, accurate, and compassionate care. The IOM (2011) also identified the need for nurses to continue to learn while in practice in order to continue to meet the challenge of an ever-evolving nursing practice. Zenoni (2017) also identified
that participants in her study questioned their preparation and readiness shortly after they entered into practice.

What the participants did not voice was the recognition of what reaching excellence would look like nor how they would achieve excellence. At the end of their final semester, two of the participants voiced the perception that they were ready for entry into practice. It is unknown whether the remainder of the participants would have voiced a similar sentiment had they also been at the end of their final semester of study.

**Recommendations**

The results of this study demonstrated that the journey through a BSN program is emotional and challenging with many sources of stress, anxiety, excitement, as well as maturation and growth. Some interventions could be implemented to assist students through their journey.

**Mindfulness and Self-Care**

Increased research has focused on mindfulness training as well as encouraging nurses to give attention to their own self-care and mental wellness and the development of resilience (Bronson, 2017; Cohen-Katz, Wiley, Capuano, Baker, & Shapiro, 2004; Penque, 2019). The data within this study demonstrated the need for nursing students to attend to their own mental, emotional, and physical health. A literature review by van der Riet, Levett-Jones, and Aquino-Russell (2018) indicated that mindfulness meditation could positively impact negative emotions (as experienced by the participants in this study) and enhance positive emotions.

Mindfulness techniques are simple but require regular practice. The basic actions are as follows:
1. Set aside time for the mindfulness practice.
2. Observe the moment as is, without judgment.
3. Note your judgments when they do occur and let them pass.
4. Return to your observation of the present moment.
5. Be kind to your wandering mind. Note your thoughts and then return back to the moment (Foundation for a Mindful Society, 2020).

Mindfulness practice does not need to take a lot of time. It can be done multiple times and a day and affords the practitioner an opportunity to re-center and focus. A mindfulness tool-kit that includes focusing tools such as mandalas to color, positive affirmation prompts, and stress balls could provide opportunity to center and focus on the moment. Scheduling short periods of time to center and focus using mindfulness techniques could facilitate de-escalation of challenging emotions. These could be at the beginning of a class, after an exam, or in the last five minutes of class. Having a specific space to use to practice mindfulness and modeling the behaviors are beneficial. The Insight Timer cell phone app (Plowman & Plowman, 2016) is also very helpful as it provides audio cues to facilitate mindfulness and is free to download.

Self-care activities include getting exercise, eating a healthy diet, and getting adequate sleep. Students should be encouraged to get out of their seats and move during their break-times. Implementing a walking plan could help with activity. Mapping walking paths, both inside and outside of buildings, and creating a step-count incentive would help students maintain some activity (Nevins et al., 2019).

The roller-coaster of emotions discussed in theme one is also present in the first year of practice for many new nurses (Duchscher, 2008). Providing tools for students
while they are in their BSN curriculum would equip them for a practice that is typically emotional and challenging.

**Faculty Support**

Faculty support of students is essential. Faculty need to ensure they are available to students for questions and support via open office hours. Students should be encouraged to utilize office hours to ask for clarification of course content as well as discuss their academic and social wellness. Support offered by faculty should be holistic in the same manner in which students are being taught to care for clients.

Part of this holistic care is completing “check-ins” with students. These are structured meetings where the goal is to find out from the student what is working well for them in the classroom and what is not. It is also a time to discern whether there are outside challenges the student needs to process that might be inhibiting their success. It is not the role of the faculty to act as a counselor but it is essential that the faculty are demonstrating concern and taking a personal interest in the student’s well-being (Henderson, Sewell, & Wei, 2020; Ingraham, Davidson, & Yonge, 2018). These “check-ins” do take time. Ideally, these would be spread between faculty members and the results shared with all the faculty who would be interacting with a student as needed to facilitate their academic progress.

Finally, when a faculty member sees improvement, significant effort, and growth, they should speak up and tell the student they are being noticed (Henderson et al., 2020). This does not require extra time; rather, it asks faculty to be intentional in their interactions with students and observing with an intent to find improvement and provide encouragement.
Clinical Staff Support

Clinical experiences are essential in the development of the nursing student. Data collected highlighted how impactful the clinical faculty as well as clinical nurses were on the student journey. Clinical nurses could foster the development of clinical judgement as well as interprofessional communication.

