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LOMA LINDA UNIVERSITY
School of Nursing
in conjunction with the
Faculty of Graduate Studies

_____

The Lived Experience of Retention and Progression of Black/African American Nursing Students

by

India Mylon Medley

_____

A Dissertation submitted in partial satisfaction of
the requirements for the degree
Doctor of Philosophy in Nursing

_____

June 2017

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABBREVIATIONS

AP	Advanced Placement
BAA	Black/African American
CNA	Certified Nurse Assistant
CNE	Certified Nurse Extern
DNP	Doctor of Nursing Practice
ER	Emergency Room
GPA	Grade Point Average
cGPA	Cumulative Grade Point Average
CNA	Certified Nurse Assistant
CNE	Certified Nurse Extern
HBCU	Historically Black College and University
IOM	Institute of Medicine
MBA	Masters of Business Administration
NCLEX	National Council Licensure Examination
NCSBN	National Council of State Boards of Nursing
NVivo	Qualitative data analysis computer software packaged from QSR international
PWI	Predominantly White Institution
RN	Registered Nurse

ABSTRACT OF THE DISSERTATION

The Lived Experience of Retention and Progression
of Black/African American Nursing Students

by

India Medley

Doctor of Philosophy, Graduate Program in Nursing
Loma Linda University, December 2016
Dr. Iris Mamier, Chairperson

Despite recent strides to increase workforce diversity, nurses continue to inadequately reflect the ethnic composition of the population they serve. To effectively answer the national calls for increased diversity in the nursing workforce, there must be a greater representation of minority students studying nursing. However, minority nursing students, especially those of Black/African American descent, have less access to nursing education, poorer retention and progression rates in nursing programs, and are more likely to withdraw from programs. The existence of an increasingly diverse nursing workforce depends upon the recruitment, retention, progression, and graduation of minority students.

Whereas Historically Black Colleges and Universities (HBCUs) graduate the highest percentages of Black/African American students, little is known about how Black/African American nursing students experience the completion of baccalaureate nursing programs while attending a HBCU. There is a need to understand the lived experiences of Black/African American nursing students attending a HBCU, and the factors that contribute to their successful program completion.

The purpose of this phenomenological study was to identify the unique experiences, common meanings, and shared practices of Black/African American senior nursing students' retention and progression in a baccalaureate nursing program at a HBCU. Thirteen Black/African American senior nursing student participants from an HBCU in the eastern region of the United States were interviewed on two separate occasions: at the beginning and towards the end of their final semester before graduation. Thus, 26 in-depth qualitative interviews were conducted, analyzed, and interpreted using hermeneutic interpretive phenomenology.

The meaning of participants' lived experiences reflected five essential themes: a renewed sense of cultural identity, development of resilience in response to overwhelming stress, unrealistic expectations of nursing education, a sense of purpose in nursing, and self-reliance. These findings can assist nursing faculty to better understand factors of perseverance for student success. This understanding may be helpful in carefully reviewing how nursing programs are administering and developing proactive approaches and policies that are conducive to minority students' holistic learning experiences, which may actually increase their numbers in the nursing workforce.

CHAPTER ONE

INTRODUCTION

This was a study about journeys. It was a study of meaningful journeys of perseverance. This study uncovered the journeys of perseverance of Black/African American baccalaureate nursing students and provided an analysis of their experiences while attending a Historically Black College or University (HBCU) in the eastern region of the United States. Black/African American nursing students continue to experience seemingly insurmountable challenges with retention and progression in baccalaureate programs (White, 2016; Murray, 2015; Carthon, Nguyen, Chittams, Park & Guevara, 2014). In 2015, Blacks/African Americans represented 14.4% of the United States population (U.S. Census Bureau, 2016). Yet, there is a disproportionately increased incidence of Black/African Americans who are at risk of being uninsured, experience high rates of morbidity and mortality, and have less access to health care (CDC, 2014; Jackson & Gracia, 2014).

There is a disparity between the population of Black/African Americans in the United States and the Black/African American nursing workforce population (HHS/HRSA, 2010; Dapremont, 2014; Murray, 2015). It is known that medically underserved populations respond best to health care providers who are of the same ethnicity or background, and who provide culturally competent and compassionate care to their citizens (Beacham, Askew, & Williams, 2009; Martinez & Martinez, n.d.). Specifically, the nursing workforce should better reflect increased diversity in minority nurses from disadvantaged and underserved populations to meet the demand for greater access to health care for these populations and better interpersonal care; consequently

there continues to be a critical need for more Black/African American nurses (IOM, 2010; Sullivan Alliance, n.d.; Murray, Pole, Ciarlo & Holmes 2016).

Study Significance

According to the United States Census Bureau (2013), Blacks or African Americans are described as persons having origins in any of the Black racial groups of Africa. The term Black/African American (BAA) was intentionally used in this study in order to be inclusive of undergraduate nursing students who self-identify according to this definition or either of its constituent parts. In 2015, the United States Census Bureau estimated that the population of BAA was 46.3 million, accounting for 14.4% of the total population (U.S. Census Bureau, 2016). These numbers are inclusive of individuals who self-identify as 'Black Only' and as 'Black in Combination with another Race.' This reflects a population increase of 1.4% from 2012 (U.S. Census Bureau 2013). To further highlight a growing trajectory, the Census Bureau (2016) projects by the year 2060, there will be 74.5 million Black or African Americans living in the United States, making up 17.9% of the U.S. population.

The steady growth of the Black/African American population will further compound the problem of equitable health care. It is essential that professional nurses adequately represent the minority populations that they serve, and demonstrate a sensitivity to, and an understanding of a variety of cultures to provide high quality care across demographics. The American Association of Colleges of Nursing (2014), referred to the Bureau of Labor Statistics' projection of a need for more than a million new and replacement registered nurses by 2020, and emphasized the need to attract students from

underrepresented groups in nursing – specifically, men and individuals from African American, Hispanic, Asian, American Indian, and Alaskan native backgrounds.

In 2015, The National Council of State Boards of Nursing's (NCSBN) Workforce Study reported that 19.5% of the RN respondents self-identified as racial/ethnic minorities. Of the roughly 46,000 respondents, only 2,549.9 or 5.5% indicated they are Black/African American. Moreover, the study found that nursing faculty had the least and staff nurses had the most racial diversity. Specifically, 85.5% of nursing faculty and 76.9% of staff nurses self-identified as White/Caucasian, while only 6.4% Black/African American nurses indicated that they are faculty and 5.6% reported working as staff nurses. While the number of respondents representing racial/ethnic minorities increased a half point from 19% in 2013 (U.S. Census Bureau, 2016), there continues to be an inconsistency between the percentage of the total U.S. Black/African American population and the percent of these in the nursing workforce. This discrepancy in adequate ethnic and racial diversity in health care providers, particularly professional nurses, can potentially foster cultural barriers that can substantially increase barriers in quality care for the un-served and underserved in health care (Braveman & Gottlieb, 2014).

The *Journal of Nursing Regulation* (April 2016) reported that the recent National Council of State Boards of Nursing (NCSBN) Workforce Study (2015) revealed that 19.5% of survey respondents self-identified as an ethnic minority. Of the 19.5% of minorities, only 5.5% report themselves as Black/African American. This is about the same as the NCSBN's Nursing Workforce Study results in 2013 ("Nursing Workforce," the *Journal of Nursing Research*, 2016). Further, the U.S. Department of Health and

Human Services, Health Resources and Services Administration's (HHS/HRSA) brief on racial/ethnic diversity of U.S. health occupations for 2010-2012 (HRSA, 2015) found a minority representation of 21.4%. These estimates remain below the almost 40% of ethnic minorities in the U.S. population (U.S. Census Bureau, 2015).

There continues to be an insufficient representation of ethnic minorities, specifically Black/African Americans, in the nursing workforce. When compared with White/Caucasian nurses, ethnic minorities are better represented in younger age groups and the more recently licensed RNs than older RNs and RNs licensed prior to 2000. This study suggests perhaps a future of greater diversity will be present in the RN workforce once the older RNs retire. This may be part of a solution to having a more diverse RN workforce; however, it is suggested that the stagnant growth in Black/African American nurses may be attributed to lower enrollments and graduations of Black/African American students from nursing education programs (Murray, 2015). For these reasons, it would be beneficial to have qualitative evidence revealing what is helpful and unhelpful for Black/African American nursing students to persist and progress in nursing programs of HBCUs. The qualitative evidence may also support Black/African American nursing students who attend PWIs as they seek to enter the workforce.

Challenges Faced

Despite federal programs to increase recruitment, retention, and graduation rates of minority students in higher education, the nursing profession still does not reflect the diversity of the population it serves (Jeffreys, 2007; Jeffreys, 2012; Phillips & Malone, 2014; Murray, 2015). There are insufficient numbers of minority students enrolled in nursing programs to meet the health care workforce's diversity needs for the future (IOM,

2010; Phillips & Malone, 2014). Overall, federally funded retention programs have demonstrated improved program outcomes highlighting the supportive role that nursing faculty can play in fostering student success in a rigorous baccalaureate nursing program (Condon, Morgan, Miller, Mamier, Zimmerman, & Mazhar, 2013). While these programs have worked well for some groups, a downward graduation trend was found among Black/African American students across 33 retention programs (Carthon et al., 2014).

Findings from a longitudinal study of nursing indicated stagnation with enrollment and a decrease in graduation rates among Black/African Americans (Fang, Li, Arietti, & Bednash, 2014). Moreover, BAA have the highest percentage of non-graduates among nursing students compared with other ethnic and racial groups (Dapremont, 2014). The reasons for this discrepancy are not well understood.

Numbers cannot explain everything that is needed to understand this phenomenon of poor nursing school graduation rates among BAAs. The narratives or lived experiences of these students are largely unexplored and inadequately captured by numerical data. An analysis of the lived experiences of the Black/African American nursing students who have persisted to the end of their program could be beneficial not only to nurse educators, but also to prospective nursing students. Some Black/African nursing students have successfully navigated their way through nursing school, and their journeys are at the core of this study. In an effort to promote increased nursing workforce diversity, and to advance knowledge in nursing education, the focus of this study was on how successful students achieved their educational goals.

Purpose, Aims, and Research Question

The aim of this study was to understand the meaning of the lived experience of Black/African American undergraduate nursing students attending a historically black university. The central research question is how do Black/African American students in an undergraduate nursing program experience retention and progression at a HBCU. This study was a hermeneutic or interpretive phenomenological approach to uncover what is not known or misunderstood about the lived experiences of successful Black/African American nursing students attending HBCUs.

This interpretive phenomenological inquiry will identify the unique experiences, common meanings, and shared practices of Black/African American senior nursing students regarding their retention and progression in a baccalaureate nursing program at a Historically Black College or University (HBCU) in the eastern region of the United States. Using the lens of critical theory (Leslie & McAllister, 2002; Yancy, G., 2014/2008; Bonilla-Silva, 2014), the focus will be on how participants persevered and were empowered to transcend perceived constraints placed on them by race and class. To deepen the impression in understanding this phenomenon, it is important to consider the perspectives of three essential entities in this process: the students, the researcher, and the reader.

Students

The goal of this study was to look for common themes in the student participants' accounts of their experiences, with an eye toward better addressing the factors that may have led to the attrition of some of their peers, and perhaps the shared experiences of their own turning points. In order to do this, the present study takes a qualitative

approach, utilizing interpretive phenomenology, seeking to understand what it is "to be" (Heidegger, 1962) a Black/African American nursing student, and a successful nursing student. The findings are intended to provide a previously unseen view of what allowed a group of Black/African American nursing students to persist in a HBCU nursing program. This acquired knowledge may be found applicable to undergraduate nursing curriculum, recruitment and retention programs.

The particular focus of this present study was the retention of Black/African American nursing students who attended a HBCU in the eastern region of the United States. While the majority of retention studies were conducted in nursing programs at Predominantly White Institutions (PWIs), little is known about how Black/African American nursing students experience baccalaureate nursing education at HBCUs. The emphasis is on what Black/African American nursing students gained from attending HBCUs, and what nursing education science can draw from understanding this phenomenon. The students' perspectives are significant as the mission of HBCUs explicitly gears to the higher education needs of Blacks/African Americans and focuses on being a supportive cultural environment. Yet, nursing students still struggle, indicating that there may be common factors at play when it comes to nursing programs at both PWIs and HBCUs.

Russon (2016) states that we make sense of the world that we experience as we interpret ourselves. This study explores the worlds of senior Black/African American nursing students as they have successfully experienced progression at a HBCU, and their journeys from fear of failure to anticipating their graduation day. Did an event, person or people, a belief or value system, or something else trigger the breakthrough? In this

study, only the nursing student can explain the meaning or significance of her/his words by producing insight that must proceed through the research text that speaks to our cognitive and noncognitive sensibilities. Interpretive phenomenology facilitates this kind of understanding, and is practical for application to everyday lived experiences. This research can fill the void that exists in the literature by recording and recognizing Black/African American senior nursing students' lived experiences as they persisted through to the end of the nursing program.

According to Cohen, Kahn & Steeves (2000) interpretive phenomenology seeks to understand another's experience, and is ideally suited to research in nursing. The reader is confronted with the challenge of considering the power of understanding (Benner, 1994) to create inspirational learning experiences for nursing students in general, and specifically Black/African American nursing students. Giving voice to students about what is normally hidden in their experiences to understand the essence of what it means to persist might help program designers to make nursing programs more accessible to Blacks/African Americans.

Everyone is on a journey. We have a story to tell about our chosen or circumstantial paths in life, what we have encountered, endured, overcome, and what it all means to us. In this study, Black/African American nursing students shared their experiences of succeeding in nursing school; despite encountering multiple challenges and barriers, they managed to overcome. In doing so, they shared their interpretations of the meaning of this journey.

Researcher

Likewise, as the researcher engaged in interpretive phenomenology, it is

necessary for me to acknowledge my own journey, one that shapes the way I make the interpretations of what I study. This awareness helps the researcher from imposing her own experience on to that of her subjects. At the same time, the lived experiences that one brings as the researcher is not a barrier, but a resource for generating meaningful interpretations. Following is a brief overview of my story. The full version is included in Appendix A.

I am a Black/African American of mixed heritage and a third-generation college student. My mother was a single parent and disabled. She was a woman of remarkable grace and courage. As her only child, I was not going to let her down. My background allowed me to connect with the participants who may have been raised by one parent or their mothers. I see this commonality as a benefit in that I can relate to the participants' meanings of their background journeys.

My first year of college was at a private, faith-based HBCU where I majored in nursing. Most of my peers that I admired were already attending this HBCU. While in high school, my friends attending this HBCU would often tell me how hard the nursing major is, and I probably would not have a life outside of my studies. They were right. The curriculum was rigorous. It was not easy. I studied all of the time, but it paid off as I was on the Dean's List for my entire freshman year.

Campus life was more like family life. Generally, people looked out for each other. It seemed that many of the faculty members knew or taught at least one family member of each student.

During my freshman year, I experienced a turning point. With all of my successes at the HBCU, I wanted to experience something new and different. I applied

and was accepted to a private, faith-based, baccalaureate nursing program at a Predominantly White Institution (PWI) of higher education. I enrolled at the beginning of my sophomore year. I soon realized that the differences in program curricula, the transfer of some credits, and the additional program requirements made it necessary for me to be an advanced freshman. Adjustments took place. I chose to swallow my frustration and made the best out of the situation.

Clarity about the nursing journey only evolved as I traveled the path. As my perspective evolved, I adjusted the course I took. The PWI campus was larger than I expected and so were the classes. The curriculum was also rigorous, but a seemingly different kind of rigor than I was used to.

Transferring from a HBCU nursing program to a PWI nursing program was a big adjustment. While at the PWI, I became more independent in my decisions and stronger in my resolve to finish strong.

All of my experiences of identity formation, resilience, and self-reliance shaped my pre-understanding of what it means to be a Black/African American nursing student while attending a HBCU and a PWI. My lived experiences seemed to pave the way for this study.

The Reader

Parker Palmer's (2000) insights echo the intent of this present study, which is to uncover students' journeys and the meanings that shape and inform their determination to become professional nurses. We can and should learn from these experiences. He wrote:

> Some journeys are direct, and some are circuitous; some are heroic, and some are fearful and muddled. But every journey, honestly undertaken, stands a chance of taking us toward the place where our deep gladness meets the world's deep need. (p. 36)

By utilizing interpretive phenomenology, the narratives of students' journeys should resonate and connect with the reader in order to achieve a greater level of understanding of what it is "to be" a Black/African American nursing student and some of the common factors that enabled them to experience nursing school successfully.

Chapter Summary

Black/African American nursing students have unique experiences and needs while in undergraduate nursing programs. The significance of this interpretive phenomenological study was that it can facilitate a better understanding of the educational experiences of Black/African American undergraduate nursing students attending HBCUs, and foster knowledge about what can enhance retention and progression rates for Black/African American nursing students more generally, which can ultimately lead to a more diverse nursing workforce.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides the rationale for conducting research on the meaningful journeys of Black/African American (BAA) nursing students while attending a Historically Black College and University (HBCU). Since it is established that BAAs have the highest percentage of nongraduates among nursing students compared to other ethnic and racial groups (Dapremont, 2014), and a literature review was conducted to gain knowledge about the historical background of educational experiences of BAA students in general, and specifically BAA nursing students attending HBCUs, which have been a major educational resource for BAAs for almost 150 years (Noonan, Velasco-Mondragon & Wagner, 2016). Evidence about existing concepts, theories, and empirical findings on retention and progression was examined to determine the relationship of retention and progression of BAA nursing students relative to current and past studies.

A review of the nursing literature was conducted by utilizing the following databases: CINAHL, Ebsco, Medline, Ovid, PubMed, and PsycInfo. Key terms used to identify relevant studies were: African American, attrition, Black, diverse, dropout, Historically Black Colleges and Universities, hermeneutics, interpretive phenomenology, student experience, matriculation, meaningful, minority, nursing shortage, nursing student, nursing program, perseverance, persistence, progression, retention, success, stress, stressors, withdraw. These terms were searched individually and in various combinations. Inclusion criteria consisted of English language publications, peer-reviewed journals, books, research studies, and dissertations.

Building on the foundation laid in chapter one of the study's significance, chapter two includes four sections. The first section describes the need for more BAAs in the nursing workforce, and the second section discusses the history and relevance of HBCUs and their impact on diversifying the nursing workforce. These two sections provide contextual understanding of the unique challenges facing Black/African Americans' education, health, and healthcare. Section three reviews nursing literature on Black/African American nursing student retention and progression. The fourth section of this chapter presents a chapter summary of the nursing literature.

Historical Perspective

Black/African American Nurses and Nursing Education

There is a relatively unknown history of Black/African Americans serving as nurses, and their achievement of nursing education (Hine, 1982; Carnegie, 2000). One of the earliest records of a Black/African American woman serving as a nurse is during the Crimean War, in which Mary Seacole, of Jamaica, served in the battlefield along with Florence Nightingale, who is considered the Founder of Modern Nursing (Carnegie, 2000). By the time of the Civil War, 1861-1865, Black/African Americans such as Sojourner Truth, abolitionist and women's rights activist and Harriet Tubman, known for freeing slaves through the Underground Railroad, also served as nurses (Hine, 1982; Carnegie, 2000).

In response to the excessive and devastating casualties during the Civil War, trained professional nurses were in increased demand. By 1890, some 35 hospitals were established and were intentionally equipped with nurse training schools for Black/African American students (Hine, 1982). Created by the crisis of wars, hospital-based training

programs for nursing were the precursors to schools of nursing. While discrimination and racism were prevalent and thriving, the crisis of the Civil War increased the need not only for White women to work outside of the home, but also for Black/African American women to serve as nurses.

Though initially untrained, due to the racial inequalities that prevented Black/African American women from entering hospital-based nursing programs, some Black/African American women still managed to secure training and become professional nurse leaders and nurses despite extreme obstacles. (Hine, 1982). For instance, on August 1, 1879, Mary E. Mahoney was the first trained Black/African American nurse in America, as she graduated from the New England Hospital for Women and Children (Hine, 1982; Carnegie, 2000). This was a major feat given that the New England Hospital for Women and Children expressly stipulated that "only *one* Negro and one Jewish student each year would be accepted'' (Hine, 1982).

Other notable early Black/African American nurse leaders were: Estelle Massey Riddle Osborne, the first Black/African American nurse to earn a Master of Arts degree; Mable Staupers, the executive secretary of the National Association of Colored Graduate Nurses, who worked to integrate Black/African American women into the United States Armed Forces Nurse Corps during World War II; Rita Miller, the creator of the successful Dillard University Division of Nursing Education; and M. Elizabeth Carnegie, Dean, Florida Agricultural and Mechanical College School of Nursing. Because Black/African American women were not allowed to attend most colleges and universities, the exceptional leadership of Osborne, Staupers, Miller and Carnegie is

credited for elevating this race of women into the professional status of nursing (Hine, 1982).

Emergence of Black/African American Programs of Nursing

During the late nineteenth century, strides for nursing to be recognized and respected as a profession were met within the climate of rampant racial segregation. Nursing education leaders Rita Miller and M. Elizabeth Carnegie worked to off-set the many inequities in nursing education by developing separate divisions or schools of nursing (Hine, 1982). Between 1890 and 1900, nine of the top ten black schools existed. However in 28 states, there were no nursing training facilities for Black/African American women. It is noted that concurrently, there were 432 nursing schools for White women. The nursing schools for Whites and the 10 schools for Black/African Americans were founded and operated in conjunction with hospitals where the student nurse provided primary nursing care, free of charge, in return for training and experience (Hine, 1982).

Both the quest for nursing professionalization in the states and the struggles inherent of racial inequality for Black/African Americans occurred between World War I (1914) and the end of the Civil War (1965) (Hine, 1982; Carnegie, 2000). In order to receive an education in nursing, Black/African American women had to attend Black/African American nursing schools. By 1928, there were 36 functioning Black nursing schools with 2,238 graduates, accounting for 80.3% of the total 2,784 black women nurses (Hine, 1982). This represents the substantial role Black/African American nursing schools played in training and graduating Black/African American nurses and markedly contributing to the nursing workforce.

HBCU Relevance

Historical Perspective of HBCUs

According to federal law (20 USCS 1061), Historically Black Colleges and Universities (HBCUs) are defined as "institutions of higher education whose principal mission…is the education of Black Americans" (Redd, 1998). This was in response to the fact that following the 245 years of slavery in the United States, which began with early colonization of the Americas in the 1620s and continued because of laws, beliefs and mores, individuals of African descent were denied formal education (Lewis & Manno, 2011). The very existence of HBCUs ensured that Black/African Americans had access and opportunities for higher learning. Although the primary purpose for the existence of HBCUs is to provide higher educational opportunities for Blacks/African Americans, they have consistently enrolled and graduated students from varied cultural and ethnic backgrounds (Redd, 1998). Although most HBCUs are 4-year institutions in the southern United States; however, they represent a diverse set of institutions in 19 states, the District of Columbia, and the Virgin Islands. They are both public and private; single-sex and coeducational; predominantly Black and there are a few that are now predominantly White; 2-year and 4-year colleges; research universities, professional schools, community colleges, and small liberal arts colleges (U.S. Department of Education, 2014).

Currently, there are 105 HBCUs in the United States, with most of them founded following the Civil War in 1865 (Clay, 2012). The vast majority of HBCUs were developed because of the harsh racial segregation laws that prevented Blacks from enrolling in the nation's institutions of higher learning attended by Whites, especially in

the south (Clay, 2012). Early in the twentieth century, there were thirty-three HBCUs (U.S. Department of Education, 1996b). These HBCUs were originally intended to provide undergraduate education, with strong emphasis on becoming teachers in public elementary and secondary schools. Simultaneously, there were some larger public institutions, which early on also provided professional degrees such as in law, medicine, divinity and specialized professional schools for engineering and nursing (Clay, 2012).

Federal Funds for HBCUs

Federal laws were enacted in response to racial inequalities in education**.** These laws made it financially possible for Historically Black Colleges and Universities (HBCUs) to subsist. It is important to note how HBCUs, including their schools of nursing, were financed, as this provides an understanding for how they were able to exist and be sustained. Two federal laws helped to finance publicly funded HBCUs. The First Morrill Act of 1862 provided land and federal dollars to the states for the establishment of colleges that would provide higher education to lower and middle-income Americans. In 1871, the first Black/African American public college established with the First Morrill Act funds was Alcorn Agricultural and Mechanical College (later renamed Alcorn State University) in Mississippi (Redd, 1998). However, the federal efforts established to attempt to correct the harsh racial disparities wrought by slavery were not consistently provided as intended. Most of the institutions established by the First Morrill Act enrolled White students exclusively. Thus, some years later, Blacks/African Americans were afforded increased opportunity for higher learning after Congress passed the Second Morrill Act in 1890. Redd (1998) further explained that this law mandated that all states that maintained dual segregated higher education systems for White and

African students to provide at least one land grant college for Blacks/African Americans, and this college must be equal to the White college.

In the 1910s and 1920s, HBCUs experienced exponential growth in attendance and course offerings. By 1927, there were seventy-seven HBCUs, with a combined enrollment of about fourteen thousand. Further, the economic depression of the 1930s had no impact on their growth trajectory. HBCU enrollment grew by 66 percent with total expenditures rising by more than 100 percent from 1929-1930 to 1939-1940(U.S. Department of Education, 1996b). The continuous expansion throughout the 1940s is attributed to the end of World War II, and Black/African American veterans accounted for about one third of the enrollment at HBCUs. Clay (2012) noted that HBCUs were responsible for preparing thousands of teachers, who significantly raised black literacy rates in a relatively short period of time. HBCUs also were responsible for turning out a professional class in a segregated society. It was also during this time that HBCUs were the benefactors of philanthropic agencies such as the United Negro College Fund, the Peabody Educational Fund, and the Julius Rosenwald Fund, which led to an increase in the number of institutions, and subsequently, to an increase in attendance (Redd, 1988).

HBCUs and Desegregation

National legislative decisions had an impact on the financial stability of HBCUs**.** Seventy percent of all Black/African American college students were enrolled in HBCUs in the early 1960s (Redd, 1998). However, the Supreme Court's decisions in the *Brown v. Board of Education* of 1954, and the Civil Rights Act of 1964 impacted HBCU enrollments. As a result of these laws, segregated public education systems became unlawful, and segregated colleges slowly began to admit African American students

(Redd, 1998). Also, the Higher Education Act of 1965 enabled the provision of funds for low-income students to attend postsecondary education institutions. In response to these legal changes, Blacks/African Americans could have access to formerly all-White institutions. While integrating these institutions helped to increase the number of Blacks/African Americans in college, the number and percentage of Blacks/African Americans attending HBCUs declined (Redd, 1998). In 1968, 36% of Blacks/African Americans were enrolled at HBCUs, and by 1976 only 17.8% of all Black/African American college students attended HBCUs (Williams, 1993). Integration paved the way for Blacks/African Americans to attend Predominantly White Institutions (PWI), which in many cases were rich with resources for every student. The HBCUs' subsequent decline in enrollment and inadequate funding made it a struggle for them to survive.

Survival for a small number of these colleges meant a change in their focus and emphasis. For example, three HBCUs shifted their student population from predominately Black/African American to predominately White (Sink, 1995). Currently, HBCUs enroll 12% of African American college students and provide 30% of the baccalaureate degrees awarded to Black/African American students (Willie-LeBreton, 2011).

In 1986, congress passed Public Law 99-498, Title III of the Higher Education Act. This law is considered partly responsible for allowing an increase in federal HBCU funding that jumped from $550.2 million in 1987-1988 to $719.9 million in 1993-1994, an increased inflation-adjusted value of nearly 31 % (Redd, 1998). Simultaneously, federal aid to non-HBCU colleges and universities increased by 18 percent in inflation-adjusted value, from $18.7 billion to $22.1 billion (Redd, 1998). Even with the increased

percentage of federal funding granted to HBCUs, disparities continued in the amount of funds given to HBCUs in comparison with all colleges and universities. HBCUs are underfunded and placed in positions to never "catch-up" to the comparative national education standards.

Following the Civil Rights Act of 1964, there continued to be racial inequalities for Blacks/African Americans despite civil rights laws and constitutional protection. In an effort to address the persistent acts of discrimination, President Lyndon Johnson developed and enacted Affirmative Action law in 1965. The original intent of Affirmative Action was to focus on education and jobs, ensuring that Blacks and other minorities had the same opportunities in college admissions, scholarships, financial aid, employment, promotions, salary increases, and career advancements that had been the exclusive privilege of whites (Brunner and Rowen, n.d.).

Affirmative Action was also intended to be a temporary solution that would no longer be needed once there was the establishment of a "level playing field" for all Americans (Brunner & Rowen, n.d.). The Department of Education required affirmative action policies for all colleges and universities that received federal funds. Further, Affirmative Action had its greatest educational impact in the areas of admissions policies, financial aid, and faculty employment (Helms, Anderson, & Theis, 1998). Predominantly white colleges and universities used quotas to diversify their student bodies and faculties (Sander, 2004; Stulberg & Chen, 2011).

The Higher Education Act of 1965 established Title IV funding which is a large source of financial aid for undergraduate and graduate students. Title IV funds include loans, grants, and student work-study. The funds are available for eligible students

attending American HBCUs and all eligible colleges and universities. Federal laws have enabled Black/African American students to apply to colleges of their choice, and more specifically, have an opportunity to apply for funds to pay for their higher education. Challenges continue to exist as congressional acts and federal laws have made an impact on the current viability of HBCUs.

More Challenges for HBCUs

The periodical, *The U.S. News & World Report*, annually ranks American colleges and universities. According to Clay (2012), the ranking is based on a composite score reflecting academic reputation, selectivity, class size, faculty salary and resources, and alumni participation. The more affluent colleges and universities are at the top of the ranking, and poorly resourced institutions reliably can be found toward the bottom. Clay (2012) adds that HBCUs are virtually invisible in these rankings, with the exception of Spelman College, as one of America's "best small colleges" and Howard University, ranked 96th, in 2011. This may be related to why HBCUs tend to have a reputation for substandard academics and minimal resources. Such a process of ranking while excluding a set of colleges and universities gives a strong impression of inferior branding, and ultimately feeds into a conception that HBCUs are inferior to PWIs (Clay, 2012).

HBCUs challenges like these, particularly the increase in Black/African American graduation rates from Predominantly White Institutions (PWIs) have been linked to the outcomes of affirmative action policies. In 1960, Black/African American students represented 5.4% of college graduates from PWIs, and in 1990, the number of Black/African American students graduating from PWIs increased to 15.4% (Teitelbaum, 2011).

Section Summary

Historically, Black/African Americans initially served as nurses in small numbers during wars, even as long ago as the Crimean War with Florence Nightingale. Educational opportunities for Black/African Americans were nonexistent or severely limited due to slavery and the ensuing Civil War. Strides were made, however, after the Civil War, with the establishment and rise of HBCUs and educational opportunities for Black/African American women to study nursing.

Prominent Black/African American nurses established nursing programs at HBCUs, and many of these programs continue to exist today. Great numbers of Black/African Americans were educated and graduated from HBCUs. It is undisputable that HBCUs produce greater percentages of Black/African American graduates; however, it remains to be known what are the actual experiences of Black/African American nursing students attending HBCUs. More is known about the experiences of Black/African American nursing students attending PWIs, but there is a gap in the literature exploring the science of the meaningful lived experiences of Black/African American nursing students attending HBCUs. Such a study may enlighten nursing education for Black/African American students attending HBCUs and PWIs. This type of contribution to nursing education science may impact Black/African American nursing students' retention and progression, and ultimately increase diversity in the nursing workforce.

Educating Black/African American Nurses

Black/African American Students Attending HBCUs

Historically Black Colleges and Universities have and continue to contribute to

Black educational and professional success, and students attending HBCUs experience success. According to Clay, 2012, whereas HBCUs represent four percent of all four-year institutions, they award 21 percent of undergraduate degrees that Black/African Americans earn. He adds, twenty-two percent of the HBCUs have graduation rates that exceed the national average for Black/African Americans, which is 42 percent verses 53 percent for Whites.

It has been found that students at HBCUs are more confident, more involved with campus activities, and more involved with faculty than are Black/African American students at other schools (Constantine, 1995). Clay (2012) asserts that despite their challenges and the inequities, HBCUs make significant contributions in areas that are important to the nation's achievement goals. For instance, many HBCU alumni have made valuable contributions to American society in many fields. These include Supreme Court Justice Thurgood Marshall, minister and civil rights activist Dr. Martin Luther King, Jr., physician Dr. Charles Drew, and countless others.

Clay (2012) explained that while less than 15% of Black/African Americans attend them, HBCUs produce a comparatively large percentage of Black/African American students who earn undergraduate degrees in the sciences. Clay presents these science degrees with their represented percentages as follows: engineering (18%), biological science (31%), mathematics (31%), business and management (21%) , agricultural science (42%), and health professions (17%).

These statistics illuminate the significance of HBCUs' contribution to diversifying the American workforce. Notably missing, however, is the stratification

within health professions, specifically of undergraduate nursing degree completions of Black/African American nursing students attending HBCUs.

Black/African American Nursing Students Attending PWIs

With more Black/African Americans attending predominantly White academic institutions (PWIs), there is a paradigm shift in their learning experiences. While attending PWIs, Black/African Americans no longer represent the majority culture, as was their experience while attending HBCUs, and now they find themselves as minorities in several ways. White & Fulton's (2015) integrative review synthesized research about African American nursing students' experiences in PWI nursing programs. The integrative review of 17 studies yielded three common experiences of Black/African American nursing students attending PWIs: the struggle with isolation and the need to belong; the impact of faculty on student success; and the significance of academic and interpersonal support.

White & Fulton (2015) further described the findings: (1) Isolation and wanting to belong: In addition to feeling alone, often as the only Black/African American student in the class, Black/African American nursing students reported feeling different, not fitting in, and not belonging; (2) Faculty impact on success: Black/African American nursing students perceived faculty to have a strong influence, both positive and negative, on their learning experiences. Some of the students' descriptions of positive faculty interactions include being fair and patient, receiving encouragement, and allowing for mistakes. Negative interactions with faculty identified by students were described as being unfair, showing unequal treatment, not honoring confidences, and not feeling trusted; and (3) Need for academic and interpersonal support: Student support has been suggested to be

integral to survival and success in nursing school. Students described support as inclusive of all things that made their progress easier, and from multiple sources: family, friends, peers, faculty and academic support resources from the college.

In response to these outcomes, White & Fulton (2016) also give practical and evidence-based recommendations for nursing education practice. While the graduation status of the student participants in all of the studies reviewed was not clear, this integrative review gives some credence to the notion that Black/African Americans experience feelings of isolation and elements of racism when attending PWIs.

Further, White's (2016) qualitative descriptive study of many Black/African American recent graduates from PWI undergraduate nursing programs described the experiences and their meanings for Black/African American students who attended predominately European American pre-licensure schools of nursing. White interviewed 14 participants who graduated from Baccalaureate, Associate, and Diploma programs within the last six to ten years previous her study (between the years 2005 – 2009). Two themes about the students emerged in White's data: (1) standing out, and (2) success in nursing school was attributed to more than their individual efforts. These new professional nurses described their challenges of standing out, being watched (i.e., experiencing a heightened sense of surveillance), and being ignored (i.e., feeling overlooked by faculty and other students) while they were students. Study participants shared how despite the tense environment they were inspired, motivated, and supported by their families. They revealed that their success in nursing school was for their families, their communities, and themselves. This study was inclusive of individuals who progressed and graduated from their nursing programs. Given that this sample included

only Black/African Americans who completed their nursing programs, it is unknown how Black/African American students who withdrew from a nursing program experienced it. Also, would Black/African American nursing students attending HBCUs have similar or different lived experiences? Currently, there are no studies that address this issue.

Recruiting and Retaining BAA Nursing Students

Generally, while the Black/African American student enrollment in public colleges and universities has significantly increased over the past 10 years to the point that enrollment now reflects the U.S. population demographics (Department of Education, 2014; Engle, Yeado, Brusi, & Cruz, 2012), the trending is not the same with the same population in nursing education. The Department of Education (2014) reports that in 2013, 14.7% of the U.S. population identified as Black/African American, and 14% of general college enrollments identified as Black/African American (Department of Education, 2014). However, the specific enrollment of Black/African American students in generic baccalaureate nursing programs reflects a decrease from 12.1% in 2006, down to 9.9% in 2015 (Fang, Li, Stauffer, & Trautman, 2016). Further, graduation rates of Black/African American nursing students have decreased during the same time period from 9.8% to 8.3% (Fang, Li, Stauffer, & Trautman, 2016). Thus, there has been no apparent growth in enrollment and a simultaneous decline in successful program completion of Black/African American nursing students. Black/African American students continue to graduate from college at a disproportionately lower percentage.

There is limited scientific inquiry available on qualitative learning experiences of Black/African American undergraduate nursing students. Most of the literature cites minority or nontraditional nursing student experiences, without any stratification by race,

and a sample representation from combined associate and baccalaureate degrees in nursing programs. The literature represents largely the students attending Predominantly White Institutions (PWIs) more so than Historically Black Colleges and Universities' (HBCUs).

Models of Nursing Student Retention

Two landmark theories that particularly address nursing student retention and one theory applied to nursing student retention will be discussed in this section to highlight relevant best practices in nursing education. Shelton (2012) explored the relationship between nursing students' perceived faculty support and nursing student retention. Shelton presents her model of Nursing Student Retention, which is the synthesis of Bandura's theory of self-efficacy and Tinto's theory of student retention (Bandura, 1997; Tinto, 1993). The model highlights the interaction of the following variables: student background, internal psychological processes, external supports, academic performance, and persistence, and their relationships to academic performance and persistence.

Shelton's model of Nursing Student Retention was studied in non-traditional, Associate Degree in Nursing (ADN) students. Shelton surveyed a large sample of (n = 458) students with the following inclusive criteria: Group 1: currently enrolled students who had persisted throughout a nursing program without withdrawing *(*n = 300)*;* or Group 2: formerly enrolled students who had withdrawn voluntarily at some the during their program (n = 83); or Group 3: formerly enrolled students who had been required to withdraw because of academic failure at some time during their program (n = 75). This sample represented nine National League of Nursing Accrediting Commission (NLNAC) accredited ADN programs in Pennsylvania and New York.

The instrumentation utilized was the author-developed Perceived Faculty Support Scale, a 5-point Likert scale, consisting of 24 items. An analysis of variance (ANOVA) revealed significant group differences in persistence depending on perceived faculty support. Specifically, students in nursing programs perceived greater faculty support than students who withdrew voluntarily or involuntarily from nursing programs. Faculty support was defined in two categories: (1) psychological support, or faculty actions promoting self-worth and competency, and (2) functional support, or tasks that foster academic achievement and program progression.

Although Shelton's sample was diverse in age, marital status, employment status, and educational background, there is no evidence of inclusion of student diversity in race, culture or ethnicity in the study. Also, it is not clear what made the student participants nontraditional. The unique progression needs of minority nursing students were not addressed in this study. Current trends also reflect the promotion of the minimum entry-level nurses at the baccalaureate level. More studies with this population of nursing students would be appropriate. These limitations are a reflection of societal and cultural shifts in healthcare in the twenty-first century.

In spite of these limitations, Shelton's landmark study is relevant in that it demonstrates that faculty involvement is a key variable in achieving nursing student success. Shelton also provided a definition of faculty support and operationalization of the concept that allows for further research with minority students. This quantitative study is a good foundation for a qualitative study to promote understanding of minority baccalaureate nursing students' experiences in faculty support. Shelton provided the first empirical study that explored the perceptions of faculty support for a large sample of

ADN students. This landmark study is especially beneficial for nurse educators who focus on retention research, and it is relevant for this study because it highlights the unique student retention challenges in nursing education.

Jeffreys (2007) conducted a retrospective evaluation study to assess entry, progression, graduation, and licensure characteristics of Associate Degree Nursing (ADN) nursing students beginning at entry into the first clinical nursing course. Jeffreys referred to her landmark Nursing Undergraduate Retention and Success (NURS) model, which is an organizing framework for examining the multidimensional, specific factors that affect undergraduate nursing student retention and success. The underlying assumption of the NURS model is that all students, regardless of their academic background and performance, will benefit from student support strategies.

One hundred twelve (n = 112) records of ADN students who entered Medical-Surgical Nursing I (MS I), the first clinical nursing course which integrated nursing fundamentals and medical-surgical nursing content, in the fall and spring semesters during the 1997-1998 academic year, were selected and tracked. Tracking the students involved reviewing student profile characteristics and academic outcomes via student transcript records, college graduation records, and admission records from the college's Office of Institutional Research and Assessment. The author also tracked and validated nurse licensure via the state of New York, which generated students who voluntarily agreed to notify the nursing program, or the researcher searched the publically accessible state of New York website for license verification.

Of the 112 individuals tracked, the majorities were female (n = 93; 83%) and White (n = 59; 53%). The following ethnic groups were represented: Asian (9%), Black

(23%), Hispanic (11%), and other (4%). The mean age was 29 years, ranging from 19 to 56 years of age.

The results were listed sequentially: academic entry characteristics, progression, graduation, and licensure. Academic entry characteristics included pre-nursing grade point average (PGPA), Anatomy and Physiology I (AP) grade, number of local credits, and number of transfer credits. The PGPA is essential for consideration for admission, and the AP grade is empirically understood to be an indicator for success in subsequent nursing courses. The minimum PGPA requirement was 2.5 on a four-point scale. The average PGPA was a 3.07, with a range of 2.53 – 4.00. Anatomy and physiology grades averaged 2.65, ranging from the minimum 2.0 required grade to 4.0; 30% of students (n = 32) achieved a grade of "B" (3.0) and 33% of students (n = 36) achieved "C" (2.0) grades.

Progression characteristics included the type of retention (ideal, continuous, interim), type of attrition (voluntary, first semester failure, and involuntary), and course grade distribution. The retention rate was closely equally distributed between ideal program retention (26%), continuous program retention (24%), and interim program retention (25%). Voluntary attrition was 14% and occurred at any point in the curriculum with an identified six students (5.4%) withdrawing from the first nursing course. Only two students were dismissed from the program, representing involuntary attrition.

Females had the highest rates of stopouts (27%) in comparison to 16% of men who stopped out. Jeffreys (2007; 2012) explains that a stopout is a break in continuous enrollment for one or more semesters (excluding summer sessions and intercessions). Within individual ethnic groups that had at least 10 students, whites had the highest

percentage of ideal retention (32%), which is the successful completion of the required nursing courses sequentially in four semesters. Asians had the highest percentage of continuous retention (40%), defined as five or more semesters without stopouts, and Hispanics had the highest percentage of stopouts (42%). For first semester dropouts, failure attrition was highest with Hispanic students (17%) and voluntary attrition was highest among black students (31%).

Student success was determined by the number of required semesters for program completion, which ranged from 4 to 12 with a mean of 5.43 and a median of 5.0. The graduation rate was 75%, with the majority of the students completing in 4 or 5 semesters (67%) and 23% completing the program in 6 or 7 semesters. The profile of the graduates presented as following: They were younger, had higher pre-nursing GPAs, higher medical-surgical I grades, and less transfer credits. Blacks had the highest percentage of non-graduates (42%; $n = 12$), followed by Hispanics (25%; $n = 3$), Asians (20%; $n = 2$), and Whites (19%; $n = 19$).

Data from the nursing licensure exam, NCLEX-RN, revealed that 94% of the students who had no withdrawals or failures in nursing courses passed the RN licensing exam on the first attempt. Only 50% of the students with two withdrawals and/or failures (W/F) passed on the first attempt. The number of W/F was inversely correlated with first time pass rates (Pearson's $r = -0.339$; $p = 0.004$). Descriptive analyses indicated that all students who attained at least a "B" nursing course grade average (NCGA) passed the RN licensing exam on the first attempt. As the NCGA declined, the first time pass rates also declined to 82% (2.75-2.99 GPAs), 73% (2.50-2.74 GPAs), and 57% (2.25-2.49 GPAs).

There is definitely a significant relationship between NCGA and passing the NCLEX-RN licensure exam on the first attempt.

The strength of this study was that the researcher identified and described a subculture of a rapidly growing nursing student population. The large and diverse sample size underscores empirically the need for a strong academic foundation for nursing students, early identification of at-risk students, and early interventions to promote retention and success. The researcher's NURS model highlights findings about non-traditional nursing students and raises questions about how aware nurse educators are of the specific needs of minority students. For example, when nurse educators are designing admissions criteria, retention and teaching strategies, they should ensure the curriculum fosters the academic success of the students.

This study is limited in that it does not delineate what constitutes a "strong academic foundation" and it is not intended to shed light on the experiences of the students who progressed or withdrew, particularly in the minority nursing subpopulation. The study does, however, trigger more relevant research questions: What is the reason for Black/African American students' high voluntary attrition and non-graduating rates? What could have been done to prevent these outcomes?

Jeffreys' (2007) study focused solely on ADN students in PWIs, which is similar to Shelton's (2012) nursing program population. There is a widespread interest in understanding better the factors promoting retention and academic success in baccalaureate nursing students, specifically for those underrepresented in nursing minority populations. While this study took place in New York, it is unclear if the sample represented a city, rural or urban nursing population and how generalizable the

findings might be for other sites. This study underscores the need for further study of Black/African American nursing students' lived experiences so that nursing educators can be more informed about how to promote student admission, retention and academic success, particularly in a HBCU environment.

Jeffreys (2012) followed up on her previous work to provide further clarity about understanding the process of nursing student retention. Jeffreys goes deeper into detail of her multidimensional model of Nursing Undergraduate Retention and Success (NURS), for which she acknowledged the inclusion of the underpinnings of Bean and Metzner's (1985) conceptual model of nontraditional undergraduate student attrition. Jeffreys' purpose for the NURS model was to present an organizing framework for examining the multidimensional factors that affect undergraduate nursing student retention and success to identify at-risk students, to develop problem-solving strategies to facilitate success, to guide innovations in teaching and educational research, and to evaluate strategy effectiveness.

According to Jeffreys (2012), the NURS model proposes that nursing student retention decisions are based on the interaction of the following multidimensional factors: (1) student profile characteristics (e.g., student characteristics prior to beginning a nursing course such as age, ethnicity and race, gender, language, prior educational experience, family's educational background, prior work experience, and enrollment status); (2) student affective factors (e.g., students' attitudes, values, and beliefs about learning and their ability to learn and perform the necessary tasks required for program success including cultural values and beliefs, self-efficacy, and motivation); (3) academic factors (e.g., personal study skills, study hours, attendance, class schedule, general academic

services- college library services, counseling services, and computer laboratory services); (4) environmental factors (e.g., factors that are outside the academic process that may impact students' academic performance and retention, including financial status, family financial support, family emotional support, family responsibilities, childcare arrangements, family crisis, employment hours, employment responsibilities, encouragement by outside friends, living arrangements, and transportation); (5) professional integration factors (e.g., factors that enhance students' interaction with the social system of the college environment within the context of professional socialization and career development, including professional events, memberships, encouragement by friends in class, peer mentoring-tutoring, and enrichment programs); (6) Academic outcomes (e.g., course grade, cumulative nursing GPA, and overall GPA); and (7) Psychological outcomes (e.g., satisfaction and stress).

Jeffreys (2012) proposes that the NURS model can be an effective resource for educators of nontraditional and traditional undergraduate nursing students. She refers to a nontraditional undergraduate nursing student as one who is enrolled in an entry-level undergraduate nursing program (diploma, associate degree, or generic baccalaureate) and who meets one or more of the following criteria: (1) 25 years or older, (2) commuter, (3) enrolled part-time, (4) male, (5) member of an ethnic and/or racial minority group, (6) speaks English as a second or other language, (7) has dependent children, (8) has a general equivalency diploma (GED), and (9) requires remedial classes.

A traditional undergraduate nursing student is one who is enrolled in an entry level undergraduate nursing program (diploma, associate degree, or generic baccalaureate) and who does not meet the criteria of a "nontraditional undergraduate

nursing student." Further, this type of student meets all of the following criteria: (1) 24 years or younger, (2) resides in campus housing or off-campus housing, (3) enrolled full-time, (4) female, (5) White and not a member of an ethnic and/or racial minority group, (6) speaks English as a first language, (7) has no dependent children, (8) has a U.S. high school diploma, and (9) no required remedial classes (Jeffreys, 2012).

According to Jeffreys' (2012) criteria listed above, Black/African American undergraduate nursing students by way of their race/ethnicity alone are considered nontraditional students. Jeffreys' NURS Model (2007; 2012) has been used as a tool to facilitate the retention of nontraditional students, such as minority nursing students, including Black/African Americans attending PWIs. However, there is no evidence of Jeffreys' (2007; 2012) NURS Model or Shelton's (2012) Model of Nursing Retention's application to Black/African Americans attending HBCUs. Jeffreys' NURS Model, due to its multidimensional factors that are inclusive of race and ethnicity, may be a beneficial tool to assist nursing educators to plan and provide established retention initiatives for undergraduate nursing student retention and program success for Black/African American students attending HBCUs. Jeffreys' NURS model has a holistic approach and addresses what matters in the experiences of undergraduate nursing student retention.

Mills-Wisneski (2003) studied Black/African American baccalaureate nursing students' perceptions of nursing programs and those factors that supported or restricted their academic success. The purposes of this study were two-fold: (1) to test specific hypotheses using Bean and Metzner's (1985) model of Nontraditional Undergraduate Student Attrition in junior African-American (black, non-Hispanic baccalaureate nursing

students, and (2) to describe the study participants' perceptions of their nursing programs as well as factors that supported or restricted their academic success.

Three instruments were utilized for the quantitative study: the Minority Students' Perceptions of their Educational Programs (Wisneski, 2001), the Student Perception Appraisal (Jeffreys, 1993), and the Desirability for Control scale (Burger, 1979). Content validity was successfully obtained on all instruments. A demographic data sheet designed by the researcher was used to identify age and current hours enrolled in the nursing program.

The population consisted of (N = 152) self-identified African American (black, non-Hispanic) junior baccalaureate nursing students, enrolled in generic baccalaureate nursing programs (BSN) in the North Atlantic and a portion of the Southern region of the U.S., and are accredited by the National League for Nursing Accreditation Commission (NLNAC). The instruments and demographic sheet composed of the query packets, which were sent to the chairpersons and/or deans at 21 randomly selected baccalaureate nursing programs. Eighty-three percent (83%) of the participants attended PWIs, and the remainder of 17% of the participants attended a state-funded HBCU. Three HBCUs were contacted; however, only one HBCU agreed to participate in the study.