Dedicated education units (Craig & Moscato, 2014) as well as the clinical scholar model (Preheim, 2008) are designed to utilize the expertise of the clinical nurses and ensure they are aware of and assisting the students in meeting the learning outcomes of the clinical experience. The nurses that facilitated the clinical education in these models were joint employees of the clinical agency and the nursing program. The hands-on clinical instructors were clinical nurses who had been educated in how to effectively work with students. In some agreements, the assignments of the clinical instructors were modified to facilitate their work with students. At the same time, students were expected to work as a member of the clinical team (Craig & Moscato, 2014; Preheim, 2008).

If the traditional clinical instructor model is used, faculty should be deliberate about selecting nurses who want to work with students where possible. Collaboration with the unit managers in which clinicals are being completed remains essential. At a minimum, the manager should identify nursing staff who are willing and interested in working with nursing students as well as identifying staff who should not be assigned to nursing students. If clinical staff are not student-friendly, the student should be reassigned if possible.
Peer Support

Much of the peer support literature discussed mentorship and learning supports. These are helpful interventions. However, they did not speak to the need voiced by the participants in this study. Rather, the recommendation from this study would be the facilitation of peer relationships within the nursing classes. Student-student relationships need to be fostered as they do not always form organically. It is recommended in the first week of class that students select a partner in the class. They would formulate an agreement between themselves that outlined the support each person needed to be successful. In addition, the faculty for the course would have a list of expectations for each partnership. These expectations could vary based on the structure of the course. Some of the expectations could be that the partner is the first person the student should go to for questions regarding assignments, due dates, etc. The partnerships might need to be reassigned if there is attrition in the class or the partnership was not working effectively. The partnerships could be restructured each semester as appropriate for each program.

The literature supporting this recommendation was focused primarily on facilitating peer academic support (Stigmar, 2016). Kramer, Hillman, and Zavala (2018) discussed the benefits of peer-to-peer mentoring that included academic support, decreased stress, improved retention, and better organizational skills. Peer-to-peer mentorships are often senior students with less experienced students but could also be with class peers.

Recommendations for Future Study

The themes in this study suggested a further need to explore the link between the BSN experience and transition into practice. This study indicated the journey through the
BSN program did not mark the end of the student role and the beginning of the novice nursing role. Rather, it suggested the transition process should be extended from the point of entry into the program through the first year of practice. This would require further cooperation between education and practice sites. Conducting a longitudinal study might yield a new perspective regarding how to facilitate student passage more effectively through the education practice as well as the first year of practice to lessen attrition in both phases of transition.

The evolution of nursing education previously discussed in the IOM (2011) report, together with the data from this study that indicated students were required to sacrifice much to successfully complete the nursing curriculum, suggest curricular revision is needed. There is currently a movement within nursing education to implement concept-based nursing curricula to attempt to increase transference of knowledge, develop clinical reasoning skills, as well as decrease cognitive load (Giddens, Caputi, & Rodgers, 2015). Replication of this study should be completed with participants from varied curricula to contrast their impact on the BSN student journey.

A third area for future research is to study the effectiveness of mindfulness and self-care strategies suggested in the recommendations to determine their impact on negative emotions experienced by BSN students. Cochran, Moss, and Mealer (2020) indicated only 9% of nursing schools incorporated any type of resilience training or stress reduction strategies. This research would be helpful while students are in their nursing program as well as when they are in practice.
Limitations of This Study

All studies have limitations. The participants in this study represented a small geographic area in the Midwest. The educational experience might have been different for them as compared to other geographic regions. The curriculum of each school of nursing was not included as a variable in this dissertation. How information was organized and delivered might have influenced the student experience as well.

The sample selection was ultimately limited to three schools of nursing due to a lack of responsiveness by two schools of nursing. It did represent both private and public, faith-based, and secular schools as well as large and small programs, which decreased the limitation of the sample selections.

There was variation in the timing of interviews relative to their proximity to graduation. Ideally, all participants would have been interviewed at the end of their final semester of their BSN program. The majority of participants were interviewed near the beginning of their final semester. Responses might have been different had they all been near the end of their program of study.

The data represented in this study were limited to those of the nursing students without any corroborative or correlative data from nursing educators. The researcher conducting this study is a nursing educator and so might have inadvertently introduced bias in the data analysis in spite of bracketing and acknowledging.

Contribution to Nursing Education Science

This dissertation contributed a perspective of the BSN journey through the lens of transition theory. Understanding the student journey through this lens provided not only nursing educators but also nursing practitioners with a connection to the transition into
practice. It also facilitated a better understanding of the BSN experience for nursing educators who are looking for more effective means to connect with and reach their BSN students. Connecting and providing support and recognition of student stressors and victories could be used to help decrease attrition and facilitate retention.