Data were analyzed using descriptive, bivariate (ANOVA), and multivariate (regressions) statistical methods to what study variables were associated with academic success. The results were conclusive: (1) The age and number of current credit hours enrolled did not have a direct effect on the students' academic outcome (i.e., GPA), the students' composite of academic variables or the students' composite of environmental variables; (2) The composite of academic variables did not have a direct effect on

students' academic outcome (GPA) or an indirect effect of intent to leave; (3) The composite of academic and the composite of environmental variables did not have a direct effect on motivation; (4) The psychological outcomes (perception and motivation) did not have a direct effect on intent to leave the program; (5) The composite of environmental variables did not have a direct effect on intent to leave; (6) The composite of academic and environmental variables had a direct effect on perception; (7) African American junior baccalaureate nursing students could identify those factors that supported or restricted their academic success; (8) The lack of minority faculty in the classroom and in the clinical area was a serious concern of the student participants; and (9) African American junior baccalaureate nursing students' perceptions of their nursing programs reflected the participants' feelings concerning their nursing programs, the faculty, grading practices, and fellow nursing students.

This study was extensive and important in its purpose, methodology, and findings. Wisneski (2003) incorporated Bean and Metzner's (1985) proposed four sets of variables that have a direct affect on whether nontraditional students will persist in their educational endeavors: (1) background and defining variables (e.g., the characteristics of the nontraditional student, such as age, hours enrolled, educational goals, high school performance, ethnicity, and gender), (2) academic variables (e.g., represent study hours, study skills, academic advising, absenteeism, major and job certainty, and course availability), (3) environmental variables (e.g., finances, hours of employment, outside encouragement, family responsibilities, and opportunity to transfer), and (4) psychological outcomes (e.g., utility, satisfaction, goal commitment, and stress).

There are some similarities in the content of Bean and Metzner's (1985) conceptual model and Jeffreys' (2007; 2012) NURS model. This is appropriate as it confirms generalizability for studies involving retention and nontraditional students. It is important to recognize underlying conceptual frameworks to appreciate the depth, fit, and relevance of research.

This was an extensive quantitative study on Black/African American nursing student retention. It is limited in that it does not incorporate the participants' voices to identify how they experienced retention and academic success. This would give more clarity to the students' perceptions and motivations. Further, the author cites her limited access to HCBUs.

Black/African American Nursing Student Retention Programs at an HBCU

Harris, Rosenberg, and O'Rourke (2014) addressed the challenges of nursing student attrition in a study that included findings and evidence-based practices for nursing education. The goal was to increase nursing student success that was designed to be implemented in an Associate of Applied Science (AAS) nursing program located within an open enrollment Historically Black College and University (HBCU) in the Midwestern United States. The strategy for improved retention and progression included a three-pronged approach: (1) establishing a Student Success Program (SSP), (2) changes in admission policies in the AAS nursing program, and (3) best practices for faculty development.

According to Harris et al., (2014), the Student Success Program (SSP) was developed by identifying at-risk students, and recruiting them (e.g., letters inviting them to participate, follow-up telephone calls, and face-to-face informational sessions) to

participate in the program. Eighteen of the identified 19 identified at-risk students participated. Three participants represented a racial or ethnic minority population. SSP consisted of 1-hour group learning meetings every other week for 16 weeks. Students were required to complete eight learning modules that were focused on learning style inventories or self-assessments, study and coping skills, test taking strategies, time management, problem solving and critical thinking activities.

Participants had access to additional university services including counseling and career services and financial aid. Data collection included student attendance at the group modules and individual mentoring sessions, and midterm and final grades in the Fundamentals of Nursing course (their first nursing course). Engagement in the SSP program was measured by 80% attendance and participation with modules and mentoring activities. A successful outcome of the program would be an overall reduction in the total number of Fundamentals of Nursing course failures (Harris et al.).

The AAS faculty reviewed current admission policies and recommended a new admission process for applicants in order to improve admission rates. Harris et al. did not present the actual recommendations in the study. Faculty development consisted of faculty-focused workshops regarding learning styles in the classroom setting and providing culturally sensitive learning environments. There were a total of two workshops, and evaluations were provided to faculty attendees following the workshops.

Of the 18 participants, attendance for SSP group modules was 78%, and participation in individual mentoring was 79%. Ten (56%) of the 18 SSP participants failed or withdrew from Fundamentals of Nursing. Student participants evaluated the SSP program highly, with ratings of 4.3 and above on a 5-point scale, with 5 being the

highest. Admission changes reflected the faculty's review of 17 other AAS programs located within the same state with above-average national NCLEX-RN pass rates. Of significance, the faculty noted the required GPA for the AAS program at the study institution was one of the lowest reported in the region. In addition, it was found that students who received a "C" or "D" or withdrew from Anatomy and Physiology (A&P) repeated a nursing course more frequently than students who received an "A" or a "B" grade in the A&P course. Findings from chi-square testing indicated that students who repeated A&P or received a "C" grade were more likely to fail or withdraw from a nursing course.

As a result of faculty-focused workshops, faculty demonstrated the adoption of skills to accommodate a variety of learning styles and to promote cultural sensitivity within the classroom. However, it is not clear how this was determined. Harris et al.'s study sheds light on the pressing need for program policy and procedural improvements for at-risk minority students particularly in HBCUs. Further studies are indicated to understand the actual lived experiences of BAA baccalaureate nursing students attending HBCUs, effective program evaluation, student selection, retention and progression strategies for applicants and students from disadvantaged backgrounds.

Nursing Program Retention Studies at PWIs

In response to the decrease in minority representation in the nursing profession, Sutherland, Hamilton and Goodman (2007) studied the Affirming At-Risk Minorities for Success (ARMS) program that was funded by a U. S. Department of Health and Human Services Basic Nurse Education and Practice Program grant. Hispanic, Asian Pacific, African American minority participants (n = 64) that were enrolled in a predominately

white baccalaureate nursing program in the south-central region of the United States were invited to participate in the ARMS program during a 3-year period of time. The study sample included first-generation college students from a rural community currently achieving a grade of "C" or failing in a nursing course. The objectives were for the ARMS program to increase program retention, graduation rates, and success on the National Council Licensure Examination for Registered Nurses (NCLEX-RN) through program interventions, such as faculty-student advisement and mentoring, focused expert groups and individual tutoring throughout the program, success seminars, and provision of a personal laptop computer with educationally supportive software. It is noted that White and Hispanic nursing faculty and practicing nurse experts and consultants were involved with the ARMS participants. There was a non-ARMS comparative group (N = 265) that was established via a comprehensive database maintained by the College of Nursing.

Each ARMS participant completed four Likert scale instruments developed to measure student responses to the mentoring, tutoring, and seminars. Descriptive statistics were used to describe the demographic makeup, graduation rates, responses to program interventions and final program evaluation of ARMS participants. The results of the scales measuring student responses (1 = strongly disagree to 5 = strongly agree) yielded means in mentoring (3.8 to 4.1), tutoring (4.0 to 4.5 – except the item about the laptop computers 2.0), success seminars (4.4 to 4.9) and program evaluation (3.6 to 4.4). There was a poor response rate for the final program evaluation of only 13 of 63 (21%). Participation in ARMS did not significantly positively affect nursing course grades except in the Leadership-Management capstone course for the nursing program. The

analysis of final course grades demonstrated that ethnicity was a significant influence on final grades in almost half of the nursing courses. White/Anglo ARMS students scored higher than the Hispanic, Asian Pacific, and African Americans.

The outcomes of this study provided significant indicators for best practices in nursing education for minority students. The findings demonstrate that the ARMS students gave higher evaluation ratings for learning environments that involved a person mentor/advisor/instructor. ARMS participants gave the lowest scores for the independent learning activities on the laptop computer. Further, the study highlighted that the minority ARMS participants expressed the need for faculty, mentors, and advisors that share their cultural heritage and ethnic commonalities. This lends to the notion that a diverse nursing faculty body may improve minority student program progression, retention, and success. Additionally, the desire for shared cultural heritage and ethnic commonalities gives credence for a study focused on the success experiences of Black/African American students attending HBCUs.

The ARMS program improved the NCLEX-RN pass rate of ethnic minority students in the program. However, there is no indication of number of attempts made on the licensure exam. For prompt entry into the workforce and positive ratings and reputation of the nursing program, it is essential for graduates to pass the NCLEX-RN exam on the first attempt. Ultimately, the study portrays the ARMS program as a useful intervention tool in reaching the study objectives.

It is not clear why White/Anglo students were included in the ARMS student cohort. Perhaps there could have been larger numbers of minority students to benefit from the program amplifying the significance of study outcomes. According to the

study's purpose and objectives, the participants were intended to be from ethnic or minority backgrounds as part of the inclusion criteria. However, the data demonstrated that the White/Anglo ARMS participants excelled in program completion. Despite these limitations, this study is relevant in identifying evidence-based practices for teaching and learning strategies particularly for minority nursing students.

Knight, Corbett, Smith, Watkins, Hardy, & Jones (2012) utilized a descriptive phenomenological approach using an one-on-one face-to-face interview technique to examine common themes that emerged as to why students stayed and completed their registered nursing programs. Letters were sent to recent graduates inviting them to participate in the study, which took place in schools of nursing in New Zealand. These schools were identified as having challenges with nursing students' retention and completion. A purposive sample *(n* = 31) of students who completed the state finals examinations (licensure exam) in 2010 (*n* = 18) and 2010 (*n* = 13) was used.

The goal of the interview questions was to unearth the participants' rich experiences as student nurses. The interviews were transcribed with a transcript returned to the participant for member checking of details stated at the interview. The coding and transcription process was not described. It is difficult to surmise if this objective was achieved, as there is no indication of the determination of achievement of saturation. Given saturation is achieved when credibility and fittingness are established, saturation was not achieved (Sandelowski, 1986).

The sources and means of verifying data were made explicit. Data management processes were adequately described. The three interview questions were clearly listed and addressed; however, there could have been additional questions or prompts, and an

indication that the participants had the opportunity to add to the questions. The most common theme that emerged in students' decisions to stay in nursing school was the presence of "support." In addition, students revealed that their goal setting and desire to achieve motivated them to complete the nursing program. It is interesting to see the themes of faculty support, self-efficacy and resilience also as significant outcomes in international studies.

Knight et al. (2012) concluded that faculty should be more involved in pastoral care of students and embraced by the academic institution (e.g., mission or philosophy of the academic institution). These authors, however, do not explain what is meant by "pastoral care"; nor do they identify what interventions make it effective. Whereas this study supports the essentialness of faculty support for nursing students, it does not fully demonstrate the essence of the students' lived experiences to identify how faculty can be supportive to nursing students in baccalaureate nursing education. This study gives an international glimpse of the lived experiences of nursing students in New Zealand. The findings are not necessarily transferable at this time.

Carthon, Nguyen, Chittams, Park and Guevara (2014) studied diversity pipeline programs of 164 baccalaureate-nursing schools in 26 states, including Puerto Rico between 2008 and 2012. The purpose of the study was to discover commonalities of diversity pipeline programs across a national sample of nursing institutions and to identify what effect these programs have on increasing underrepresented minority enrollment and graduation. The background of this study highlights the obstacles and barriers that make health care careers inaccessible for many minorities. Additionally, Carthon et al., point out the common barriers experienced by underrepresented minority

nursing students: English as a second language, and unwelcoming institutional climates that can undermine their confidence and achievement.

Several studies allowed for the evaluation of various programs that sought to improve minority nursing student success. A number of the articles to be presented describe "pipeline" programs for disadvantaged nursing students. A pipeline program in nursing is described as addressing recruitment and increasing enrollment, maintaining student engagement and retention, and increasing certification and degree completion.

Electronic surveys were developed by the authors to examine program features of nursing diversity pipeline programs and informed by interpreting interviews completed by 15 nursing faculty involved with the administration of pipeline programs. The study used a purposive sample with the following inclusion criteria: (1) schools of nursing with current or past Nursing Workforce Diversity (NWD) program funding provided by the Health Resource Services Administration (HRSA) between 2008 and 2012, and (2) nursing programs with membership with American Association of Colleges of Nursing (AACN). The survey included two exclusion questions: (1) Is increasing the number of underrepresented minorities a part of the mission statement or strategic goal for your institution? and (2) Does your school have a pipeline program? Schools were included in the sample if they responded "yes" to both questions.

The majority of the pipeline study respondents (58% of 19) self-identified as standing faculty (deans of nursing, assistant, and associate or full professors), White/Caucasian (69.7%) and female (91%) who have been in their current posts for an average of four years. Six percent of the study respondents were of Hispanic origin, and the mean age of the pipeline program respondents was 40.

Of the 164 overall respondents, all academic institutions had mission statements that embraced the increased enrollment of minority students; however, only 20% (*n* =33) had a pipeline program. Asian, Hispanic, and Native Hawaiian/Pacific Islander nursing student enrollment increased between 2008 and 2012. Hispanic/Latino graduation rates increased (7.9% - 10.4%) but they decreased among Black (6.8% - 5.0%) and Native American/Pacific Islander students (2.1% - 0.3%). The authors underscored the point that the reasons for these downward trends are not known.

This study adds to the empirical evidence that a variety of pipeline programs can foster the academic success of Hispanic/Latino nursing students; however, there is no basis to explain the observed decline in nursing program completion for Black/African American and Native American/Pacific Islander pipeline program participants.

Strategies for Addressing Black/African American Challenges Prior to Entry into a Nursing Program

Wasserberg & Rottman's (2016) studied African American and Latino student perceptions on test-centered curricular protocols in a highly impoverished urban high school in south Florida where 85% of the eleventh grade students were Black/African American and 15 % were Latino. There were 20 students who met semi-weekly for 90 minutes for individual student interviews, classroom discussions led by the researchers, and observations. Field notes were taken throughout the semester focusing on the students' personal school experiences; classroom dialogue was videotaped for analyses. The students expressed that the "stereotypes associated with their school unfairly categorized them as dumb, gang-affiliated troublemakers" (p. 62). They also perceived the testing had a negative impact on many of the students who attended the school. The

students anticipated they would fail the standardized tests, and this revealed low self-efficacy, which generated low aspirations because students dwell on their deficiencies.

This study pointedly addressed minority students' low self-efficacy with standardized tests. Low aspirations will diminish ability in high school, as evidenced with this study, and can be carried with the same students should they attend college. Educators should be aware of these student characteristics and work to dismantle these obstacles that prevent student preparation for college, and nursing education specifically.

Condon, Morgan, Miller, Mamier, Zimmerman, & Mazhar (2013) utilized a summative evaluative method to describe and evaluate the use of a "Success in Learning: Individualized Pathways Program" (SLIPP) to retain and graduate disadvantaged and ethnically diverse nursing students in a faith-based health sciences university in southern California. The convenience sample *(N* = 77) included high-risk nursing students who were accepted into a pre-entrance baccalaureate program. Inclusion criteria for SLIPP included unsuccessful application to the baccalaureate nursing program; additional factors including, being a single parent, first-generation college student, or using English as a second language; having a GPA >2.5; scoring >40th percentile for the test of essential academic skills (TEAS) ; scoring >11 for CCTI; identifying as a member of an ethnic group underrepresented in nursing (American Indians, Blacks, Hispanics, and Asians from developing countries) or disadvantaged group (including Caucasians); having a low family income (met the annual poverty level set by the U.S. Census Bureau); lacking the ability to speak and write English; receiving favorable recommendations; writing personal essays to determine altruistic motivation to take nursing; holding a lifestyle congruent with Christian standards; considering family support; crafting a statement of

personal ethics; writing and communication skills; and possessing the willingness to attend the pre-entrance preparation program before beginning standard coursework.

SLIPP was a comprehensive recruitment and retention program for disadvantaged and ethnically diverse students. Students meeting the inclusion criteria were accepted into a pre-entrance preparation program for one academic quarter. This program consisted of 12 units focused on improving the students' study and critical thinking skills, self-confidence, and content knowledge essential for success in nursing. Students were required to earn a minimum grade of "B" in each class, and this guaranteed entrance into the regular nursing program. Students were not required to retake the admissions test; however, each class required students to pass standardized or teacher written tests.

To evaluate program components and their helpfulness to the student, the investigators designed a 62-item questionnaire with Likert-type response options. Items inquired about students' perceptions of the importance of program content. The questionnaires were mailed at one time, post-graduation to all participants.

The reported results were interpreted according to specific program findings. Of note, 100% of the SLIPP students were accepted into the baccalaureate nursing program, 90.9% graduated with either a Baccalaureate in Science (75.3%) or Associate in Science (15.6%), and 98.6% of the graduates passed the state board registered nursing licensing examination (NCLEX-RN). The study does not indicate the number of attempts the graduates used in order to pass the exam. Thus, while this finding is significant that 98.6% of the graduates passed the NCLEX exam, it is more useful to know, for research purposes, the percentage of graduates who passed on the first attempt. This study effectively illuminates the learning and retention needs of minority nursing students and

the effectiveness of faculty support in combination with retention programs for student success.

Nnedu's (2009) program development aimed to increase nursing and other health professions' educational opportunities for minority and/or disadvantaged individuals at a HBCU in Alabama by at least ten students per year. In addition, the objectives were to increase the retention rate of nursing students by at least 70% within three years, to increase the acceptance rate of applicants, to provide financial support through scholarships and monthly stipends, and to enhance cultural content throughout the curriculum.

Nnedu provided pre-entry preparation, retention activities and financial support for potential and enrolled students at Tuskegee Institute, a HBCU. This project was supported through a grant from the Department of Health and Human Services, Health Resources and Services Administration, under the Nursing Workforce Diversity Program. As a result of focused recruitment, retention, and accessible information on career opportunities, there was a 150% increase in enrollment in nursing and health professions at Tuskegee Institute.

Retention activities implemented were mentorship and summer enrichment programs aimed to raise middle school and high school students' awareness of health profession careers; ACT/SAT tutorials for disadvantaged minority high school students were accompanied by seminars for high school counselors. The summer enrichment programs were for three cohort groups: seventh and eighth graders, ninth and tenth graders and eleventh and twelfth graders. Each group's program was for a two-week session. Further, there were structured classroom activities with course faculty in

mathematics, reading, health and science, and these were supplemented with social skills activities built into each session.

Faculty development was provided via several strategic student retention workshops. This was done to increase cultural competence to better meet the educational needs of minority students and students from educationally disadvantaged backgrounds. It is unclear, however, if this intervention pertained to the middle or high school faculty or university faculty, or if all faculty were included in the development series.

Thirty students received a stipend of $200.00 per month. To qualify, the student had to meet the following criteria: demonstrate a financial need, participate in all project activities, maintain a minimum grade point average (GPA) of 2.5 on a four-point scale, and maintain contact with the project coordinator.

This project study demonstrated a significant improvement in enrollment of students from minority and disadvantaged backgrounds in a rural southern HBCU, specifically in nursing and health professions majors. While the project yielded success in the recruitment and enrollment in Tuskegee Institute over a three-year period, there is no data on retention and progression of students, participation and outcomes of faculty development, and the students' stipend support. While the Nnedu achieved the study's objectives to increase the number of minority and educationally disadvantaged students accepted and enrolled in nursing and health professions, there is no follow-up on the remaining or other research objectives. Nnedu provided descriptive evidence on the state of nursing education of minority students and evidence that programs that address the specific needs of minorities can produce better program outcomes for this population. Given that this was a funded study, it remains unclear if these retention efforts are

sustainable when no program funding is available, and if retention resources like Jeffreys' (2007) NURS retention model would be beneficial at a HBCU. This study is useful in that it emphasizes the need for intentional recruitment and remediation programs for minority and disadvantaged students, and it puts focus on efforts to increase enrollment and opportunities to attend a HBCU. More studies are needed on student nursing experiences to advance HBCUs.

Section Summary

Numerous retention and progression programs have been implemented to improve minority students, minority nursing students, and in few cases, BAA nursing students' academic experiences. While there have been some measureable improvements in two studies (Carthon et al., 2014; Condon et al. 2013), there continues to be inconsistent implementation and evaluation of best practices for BAA nursing students.

More has been written about Black/African Americans attending PWIs, and the challenges they experience with isolation, a sense of belonging, and a belief that they must succeed in nursing school for themselves and their families (White, 2016; White & Fulton, 2015). As a result of the Civil Rights Act of 1964 (Clay, 2012; Carnegie, 2000), in attempts to achieve racial equality, and to increase access for students and non-HBCU academic institutions to receive federal funds for educating minorities (Clay, 2012; Carnegie, 2000; Redd, 1998), there now is a shift of increased Black/African Americans graduating from PWIs (U.S. Department of Education, 2014; Engle, Yeado, Brusi, & Cruz, 2012). However, this trend is not mirrored in nursing education. There remains a scarcity in Black/African Americans nursing students and in the nursing workforce.

It is known that BAA nursing students have lower retention and graduation

rates than previous years, and consistently lower than White/Caucasian nursing students (Fang, Li, Stauffer, & Trautman, 2016; American Association of Colleges of Nursing, 2015). The reasons for these downward trends are not known (Carthon et al., 2014; Jeffreys, 2012). Although BAA students attending HBCUs have greater retention and graduation rates than BAA students who attend PWIs (Clay, 2012; Redd, 2008), there are still insufficient numbers of BAA nurses to make a national impact in the nursing workforce where there is great need for diversity.

While there are limited studies on BAA students attending HBCUs (Harris, Rosenberg, & O'Rourke, 2014) and potential BAA nursing students attending an HBCU (Nnedu, 2009), there are no known studies describing the normally hidden or invisible experiences of BAA baccalaureate nursing students as it pertains to retention and progression while attending HBCUs. The meanings of the common experiences as Black/African American nursing students are not yet known. A study illuminating the journeys of Black/African American nursing students and what their experiences mean to them while attending HBCUs may serve to foster an elevated understanding of this sub-culture's common and unique lived experiences. This type of study may also promote increased retention and progression in Black/African American learning experiences while attending HBCU and possibly PWI nursing programs.

Chapter Summary

In this chapter, the review of the literature illuminated the complexity of nursing student retention in general, and specifically for BAA nursing students, the need for increased nursing workforce diversity, particularly BAA nurses, the historical perspective and relevance of HBCUs, which produce a larger percentage of BAA graduates, and the

gaps in nursing literature. The literature consistently presents evidence of an increasingly crucial need for a diverse nursing workforce to care for an increasingly more diverse patient population, and it portrays programs of nursing as vital conduits to meet the demand for more professional nurses, particularly from minority and disadvantaged backgrounds.

After review of pertinent literature, it became evident that certain significant indicators of the intensified need for increased knowledge about the lived experiences of Black/African American nursing students exist: (1) There is a national complex problem with retention, progression, and completion of Black/African American nursing students; (2) There are limited studies that focus on Black/African American nursing students and the meaning of their lived experience; (3) Black/African American students who attend Historically Black Colleges and Universities' (HBCUs) nursing programs have lower attrition, higher retention percentages, and successful graduation rates, which is in contrast to Black/African American students attending PWIs; (4) There is no documented evidence of Black/African American nursing students' common lived experiences at a HBCU as it relates to this issue; (5) Retention programs have been shown to not be effective for Black/African American nursing students for unknown reasons; and (6) Interpretive phenomenology is the scientific arm of hermeneutics, and it is an appropriate methodology to use to determine the meaning of common lived experiences of Black/African American nursing students. There is no excess in the amount of publications on this subject matter. Therefore, this study will contribute to the advancement of nursing education, enrollment, progression, and BAA nursing students, and their entry into the nursing workforce.

CHAPTER THREE

METHODOLOGY

Introduction

Phenomenology is unique in that it is a branch of philosophy that is applied as a methodological approach to empirical research. The word phenomenology is derived from two Greek words *phainomenon,* meaning appearance and *logos*, which denotes reason (Walters, 1995). McConnell-Henry, Chapman and Francis (2009) explain that phenomenology originates from the Greek word *phaenesthai*, "to show itself." A phenomenon is then the appearance or anything that presents itself as experience. Phenomenologists strive to pay close attention to the various aspects and layers of human experience, their own and that of others. Thus, the three entities of this study: The student, the researcher, and the reader.

Phenomenological methodology seeks to understand another's experience (Cohen, Kahn, & Steeves, 2000). It involves revealing how people interpret their lives and make meaning of what they experience. Meaning refers to how one understands being in his or her lived experiences. Heidegger's (1962) intentionality is essential to the achievement of meaning. It involves understanding something that is already commonly understood, but no longer overlooking the background understanding of our being or intending (Richardson, 2012). In other words, the emphasis in meaning is not on *how* to gain more efficient understanding of what is understood, but to change *what* we understand (Richardson, 2012).

As a philosophical methodology, phenomenology, is a good fit for this current study, which illuminates the lived experiences and captures the essence of what it is "to

be" a Black/African American nursing student in a Historically Black College and University (HBCU). This chapter further explores the interpretive phenomenological methodology in three sections, (1) the philosophy, (2) methodology, and (3) data analysis, the application of both aspects to this study.

The Philosophy

The 3 most influential phenomenologists are presented to enlighten the reader of the history, development, and significance of this transformative methodology.

Husserl

Edward Husserl, a mathematician, is the father of phenomenology and is credited for its development as a rigorous form of analysis that is an alternative to empiricism, as it was understood in his time. His efforts resulted in what is known as the modern phenomenological movement. Classical empiricism takes sensory experience as the only basis for human knowledge. This, however, results in skeptical questions about the correlation between the inner world of human experience and external reality. How does one trust one's senses to provide accurate information? Husserl was influenced by the Cartesian body/mind duality that dominated science for centuries, and thus saw the mind and body are mutually exclusive (McConnell-Henry, et al., 2009).

Husserlian phenomenology suspends such questions, bracketing the issue of a world external to or beyond experience. He held beliefs of phenomenological *epoche*, the Greek word for "bracketing," which refers to the suspension of judgment about the external world in order to examine the world of experience carefully (Walters, 1995; McConnell-Henry, et al., 2009). Phenomenology's focus was initially descriptive, with a primary focus on the objects of consciousness (McConnell-Henry, et al.). Careful

description and analysis of human experience, it turned out, yielded insights into aspects of experience overlooked by empirical methods that accepted many things simply as given, without adequately analyzing them.

Husserl claimed that experience is a product of conscious awareness of something, a directed intentionality of the mind. This intentionality refers to *always being conscious of something*, often of an object in the external world (Shaw & Connelly, 2012). Understanding consciousness as intentionality makes the concept of 'meaning' more concrete by always making it about something (Tuohy et al., 2013). Husserl also emphasized the need to detach one's self from any preconceived ideas in order to accurately describe the appearance of the true essence of lived experiences.

At the beginning of the twentieth century in Germany, prior to World War I, Husserl broadened his focus, developing transcendental phenomenology. Husserl introduced the concept of *Lebenswelt* or the life-world, which is one's immediate lived experiences (Husserl, 1970; van Manen, 1990). The life-world is the perception of one's world before reflection, reasoning, and the attachment of meaning (Richardson, 2012; Yi, 2017). The way we experience something is shaped significantly by lived experience as a whole (McConnell-Henry et al., 2009). Thus, as an approach to philosophy, phenomenology is known as a way of acknowledging the significance of life and living, with all its concerns for experience (Tuohy, Cooney, Dowling, Murphy & Sixsmith, 2013).

Heidegger

Martin Heidegger, a student of Husserl's, was intrigued with Husserl's early understanding of phenomenology; however, in contrast to Husserl's approach to

phenomenological philosophy, Heidegger emphasized the interpretative nature of phenomenology. Husserl's recognition of the significance of "lived experience," some scholar's claim, came from reading his student's work.

Heidegger (1962) posited that the basis of phenomenology is *Dasein*, that is human being or our human existence. *Dasein*, the study of "there being" in our world, is our humanity uncovered and encountered by our typical, everyday selves (Heidegger, 1962; Richardson, 2012). For Heidegger, intentionality speaks to interpretation and refers to the way *Dasein* "means" or "intends" its world, particularly when self-relating and gaining an essence of being in our worlds (Richardson, 2012). Heidegger (1927, 1962) emphasized that time frames human experience of reality; both time, as well as context, shapes our understanding, and the observer's own existence (*Dasein*) cannot be separated from his or her consciousness.

The experience of reality requires someone to have that experience. By paying close attention to the nature of this experience one comes to better understand reality at a fundamental level, existence itself or to use Heidegger's (1962) term, "Being." He describes phenomenology as "to the things themselves," with the "things" being the objects of lived experience (pp. 36-39). Lived experiences are allowed to speak for themselves, rather than being forced to fit a pre-conceived mold, which provides greater insight into the phenomena under review. This is an active and engaging understanding of experience, where human subjectivity is primary.

Heidegger, deriving the word 'hermeneutics' from the study and interpretation of Scripture, suggested a hermeneutical approach to studying all human activity (McConnell-Henry et al., 2009). Heideggerian hermeneutics is a way of thinking that

challenges presuppositions and inherited understandings. It emphasizes the situated finite nature of all understanding, embracing engaged openness to reality.

Contrasting the epistemological approach to philosophy by Husserl, Heidegger saw himself as a metaphysician focused on the existential possibilities of *Dasein*. He saw people inherently as interpreting and understanding beings. He rejected empirical science as the ultimate arbiter of knowledge and meaning, and promoted the subjective nature of human existence. Heidegger believed that any attempt to bracket oneself from a phenomenon will fail because it is impossible for the researcher, who is in-the-world, to entirely put aside her/his beliefs and experiences (McConnell-Henry et al., 2009; Walters, 1995). Following Heidegger, Merleau-Ponty (1962) and Moustakas (1994) also acknowledged the limitations of completely bracketing one's self off from experience.

Heideggerian hermeneutics is circular, reflexive and never ending. The hermeneutic circle refers to the process where the researcher was drawn to a particular topic with assumptions, particular interests, and presuppositions, which shaped what and how the researcher experiences something. The researcher asked questions that would uncover a particular aspect of reality. This experience, however, changed initial assumptions, interests, and presuppositions. Thus hermeneutics, which is interpretation, achieved better understanding through continued analysis (Tuohy et al., 2013). McConnell-Henry et al. (2009) expanded on this process as a back and forth movement of questioning and re-examining something, which results in an ever-expanding circle of ideas of what is. The Heideggerian (interpretive) phenomenological method was used to remind us of things commonly understood, and yet so frequently misunderstood (Heidegger, 1960; Richardson, 2012).

Heidegger's (1977) circle of understanding sheds light on what the researcher and student bring to the science. Beyond the life-world, Heidegger identified additional factors that shape human experience, in what he calls fore-structure or fore-knowledge. Heidegger claimed that the purest way of conducting hermeneutic inquiry is to have an awareness of one's own pre-knowledge or presuppositions (fore-structure), and to ensure that the questions asked were relevant in order to receive the authentic experiences of what one is seeking to understand.

Hermeneutic Understanding

Heidegger's three-fold forestructure of understanding consists of (1) having practical familiarity (fore-having) with background practices from our world that enables interpretation, (2) having a point-of-view (fore-sight) that is influenced by our background and allows interpretation, and (3) having an expectation (fore-conception) of what we may anticipate in an interpretation (Benner, 1994).

Thus, the researcher's own story is included, in part, in chapter one to support the methodological foundation of this study, and to assist the reader with connecting to the background understanding (fore-structure) of the researcher. The researcher's full story is in Appendix A. The intent was to uncover and accurately interpret the lived experiences of the participants, by revealing any possible biases and influences in interpretation. These are the assumptions and presuppositions that shape what and how humans think and see (Heidegger, 1960; Benner, 1994). To be true to this methodology, these assumptions guided and influenced the planning, interactions, analyses, and correct interpretations of each participant's experience.

van Manen

Max van Manen (1997) described that as a methodology, phenomenology is a significant element of human science inquiry. It is a credible approach to scientific discovery that produces insights into our "practical intuitive capabilities" (p. 345). Language, specifically the imagery of language, and the meaning of the words are key to a powerful phenomenological text. Looking through a phenomenological lens makes us keenly aware of what is significant and that which is taken for granted. Thus, everyday or common life experiences that are often overlooked and seemingly insignificant move to the forefront and become the focus. Phenomenological research incorporates the study of essences by uncovering and describing the deeper meaning of lived experiences. The essence of an experience is attained when the description "reawakens or shows us the lived quality and significance of the experiences in a fuller or deeper manner" (van Manen, 1990).

Max van Manen (1990) introduced phenomenological methodology into the field of educational research. His focus was on writing hermeneutically, i.e., in a way that reflects what one is thinking while writing (Ironside, 2005). According to van Manen, doing phenomenological research means to always question the way we experience the world, in order to better know the world in which we live as human beings. Similar to Heidegger (1962), van Manen confirmed that to know the world implies to already be in the world, which is *Dasein*; thus, interpretive phenomenology attempts to clarify and express the meanings as we live them in our everyday existence, our life-world (van Manen, 1990).

Van Manen's (1997) interpretive phenomenological methodology focused on the ability of language to bring a phenomenological reverberation out of a text. While hermeneutic phenomenology, according to Heidegger (1960), focused on unearthing themes and subthemes, van Manen added what is written by advancing the concept of resonance.

Resonance embraces the firsthand or felt effect of reading the study on a given reader (de Witt & Ploeg, 2006). Van Manen's aim was to strengthen the expressive dimension and significance of phenomenology (van Manen, 1997). The focus on the thematic aspect of the text is concerned with *what* the text says, i.e., the semantic, linguistic meaning and significance of it. Van Manen (1997), however, introduced the mantic aspect of the text to capture *how* the text speaks, and *how* it inspires and elicits our understanding. He emphasized, "Both forms of meaning are methodologically of critical importance to hermeneutic phenomenological inquiry" (p. 346). Van Manen also explained that an exceptionally meaningful phenomenological text has the effect of making us suddenly "see something in a manner that deepens our understanding of everyday life experiences that are traditionally taken for granted" (p. 345). Researchers utilizing van Manen's expressive methodology will not merely provide a cognitive experience; the research text will speak to and enliven the non-cognitive sensibilities such as affect and the emotions.

In line with hermeneutic phenomenology, van Manen (1997) affirmed the significance of the life-world, and that there is no absolute or single method to discover the true meaning of a phenomenon. However, he postulated that the significance of reflecting on method allows the researcher to discover historical approaches and

assumptions that may make interpretations of human experiences understandable. Tuohy et al. (2013), discussed van Manen's (1990) four life-world existential themes that allow phenomenologists to reflect on how people experience the world:

(1) Lived space - Grounds people in a location. It is the felt space in which individuals are located, that is the size of the space people live, work, and learn (i.e., this HBCU).

(2) Lived time – Subjective time, as opposed to objective clock time. The speed of time is interpreted or experienced differently depending on what individuals are doing. Time seems to accelerate when people are busy or enjoying themselves, and time slows during activities that promote boredom or when waiting for something or someone (i.e., participants at the end of 2, 4, or 5 years of nursing education at this HBCU).

(3) Lived body – The concept of embodiment. Individuals reveal and conceal things about themselves consciously and unconsciously (i.e., what was/was not expressed during the interviews).

(4) Lived human relation – How people experience the world with others in the interpersonal space that is shared (i.e., the participants' and researcher's reflections of interpretations).

These four themes are at the core of van Manen's (1990) *Researching Lived Experience*, and they were essential while interpreting the participants' expressed experiences and the meaningfulness in their lives. According to van Manen, these life-

world existential themes must be considered in order to provide interpretations that will be accurate and connect with readers.

To make this connection with readers and further enhance the study, the researcher emphasized the authentic voice of each participant, which prevented the imposition of the researcher's interpretation of the participant's experience. According to van Manen (1997) this form of language imagery allowed the phenomena to be seen and gave voice to what is normally hidden. Van Manen also emphasized that interpretive phenomenology challenges a sharp distinction between the thematic and expressive dimensions of inquiry, which have implications for semantic and mantic understanding. Further, a tension must be created in both thematic and semantic interpretation for readers to experience the power of breaking through the taken-for-granted dimensions of everyday life. Without this tension, the text will be flat, shallow, and boring. These aspects of meaning are essential to interpretive phenomenological inquiry (van Manen).

The focus of this current study was to present and elevate the semantic and expressive-mantic dimension of Black/African American students' lived experiences in order to connect to the readers, and possibly transform what (semantic) and how (mantic) they understand retention and progression of Black/African American undergraduate nursing students. This was achieved by the use of the language to accurately portray people, emotions, characteristics, experiences, and the meaning of their experiences in colorful or expressive ways (Russon, 2003; Russon, 2016). At the core of this method are the participant, researcher, the reader, and their interpretation, constituting the fabric of our beings. We are constantly coming to terms with our experiential interpretation of ourselves (Heidegger, 1962; van Manen, 1990).

Further, our experiences are both subjective and intersubjective. Intersubjectivity refers to the co-construction of lived experience, where the subjectivity of the participant meets the subjectivity of a listening and interpreting researcher. The participant relating her/his lived experience then hears from the researcher an interpretation and affirms or rejects this reconstructed lived experience, and in the process, co-constructs lived experience again. We are both public and personal (private) beings. There is intersubjective confirmation, which resonates with the essence of the lived experience (Watson, 1999; Russon, 2016). We can never truly know another's experience; however, we can reflect on what we take to be the essence of the participant's experiences, and this reflection can be confirmed and carried to transform the thinking and understanding of others (Watson, 1999).

Phenomenology is commonly referred to as both as hermeneutic, "the science of interpretation" (Allen & Jensen, 1990, p. 241) and as being interpretive, "interpreting and understanding – not just describing-" human experience (Polit & Beck, 2012). The terms interpretive and hermeneutic are equivalent in interpretive phenomenology (de Witt & Ploeg, 2006) and will be used interchangeably as interpretive phenomenology for the purpose of this study.

Study Method

The interpretive phenomenological method was used in this present study to advance nursing education knowledge by uncovering how Black/African American undergraduate nursing students persevered to come to their final semester of nursing school at a Historically Black College and University (HBCU). This method was selected because it allowed the participants to speak for themselves, rather than being

forced to fit a pre-conceived mold, which provided greater insight into how the participants persisted through nursing school. This methodology intentionally sought to understand another's experience from her or his perspective (Cohen, Kahn, & Steeves, 2000).

The purpose of this study was to identify the unique experiences, shared practices and common meanings of Black/African American nursing students regarding their retention and progression in a baccalaureate nursing program at a HBCU in the eastern region of the United States. The present study used interpretive phenomenological methods to answer the following research questions:

1. How do Black/African American senior nursing students experience retention and progression at a HBCU?
2. What do Black/African American senior nursing students understand about their lived experiences of retention and progression at a HBCU?

At the core of interpretive phenomenology is the contextual understanding of one's experiences and one's meaning (Heidegger, 1977; van Manen, 1990). Heidegger, (1962) presented the concept of meaning as that which is understood. Our human experiences can only be understood in the context of our background or history, and it is in our own presuppositions that we are capable to achieve intelligent understanding of others' experiences.

Benner (1994) listed the assumptions of interpretive phenomenology:

1. Human beings are social, dialogical beings.
2. Understanding is always before us in the shared background practices; it is in the human community of societies and cultures, in the language,

in our skills and activities, and in our intersubjective and common meanings.

3. We are always already in a hermeneutic circle of understanding.
4. Interpretation presupposes a shared understanding and therefore has a three-fold fore-structure of understanding.
5. Interpretation involves the interpreter and the interpreted in a dialogical relationship (p. 71).

Further, according to Benner (1994), interpretive phenomenology is relevant to the field of nursing because it relates to increasing understanding and responsiveness to the unarticulated, taken-for-granted everyday practices and meanings that are significant to our social consciousness. The methodological intent is to clarify and to analyze human experience, while challenging presuppositions and inherited understandings, which is consistent with nursing science.

Study Participants

A purposive sample of 13 Black/African American baccalaureate nursing students in their last semester of their senior year attending a HBCU in the eastern region of the United States participated in semi-structured face-to-face interviews on two separate occasions to share their common meanings and shared practices of their nursing education. HBCUs with programs of nursing have the highest percentage of Black/African American students; yet these same HBCUs also tend to have higher attrition and lower retention rates of these students (American Association of Colleges of Nursing, 2015-2016; Nnedu, 2009).

Student participants were included if they self-identified as Black/African American and if they were senior nursing students in their last semester of their senior year. Student participants were recruited through classroom announcements, flyers, and word of mouth (Appendix B). The researcher secured permission and a schedule by the department chair and senior nursing faculty to make the announcement during senior nursing classes. Students were instructed to call, text, or e-mail the researcher if they were interested in participating. Contact information was included on the flyer.

Data Collection

Twenty-six interviews were conducted, transcribed, coded and repeatedly analyzed and interpreted for common themes. Each student had two interviews in order to establish clarity, accuracy, and understanding of the interviews (i.e., member checking; and obtaining validation from subjects themselves). Each student participated in two tape-recorded interviews, one interview at the beginning of their last semester of nursing school, and a follow-up interview toward the end of the same semester. Only the student and the researcher/interviewer were present for each interview. Multiple interviews with participants allow the researcher to follow up on earlier paths of thought and observe how participants' lives unfold. This also provided an opportunity for the researcher to obtain additional data and to gain deeper insights, as indicated (Fontana & Prokos, 2007).

The six semi-structured, face-to-face interview questions developed and utilized by the researcher were as follows:

1. What it is like to go to nursing school?
2. Can you tell me about a time in nursing school that was most challenging to you? How did you feel? What did you do? How did that work for you?

3. What was a typical day like as a nursing student? What are some of the challenges you faced? What is the greatest challenge you faced?
4. What was not helpful to you and how did you manage that?
5. What suggestions do you have for a student who is considering nursing school?
6. Do you have any other experiences about going to nursing school that you'd like to tell me?

All interviews took place at the University's School of Nursing in a private conference room with a table, chairs, and a door for privacy. The researcher contacted each student individually through email, phone and/or text messages to schedule appointments. The open-ended questions were intentionally used for student participants to have control of the direction and flow of the interview (Fontana & Prokos, 2007). Follow-up probing questions were utilized to establish clarity. For instance, student participants were also asked, "Can you tell me more about _____?," "What did you mean by the statement _____?," or "How did that incident make you feel?" Individual student participants may have been asked to follow up and/or explain their ideas in more detail. This is appropriate protocol for seeking clarity for emerging themes among interviews with other student participants (Creswell, 2009).

The interviews lasted 35 to 90 minutes and were digitally recorded and transcribed into electronic Word documents by a transcriptionist with extensive typing and IT skills. The transcriptionist removed identifying information and replaced it with a generic de-identified descriptor. The transcriptionist also signed a confidentiality agreement. The participants were originally assigned a number for their anonymity and

confidentiality. When the final stories of lived experiences were written, each participant was assigned a pseudonym according to their given number. This was done in order to assist the reader to relate with the human experiences shared.

The researcher reviewed each taped recorded interview with each transcribed interview for transcription accuracy. The recordings will be deleted after dissemination of the study findings. The transcriptions (transcripts) and interview notes are electronic and were kept on a password-protected computer. The researcher was the only interviewer in this study.

Data Analysis

The methods of Ironside (2015), Dickerson (2015), and Cohen, Kahn & Steeves (2000) guided data analysis. According to Cohen et al., there are three phases of analysis: (1) the interview and data immersion to identify essential characteristics in the data from each interview; (2) data reduction to establish what is and is not relevant; and (3) line-by-line coding (labeling) for thematic emergence and analysis.

Analysis began during the interview through active listening and thinking about the meaning of what was being said. The researcher immersed herself in the data by reading each transcript through several times and more if necessary. The goal of this immersion was to establish some initial interpretation of the data that guided later coding of the data in subsequent phases of analysis (Cohen et al., 2000). The researcher coded data following the transcription of each interview. The researcher uploaded all transcribed interviews to the NVivo software (www.qsrinternational.com) for qualitative data, and coded words and phrases into nodes (categories) that captured the essence of students' lived experiences, and significant ideas from the data to build thematic and any

possible sub-thematic meanings. The use of NVivo qualitative research software enabled the researcher to organize and manage data for new ideas or concepts and data redundancy, file and save literature, develop and save journal memos to track decisions, make pertinent notes, make links to common themes, condense themes, and track relevant conclusions.

As each transcript was analyzed, new nodes were identified. A total of 126 nodes were identified in this study and uploaded into NVivo. Data was eliminated (data reduction) when nodes were synonymous with other existing nodes, irrelevant or not shared with the experiences of the participants. The number of sources and the number of references determined which nodes were eliminated and saved. The nodes with seven or more sources and/or references were saved for consideration as they represented more than half of the total number of participants.

The first reduction yielded 76 nodes. With the analysis of each subsequent transcript, new nodes were added and eliminated: Thirty (30) nodes remained following the second data reduction, then10 nodes, and finally four nodes remained as a result of the third and fourth data reduction, respectively. The nodes ultimately represented essential themes.

Themes

The circular and continuous process of reviewing, analyzing, eliminating, and adding nodes yielded four essential themes that were most prevalent and repeatedly expressed by the participants. Max van Manen (1990) posited that phenomenological research consists of reflecting on essential themes of lived experiences and "bringing into nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural

attitude of everyday life" (p. 32). These essential themes were naturally incorporated within each participant's narrative, or story: (1) Identity and Sense of Passion for Nursing; (2) Resilience; (3) Unrealistic Expectations of Nursing Education; and (4) Self-Reliance.

The data analysis concluded with the thorough interpretation of every transcript. The interpretations transformed into the untold stories of the participants' journeys of trials and triumphs. The participants' stories were intended to connect with the readers in a way that makes them realize and understand human experience-as-it-is-lived while at the same time challenge presuppositions and inherited understandings (Heidegger, 1962; Benner, 1994) of the lived experiences of Black/African American nursing students who attend a HBCU. The participants' stories and excerpts used throughout this study are solely identified using those pseudonyms.

The researcher presented the participants lived experiences as their own story during their individual second interviews; the participants validated each of the four themes. However, it became apparent from the participants' feedback that one of the themes should be separated and given the full weight of a distinctive essential theme. The participants' clarified that their identity formation was culturally significant as evidenced by impacting the development of their emotional maturity, self-confidence, and self-esteem. Thus, following the participants' validation, the four themes became five essential themes: (1) Renewed Sense of Identity; (2) Resilience; (3) Unrealistic Expectations of Nursing Education; (4) Sense of Passion for Nursing; and (5) Self-Reliance.

The participants' voices were captured as the untold stories of their lived experiences at a specific point in time and place. Benner (1994) made the case that interpretive phenomenology is a perfect fit for nursing research as it seeks to understand another's experience, which is a key element in the discipline of nursing.

Quality Criteria

Lincoln and Guba's (1985) quality criteria for qualitative research is the framework most cited by qualitative researchers (Polit & Beck, 2012). While qualitative criteria in qualitative research has continued to evolve through critical scientific debate (Sandelowski, 1986; Sandelowski & Barroso, 2002; Polit & Beck, 2012), the outcomes of trustworthy nursing qualitative research have enhanced nursing's richness and complexity, joining practice with research, art with science, and advancing the focus from the knowing to the doing of nursing (Watson, 1981).

Guba & Lincoln's (1994) criteria for developing trustworthiness of qualitative criteria were used in this study, and consist of: credibility, dependability, conformability, transferability, and authenticity. Each of these standards are explained below:

Credibility

According to Guba & Lincoln (1994), credibility refers to the truth of the data and the interpretations of the data. It is essential to establish confidence in the truth of the findings for the study's participants and contexts in the research (Polit & Beck, 2014). The study "must be carried out in a way that enhances believability" (Polit & Beck, 2014, p. 323) to achieve credibility, which refers to the meaning of the findings by the readers (Sandelowski, 1986). Further, credibility is the establishment of strategies to ensure truth-value to the readers (Polit & Beck, 2014; Sandelowski, 1986).

In this study, the strategies used to achieve credibility included prolonged engagement and the researcher's application of self-reflection on the participants' lived experiences. Prolonged engagement, spending sufficient time in the field to observe or understand the culture, social setting, or phenomenon of interest, is considered a technique for establishing credibility (Lincoln & Guba, 1985). This researcher completed two interviews with each participant, which lasted 35 to 90 minutes, as well as other observations collected while on campus. According to Lincoln & Guba (1985), this type of prolonged engagement of the researcher may build trust prior to the study.

In the context of having confidence in the truth of the findings, Max van Manen (1990) referred to self-reflection as true reflection. Van Manen (1990) explained this process as a "thoughtful, reflective grasping of what it is that renders this or that particular experience and its special significance" (p. 32). While analyzing and contemplating data, the researcher continuously posed van Manen's true reflection question, "What is it that constitutes the nature of this lived experience?" (van Manen, 1990, p. 32). The answers to this question allowed the researcher to discover the essence of each participant's experiences. The essence of her or his lived experiences is what was written and re-written by the researcher as a result of each participant's personal story. Further, the clarification and validation of the accuracy of the participants' thoughts and language used during the interviews and integrated in their stories confirmed the achievement of trustworthiness of the interpretations.

The establishment of credibility also involved having rapport with the participants, which included the consideration of their context and culture. By doing this, the researcher was able to engage in the continuous process of extracting meaning of

what the participants shared, and what they had in common. The researcher's intent was to understand the meaning of the essential experiences of Black/African American nursing students' every day life at their HBCU that were previously obscure or unknown (van Manen, 1990). The researcher's self-reflection and rapport with the participants were essential in the building of trustworthy data.

Dependability

Dependability is showing that the study's findings are consistent; specifically the process within the study should be reported in detail, enabling another researcher to repeat the work (Lincoln & Guba, 1985). Polit and Beck (2014) summarized dependability as the reliability of the qualitative data over time and with the same or similar participants and conditions.

Lincoln & Guba (1985) identified external audits as a technique for establishing dependability. According to Miles & Huberman (1984), qualitative researchers are admonished to demonstrate auditability by keeping record in the use of memos; data display charts indicating coding instructions and the actual placement of data into categories, and the way different elements of the data were linked together.

For this study, the external audits involved having Hermeneutic or interpretive phenomenological researchers, not involved in the present study, examine the research process and findings of the study. This was accomplished when the researcher presented the research process, methodology, and the findings of this study as a podium presentation at a qualitative methodological conference. The presentation generated rich peer critique. The critique, feedback, and recommendations were recorded as journal notes. Further, three other Hermeneutic or interpretive phenomenological researchers

conducted external audits when they independently reviewed the narrative or interpreted story of a participant of this study to assess fit and the interpretation of this study.

The purpose of these audits was to assess for accuracy, and to evaluate the findings, interpretations, and conclusions that were supported by the data (Creswell, 1998). The researcher kept record of the audits (i.e., memos, notes, recommendations for linking data together), which included comments, such as: "Use the participant's voice more;" "Find the person's voice;" "Make voices of the participant's central;" "Hermeneutic rigor is sharing or hearing enough from participants to see where the analysis comes from;" "I am not concerned about numbers of interviews. You have enough data that you have something to say to the community;" and "I really connected with the colors (meanings) in your language and presentation." The external audits revealed that dependability was established. According to Lincoln & Guba (1985), credibility cannot be achieved without dependability. Therefore, dependability is essential to the process of establishing quality.