**Conclusion**

This study explored the lived experience of the BSN nurse utilizing an interpretive, phenomenological approach. Transition theory was utilized as the lens with which to focus the study. Societal needs are demanding nurses who are capable of caring for increasingly complex patients. The aging population continues to increase the need for nurses. This is complicated by continuing attrition from schools of nursing. The literature identified many interventions that have been implemented to decrease attrition with little impact on the number of students who fail to progress every year.

Ten participants in the final semester of their BSN program of study were asked to describe their journey through nursing school. A semi-structured interview guide was utilized and all of the participants had the opportunity to prepare their responses prior to the interview. Five themes were identified: Emotions Are Strong, Pervasive, and Conflicting, Nursing School Means Sacrifice, Support Matters, Growing Up, and Striving for Excellence.

The findings of this study describing the journey through nursing school indicated the transition phase did not end once they had finished their formal education. Rather, the transition needs to be extended to include the transition into practice; these two events should not be considered as two dichotomous phases.
The findings also highlighted the challenges BSN students faced and interventions that could be implemented to diminish some of those challenges. Recognizing the emotions experienced, the sacrifices made, providing support, and acknowledging growth and change are important in decreasing attrition and facilitating retention.
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APPENDIX A

RECRUITMENT LETTER TO SCHOOL OF NURSING DIRECTORS
My name is Rita Peters, and I am a PhD candidate from the University of Northern Colorado. I am currently conducting dissertation research in which I am exploring the lived experience of baccalaureate nursing students as they transition from a pre-nursing, general education curriculum through the professional nursing curriculum. My research is focusing on the phenomenon of Transition, utilizing Transition Theory by Meleis. I am seeking participation of students currently enrolled in the next-to-last or last semester of the nursing curriculum (typically the senior year). They would be completing an interview that will take approximately one hour. I am attaching a request for participants to this email. Would you be willing to forward this attachment to the potential pools of participants? Please let me know if you are able to help in this manner.
APPENDIX B

RECRUITMENT LETTER TO POTENTIAL PARTICIPANTS
My name is Rita Peters, and I am a PhD candidate from the University of Northern Colorado. I am currently conducting dissertation research in which I am exploring the lived experience of baccalaureate nursing students as they transition from a pre-nursing, general education curriculum through the professional nursing curriculum. I am seeking participation of students currently enrolled in the next-to-final or final semester of the nursing curriculum. Participation in this study will comprise of completing a face-to-face interview with myself, lasting approximately one hour. Your responses will be confidential, and you will have an opportunity for feedback prior to completion of the study. There will be a small thank you gift upon completion of the interview. If you are interested in participating in this study please contact me vial email pete1073@bears.unco.edu
APPENDIX C

SCRIPT FOR CLASSROOM PRESENTATION
My name is Rita Peters. I am a doctoral student at the University of Northern Colorado. I am currently recruiting students to participate in my dissertation study titled “Transitions: The lived experience of the Bachelor of Science in Nursing student.” I’m interested in hearing about your experiences as you’ve entered into a nursing curriculum up to the point where you are today. Participation in the study consists of an interview which will take approximately one hour. I will be available at the front of the classroom (or location designated by the School of Nursing) to answer any questions you might have as well as set up a time for an interview if you are interested in participating in the study.
APPENDIX D

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: October 18, 2019

TO: Rita Peters
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1339841-2] Transitions: The lived experiences of Bachelor of Science Nursing students.

SUBMISSION TYPE: Revision

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: October 18, 2019

EXPIRATION DATE: October 18, 2023

Thank you for your submission of Revision materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB’s records.
DATE: January 6, 2020

TO: Rita Peters
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1339841-3] Transitions: The lived experiences of Bachelor of Science Nursing students.

SUBMISSION TYPE: Amendment/Modification

ACTION: MODIFICATION APPROVED/VERIFICATION OF EXEMPT STATUS

DECISION DATE: January 6, 2020
EXPIRATION DATE: October 18, 2023

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project modification and verifies its continued status as EXEMPT according to federal IRB regulations.

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Nicole Morse at 970-351-1910 or nicole.morse@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB’s records.
APPENDIX E

SEMI-STRUCTURED INTERVIEW GUIDE
The semi-structured question guide has been created to explore the central question: What is the lived experience of the BSN nursing student?

**Prompt:** I’m exploring what it means to be a nursing student going through a BSN nursing curriculum. I’d like to know what this experience has been like for you. Please think back to the beginning of your educational experience and tell me what it’s been like for you.