In this study, 13 participants volunteered to complete two interviews; the first interview was at the beginning of their last semester in the nursing program, and the second interview was at the end of their last semester. Every interview was recorded, followed by the development of verbatim transcripts; then transcripts were written into a narrative, and rewritten as a story for each participant. The process of rewriting continued as often as necessary to achieve a parsimonious story. As a result of this refinement process, dependability and confirmability were established.

Confirmability

Confirmability refers to the neutrality of the study or the extent to which the findings are shaped by the participants and not the researcher's bias, motivation, or interest (Lincoln & Guba, 1985). Sandelowski (1986) further explained that confirmability is the criterion of rigor in qualitative research. In qualitative inquiry, rigor refers to "all decisions made were thoughtful, and alternatives and ramifications were considered" (Cohen, Kahn & Steeves, 2000, p. 95).

Confirmability was established during the second interviews when the researcher presented and read each participant's own story. While given expressed opportunities, the participants did not reject or disregard their stories. Rather, they clarified, corrected, supplemented, updated, and validated their stories. This process of questioning, generating answers, seeking clarity and accuracy illustrated the Hermeneutic circle in action, which illustrates how understanding was generated as a result of confirmability. The participants' responses to their stories were varied. When the researcher sought clarification for accuracy of statements made, students would qualify, for example, in the following ways: "I'm from the south, not the southeastern region;" "Um, I don't know if I believe God wants me to be a nurse. More so, I think He's created provision for me to be successful on this path;" "I also think that whatever occupation I choose, I do believe that He has placed me there to benefit others;" "Um, I just don't know if failing that course, and then passing again…I don't know if I would say that it fueled my passion, or my passion for nursing. I think passing that course just kind of allowed me to realize there was hope for my future;" and "I think I just meant like, it's…." This feedback

would lead to corrections as indicated by the student participants, and subsequently was integrated in the final version of their stories that are included within this chapter.

The participants also gave updates on accomplishments, issues, and concerns they had at the occasion of their first interviews. For instance, over two thirds of the student participants expressed their joy and relief as they shared that the new testing policy they protested was reinstated as the original testing policy. Two student participants shared just prior to the second interview, they passed their required comprehensive exit exam on their first attempt.

Other comments reflected upon the changes in perceptions and feelings that students experienced over time: …"Yeah, I must have been mad that day. Because I was like, 'I said that?' Because I'm usually the person in class who is not defending the faculty, but trying to find the silver lining in some of their (faculty's) reasoning." Also, a student participant gave an update that she passed her comprehensive exam on her first attempt. She stated, "I'm at a better point right now than I was then (i.e., during the first interview). I'll tell you that."

The researcher confirmed for accuracy of the participants' statements and of their stories with the following questions: "Is your story accurate?;" "Is there anything you want to add to your story?;" "Did I capture your story correctly?;" The replies were overwhelmingly as follows: "Yes;" "Mm-hmm;" The participants nodded their heads in an up and down "yes" direction; "Yes. That is spot on;" "Absolutely," "Correct;" "That sounds good. That was good. That sounded like me altogether! That was accurate. It's funny, though, to like hear that (her story), like I was going through it then. And here now I'm at the end" (of the program).

The achievement of confirmability (rigor) was apparent during the second interviews when the participants validated their stories, and responded, for example, by stating this was "a new experience" for them, and that they have never reflected upon themselves or and their experiences in this manner. Further, the participants expressed gratitude for the opportunity to be heard, and to realize their own stories. All of the participants expressed that this experience was meaningful to them; one such example is when a participant shared, "Yeah, this makes me feel like I'm part of something."

Transferability

Lincoln & Guba (1985) explained transferability exists when the study's findings have applicability in other contexts. Transferability is achieved by thick description, which is the researcher's detailed account of the phenomenon and the explicit patterns of cultural and social relationships and put in context (Lincoln & Guba, 1985). Thick descriptions refer to the deeper meanings of experiences shared by the participants, and are in contrast to superficial descriptions or meanings (Lincoln & Guba). The participants gave thick descriptions of various experiences. For example, one participant shared a deeper meaning of her experience of failing a nursing course when she said she, "matured greatly," and she sees herself as a stronger and more confident individual. This participant admitted that she was able to accept responsibility for the following former actions that led to her course failure: (1) Her priorities were not correct; (2) She allowed peers to waste her time; (3) She had an unhealthy friend support network; and (4) She realized that she cannot depend on other's study habits. Thus, as a result of her maturity, this participant was able to dig deeply inside of herself and reflect on her insights of her growth during devastating experience. This is by no means a superficial description.

This participant gave detailed descriptions of her transformation to emotional, cultural, and social maturity within the context of her experiences at a HBCU School of Nursing.

Another participant shared her experiences of developing a stronger cultural identity:

> I feel I can take on anything. I know who I am, way more than I did before coming here [to this HBCU]. I don't want to say it's like a 100% because I'm still growing as a person. But I want to say, it's like nothing like it was before. It's amazing. I don't think…I could not do it anywhere else. I tell you that right now.

This participant shared a deeper meaning of her cultural perceptions of herself in relation to attending this HBCU. As a result of thick descriptions of experiences such as these participants, there may be some degree of transferability to those in precisely the same conditions, that is other BAA senior nursing students in a HBCU (Lincoln & Guba, 1985).

Authenticity

In response to critics within the scientific community, and their quest for continuous progress in the establishment of trustworthiness in qualitative inquiry, Guba & Lincoln (1994) added authenticity as a criterion for quality (Polit & Beck, 2014). Authenticity is the researcher's due diligence to ensure the lives of the participants are fairly and accurately "being portrayed with some sense of the mood, feeling, experience, language, and context of those lives" (Polit & Beck, 2014, p. 323). A text is considered authentic if the readers are connected to the participants' interpretatively rich and innovative stories, and the readers develop a new knowledge (understanding) of the issues described (Polit & Beck, 2014). Thirteen stories are included in chapter four. The readers will determine if authenticity was achieved (Polit & Beck, 2014). It is hoped that

the descriptive imagery of the language used in the stories will have an effect on each reader to suddenly see something in a manner that enriches her or his understanding of the everyday life experiences (van Manen, 1997) of the Black/African American senior nursing students attending a HBCU.

Participant Protection

Both the Institutional Review Boards of Loma Linda University in Loma Linda, California and a HBCU in the eastern region of the United States approved this study. Student participants' privacy, anonymity, and confidentiality were protected in the following manner: Participants were informed at recruitment about their right to withdraw from the study at any point in time, or to decline any questions or participate in any interview session without having to provide reasons or having to fear negative consequences. Each participant was provided with her or his own copy of their informed consent document, which includes phone numbers for contacting the researcher and/or the supervising persons. All personal identifiers were removed by the transcriptionist, edited by the researcher, and replaced with the participant's assigned number. When the final version of each participant's story was completed following the second interviews and review of external audits, each participant's assigned number was transferred to an appropriate pseudonym. This was done to further protect confidentiality and the participants' identity, and to assist the reader to connect with uncovered humanity and relate to the humanness of each participant.

Chapter Summary

The phenomenological methodology was used to identify and understand how Black/African American senior nursing students attending a HBCU experience retention and progression. Heidegger's (1962) method of hermeneutics or interpretive phenomenology is a good fit for this study as it captured the participants' authentic voices in being and time with the intention to make clear their experiences of perseverance, and what it means to be a Black/African American nursing student at a HBCU.

This chapter clarifies how this method was successfully applied to echo and understand the voices of Black/African American senior nursing students to enhance our understanding of what matters to them and their anticipated success in a HBCU nursing program. The research purpose, questions, and aims were presented, and the parameters used to establish the reliability of this qualitative study were provided to ensure that the genuine essence of the encounters of Black/African American senior nursing students' life-world was adequately uncovered and interpreted.

Chapter four highlights the findings (essential themes) of this study, and the analysis of the findings (essential themes). The interpretations of the findings are meaningfully presented as each participant's story in a way that does not deny the depth, value, uniqueness, and the beauty of achieving a new understanding of the trials and triumphs of Black/African American nursing students attending a HBCU.

CHAPTER FOUR

RESULTS

The Untold Stories

"Only he who already understands can listen."
(Heidegger, 1962, p. 208)

The purpose of this interpretive phenomenological inquiry was to identify the unique experiences, common meanings, and shared practices of Black/African American senior nursing students regarding their retention and progression in a baccalaureate nursing program at a Historically Black College and University (HBCU) in the eastern region of the United States. Interpretive phenomenology was the best methodological fit to bridge the gap in ways of knowing experiential understanding and to best address the central research question: How do Black/African American nursing students in an undergraduate nursing program experience retention and progression in a Historically Black College and University (HBCU)? The nursing students shared their everyday experiences and matters of concern that characterized their life-worlds, which was their immediate world of experiences (van Manen, 1990). Specifically, they shared the way their experiences as nursing students seemed to them prior to their reflection and attachment of meaning (Yi, 2017).

Martin Heidegger's (1962) hermeneutics or interpretive phenomenological method promoted an engaged openness and uncovered the humanness of the participants' lived experiences. The participants' authentic voices were captured as they shared their lived experiences of their trials and triumphs as successful nursing students at the conclusion of their nursing education.

Following the interpretive phenomenological tradition, the researcher's prior understanding, or foreknowledge, improved interpretation (Heidegger, 1962). Foreknowledge allowed the researcher to possess some familiarity with the meaning of the students' responses, and enabled the researcher to appropriately connect with and accurately interpret the shared lived experiences. The researcher was a legitimate part of the research, as being-in the-world of the participant (Heidegger, 1962; McConnell-Henry, Chapman & Francis, 2009). The researcher applied the hermeneutic circle by asking questions that uncovered the meaning of being. Polit & Tatano (2014) explained the hermeneutic circle in terms of parts and whole and a process of going back and forth between the two and closing the loop. Thus interpretation, as a result of understanding, was achieved by a back and forth process of reflection, seeking clarification, and validation as part of a process of analyses (Tuohy, Cooney, Dowling, Murphy & Sixsmith, 2013).

Reflection of the researcher's background as part of the research process is in contrast to Edward Husserl's phenomenological philosophy. Heidegger opposed Husserl's distant description of the lived-world, and strongly objected to bracketing, which is the researcher's disconnection from the experiences shared. Heidegger (1962) defended his position that prior understanding (fore-knowing) is necessary for interpretation. Thus, bracketing was inappropriate for this study. Subjective background awareness and understanding of the participants and researcher are considered for the accuracy and reliability of the interpretations. For this reason, this researcher's own story is included in chapter one and Appendix A.

The participants in this study were between 21 and 25 years-of-age. All were female, except one male participant. All but one participant received scholarships and/or financial aid. It was apparent that this HBCU's priority was to provide financial assistance to students with earned academic achievements and those who demonstrated financial need. Four participants had previous critical life events that impacted their worldviews, and academic, economic, and personal health needs. Two participants out of the four experienced a critical life event failed a nursing course. Three participants worked while in nursing school, and all of them were offered jobs at their place of employment pending their graduation and licensure. Of note, the three participants who worked while full-time nursing students did not fail any courses during their nursing education. As classmates, they had some specific experiences that they shared besides facing and overcoming distinctive challenges. Table 1 depicts their common and shared experiences.

Understanding background information of students is a significant factor in nursing student retention (Jeffreys, 2012; Benner, 1994). Individuals' ability to understand ourselves is dependent on sharing or articulating with another (Russon, 2016). Thirteen Black/African American senior nursing students offered their voices to speak to experiences that are normally hidden or unexpressed.

These students willingly, honestly, and transparently shared stories about their achievements and anxieties, hopes and fears, joys and troubles, support systems and stressors, assurances and uncertainties, and their strengths and weaknesses in their own authentic ways during the interviews.

Table 1 Shared Experiences of Participants

	Age	Gender	Previous Critical Life Events	Failed a Nursing Course (X)	Received Scholarship/ Financial Aid (Y/N)	Worked While in Nursing School (X)
Cynthia	24 y.o.	Female			Yes	
Dwayne	21 y.o.	Male			Yes	
Halle	21 y.o.	Female			Yes	
Jennifer	22 y.o.	Female		X	Yes	
Julia	21 y.o.	Female		X	Yes	X
Kathleen	22 y.o.	Female			Yes	
Leah	21 y.o.	Female			Yes	X
Monica	21 y.o.	Female	X		Yes	
Pam	25 y.o.	Female	X		No	X
Paula	22 y.o.	Female	X	X	Yes	
Shawna	22 y.o.	Female		X	Yes	
Tasha	22 y.o.	Female			Yes	
Vivian	21 y.o.	Female	X	X (Pre-req Course)	Yes	

The following 13 untold stories emerged from 26 interviews about their lived experiences as nursing students attending a HBCU. The stories are in their own voices, and where possible, actual quotations are used to preserve the relatable humanness and uniqueness of their journeys (Heidegger, 1962; Richardson, 2012; Ironside, 2015; Dickerson, 2015).

Shawna

Shawna, a 22-year-old, Black/African American senior in her last semester of nursing was completing her 5th year at the HBCU. After her first year with a full academic scholarship award from the university, she rerouted to nursing, leaving an

English major behind because her mother convinced her that nursing offered more job security and economic stability. However, she held on to her aspirations of the study of the law, and intended to blend nursing and law together.

Shawna has lived on campus for the past five years, and was proud to be on this campus. She was accustomed to participating in campus organizations and activities, and loved experiencing the energetic and exciting university campus life. She perceived herself as part of the university's brand; however, at the beginning of her junior year, she had a "rude awakening" with the demands of her first nursing courses. Looking back, she realized that she did not have realistic expectations for what the study of nursing entailed. She stated, "My confidence was shattered when I took Pharmacology and Fundamentals," which were her first nursing courses. Shawna was even more challenged when she did not pass the Medical-Surgical II nursing course. This news was "devastating" as she had to "sit out" for a year before she could repeat the course. Not only was she depressed and disappointed in herself, but also she felt embarrassed in front of her peers.

While sitting out for a year, she completed the requirements for a minor in English and was able to use her scholarship funds to pay for that fourth year. Having the support of her family and her scholarship enabled her to stay in school, which seemed a blessing to her. Shawna successfully completed her repeated Medical-Surgical II nursing course, and achieved a high score on the computerized and standardized Medical-Surgical exam. Though her full scholarship had expired at the end of her 4th year, she was able to secure an additional scholarship, two grants, and had to take out two loans in order to cover her fifth and final year at the university.

Shawna cited her resilience and faith in God as the keys to her determination and success. The failing experience initially threw her into an intense mode of crisis and reorientation. Prior to this, she had not known academic failure – an experience that evoked fear and panic. She sought for short cuts out of this drowning situation, which only led her into deeper despair and loss of confidence in her abilities. In hindsight, she realized that she had been too distracted with campus activities and had made a number of strategic mistakes she regretted dearly. Conflict within caused turmoil in her mind. Finally, she realized that the key to her success was to draw on her spirituality and to be faithful to her convictions and values. This led to a renewed faith and experience of ultimate gratitude that she used to continue her nursing education.

As she succeeded with her Medical-Surgical II course she experienced a renewed trust in God's provision, confidence in her abilities, and the conviction that she had "grown to love nursing" even though it has "hated me along the way." She had been challenged as never before and did not feel equipped for such a crisis.

Shawna explained,

> And it challenged me without providing a way to overcome the challenge. I kind of felt like I was kind of just thrown into this whole new world, and didn't have a clue about how to navigate through it. So, I don't know if it hated me… I just hated the fact that I didn't know how to just be victorious in it.

Nevertheless, she credited these experiences with shaping her decision to stay with nursing despite the trials. She noticed her growth and maturity from this experience and realized that this is her life's journey, and she must be excellent. Part of her transformative growth was attributed to her externship experiences that were strongly recommended to the senior nursing students during the summer. Shawna credited her externship in an acute care facility as a transformational experience that helped her to

persist despite the fact that nursing school was "extraordinarily difficult." She stated that the curriculum was difficult and rigid, meaning, "in nursing you cannot fail." She clarified that there was pressure from within the nursing department to graduate on time.

Other deterrents included the uniquely high grading scale (cumulative course average of 75%) applied to passing each nursing course, which was not the case with other undergraduate majors, and a high attrition rate ("only 20 or 25 students" out of her original cohort were expected to graduate). She says the number "dwindles" every year. Also, changes in academic policies during her senior year were a source of great frustration and angst. She believed that these changes would have prevented her and many of her classmates from graduating. As a result, the senior class petitioned the new policy to be annulled and the former policy reinstated. The senior class' self-advocacy was successful. Thus, Shawna realized the benefits of peaceful and pragmatic protests, which she proudly believed was unique to this university.

Pam

Pam, a transfer student, expressed that she loved being a student at a HBCU, specifically because of the diversity and rich cultural heritage that it provided. Pam spent her freshman year at a PWI in another state; however, she always wanted to attend a HBCU. She explained that she chose to attend the PWI because of its' excellent medical school, which was appealing to her as a pre-medicine major at that time. When she realized there was not enough patient contact as a pre-medicine major, she searched for another course of study. After an accident, Pam took a year off from school to recover and re-evaluate her career goals. When she positioned herself to resume her education, she chose to transfer to a HBCU, which she felt was a better fit than the PWI she had

previously attended. She chose nursing as her major for the following reasons: she wanted to work in a hospital setting, she liked patient interactions, and she preferred the patient education aspect of nursing. Further, Pam's mother is a nurse, which provided her with rich insights into the profession. Job shadowing, as well as her own patient experience, solidified her decision for nursing.

Pam, a 25-year-old Black/African American senior, was completing her third year and final semester in the HBCU's nursing program. She grew up in a family with a military background and had moved often. Pam lived off-campus with extended family members. She described herself as adaptable, very organized, and someone who always has a plan. This made her felt "intact." She explained that she feels better when she could follow a plan – in fact, that was part of her survival kit. Pam also realized that "sometimes life can throw you a curve," highlighting the need to stay flexible. As a self-supporting student, Pam was responsible for her tuition and living expenses. Besides school loans, this included working two jobs as a nurse assistant, working night shifts on weekends, and working occasionally during the week. Pam explained she must work in order to go to school, and she did not have a choice. Though her managers were accommodating, Pam consistently planned ahead to avoid last minute changes. She wanted to be considered as a responsible and dependable employee.

Pam's challenges were balancing school, life outside of school, and work. Pam functioned on three hours of sleep per day, felt exhausted all of the time, and was concerned about her eating habits. If she had to work during the week, she went to class directly from work, and would take a nap in between classes and during breaks. Sometimes she had to walk out of class to wake up. Her carefully mapped schedule was

however, vulnerable to last minute schedule or even policy changes imposed by the nursing program or university. Such changes threw off her order and her life outside of class. When this happened, she cried out in despair, "What am I going to do now?" and "How am I going to get this done?" As a resolution, she called her nurse managers to request to make adjustments to her work schedule to accommodate a last minute change in a lab session, which notably also affected her income. Pam identified herself as an organized and prepared person, and short notice changes were experienced as stressful.

Pam found nursing school "exciting, terrifying, and very overwhelming all at the same time." The sheer volumes of information to be absorbed because she was "going to have people's lives in [her] hands," were a challenge. Pam believed that her work helped her to apply and retain her course content, strengthen her critical thinking skills, and do well in nursing school. Pam admitted that her school and work responsibilities were very challenging, but she believed it was "going to pay off." She often said that she's "almost done," as if to console herself.

Pam's greatest challenge was her self-imposed pressure to succeed: She explained that the pressure was both good and bad. This pressure gave her drive to meet her daily responsibilities although constant stress could be damaging to her health. A limit was reached however, when a recent policy change occurred during the final semester; the weight of the final exam was drastically increased while the number of attempts to take the exam decreased. She shared that her experiences as a nursing student were part of a "filtering system where only the strong survive. It's like the Hunger Games. Only the strong make it through. If you're not strong, you're held back." However, later Pam quickly gave an update that the new policy was changed back to the

previous comprehensive exam policy. This came as a relief to Pam. She believed that enough of her classmates, including herself, complained and sent letters to restore the original policy. And it worked. Pam wanted to see more of her classmates succeed, and was troubled by the numbers of students who have not passed nursing courses. She felt too much emphasis was on passing the NCLEX-RN exam, and not enough was on the actual understanding of course content.

For the record, Pam made it clear that she loved this HBCU, and she had absolutely no regrets for transferring here. She credited her organization skills, determination, and sense of responsibility that were further developed at the university albeit through her challenges, frustrations, and accomplishments, as the keys to her success. Pam had already been offered permanent positions as a graduate nurse at one of her current places of employment. She accepted the position, pending her graduation and licensure.

Dwayne

Dwayne, a 21-year-old Black/African American male was raised in the northeast region of the United States. This was his fourth and final year attending this university. He readily admitted that while in high school he was not focused on a particular college major; however, he wondered, "What do I need to do to earn money?" in order to live the lifestyle that he wanted to live. Dwayne made the decision to become a nurse following conversations with a tour guide on a college tour, and financially successful registered nurses that made an impact on him. He admitted that he looked at colleges and universities in general, and did not research or compare nursing program curricula. He expected all nursing programs to be alike. Though Dwayne became a certified nurse

assistant (CNA) during the summer prior to entering college, Dwayne wished that he was aware of what a professional nursing education program entailed. He says, "I more so looked at it as I'm going to college, not I'm going to nursing school." He made the decision to attend this HBCU when he was awarded academic scholarships by the institution.

Dwayne lived off-campus and had several roommates, who were "distracting" at times. He was the only nursing major amongst his roommates, and he was keenly aware of the differences in rigor, strict requirements, and high standards of a nursing major as compared to the English, communications, and engineering majors of his roommates. To Dwayne, it seemed that everyone else was "less stressed and [less] worried about school." This gave him cause to wonder, at times, if he would have been happier with a different major. He coped with his stress by focusing on his mental and physical health. He joined a gym, and found that helpful. He explained as a result, "So, you kind of feel good about yourself still. And you can keep going."

Still, Dwayne was clear that he had no regrets about attending this HBCU or choosing nursing as a major. He described himself as a "survivor." He shared that nursing was not his passion initially; however, he knew early on that he could "do this." He indicates that he believed that his gender was not a hindrance as a nursing major; it was quite the opposite for him. Dwayne found that he received positive attention, especially in clinical, and the most common question that he was asked was, "Why are you doing this [nursing]?" During his first two years, which were the pre-requisite years, Dwayne "felt like [he] was a science major with everybody else." He did not feel

distinguished as a nursing student until the summer of the beginning of his junior year. His courses from that point on were nursing courses.

Once Dwayne began the nursing courses, his experience changed. The pace picked up and "became a lot more hectic. Schedules were a lot more busy." And he "did not have as much free time." This was unexpected. He studied a lot more, and the nursing professors were "a bit different" than the pre-requisite course professors. Nursing classes were smaller, more "intimate," and "they know you better." While he received "a couple of scholarships" to attend this HBCU, the summer sessions, which were five weeks long, were not covered by the scholarships. He had to pay "out of pocket for that." He says that he had to call "a bunch" of family members for financial assistance and he used his savings to pay for the summer session.

Dwayne explained that the beginning of his nursing courses, which occurred during the summer term at the beginning of his junior year, were most challenging for the following reasons: (1) The summer term was 5 weeks long or short, depending on how one looked at it. (2) The summer curriculum was an intensive, which included covering several chapters of content per week. (3) There was an exam every week. (4) Students were not allowed to review their exams in a timely manner. (5) He had to stay in the dorm during the summer session, which was an additional expense that he was not prepared for. (6) He studied up until 3:00 am or 4:00 am every day, and each class was three hours in duration. He was sleep deprived during that summer session. Dwayne recalled that transitioning from pre-requisites to nursing classes was difficult for him and his classmates. This was a "stressful time for us." He felt like the students "had to figure

it out for themselves." He readily admitted that he did not have realistic expectations of being a nursing major.

A major challenge for Dwayne was not having transportation. He did not have a car, and he had to depend on public transportation and walking to get to his clinical assignments. Dwayne consistently requested to be assigned to clinical sites within close proximity to his residence so that he could walk. However, Dwayne shared an experience when he was assigned far enough away that he had to take a bus, train, and then had to walk in order to get to his clinical site. Dwayne explained that he would be exhausted by the end of each clinical day, which made it extremely difficult for him to reflect and learn from the day's experiences and to prepare for the next day. Early on, he requested to be reassigned and for re-consideration of his original request for a closer clinical site; however, it was to no avail. That was disappointing. He reflected, "Some of the stuff we go through, seems unnecessary." So, as a survivor, he "stuck it out" and successfully completed that clinical experience. Dwayne further explained, "Only the strong survive. Once you commit, it's different." He confirmed that he is committed to completing this nursing program at this HBCU, and becoming a professional nurse. He definitely saw himself as being strong and a survivor. He added, "it's easy to fall through the cracks here, very easy."

Dwayne believed test taking, particularly multiple choice tests and standardized tests, and the development and strengthening of critical thinking and clinical reasoning skills were challenging and contributed to students' withdrawal, or their "fall through the cracks" from the nursing program. He was very concerned that many of his friends had to withdraw from the nursing program, and he reported that some of them chose different

majors. Dwayne admitted that he learned that he had to figure these things on his own. This was sort of a paradigm shift for him.

Dwayne's personal growth included that he did not dwell on what may be wrong or not going his way, but he focused on "what's gonna help me move forward…just how I can get to the next page." Dwayne took responsibility for himself and chose to focus on what is positive, as he counted the exams and assignments, not the days, left until graduation.

Jennifer

Jennifer was a 22-year-old Black African American senior nursing student in the last semester of her fifth year at this HBCU. Her parents are of Caribbean descent, and migrated to the U.S. before Jennifer was born. She decided to attend this HBCU because she was granted a full academic scholarship (i.e., paid full tuition, fees, books, housing, and meals). Jennifer explained that she was awarded this prestigious scholarship as a result of her exceptionally high SAT and ACT scores. Jennifer admitted that she did not plan to attend this HBCU, so on her application she said, "I did declare a major. I just didn't remember what I wrote." She added that when she arrived at the university, she did not know what her declared major was. Jennifer did not realize her major until she registered at the HBCU. Jennifer's journey began with the thought that nursing school would include making beds, and "CNA type stuff." She was not prepared for making assessments, a rigorous curriculum, and things of that nature. Jennifer explained she had more respect for nurses now that she had a better understanding of it. She believed it would have made a huge difference in her nursing school experience if she did more research on the expectations and responsibilities of being a nursing student.

Jennifer stated that she "never had to study" while in high school, and she made good grades. Things always worked out for her. So, she approached her nursing studies the same way. Until one day, she realized, "this is rough, things aren't going as planned." Once she entered her junior year, which was the first year of her nursing courses, Jennifer stated, "I truly was not understanding nursing." She would say to herself, "this is rough."

Jennifer shared her challenges with study and testing skills:

> But for me, I sometimes, I feel like the books are so, I don't want to say complex. But you like really have to pay attention to what you're reading. And I find that, I'll be reading, and then like, I realize that the past three pages didn't make any sense for me. I'm like, "Now I have to go back and read those again." And it's just like, I just find some of the books, too (pause) too time-consuming to read. Because it's just, it's hard for me to, you know, interpret and understand. And because of the way the information is presented, I can't even make notes. I don't like that. Because I like my notes to be, you know, concise.

Often in angst, Jennifer would say to herself:

> I'm trying. I'm putting everything into it. And I'm not getting the results that I think I should be getting. So it was extremely frustrating. And I didn't know where to turn for answers. Like, I really just felt like, I'm doing everything that I'm told to do. I have all my textbooks. I read every night. I'm practicing questions. But I just wasn't getting it. Like, something was not clicking. And it wasn't even necessarily the application of skills. It was more so like the test-taking. Couldn't get it. Couldn't wrap my mind around it. Lots of times I would come down to like two questions. And I always picked the wrong one. And I would always feel like, "What am I not understanding?" So, it was just, an extremely tough time. And I think, initially things that semester had started out bad. I just was not worried. Because I kept thinking, "It's gonna turn around."

Further, Jennifer added:

> Like, it has to. Like this is just the first test. If I do bad, fine. I'll give myself that. But it will improve, because now I know what I'm doing wrong. But it just seemed like, every single exam, it just got more and more; it just was not going right. And I generally felt like, I kept telling people, "I don't know how I feel about these grades, right now everything looks terrible." And everyone kept telling me like, "You're fine. You're gonna be fine. You're gonna pass."

Jennifer always felt that she was capable of doing much better than she was doing, and that was a big part of her frustration. She could not figure out what she was doing wrong, and felt alone in this struggle. She explained that she would study with classmates; yet, they seemed to pass the exams and she would not. Further, Jennifer would go to the course and clinical instructors about her struggle and fear of failing, and she would be told, "…You'll be fine." Jennifer shared that those words, of what she considered to be false reassurance from some faculty, intensified her anxiety.

Jennifer deposited deeper color or meaning of this experience by explaining that she was:

> Very frustrated. Very, very frustrated. Because I felt like it was an empty promise. It was kind of like, what you're supposed to say? You can't...if somebody walks in to your office and is like, "I'm failing." You can't just be like, "Yeah..." You know? You can't tell them that. And two, I feel like even if you do tell them that, you have to help them. And I think a lot of people are just too busy, too concerned with other things to really devote a time slot. Because it's not acceptable to say like, "Yeah, you're struggling. You might need to do something about this." That takes more effort than just saying like, "Don't worry about it. You'll be fine."

Jennifer did not pass the Fundamentals of Nursing class, which was her first nursing course. She stated that it was just "mind blowing." She said she was "embarrassed" and "miserable."

Jennifer also explained that she:

> …felt less than everybody else. And I felt stupid. And I felt like it wasn't fair. I don't really feel, at that time anyway, I don't really feel like I put any more or less effort than a lot of my friends because we all studied together.

And her friends passed the course. This is when she started to doubt herself, which was a new experience for her. Simultaneously, she experienced tragic family issues that struck her at her core. The news was incredibly stressful for Jennifer and her

family. She was worried about how her parents would respond to the fact that she was unsuccessful in her nursing course and would have to, according to policy, wait a year to repeat the course. She thought, "They're going to be crushed" that she did not pass her class and potentially not graduate on time. Graduating on time and not being a burden on her family was extremely important to Jennifer. She shared that she was "unbelievably stressed out" at this time in her nursing education journey.

Jennifer added:

> I didn't feel like it was fair that I had to fail. And I was making a legitimate effort and people were like breezing through. I was just like, "How does that even make sense?" That was the part that really killed me.

Jennifer did not seek counseling or familial support during this time. She "didn't manage" and "didn't cope." She exclaimed, "I was a mess." She does not remember what she was doing during the incredibly stressful time. She clarified, "Well, I just tried to study more. I felt awkward. And was so unhappy." Adding, "But one thing I would never do, is set my expectations like I did then." Jennifer's full scholarship ran out during the year that she was waiting to repeat the Fundamentals of Nursing course, which was her fourth year in nursing school. She was informed that she could appeal that policy; however, Jennifer decided not to appeal. She felt that she should allow other students to have that money. Jennifer explained that she was blessed to have that scholarship and it was a fair policy. She wanted other students to benefit from the money that she would have appealed for. Jennifer received two loans and one smaller scholarship for her fifth and final year in nursing school.

For the year while waiting to repeat Fundamentals of Nursing, she made some decisions. Jennifer initially decided to leave nursing and change her major so that she

could just graduate on time. After she obtained all of the necessary signatures needed to withdraw from nursing as a major, as she walked away from the chair of nursing's office, she saw a sign that said, "Don't Quit." At that moment, Jennifer believed that was a message for her, and she decided to continue as a nursing major. This resolution led to changes in her perspective about her experiences as a nursing student. Jennifer explained that as a result, nursing became everything to her. It became her priority.

Jennifer "matured greatly" as a result of this experience as a nursing student. She described herself as a stronger and more confident individual. She admitted that she was able to accept responsibility for the following former actions that led to her course failure: (1) Her priorities were not correct; (2) She allowed peers to waste her time; (3) She had an unhealthy friend support network; and (4) She realized that she could not depend on other's study habits. She became aware and was able to accept that she processed information differently.

Jennifer's transparency was apparent when she said, "I just didn't give it my all." As a result of not passing the Fundamentals of Nursing course, she improved the way that she studied. Jennifer began to "synthesize" information as opposed to her former memorization style of study. Her thinking, comprehension and application skills became stronger. Significantly, Jennifer reflected that she no longer depended on others to help her study. She assumed full responsibility for her learning. She credited her achievement to her reliance on herself to comprehend concepts and strengthen her test-taking skills. Jennifer emphasized that she would not have made it through the rest of the nursing program had she initially passed the Fundamentals of Nursing course. She would have struggled the whole time and would not have made it to graduation. She believed that

repeating the course made her stronger in test-taking skills, and she hasn't had that struggle since then.

Jennifer identified her clinical and externship experiences as the most beneficial to her learning experiences. She wished she had more clinical and externship experiences, and less simulation experience. Further, she wanted to experience faculty support particularly before she failed her course. Jennifer perceived "a rift or divide between faculty and students." There were times when it seemed that students' constructive criticism about their learning needs was received poorly by faculty, which made for a tense classroom.

Overall, Jennifer believed that being a student at this HBCU strengthened her sense of identity and purpose. She also admitted that initially she was not aware that she was lacking in those areas. This was significant to Jennifer because she attended a predominantly white high school, and "had lots of uncomfortable moments." Being a student at this HBCU made her comfortable. Further, she stated, "I was able to really find myself" at this university. Jennifer defined failure as not being able to pick up from a situation. She affirmed that it was possible to turn a negative experience into a positive one. Jennifer's journey was impacted by her realization that, she owed it to herself " to be successful…and to…become someone great." She asserted her belief that everyone has potential, and it just depends on how it is used. Jennifer eloquently related to the Biblical parable of the talents. She explained that everyone has options in life, and it's up to each person as to how her or his time is used.

While reflecting on her overall experiences as a nursing student, Jennifer admitted:

> It's so weird because...I don't know, it just doesn't seem as bad as it did then. I don't know. It took me a while to get over it. Took me like a year or two to get over it, for sure. But now I'm pretty satisfied. So it doesn't seem as big of a stumbling block as it did then.

Jennifer summarized her journey by sharing her belief, "I owe myself a lot of things, and I just want to become a great person, who would positively impact the world."

Vivian

When Vivian was a 17-year-old high school senior, her mother passed away. Vivian was an only child and was very close to her mother. Vivian's mother was a registered nurse with a Bachelor of Science degree in nursing, and a tremendous influence in Vivian's life. Vivian described her mother as a strong person and her best role model. Her goals included that she mirrored her mother by reflecting the memory of her strength. Vivian said that her mother taught her to be strong, and her mother would "not entertain negativity" when it came to reaching her goals. This was why Vivian described herself as having "innate strength." There was no question that Vivian was definitely going to college right after high school. Vivian decided to become a nurse on her own before her mother's untimely death; however, this loss made her even more determined to reach her career and life goals.

Vivian's life drastically changed after the passing of her mother, especially within the dynamics of her extended family. Without Vivian's knowledge or consent, a family member applied to this HBCU on Vivian's behalf, and Vivian was accepted. Vivian had no intention of attending this HBCU. She wanted to stay at home and attend a prestigious university in her community. Vivian was accepted to the Predominantly White Institution (PWI) where her mother studied and achieved her nursing degree. This meant the world to Vivian. Her family did not agree with her desires, and they became

"very controlling" of her. As a result, Vivian felt "shut out" of the decision processes of her life. She had to deal with her feelings of anger and resentment toward some of her family members, and as a result Vivian considered herself as an independent adult, more specifically, "by myself." Vivian expressed that she was "forced" against her will to attend this HBCU and to live on-campus because she was awarded an academic scholarship.

It was against this backdrop that Vivian enrolled in this HBCU to begin her journey in nursing education. At that time, she was 18-years-old. She reflected, "I struggled a lot" in college, and she believed that was because she did not have previous health care exposure or experiences. Vivian did not pass her pre-requisite chemistry course; however, she was able to repeat it the very next semester and she passed. She was mindful and worried about failing another science or one nursing course because she knew that if that happened, she would be out of the nursing program.

Vivian's junior year was particularly difficult. This is when she began her first nursing courses. She "somehow passed" all of her classes during her junior year. However, most of her friends in her cohort failed. This was devastating to Vivian. Her friends were her family. This experience left her with "considerably lower self-esteem and self-confidence." These feelings were in conflict with her initial self-confidence to do the best that she could and to "stick it out." She figured, "sooner or later it will be my turn [to fail]." Vivian "just didn't care anymore." She admitted, "I wasn't studying the way I should have." To compound her fears, Vivian declared that she did not know how to approach the study of nursing, specifically nursing concepts, nursing care plans, and nursing interventions. She was also "a poor test taker," especially with the computerized

and standardized subject tests. Vivian was also feeling "sorry for [herself]" and "somewhat guilty" that she passed her courses and her friends did not pass.

Vivian explained:

> And I guess there was some guilt. Like I said, maybe there was more I could've done to help them...to pass or understand the information more. No, I did feel some guilt. I thought like if I had helped them more, they would've passed and I would still have my support system within the class. I feel like I did not have the support system anymore. You know I'm shy. I'm quiet. I don't...I'm not really a social butterfly like that. I don't make friends that easily. I'm very selective with who I let in my circle, who I associate myself with. So losing those friends that I had established, it was just hard to make friends in the class again. Like they already had their groups, their friends. So it was hard for me to develop a support system again.

Once again, Vivian felt alone in her world:

> But that spring semester when we returned from the fall semester when I lost all of my friends, I really did not...like I was on my own… That was the semester when I just...I just lost all passion. I lost caring. I wasn't studying as I should have. I was studying, but not enough to get A's or B's in my classes.

Vivian's friends had to withdraw from the nursing program for a year in order to repeat the course that was failed. Her junior year was traumatic for her.

It was during her junior year that Vivian applied for externships that were out-of-state, in the area of her home. In the meantime, she was accepted in an externship locally, near the university. Vivian declined the local externship in hopes of getting selected in an externship program near her home. But, this never happened. Vivian ended up with no externship experiences. While the externships are optional as far as curriculum requirements, Vivian regretted that she missed a valuable opportunity to strengthen her clinical reasoning, to sharpen her clinical skills, and to build her resume. She considered this "a life lesson learned."

Vivian's turning point was during the summer before her senior year. She evaluated her journey in nursing school, and decided to take the "study of nursing seriously." Her personal growth was evident to her when she transitioned her thinking and declared, "I'm not going to give up, and [I'm] going to keep trying." She admitted that she finally realized that she was "fortunate" to have the opportunity to study nursing. She embraced that it was okay for her to be successful without her friends.

Vivian had a different perspective of having a support system now:

> But at this point, I don't really care about making friends like that now. I'm about to graduate. I'm not going to be in this area anymore. I'm moving back to _____ [home]. So that's not...that was my focus before, 'I need to make friends, [and] I need to establish a support system again.' But now I'm just trying to finish. And whoever wants to study with me, I'll study with them...and that's it. I'm really just ready to finish and go home.

With confidence in her voice, Vivian shed more light on her progress:

> But since the senior year, I've been doing a lot better with ____ [computerized and standardized tests]. So I think my test taking is improving. I think what I had to move away from was all the reading that I was doing, and doing more practice questions and reading rationales. I think that's been helping me improve with my test taking.

Almost four years from her admission to this HBCU, Vivian explained that if she could do her college years over again, she still would not have attended this university. She says that she did not feel supported for success due to the following reasons: (1) The policy changes were unfair. At the beginning of her last semester at the university, the faculty changed the ATI test policy to increase the weightage percentage of the test grade and decrease the number of attempts to take the test. The senior class protested the policy change, and the original ATI policy was re-instated. Vivian expressed, "I feel a lot better." However, she experienced substantial frustration and stress during this process. Vivian believed the policy was changed originally due to NCLEX-RN outcomes of the

university, and the new policy was the nursing programs' attempt to improve their NCLEX outcomes. Vivian's perspective was that the responsibility for improving NCLEX outcomes should fall on both students and faculty, and not just the students. (2) The nursing program at this HBCU was designed only for strong students.

Vivian further explained:

> Yes. I mean I get the logic. Like deal with the strong students. But I feel like I was a weak student, and look how far I came. And there was a faculty member who had discouraged me to pursue nursing because of my grades. And I came this far. You know, I think they only cater to the strong students. They feel like, "these are our students who are gonna get us our high NCLEX pass score. And just leave the weak student." You know?

For this reason, Vivian adds that she would not recommend prospective students to attend this nursing program; and (3) The students' requests for clinical assignments are not taken into consideration.

Upon reflection, Vivian explained that the keys to her success in the nursing program were her "inner strength," her resilience, and her faith in God. She says that she needed to go to church more, but she tried "to talk to God." Vivian shared that nursing school was a hard journey. Her father was supportive, and her former boyfriend was her "rock" during her earlier college years.

Vivian recalled an incident on the last day of one of her course's clinical rotations, when the unit secretary expressed a lack of confidence in Vivian's expressed goals and compared her with a "more successful fellow classmate." This devastated Vivian. She sought support from her nursing instructor, whom she claimed, "encouraged me a lot" and re-instilled in her courage and the confidence that she could reach her goals. Still, sometimes she felt emotionally down, especially the closer she came to the

end of the program. She was aware of the university's resources for health and well-being, and benefited from them.

Vivian, just weeks away from completing her senior year, acknowledged that she has emotionally matured, and this influenced and improved her learning experiences and outcomes. At 21 years of age, she spoke with confidence about her progress. Vivian planned to return home immediately after graduation, prepare for the NCLEX-RN licensure exam, and live in her mother's house. Vivian said, "Yeah, finally. This is what I've been waiting on, you know, all these years. Go back home. And start my life, and join the real world."

In spite of her losses, struggles and uncertainties, Vivian worked hard to be a successful nursing student. She wanted nothing more than to finish nursing school strong and return to the only home that she knew.

Monica

Monica was a 21-year-old Black/African American senior nursing student. She was completing the last semester of her senior year. She attended this HBCU for four years. While she preferred to go to a college near her home, Monica decided to come to this university because she was awarded a 4-year academic scholarship. She explained that the campus at this university was like a community, meaning there was "a big sense of family" at this HBCU. Further, there was an uplifting sense on campus, and "We want to see each other succeed."

Monica described herself as "resilient." She also self-identified as "determined and passionate about caring for others." Monica traced the roots of her resiliency to a place or environment that she "doesn't want to ever be again." She explained, " I pushed

myself" because she was focused on her goals to arise from her own circumstances in order to reach her goals, and then return to serve her community.

Monica clarified:

> I'm like a first generation college student. I don't want to be in the same predicament that my family is in…in a struggling environment…living month-to-month, day-to-day, they're just trying to make it. I wanna be successful to a point where I'm able to give back. I'm not just focused on myself.

Monica's personal background shed light on her aspirations. There were 1200 students in her high school freshman class, and approximately 500 graduated. Many of her classmates dropped out of high school. This experience made her determined to persevere. Monica discovered that it was important for her to help anyone who was in need. She confirmed, "This is my purpose." She wanted to get back "to [her] community," and work in underserved communities. Monica's heartfelt goals included providing primary care in a clinic in her home community, and managing that clinic. She aspired to get a Doctor of Nursing Practice (DNP) degree and Master of Business Administration (MBA) degree. There were no health care facilities in the community where her family lived; they had to travel far to receive health care. Monica intended to change that. She was clear when she said, "I chose to become a nurse because I want to really, really, really help people."

Prior to coming to this university, Monica assisted in the coordination of care for her mother and sister. Both are challenged with serious and debilitating illnesses. Monica witnessed nurses providing competent, safe, and especially compassionate care for her family, and she decided this was exactly what she wanted to do for others. This determination was helpful to her retention and progression in nursing school.

Monica shared her challenges while in nursing school. The (testing) policy change and policy reinstatement during her senior year regarding exam weight percentages and number of attempts was "very stressful." This stress was compounded with her perception of a divide between the faculty and students.

Further, Monica was "really sick" at the end of her junior year. She had a surgical procedure, and had to take a week off from nursing school per doctor's orders. This was a major challenging life experience for Monica that made a huge impact while she was in nursing school. Monica explained that she "fell behind in [her] studies." While she did not have to withdraw from school, when she returned to class she felt pushed beyond her limits. She admitted that she expected the faculty to slow the pace down since she was "going through a hard time" in her life. It was difficult for her to be a nursing student going through a health crisis and not receive understanding or compassion from her instructors. She felt the faculty could have been "more understanding, compassionate, and caring." Monica described that she experienced contradictions from the very people who were teaching her about the core values of nursing:

> So I was, as a nursing student, looking into actual nurses and veteran nurses… who have been in the healthcare field way longer than my experience just as a student. I thought they would be way more compassionate than they were, personally. I don't hold that against them. But I thought that they would just say, you know, "Okay, you're ill. So take your time get it together and we'll work it out some way."

Monica explained that she did not experience that sentiment, and she handled that experience as follows:

> Um, well, I've learned to...especially in nursing school to be resilient. There's a lot of things that are going to conflict with your nursing schedule. And, there's a lot of things that are going to make you feel like you can't finish nursing school. So, I've learned, my friends and I have learned to be very resilient. So, I've

> always pushed myself. Even when I don't want to do it, I push myself. Because I know where I want to be.

While Monica said she "pushed" through this difficult time and bounced back academically, she continued to experience anxiety as a nursing student. She cited her determination, faith in God, prayer, and regular talks with her mother as effective coping strategies. Monica also sought health care resources on an as needed basis.

Monica explained the source of her anxiety:

> A lot of people are expecting so much from me. And then when I realize how much it takes to actually accomplish what they are expecting from me, I feel anxious. Or I feel sometimes that it can't be done. I feel like sometimes that I bit off more than I can chew. But I know that it's possible. I just don't know how I'm gonna get it done. So then I learned...to deconstruct it, and make a to-do list. Even for really small things. So that I could...where people take big steps, I take baby steps.

Monica's ideal nursing program would consist of a curriculum integrated with NCLEX-RN preparation skills from the beginning of the program; faculty who currently practice nursing; nursing courses that meet more than one day a week; and more clinical experiences that promote advanced critical thinking skills. She concluded that these elements would have improved her overall nursing education experience.

Julia

Julia is a 21-year-old Black/African American nursing student completing her fourth year at this HBCU. Initially, Julia wanted to become a physician until she realized that nurses spend the most time with patients. From that point on, Julia wanted to be a nurse. Julia was a recipient of an academic scholarship, which paid 50% of her tuition. She worked part-time as a student nurse extern at a local prestigious teaching medical center.

Julia described herself as driven, determined, and self-disciplined. Additionally, she described herself as a self-advocate when she "doesn't have what she deserves." When Julia perceived that "something is not right," she could not "just be quiet and hold it in." She confessed, "I can't hold my tongue." However, she conceded that some of her experiences as a nursing student have tempered her tongue, especially when she realized that when she and other students spoke up, "nothing changed."

Julia explained that nursing school was "harder than [she] thought it would be." She "had unrealistic expectations due to the fact that no one talks about how hard nursing school is." This surprised her. She regretted that she did not have any information about the study of nursing. She wished that she did some "independent research" on what programs of nursing entailed, and believed that she would have benefited from a nursing program open house experience. However, she is not sure if this HBCU's school of nursing provided open houses. Julia had good grades in high school, yet she rarely had to study. Julia had a "rude awakening" when she entered college and took her first biology exam. She realized for the first time that she had to learn her study style needs, and she did. Julia confidently expressed that as a result, she learned how to study, what it took to be a success, and what study habits worked for her.

A great challenge for Julia was that she did not feel that her Anatomy and Physiology (A&P) course adequately prepared her for her upper level courses. Julia and her classmates explained their concern to the professor; however, the professor "took the criticism personally, and subsequently had an attitude." So, Julia and her classmates took their concern to the Department Chair. However, she said that nothing changed. She described that acceptable changes would have included: improved teaching style, by not

reading Power Points word-for-word, because "I can do that myself at home." Julia, as an advocate, believed she "needed explanations and rationales for things, and that was kinda lacking." As a result of her complaint, "you couldn't go to [the professor] for clarification." Thus, she believed they were left to draw their own conclusions, which were sometimes incorrect. This was not helpful to Julia's learning.

At that point, it was evident to Julia that she and her classmates were not going to get what they needed from their professors and departmental administrators, and she decided to start facilitating her own learning. Julia became her own advocate for learning. She initiated turning a negative situation into a positive one for herself. She decided that she had to figure things out for herself during the challenging experiences of A&P class. She transformed into a person who is "self-motivated and determined."

Julia used the term, "resilience" to describe her transformation:

> Yeah, I'd say resilience because I had to come back from starting out rocky. Not feeling the support. And having to like re-jumpstart my own self until, 'Okay, let's go in this direction now.' Instead of what was going on previously.

Also,

> Yeah, at first I was discouraged because it was like, 'If I don't have the teacher, like what am I gonna do?' I've had the teacher all these years, all through my learning; I've always depended on the teachers. So I'm like, "What am I supposed to do now?" So I felt like stuck, because I didn't know other ways.

Other ways that Julia eventually facilitated her learning were through outside resources: (1) Tutors, who were not affiliated with the university; and (2) YouTube videos. Julia explained that these resources worked for her. Julia added, "I felt like I could be taking an online course." She often wondered did she "really need to come" to class because she was "doing everything at home anyway." To Julia, it felt like "class was becoming kinda like not necessary." Despite her frustration, Julia continued to go to

class, as scheduled. She admitted that she realized that class was essential for learning, and she acknowledged receiving important resources and assignments in class.

Julia experienced levels of frustration with the spontaneous or random changes in academic policies that she believed increased the stakes of being eligible to graduate. She explained that her class petitioned and complained, and the original testing policy was reinstated. While Julia explained this was good for her class, she quickly added that she believed the new policy would be reinstated for the subsequent senior cohorts.

Julia also expressed disappointment with not feeling welcome on some hospital units during her clinical experiences. The sense from the nursing staff was "the students are in the way." The issue was compounded when the students were expected to only provide nursing assistant tasks, and what was considered "subpar" skills lab experiences. Julia presented herself with strong convictions about being prepared for nursing practice.