Probing questions:

1. Please describe any emotions that you felt as you started nursing school? Can you describe if those emotions have changed as you have moved through your nursing program?
2. Were there aspects of beginning nursing school that concerned you at the time – if so, what were those concerns? Do you hold those same concerns now? Have you developed any new concerns?
3. Are there people that have impacted you throughout your educational experience? If so, please describe the impact that they had on you.
4. Have there been any events or situations that made you reconsider your decision to become a nurse?
5. Have there been any events or situations that made you reinforced your decision to become a nurse?
6. Would you share with me a particular event that you feel impacted you most in your education process?
7. How would you describe the journey of going through nursing school and its effects on your personally?
8. Do you have anything further you would like to share with me?
APPENDIX F

CONSENT FORM FOR HUMAN PARTICIPANTS
IN RESEARCH
CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

UNIVERSITY OF NORTHERN COLORADO

Project Title: Transitions: The Lived Experience of Bachelor of Science Nursing Students
Researcher: Rita M. Peters, MS, RN, CNE, School of Nursing
E-mail: pete1073@bears.unco.edu
Research advisor: Katrina Einhellig, PhD, RN
Phone: 970-351-2269 E-mail: Katrina.Einhellig@unco.edu

Purpose and Description: The purpose of this research study is to explore your experience as a Bachelor of Science Nursing student. I am hoping to better understand how students transition through a nursing program and how the experience impacts student attrition and success. This information will help nursing faculty to understand the complexities that students experience within their nursing program.

The research process will take approximately one hour of your time if you agree to participate. It will consist of a face-to-face interview. You will have an opportunity to preview the interview guide prior to our conversation. I will be collecting basic demographic data like the alias that you choose, age, gender, semester of study, school of nursing and an email address that will be active for six months after the interview.

The interview questions will be focused on your educational experience beginning with your entry into the nursing program until the present. They will ask you to reflect on experiences that have impacted you, how being in nursing school has impacted your relationships as well as your perception of yourself. I do not anticipate that any of the questions will be sensitive in nature but acknowledge that the potential for discomfort exists. You have the option to not respond to any question without any repercussion if it causes you discomfort.

Data protection. Every effort will be made to ensure that your data is kept confidential. You will choose an alias that will be utilized in the final dissertation manuscript. I will be the only person with access to your identity. No identifying information will be included in the study report. Upon completion of the interview, I will transcribe the audio into a written transcript that will be stored on a password-protected computer. The audio file will be destroyed once you have had an opportunity to verify the accuracy of the transcription.

Risks and benefits. While no study can be guaranteed to be absolutely without risk, I believe that the potential risk encountered in participation of this study is minimal. There
may be some discomfort from sitting for the length of the interview. This will be minimized by conducting the interview in the environment of your choice. There is a possibility that some of the questions may cause you emotional discomfort. If you experience this, you may opt out of answering without any repercussion. You will also have the opportunity to preview the questions, so you are not surprised by them. There is no direct academic or professional benefit to you for your participation.

Once we have completed the interview, I will provide you a Visa gift card for twenty dollars as a thank-you for your time. If you would like a copy of the final dissertation, I will be happy to send it to you upon completion of the project.

Your participation in this study is voluntary. You may withdraw at any point in time. If you choose to withdraw your data will be erased and your decision will be respected.

Your signature below indicates that you have read the above and have had an opportunity to ask any questions you have regarding this research. Please sign this form if you would like to participate in this research. You will receive a copy of this form for your reference. If you have any concerns about your interview session or your treatment as a research participant please contact Nicole Morse, IRB UNC Research Compliance Manager, 970-351-1910, Nicole.morse@unco.edu

Participant Signature__________________________________Date__________________

Researcher Signature__________________________________Date__________________
APPENDIX G

PARTICIPANT DATA SHEET
Participant face sheet

Alias________________________    Date ___________________

Age_________________________    Gender_________________

Location____________________   Semester_______________

Contact email that will be available for the next 6 months ______________________
APPENDIX F

APPROVAL TO USE FIGURE
Dr. Meleis,

Good Evening. My name is Rita Peters. I am a PhD student at the University of Northern Colorado. I am currently working on my dissertation titled Transitions: the lived experience of Bachelor of Science Nursing students. Transition theory is forming the framework for my study as I believe it is the ideal lens through which to explore the students lived experience.

May I have your permission to use the figure of Transition Theory in my dissertation?

Thank you for your consideration,

Rita M. Peters, MSN, RN, CNE

Dear Dr to be Peters

You have my permission, with appropriate citation. See below some updated versions in my blogs and transition webpages. I applaud you for using a theoretical framework for your research.

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Dean Emerita and Professor of Nursing and Sociology
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