Julia observed that this HBCU's School of Nursing (SON) compares differently with other schools on campus. She believed the SON is underrepresented on campus. Yet, Julia shared her perception that nursing faculty loads were quite heavy, and faculty members were "super busy, and don't have time to participate on committees, campus wide or in the nursing department. Therefore, we take ourselves out of the representation." Julia explained that the nursing students' focus was to "get through, and graduate instead of change things." This was because of her perception that "nothing ever gets done."

Julia felt the SON, more specifically the senior class, did not have the respect because of their small cohort size. This was "upsetting" to the students. She added it was "frustrating and not fair." Julia expressed the students were "dealing with things

they should not have to." But, she emphasized, that she had to "suck it up and deal with it because it's not going to change." Julia exclaimed, "The greatest struggles is not having the resources that we should have, that we deserve."

Julia also shared positive feelings about studying nursing at this HBCU. She realized daily that African Americans could be "represented in a primary White industry."

Julia explained:

> I think from what I've seen, and from health facilities that I've been in, that healthcare is a Caucasian dominated field. And so I think HBCUs have a chance to change that. Because it's a goldmine of African Americans and minorities period, it's more than African Americans at Howard. Like they represent pretty much like the majority of the country.

Julia decided to attend this HBCU for a couple of reasons: (1) She received an academic scholarship; and (2) The legacy of this HBCU:

> They [this HBCU] set the standard for Black schools, and Black education, and like overall, in higher learning. When you say that you go to [this HBCU], people make assumptions about the type of student you are, and the type of person that you are. So they obviously assume that you are smart, because it's a lot of requirements to get into [this HBCU]. And then, like all the legacies that [this HBCU] has produced. Like being here, it's not like other schools. So you're already, in your four years of being here, already like...I don't know, prepared to not be average.

She added:

> It's like the perfect spot to cultivate minorities in not just nursing, but healthcare, period which is why I like [this HBCU]. It has the legacy of producing the most Black/African American doctors and stuff. So, I think HBCUs have that ability to change the face of healthcare, and change the face of nursing. And make it [the healthcare workforce] more integrated.

These statements reflected Julia's realization that Blacks/African Americans are "the minority of the minority, and very underrepresented" in healthcare professions. She was convinced that this HBCU environment fostered her strong sense of cultural identity.

Without hesitation, Julia shared that her success as a nursing student was as a result of her: (1) self-discipline; (2) lack of a social life; (3) initiative; (4) self-motivation; and (5) externships. She also attributed her progress in nursing school to her part-time job in the Emergency Room (ER) at a local prestigious teaching medical center. Julia confidently proclaimed that her job as a Certified Nurse Extern (CNE) was significant. She credited her work as a CNE "actually a 1000%" in developing her nursing critical thinking skills, and for her retention and progression in nursing school. She believed that her work environment enhanced the acclimation of her nursing skills and her refined clinical reasoning. Julia's job was a yearlong nursing student externship. The SON recommended students to have externships over the summer at the conclusion of their junior year. Julia's externship made a major impact on her learning and confidence skills so much so that she believes that externships should be mandatory, and for at least a year in length.

Julia reiterated the value of being "self-driven" and how taking the initiative to look for externship opportunities during her freshman year at this HBCU. By her junior year, she made several calls, explored externship opportunities, familiarized herself with the criteria for externships, and requested and submitted letters of recommendation. Julia exclaimed she "was on top of it," and she "was hired on the spot." Julia asserted that she would absolutely advise all applicants to this HBCU's SON to get an externship. In her opinion, "this is crucial."

Julia concluded:

> Through all of [my experiences], I'm still glad that my journey led me here. Because maybe had I not gone through some of the experiences that I had, then maybe I wouldn't have some of the internal characteristics that I do have that I'm sure will help me when I get out in the field. Things won't be perfect there either.

> There'll be issues there that need advocating as well. So I think that, regardless of the bad things, I'm still glad that I'm here. And I'm still...I don't regret my decision to come here.

Julia had a permanent position reserved for her as a professional registered nurse at her current place of employment, pending her graduation and licensure.

Leah

Leah was a 21-year-old Black/African American nursing student completing her fourth and final year at this HBCU. She was born and raised in the Midwest region of the United States. Nursing as a major was initially appealing to Leah because she wanted to interact with people, and she loved her high school anatomy and physiology class. Leah attended a top ranked predominately Black high school in her home state. She applied to two PWIs and one HBCU for college. She was accepted to one PWI and this HBCU. Leah was attracted to this university because of its Historically Black College and University status. Also, she explained that upon acceptance, "You get directly in nursing as long as you maintain the required GPA."

Leah had concerns about the Twitter statements that bashed about this HBCU. She believed that the students participating in the bashing were "ignorant," and those inflammatory statements were partly responsible for the perception "that people or students look down on Black schools," and consider HBCUs as irrelevant. Leah strongly disagreed with these sentiments, and exclaimed that these comments were "inaccurate because [this HBCU] still prepares you."

Leah stated that she was prepared for the NCLEX-RN licensure exam. She shared that some of her classmates expressed they are underprepared for the NCLEX because they attend a HBCU, which they believed, had fewer resources than

Predominantly White Institutions (PWIs). Leah's response to this mentality was, "It is what you make of it." Further, Leah said that the nursing program was "great." When she spoke with her co-workers who were nursing students attending other local universities, she realized they had very similar learning experiences. Leah felt [this HBCU's] nursing program was equal to other nursing programs, if not better. She explained, "We did it with a lack of resources." Leah believed she was equally prepared for nursing and the NCLEX licensing exam. She confirmed, "I got what I came here for."

Leah would "definitely recommend" the study of nursing to a perspective nursing student. She "couldn't be happier with the nursing profession." She saw herself as one with her chosen profession, "nursing is a part of me." She was insulted when people asked her why she did not want to study medicine. Her reply was that she wants to be a great nurse, not a doctor. Leah warns, "Don't sleep on nursing."

Leah proclaimed that she was "very proud to be a nursing student at [this HBCU]." She "learned a lot" about herself as a nursing student. While she admitted that the study of nursing was not easy, she said, "It is doable." She quickly added, "You have to really want it," meaning you have to "be willing to make sacrifices."

Leah freely shared her journey of making sacrifices while in nursing school. When she was accepted to this HBCU, she did not receive a scholarship due to her cumulative high school GPA. While she was unfamiliar with the application process for financial aid, she figured it out and submitted her application for aid. She was awarded some financial aid; however, it was not enough to pay for "everything" at the university. Leah was devastated to realize she did not have enough money to attend this HBCU. She

felt this automatically meant she could not attend this HBCU anymore. She cried to her mother, who promised her, "We're gonna get you there." Leah was grateful for the support of her family; however, she came to the realization that she had to assume some responsibility for her tuition and expenses.

Leah was determined to bring her Grade Point Average (GPA) up right away during her freshman year in order to be eligible to apply for academic scholarships. By her second semester at the university, she significantly raised her GPA; however, she needed a higher GPA to qualify for a scholarship. While she worked hard to increase her GPA, she researched and sought every opportunity to find money for school. Her nursing faculty advisor told her about a scholarship for "disadvantaged students." Leah applied for and received that scholarship during her sophomore, junior, and senior years. Leah considered it a privilege to receive the scholarship for three consecutive years.

Despite receiving some financial aid funds, and the scholarship for disadvantaged students, Leah realized that she still needed additional funds to cover her tuition and living expenses. As a result of her successful externship experience at a nationally recognized hospital in the area, Leah was offered a job as a certified nurse extern (CNE) in the emergency room at her externship site. She worked 16 hours every weekend. Leah completed her externship during the summer at the end of her junior year in the nursing program. The externships were not required in the curriculum; however, they were highly recommended to students by faculty. Leah exercised her self-reliance as she researched externship opportunities, applied for externships, and managed the externship process on her own. Not only was Leah self-supporting, also her actions demonstrated her perseverance and resilience.

Leah's team manager at her job informed her of a permanent position available for her pending her graduation and licensure. She believed that the externship and her CNE job experiences were significant to her retention and progression as a nursing student. Leah was certain that she had a passion for nursing, and she was determined to complete the program and be a professional nurse.

Leah found that her experiences at her work were "opposite" to what she experienced in the classroom. She stated, "Textbook nursing and real-world nursing are two different things." For this reason, she credited her externship experience and CNE job with developing and strengthening her critical thinking and clinical reasoning skills. Other keys to Leah's success were her "talk sessions" with her roommate, who was also her classmate, and her "networking" with upper level nursing students and her mentors on her job. Having that dependable support of her roommate, and mentors in her upper classmen/women, and her work supervisors made a significant impact in her retention and progression.

Leah presented her perception of nursing school in the following analogy:

> Nursing school is almost like medical school crammed into two years. I think it [nursing school] is worse because the average age for medical students is 26, and nursing students come straight out of high school. Nursing students are still young and have similar rigorous studies as an older medical student. Nursing school is tough; however, it is a just a sacrifice.

Leah saw the undergraduate experiences for nursing majors as different from the experiences of students with other majors, because as she stated, "we have to commit way more time" than students with a psychology major or math major. She also mentioned her awareness of the differences between lower division and upper division

nursing courses. Leah could "cram" the lower division courses, but not the upper division courses.

Taking final exams were the most challenging for Leah as a nursing student. She acknowledged that she was smart, but when it came to test-taking, she said, "I always bombed." Computerized and standardized tests were administered at the end of every nursing course for final exams, and "if you don't pass the test, your course grade dropped by five percent." Leah excitedly gave an update that she "didn't bomb" her last final exam. So, she admitted her renewed sense that she does not always bomb her final exams.

Other challenges for Leah included the volumes of information that was taught and tested in a short period of time. Leah understood the curriculum, "They [faculty] want to give you everything, so you're prepared when you do go." She believed the nursing program was rigorous because of its high standards and the program's commitment to be in compliance with regulators. Leah's sentiment was basically that she gets it!

Without pause, Leah admitted, "I love [this HBCU]." Leah was firm in her belief that as a result of attending this HBCU, she has a "stronger sense of identity." She was proud of the fact that this university fostered her confidence to interact with other cultures, and her comfort with being Black. She asserted that the development of these profound traits is in large part because she attended this HBCU.

Cynthia

Cynthia was a 24-year-old Black/African American nursing student completing her second year at this HBCU. Her father wanted her to come to this HBCU. Cynthia

was an identical twin. Her twin sister also attended this HBCU, but had a different major. Cynthia decided to become a nurse after helping to care for an ill family member. This experience had a tremendous impact on her, particularly when she realized how meaningful the nursing care was for her relative.

Cynthia was from the western region of the United States. After completing two pre-requisite years at a community college, she transferred to this HBCU. She was "so happy" that she did it that way because the community college was free. She did not have to pay tuition until she transferred to this HBCU.

Cynthia received a scholarship during her last semester at this HBCU:

> Thank goodness. If I didn't [get a scholarship], I wouldn't have been able to attend [this HBCU]. So, yeah I wasn't here on scholarship, and that's a major mistake. I was even telling a friend …that I could have just stayed [at home], or just went to a community college or something, instead of coming here. It's very expensive. And it's expensive for a quality that you are not receiving. So, I mean I don't mind going to a private university, or having my children attend or anything like that. It's just a fact that, it's not what I expected.

Cynthia was not awarded a full scholarship. The scholarship she received was just enough to cover her on-campus housing. Her financial aid mostly consisted of loans (subsidized and unsubsidized) and she had one grant. She did not work. Cynthia regretted that she accumulated debt via school loans when she could have stayed at home to go to nursing school tuition free.

Cynthia made straight A's for most of her life. She shared, "As a kid in middle school, high School, at community college, and with her pre-requisite courses at [this HBCU]," she made straight A's. She believed she might have received just two C's in her life, prior to taking nursing courses. However, once she began the nursing courses, her 4.0 GPA "was just like poof" [it disappeared]. Cynthia lamented, "I feel terrible

about making C's now." She was concerned about getting into an advanced practice program, which she thought required a minimum of a 3.8 cumulative grade point average (cGPA). Cynthia was an honor student; however, she was accustomed to having a higher cGPA.

She clarified:

> So, I'm not very happy with it. I'm just trying to make sure that, with this semester that I don't receive too many C's to the point where it [cGPA] will drop down.

When she last checked her cGPA, "It just stayed the same. I just wasn't getting enough A's." She joyfully reported the outcome of her previous semester when she exclaimed, "I finally didn't receive a C." And she was "very, very, very, very happy." However, she admonished, "All of the stress catches up. Then all the tears come, and things get really stressful."

Cynthia described more fully her emotional experiences while in nursing school:

> Like, you're very happy and then stress comes. Like you can be very happy one moment, then its short lived, because stress just comes back. For instance, you want to be happy. Because you just got done taking senior photos and things like that. But then, you know, once you get back onto campus like me, I have to go do something for a project. I came back to campus, and then the stress sort of hits you again. Like, "Oh I have two exams this week. And I also have projects this week. I don't know why they're giving us projects the same week as our final exams. We don't have a reading period."

Also,

> And then you sort of start to break, if you're like me. Some people they don't. But I just had a moment the day before yesterday, where I was just sitting in the library, and I just started crying. It was just so much. So, even though I'm not failing any classes, you just start crying. Because it's like...like people say, you know you're gonna pass, but it's just what you're going through. It's just so much.

These emotions put Cynthia in a quandary because she explained that she knew "that everything's gonna be okay, but as you currently go through it, it hurts, and you have to cry." Cynthia's challenges with her study skills included staying up all night to read volumes of information, which gave her an artificial sense that she was prepared for class and tests. She "didn't sleep," and she "was proud of that." Cynthia initially equated her all night study efforts with being adequately prepared; however, she realized her outcomes were not representative of her efforts. She explained,

> Nursing is almost an inverse relationship. Regardless of how hard you study, you will not get that kind of return. If you don't study, you're done. I'm not saying don't study, because I think it's an inverse relationship. You have to study, because if you don't, you're done. But it seems like even though when you do study, like you can do this much studying (stretched her hands high in the air), but you're output is this much (positioned hands low toward the ground). Whereas normally, you do this much and you get this much back (width of hands are equal).

Cynthia explained that nursing was "very difficult, and very challenging. It was not like any other program, or any other specialty here at [this HBCU]." She added, "you have to dedicate a lot of time to nursing, including weekends and nights. There's no, like weekends, no nights to yourself." She thought she knew what it was like to be a nurse based on what she saw on TV. She thought the study of nursing was going to be easy. Her preconceived ideas of nursing were "challenged upon coming here to [this HBCU]." This was a paradigm shift for Cynthia. She thought everything was hard.

Cynthia explained the embarrassment and confusion that resulted:

> I was embarrassed just mainly because, you know, I'm walking in here, I was like, "I got this. It's going to be so easy." And then when I took my first 2 classes over the summer, and I like barely made it. It was like C's. I was like, "What! What's going on here? This is a little weird." Then I progressed. Like, "Okay, let me shake that off. That was nothing." So, when I went on to the next semester, I was still getting C's, I was like, "Wow, this is embarrassing." I

> figured I was gonna walk in here and be the smartest student. And it just...it really humbles you. I guess the word, embarrassing, wasn't quite it. It was confusing.

Cynthia referenced these sentiments about the summer at the conclusion of her junior year, which she referred to as the most challenging time of her nursing education. The summer intensive was five weeks long, and "really, really tough." Classes were for eight hours, and there was an exam was every week. Cynthia passed both summer classes with a "C," which was unusual for her as prior to that summer, she earned all A's. She would try to comfort herself by reflecting upon a time when she believed "school was so easy." For Cynthia, that sentiment had changed. She was in shock when she realized the high grading scale, which was unique to nursing programs, and how challenging her nursing courses were. She confessed, this "really humbled me." Cynthia was accustomed to "being the best" in academics throughout her life, and this was very important to her. However, while a student in this HBCU's nursing program, she saw herself differently in an academic realm. Her messages to herself changed from confidence to, "Oh, you're not the best. You're not the best at all." This was a very difficult time for Cynthia.

However, she viewed these experiences as transformational for her:

> I've dealt with it now. Now I just know, "Okay you're not the best anymore," especially when it comes nursing criteria. And I'm okay with it now, actually. Once again, it's very humbling. Because, I guess when you get out there to the real world, you always want to think you're the best at everything. Otherwise you're going to become very egotistical, probably going to be very hard to work with. So, you know, it's good. And since nursing normally requires interdisciplinary work with other people, it's sort of good to know that you're not the best. So, someone comes to you with some information, you might want to listen up, because you don't know everything. So, it's nice to know that now better than later.

Cynthia's emotional growth was evident in that last statement. Without her awareness, she would not have developed into a stronger person, better prepared for professional life.

Another challenge for Cynthia was passing the computerized standardized course tests. She did not pass her first two end of course tests. She passed the courses because of her course averages were high. She believed, "I was lucky." However, this was quite an adjustment for her. She never gave up, and kept trying. Cynthia shared that she passed her last 2 course exams on the first attempt. She was proud of her progress.

Cynthia felt "very frustrated" and "stressed" when the faculty changed the test policy for their last course. The new policy increased the weight percentage of the test, and their number of attempts to take the exam was reduced to one. The seniors were notified of this policy change at the beginning of their last semester of their senior year, and they protested to have the original policy reinstated. Their protest was successful. Cynthia acknowledged that the faculty listened to the students, and put the original policy back in effect for the seniors.

Cynthia credited these challenging experiences in the nursing program to her emotional growth and insight. She explained that the nursing program helped her to realize "how tough life can be," and she "can handle it." As a result of her challenging experiences as a nursing student, Cynthia viewed herself as "a lot more confident" and a stronger person. She has developed new friends that allowed for mutual support and understanding. This was remarkable since Cynthia refused to make new friends after her original friends had to withdraw from the nursing program. Her personal growth cultivated her determination to be a nurse, which influenced her retention, and progression in the nursing program.

Other factors that were helpful to Cynthia's success included her faith in God and church attendance; and she discovered new and effective ways to study, which included participating in study groups. Cynthia believed her learning experience would have been less stressful if she had realistic expectations of nursing school. She believed it would have been helpful if she spoke with her mother and other family members in more detail about nursing education, and she wished she discussed the rigors of nursing education with current nursing students prior to coming to this HBCU. These factors, Cynthia believed, would have made her more prepared for the rigors and rewards of nursing school.

Tasha

Tasha hailed from the southeast region of the U.S. She was a 22-year old, Black African American nursing student completing her fifth year at this HBCU. As a freshman, she was a biology (pre-med) major. Her mother wanted her to become a physician. However, that was not Tasha's dream or plan. During her sophomore year, she decided that she did not want to major in biology. She also realized she could not choose a major or career based solely on what her mother wanted her to do. Tasha changed her major to nursing because that's what she wanted to do from the beginning. She had "no regrets" about deciding to major in nursing. Regardless of all the stress that she experienced as a nursing student, she knew that once she graduated, she would "be very happy that [she] did nursing." Tasha intentionally applied to 4 HBCUs, and she was accepted to all four HBCUs. She chose to attend [this HBCU] because of its good reputation, and its location, which was not too far from her home. She felt "it would be a

good experience" to figure out her place in society, as a Black/African American. Tasha believed it would be a unique experience to attend this HBCU.

Tasha shared she had a good experience at this HBCU. She acknowledged there were negative experiences, "but there are also a lot of pros." Tasha's position was that at other colleges and universities, "the focus is not on you." This HBCU, she added, "They actually teach you Black history," and "They teach you to be proud of yourself. You get your real history. And I think that's very important." Tasha was confident that there were definite benefits from attending this HBCU.

Tasha explained that she received non-renewable scholarships based on need from this HBCU. She was also awarded an academic scholarship, loans, and grants. At the time of the interview, she did not work; however, at one point she worked as a Certified Nurse Assistant (CNA) at a homeless shelter in the city. She was also employed in a nurse residency program and in retail. Tasha worked to help support herself and to pay her tuition. She believed her CNA and nurse residency work experiences were very beneficial experiences that impacted her success in nursing school. She wished she had more of that kind of exposure of best practices as part of the nursing curriculum. Tasha longed for more learning opportunities to develop and strengthen her critical thinking skills.

Tasha described herself as "a planner, and very, very, very organized." Tasha said it was essential that her "life is coordinated." Further, "Planning is "a big, big, big, big part of my life." Tasha acknowledged that nursing education was "stressful." She shared that when she experienced disorganization within the university system and how

she was taught, and the seemingly lack of coordination within the nursing program, it was "too much" for her. Tasha further explained,

> As far as the university goes, it's just, in general as a student, like just disorganized with financial aid, registration, and housing. So that's already stress on top of stress on top of stress. So now when you come to the nursing program, and then it's additional disorganization. It's just like...like I said it's too much. As far as the (nursing) school goes, I think it's gotten better. They've put things in place to improve like some of the issues they were having.

Tasha clarified that her lived experiences were hard, particularly because of the course tests. She felt that in spite of studying, she still did not do well. Tasha attributed this to "the fact that you don't know how to answer the questions." Tasha also thought nursing school was "very time consuming." She explained, "We're in class for a long time. We have to go to clinical, and we have to put in a lot of hours of studying. So it's pretty much...your whole life.

Tasha explained the meaning of her stress was considered within the realm of the fact that this was her last semester. She frequently comforted herself by saying, "I am almost done. So this is just what has to happen for me to be done." Tasha believed stress was a normal part of nursing school. She thought every nursing student experienced stress. However, she honestly believed the high level of stress was not necessary to experience, especially if some conditions or things were improved.

Tasha shared that her high levels of stress prevented her from being able to focus on her studies or in class. She explained that she did not manage her stress well. She tried to do a countdown in order to focus on the nearness of the end of the program. She also tried to organize her things by dividing her work into "reasonable portions" so that she did not feel overwhelmed. Her determination helped her to meet her course responsibilities. She added, "But once it's over, I mean, it's over once it's over."

Tasha explained this means:

> I only have a few days left now. I don't feel as stressed out. I mean, I'm worried that, you know, maybe I won't do well. But I think that's just...not because I didn't study, that's just a natural thing...fear. But yeah, I'm not stressed out. I'm nowhere stressed out as I was before. It's just...the bulk of everything is behind me now. And so I'm just focusing on pretty much my finals and that's it.

Tasha shared more challenging experiences. The recent policy change regarding the computerized standardized tests weight percentages on course average, and changing the number of attempts to take the test triggered her high levels of stress. Further, while the new policy was in effect, "Everyone was freaking out about it." Despite the fact that the faculty decision to reverse to the original policy was a relief, the entire experience had a profound effect on her. Tasha explained during that time, she was unable to focus on her studies, assignments, and test preparation. Tasha confirmed her perspective that these policy changes were not supportive of her success. This was discouraging, and made things worse. But she concluded, "You gotta live through it."

Tasha gave an update that she recently had to take a computerized standardized final exam for one of her courses under the new policy, and she passed the exam on the first attempt. With relief and a sense of accomplishment, Tasha admitted this experience increased her self-confidence.

Tasha shared more deeply how she experienced the sudden and unexpected testing policy change:

> When the policy revision was announced to being restored to the original policy, I felt and continue to feel a little relieved because it's a little less pressure. The policy meant that it was easy to fail. I had a little more hope. That was a big relief for me.

Tasha also focused on improving her time management skills. Nursing school was not what she expected it to be. Tasha had "no idea it would be so stressful, so difficult."

She would tell prospective nursing students to "prepare" and "don't think it's just nothing, because it's actually a lot. A whole lot."

Tasha felt it was not helpful when the nursing professors were not available for assistance or if she had any questions. The strict schedule was also not helpful, "especially if you have to go right to work after class, and the professor has office hours for one hour immediately after class. This is hard."

Tasha wanted her clinical experience to be more enriching to promote core concepts and critical thinking skills. She admitted that some of her clinical experiences were helpful. However, sometimes Tasha felt lost in clinical, having said, "What do I do I'm lost. Somebody please help me."

When she reflected on her experiences as a biology major at this HBCU, and made a comparison with biology and nursing majors, she believed biology was more flexible. That meant, classes were offered more often than nursing classes, which were offered only once a year. She also thought the biology professors were more helpful, more accessible, and flexible inside and outside of class. Significantly, Tasha felt the biology instructors taught and explained points and main concepts. Tasha perceived that the nursing instructors taught more classes, and had heavier workloads than the instructors in other majors. She believed the biology instructors just taught biology, whereas nursing instructors taught multiple classes. The nursing instructors also worked in hospitals, and "maybe have a lot going on."

Still, Tasha felt students deserved better quality learning experiences. She thought she received a subpar learning experience because of a lack of resources. While observing nursing students from another local university in the clinical environment,

Tasha thought their learning experiences seemed "completely different" than her clinical experiences. She saw other clinical instructors more interactive with students, testing their knowledge, and promoting their critical thinking. This was one of the reasons that she did not feel prepared for NCLEX-RN exam. However, she quickly interjected, "I will be ready."

In spite of her challenges, her stress levels, and her expectations not being met, Tasha was proud that she was going to graduate soon. What were the keys to her success? Tasha explained that she tried to stay centered; always looked forward to something; had a perpetual countdown to graduation; aimed to be consistent in her work; tried to be hopeful; found other ways to learn (i.e., study groups, practice questions from NCLEX-RN review books); and she "never gave up." This worked for Tasha.

Tasha had recommendations for an ideal nursing program, which included: to incorporate time management concepts in every course, to increase the numbers of faculty so nursing courses could be offered more than once a year, and to ensure that all faculty exude "caring" while teaching and interacting with students. Tasha also felt it was important to incorporate more creative teaching methods that highlighted essential concepts, and not have PowerPoint slides read verbatim during class.

Tasha explained she would advise prospective nursing students to "Just never give up. Stay consistent and be hopeful." She believed this would be accomplished if they "seek out support" and always "have someone that you can talk to."

Paula

Paula was a 22-year-old Black/African American nursing student from the southeast region of the United States. She self-identified as a "military brat." Paula was

completing her fifth year and anticipated final year at this HBCU. She did not pass the pharmacology course by (two tenths of a point) in the fall semester of her junior year. She chose to come to this HBCU because her parents are alumni. At first, Paula resented this HBCU for that particular reason. She was accepted into two other university nursing programs (PWIs), wait-listed at another PWI, and this HBCU. She thought she was head-strong to attend one of the other universities; however, when her father brought her for a campus visit at this HBCU, Paula was excited, and had to admit that she could see herself at this university. Her father asked her, "Don't you think God is trying to tell you something?" She said that she tried not to listen. But she really loved this HBCU; and "I could see myself here," she said. Paula did her research and thought it would be nice to study nursing at this HBCU.

Paula stated that she knew this HBCU was not a reflection of the entire world. However, "It's nice. Just to accomplish things. And it's just based on your accomplishments." In her high school, which had a population of 10% Black/African American students, Paula believed there was speculation that Black/African American students were accepted into top tier colleges and universities solely because they are Black/African American, and admissions decisions were not based on earned academic accomplishments. Paula was offended by the mentality of, "Oh, just because she's Black." This kind of stereotyping made Paula wonder about the perception of her achievements. She asked herself, "Well, is it because I am Black?" But this is not a concern of hers while at this HBCU. She confirmed, "But this here, it's nice."
This HBCU helped Paula to develop a strong sense of a cultural identity. She verified:

> I don't have to explain stuff about my hair. I don't have to explain about my background. Like it's just nice to discuss things and not be looked down upon. I love it. I had to deal with those kinds of questions my whole life.

Paula described herself as an "army brat" who lived in many different demographics. She was "pushed" by her parents to be a high achiever, which she said "is fine." She recalled being one of maybe two Blacks in advanced placement (AP) classes in high school. Paula also felt "ostracized by Black people" for seeming to be "uppity." However, she confidently declared, "I'm just regular." Simultaneously, however, she was aware that White people were suspicious or unaccepting of her abilities. Paula's good friend in high school was Vietnamese. And one day while discussing colleges, he said to her, "I'm so glad you're my Black friend." Paula was devastated to hear this. She saw him as "my friend" not her Vietnamese friend. That was the day she decided she was going to this HBCU. Paula was aware that she had to deal with these race issues in the real world; however, for a span of four years, she was "so happy" that she didn't "have that here."

Paula had a 4-year academic scholarship to cover tuition. She had a very high cumulative grade point average in high school. Since she was an accomplished musician in the university's marching band playing the flute and piccolo, she was granted a band scholarship, which covered her room and board. When she did not pass her pharmacology course, her scholarship status was not jeopardized. However, her 4-year-scholarship was terminated at the conclusion of her fourth year. Since she had to wait a year to re-take pharmacology, Paula declared a Spanish minor while waiting during that fourth year. Her scholarship funds paid for those courses at this HBCU. Paula was pleasantly surprised and grateful to learn that her father's GI bill was able to cover her

tuition and living expenses for her fifth and final year in nursing school. She thanked God for her blessings.

For four years, she was a member of the university's marching band, and continued to be a member of the band sorority. By her junior year (i.e., year 3), she was the section leader of the band, and had some major challenges with managing personalities within her section. Simultaneously, her nursing courses were difficult, her band section was difficult, and she had a boyfriend. She explained, "It was all difficult! My gosh, my focus was all over the place." This was about the time that she did not pass her pharmacology course. Paula wished she "would've known beforehand what [she]was getting [herself] into." She was not aware of the rigor and responsibilities of studying nursing. Not passing a course was an alien experience for Paula. She was traumatized. She shared, "My chest dropped. I had to wrap my mind around that." She wondered, "What's going to be my plan B?" Also, "What am I going to tell my parents?" and "How am I going to pay for my fifth year?"

Paula knew her parents were sad and disappointed when she did not pass pharmacology. However, they were also "supportive." Paula explained that her parents responded, "Okay, this is what happened. So let's just figure out how to make it work." So that was good for Paula.

In hindsight, Paula believed, "It ended up being for the better." She confidently admitted, "I'm really good at pharmacology now." She learned some things about herself during that year. She spoke positive messages to herself so she would feel better. And she learned how to be flexible. After four years, Paula voluntarily withdrew from the marching band. Her senior year, her fifth year, was the first time that she was not in the

marching band. Paula confessed it was like "going through like withdrawals and stuff." But she knew she had to remove major distractions from her life so that she could focus on her classes.

For Paula, not passing the pharmacology course was "the hardest" experience for her. Paula shared the meaning of this experience:

> The meaning of this most challenging experience solidified my security in nursing. This [nursing] is what I really want to do. I didn't change my major. However, some of my classmates changed their majors to like Health Management.

As a result of her experience, Paula was determined more than ever to "get this degree." It made her "wanna fight that much more to get this degree, and to be that much of a great nurse." She surmised, "I fought hard to get here."

Paula realized that nursing was "totally about critically thinking," and majors and minors in the liberal arts were quite different. For instance, Paul viewed learning Spanish as all memorization, with no critical thinking. She believed that students with other majors than nursing should "stop complaining and go to your party. Because they party so much; they have so much fun. I'm a little jealous, but it's okay."

Another challenge for Paula while in nursing school was managing a chronic illness. Since enrolled at this HBCU, she was hospitalized only once, at the beginning of her freshman year. She was aware that stress was her trigger to exacerbation, "so that's why I try to stay calm." Paula was committed to preventing acute symptoms, and she assumed responsibility for her health. She exclaimed, "I'm trying my best."

It was during a hospitalization before attending college that Paula observed and received care from exceptional healthcare providers and nurses. The "strict and straightforward" military doctors with "poor bedside manners" did not inspire her. Paula

was impressed with the nurses and their competent and compassionate care. Thus, she was influenced and impacted by her hospitalization experiences to become a nurse.

At the end of the second interview, Paula proudly concluded that she passed her computerized and standardized comprehensive exam. Paula was also recently inducted into Sigma Theta Tau International, the national nursing society. She was ready for graduation.

Halle

Halle was a 21-year-old Black/African American female from the southern region of the United States. Halle was a self-described perfectionist. She was a student leader. This was her fourth year at this HBCU. She transferred from an out-of-state PWI upon completion of her first year of college, where she had a 4.0 cumulative grade point average (cGPA). Halle declared nursing as a major at the PWI, and she took the pre-requisite courses while there. She transferred to this HBCU because she wanted to be closer to home, to receive tuition scholarships, and to be with her "people" of color. Halle received tuition scholarships for the first 2 years of college, and GI benefits paid for her final two years at this HBCU.

Halle's cGPA at this HBCU was 3.6. She described this cGPA as "tanked." She did not think a 3.6 GPA was good. Halle transparently admitted to self-imposed pressure to be perfect, particularly as far as her cGPA was concerned. She explained there were no outside sources pushing her to achieve very high standards. Halle identified her mother as her greatest support and for helping her to realize that she did not have to have a 4.0 GPA. Halle's high school cGPA was 4.2.

Halle liked the Black culture at this HBCU. She noted the cultural differences at the PWI and this HBCU. Halle shared that she experienced racism at the PWI. She explained there were experiences that she had that she "cannot prove" [conclusively]. While at the PWI, Halle felt she was not expected to do well in school, and she was exposed to the myths or assumptions about minorities. In contrast, Halle explained that she felt "better about being Black" at this HBCU. On attending a HBCU, she clarified:

> I mean because everywhere you look, you see people of your complexion. But there are people of other races too, but it's not like you're looking at them like they're a sore thumb. It's kind of like, we're all...it's like a family here. I get more of a family vibe. And I don't know if it's because I know almost everybody on campus.

Halle worked on campus as a student employee in another department. Halle summed up her nursing school experiences as "stressful." She admitted that it was also rewarding, "because you learn a lot." Halle shared that she went home every weekend to decompress from the weeks' stress and responsibilities. For her, home was a "safe place." Halle cited an occasion when she was getting ready to return to school, and she "just started crying." She felt very overwhelmed with so much to accomplish in the new week, and in such a short amount of time.

Halle reflected upon the exams she was facing that week, the quizzes every week, and her clinical assignments. When she thought about everything she had to face in one week, she agonized, "it just all comes at you." Halle used the analogy of "backpacking with 300-pound luggage." She explained that just as it seemed humanly impossible to carry that 300-pound load, it also seemed like it was "humanly impossible to get through a week, let alone the next two months."

Halle described this experience as a "breakdown," and she coped by calling her friend. Halle relied on her friend as part of her support system, and she appreciated that they could speak of spiritual things together. Halle explained, "He brought me back down to earth." Halle admitted that she "over-inflates [things] and [she is] thinking way ahead of time, instead of taking one day at a time." Halle explained that after that call to her friend, she went to sleep. When she awoke the next day, she returned to campus, went to school, and went to work. Halle persevered.

Visiting her mother every weekend was another coping mechanism. This brought her "peace of mind" and "some kind of joy that I can't seem to find when I'm at school, and it's worth the 2.5 to 3 hour drive." Every Friday, Halle was very excited to go home. She explained, "I can't even describe the amount of joy that I feel when I know, okay it's fine, I'm going home." Halle became "sad" and "stressed" when she had to return back to school at the conclusion of each weekend. This was when she was "confronted with all that I have to do for the week, the month, the end of the year."

By her senior year, Halle "just kind of had it with nursing school altogether." She explained, "I love nursing. It's never been a question of what I wanted to do. But the school aspect it is just wretched. It's terrible." When asked what made nursing school "wretched" for Halle she listed: poor planning of courses and course work; too many tests and assignments due at the same time; and too much stress preparing for the computerized standardized comprehensive predictor exam during the last semester of her senior year. Halle felt strongly that the exam preparation should begin from "day one of the nursing program."

Halle concluded that nursing school was not a pleasant experience because she believed the faculty, in general, didn't listen to the students, and because the accumulation of fear and stress as a result of random curriculum and policy changes, and the absence of clear steps for conflict resolution. Halle shared that her senior year had been "super stressful." This stress took its toll on her physical and emotional health. She was often sick with a cold or had cold symptoms.

Halle did not think she had time to do anything but focus on school. She cited a week in her life as a senior nursing student. She explained, "I had five tests on one day due to having three classes on a Thursday, no classes on Mondays, and clinical days Tuesdays and Wednesdays, and one class on Friday." She missed having a balanced life, such as going to church or having time to "read [her] Bible."

Halle's insights into her student nursing experiences revealed that she was not previously aware of the rigorous curriculum. She felt strongly that too much emphasis was on tests, and the NCLEX-RN exam. Halle shared that she had difficulty with test taking, citing her "really bad test anxiety." She was "very nervous" while taking tests. Sometimes she didn't understand the question, specifically the wording of the question. Halle believed her "biggest pitfalls in test-taking were priority organization and delegation." She was aware of the university's resources for her test anxiety; however, she felt that she "couldn't trust anyone" and she chose not receive any assistance. Halle felt alone in her struggle.

Halle was grateful for the nursing faculty who really cared about her success. They were influential in her life, and she credited them for her success. She explained that she "loved and genuinely admired" them. Other keys to her success were her "self-

motivation," her externship experiences, and "the unity" that she and her classmates shared as they "all struggled together." She believed this HBCU opened doors for her and her classmates to get a good job as a result of their emphasis on preparation for the workforce.

Halle believed an ideal nursing program would include caring faculty, good learning resources (i.e., SimLab), and a balanced course load. Halle explained she would encourage prospective students to go to nursing school, and advise them to research nursing programs to be sure to attend a quality program. Halle explained she loved nursing, and would want others to experience it.

Halle was offered a job as a professional nurse at a prestigious medical center out-of-state as a result of her externship experiences. She was scheduled to assume this position pending her graduation and successful outcomes with the NCLEX-RN licensure exam.

Kathleen

Kathleen was a 22-year-old Black/African American and Asian female. She was born and raised in the eastern region of the United States. This was her fifth year at this HBCU. Kathleen came to this HBCU as a freshman. Her original major was physician's assistant. However, she declared nursing as her major during her sophomore year. She realized, "That put me back a year. But after that, I've been nursing all the way." Even though she initially "flipped-flopped" between physician's assistant and nursing, she soon realized that as a nurse she could advance her career further than as a physician's assistant. She originally had "no idea" of all of the career opportunities that nursing afforded. Kathleen was confident in her choice to become a nurse. When Kathleen

finally realized during her sophomore year that she wanted to be a nurse, it was "an eye opening thing." When she made this decision, Kathleen felt "like a 10 pound weight fell off" of her.

Since she was 10-years-old, Kathleen always wanted to attend this HBCU. Kathleen has family members that are alumni of this HBCU. Since she self-identified as Black/African American and Asian, she wanted to learn more about herself, that is about her culture.

She received an academic scholarship to attend this HBCU. However, she decided to attend this HBCU before she knew she had a scholarship. Kathleen's high school cumulative grade point average (cGPA) was 4.2, and her HBCU cumulative GPA was 3.1.

Kathleen shared that her church was a significant part of her life. Her main priorities in life were: (1) church and (2) school. She was proud of her involvement in church activities, including the choir. She was also the president of the youth organization at her church.

One of Kathleen's goals while attending this HBCU was to find out more about herself, specifically her culture. She confirmed that she achieved that goal, and she "feels empowered."

Kathleen verified the accomplishment of her sense of empowerment:

> I feel I can take on anything. I know who I am, way more than I did before coming here [to this HBCU]. I don't want to say it's like a 100% because I'm still growing as a person. But I want to say; it's like nothing like it was before. It's amazing. I don't think…I could not do it anywhere else. I tell you that right now.

As a result of attending this HBCU, Kathleen discovered her true identity. This was a great achievement for her. The fact that she was able to accomplish this goal while a nursing student was remarkable. Kathleen declared that going to nursing school was "stress upon stress upon stress." She defined stress as, "feeling overwhelmed the majority of the time" and "always anticipating something else that you have to do, and having a lot of things on my plate at the same time." Kathleen's greatest challenge in nursing school was starting the upper division courses in the summer of her junior year. That summer, she "struggled a lot with the pathophysiology course." She also took the health assessment course that summer.

Kathleen was both excited and relieved that she "gets how to be a nursing student as a whole." It took her "a while to get here." It was a culminating process for her. It took her a while to "grasp the concepts like how to work your mind to really challenge it, and understand the goal of each objective." This transition in her thinking, comprehension, and confidence developed during her last semester in nursing school. This was when she realized, "No wait, I'm actually getting this now."

Kathleen shared, "Sometimes I break down." She defined breakdown when she could not "handle this no more, I just take a nap." She explained that an overwhelming feeling came over her, "and I have so much that I have to do. I have to learn so much in so little time." She asked herself, "Can I do this? Am I capable?" She also asked herself, "Can my mind handle all of this knowledge?" Or "can my body handle all of this stress, the tests, everything?" Or "lack of sleep, you know, just everything upon me." When all that stress piled up, "You start to get a little bitter or petty," but then she would redirect her thoughts, "No that's not me. I'm not really like this." Kathleen shared her

insights into when she could not handle things and wanted to be left alone. During those times, she self-directed, "Don't talk right now. Let me gather myself."

Kathleen believed it was not helpful to have too many assignments, particularly "when it feels like its busy work." The busy work was more of a hindrance to her success. There was a lot of pressure to get the work done. She was often told by faculty, "Oh you gotta do this." Instead of, "Let me help you find ways so you can do this." Further, Kathleen felt that her experiences in the nursing program were different than her experiences university wide. Kathleen confirmed as she laughed, "Just walking in this building brings stress upon my life."

Her lived experiences as a nursing student also included that she had to "self-teach." She believed, "You have to learn on your own." Kathleen exercised her self-reliance when it came to learning and developing her critical thinking skills. She used an analogy of the presence of "a wall " to illustrate her perceived disconnect between the faculty and students.

The keys to Kathleen's success were her "sleepless nights" and her "lifelines." The sleepless nights referred to her determination to be a successful nursing student. Kathleen explained that her lifelines included her sister, classmates, church members, family, friends, and her significant other. Kathleen attributes her success in nursing school to the combination of all of these entities.

Common and Shared Experiences

Each story reflected the participants' life-world, or the way their reality made sense to them as nursing students. The investigator's analyses identified the following essential themes, which emerged in this order: (1) resilience, (2) unrealistic expectations

of nursing education, (3) passion for nursing, (4) stronger cultural identity, and (5) self-reliance. These themes encapsulated the contributors to the participants' successful retention and progression in the nursing program.

In spite of difficulties, obstacles, and discouragement, all of the participants steadily persisted in their goals to complete nursing school. They persevered through sometimes overwhelming challenges until their last semester in their undergraduate nursing program.

Conceptualizing Individual Perseverance

Stronger Cultural Identity

All of the participants credited this HBCU with strengthening their cultural identity. As an individual of mixed racial heritage, Kathleen believed this HBCU promoted her achievement of a stronger sense of her cultural identity. That was one of her proudest accomplishments. She credited this HBCU for her sense of empowerment. Kathleen, Paula, Tasha and Jennifer felt this HBCU fostered a sense of self-acceptance and self-confidence. This was quite significant for Paula, Jennifer, and Halle since they attended PWIs (i.e., high schools and/or universities).

Halle felt a sense of "family" at this HBCU, which confirmed for her that she belonged there. She did not have to explain herself and she felt accepted. Halle was familiar with everybody on campus, and she did not have to prove her worth or intentions. In contrast, Halle explained the PWI did not provide a sense of family or closeness for her. Halle did not feel close to the faculty at the PWI. She was not familiar with many students or peers, and she did not feel that she belonged. Halle explained that she felt closer to faculty at this HBCU.

Monica and Tasha were especially pleased with the university's sense of community and the mission to support the success of all students. Julia explained that she came to this HBCU because of its outstanding legacy to produce successful and confident professionals. She believed she was a part of this HBCU that prepared her and the other students in general to "not be average." Julia was strongly convicted that this HBCU environment fostered her strong sense of cultural identity.

Shawna and Pam had a strong sense of pride as a result of attending this HBCU. They also shared a confidence that was attributed to this HBCU and the study of nursing, thus, linking their stronger sense of cultural identity and passion for nursing. Interestingly, both of them initially had other majors and changed to nursing.

Pam and Tasha, the transfer students from PWIs, had distinctive experiences by enrolling at this HBCU during their sophomore year. It was very important to their sense of cultural identity to be in a diverse learning environment. Although they expressed the PWIs had more resources, they recognized the value of the achievement of their cultural identity at this HBCU outweighed the lack of supplies. Pam made it clear that she loved this HBCU, and she had no regrets for transferring here. She credits the strengthening of her organization skills, determination, and sense of responsibility to this HBCU, albeit through her challenges, frustrations, and accomplishments, as the keys to her success

Resilience

Shawna, Jennifer, and Paula declared their resilience as a result of their lived experiences as nursing students. When Shawna and Jennifer did not pass a nursing course, they discovered in the face of their greatest fears, they had the tenacity to persist to become nurses. Despite her devastation and embarrassment, Shawna made the best of

the extra year of school by completing the requirements for a minor in English. Jennifer and Paula had similar experiences when they failed a nursing course. Both of them persevered through their emotional turmoil and despair, and also declared minors while waiting a year to repeat their nursing course. Paula's successful management of her chronic illness was also a remarkable example of her determination to reach her goals.

Vivian's turning point came when she realized that she was "fortunate" to be in nursing school. As she worked through her grief from the loss of her mother, acknowledged her anger about her subsequent life's circumstances, and released her self-imposed guilt for the failure of her classmates, she was able to embrace the realities and responsibilities of nursing school. Vivian believed her "inner-strength" was acquired from her mother's influence. In honor of her mother's memory, Vivian was determined to finish nursing school.

Monica confidently exclaimed, "I am resilient." While recovering from an illness, Monica came to a point where she had to abandon her pre-conceived expectations of nursing school. When she realized and accepted that the study of nursing was quite rigorous and inflexible, she made some adjustments to her thinking and approach to the discipline. Further, Monica did not forget her background. She represented a small percentage of young adults from her community who graduated from high school and went on to college. Her desire to improve her quality of life and that of her family and citizens of her community was a driving force. Her willpower to become a nurse, rise above "struggling" in life, and return to her community to serve others helped her to "push through" her disappointments. Monica's resilience intersected with her unrealistic expectations of nursing education.

Dwayne, the survivor, had no regrets about attending this HBCU. While he experienced some events that were frustrating, they served to strengthen his resolve. All of the participants shared a keen sense of responsibility, determination, and resilience.

Unrealistic Expectations of Nursing Education

Shawna, Jennifer, Monica, Paula, and Dwayne had full 4-year academic scholarships; yet, they felt unnecessarily challenged by unknown factors of their nursing program that cost them either time or money, or both. Shawna devastated and depressed over failing a course; and she was embarrassed to realize that she had to wait out a year to repeat the course. This made her experience unique from the other participants. Shawna was a five-year nursing student, having to spend extra money and time to complete her program. Dwayne was not aware that the required summer session at the beginning of his junior year was not covered by his scholarships. He soon realized that he personally had to cover that expense. Jennifer gave little thought into selecting her major, and was unprepared for the realities of nursing education. She thought she could approach the study of nursing the same as she did in high school, but Jennifer's wake-up call came when she did not pass her first nursing course. Monica never imagined that an illness and surgical procedure would put her seriously behind in her studies. She experienced tremendous stress and shock when she realized the inflexibility of nursing education.

Halle revealed that she was not previously aware of the rigorous curriculum that was unique to nursing education. She felt strongly that too much emphasis was on tests, and the NCLEX-RN exam, and not on truly understanding the content. Paula wished she knew what she was getting into as a nursing major. She was not aware of high stakes associated with studying nursing. Julia felt that nursing school was harder than she could

have ever imagined. She associated her unrealistic expectations to the fact that little is publically shared about "how hard" nursing school is.

Leah gave an analogy of nursing school as "medical school crammed into two years." She believed nursing school was more of a challenge because nursing students are considerably younger than medical students, and nursing students are faced with a high stakes program without the benefit of four years of undergraduate preparation and presumed emotional maturity such as medical students. Cynthia was accustomed to "being the best" in academics throughout her life. She was an A student in high school and while taking pre-requisite courses at a community college. She was traumatized when she made C's in nursing courses. Cynthia admitted that her perception of nursing came from what she saw on television, and she thought nursing school would be easy. But, it was not easy. Cynthia found nursing school to be hard.

All of the participants shared that they were not fully aware of the rigor and responsibilities of a nursing program, particularly this nursing program. Further, all of them wished that they were fully informed of the program requirements prior to enrollment. They believed it would have made a difference in their experiences as nursing students. Yet, they were resolute to cross the finish line.

Sense of Purpose in Nursing

Jennifer realized that her upsetting experiences as a nursing student were part of her journey of personal growth and perseverance. She exclaimed, "I've matured greatly!" She believed that by developing a staying power, it made her stronger as a nursing student and a person. Thus, she found her purpose in nursing. As a result,

Jennifer decided, without any doubt, she wanted to become a nurse. She expressed her passion for nursing when she stated, "nursing is a part of me."

Although Halle believed that nursing school was "terrible," she admitted, "I love nursing. There was never a question of what she wanted to do. As a first generation college student, Monica came to this HBCU with an unwavering focus to become a nurse, a Doctor of Nursing Practice (DNP), and combine that advanced degree with a graduate degree in business (MBA). She explained that she intended to fulfill her life's purpose to expand her nursing knowledge and skills and provide advanced health care to underserved people within her community. While Shawna's initial major was English as her first step to become a lawyer, she changed her major to nursing by her sophomore year in college. Shawna admitted that she has "grown to love nursing," and planned to blend nursing with law, as a lawyer, to advocate for public policies and public health needs of underserved communities.

Leah shared that she was very happy with her decision to become a nurse. She stated, "Nursing is a part of me." Leah identified with nursing and was proud of her chosen profession. Leah was insulted when people asked her why she did not want to study medicine, as if to infer nursing was inferior to medicine. That worldview of nursing was unacceptable to her.

The participants were either declared nursing majors prior to college enrollment, or changed their major to nursing while matriculating in college. Regardless of when they made their decision to become a nurse, or how stressful their learning experiences were, most of them were proud of their chosen profession. Further, they entwined their purpose in life, at least in part, to being a nurse.

Self-Reliance

Julia described herself as driven, determined, and self-disciplined. She explained her unwavering drive to study and work to pay her tuition. Julia began looking for junior-year externship opportunities during her freshman year. Pam also took responsibility for her learning. She explained that she taught herself the nursing concepts, and she noticed that a lot of her classmates did the same.

Due to her high school cGPA, Leah did not receive a scholarship to attend this HBCU. While she was unfamiliar with the application process for financial aid, she figured it out and submitted her application for aid. She was awarded some financial aid; however, it did not cover her tuition. As early as her freshman year, Leah was determined to raise her cGPA in order to be eligible for scholarships. She sought every opportunity to find money for school. Her nursing faculty advisor told her about a scholarship for "disadvantaged students." Leah applied for and received that scholarship for three consecutive years.

As a result of her successful externship experience at a nationally recognized hospital in the area, Leah was offered a job as a CNE in the emergency room at her externship site. Leah worked 16 hours every weekend to earn funds for her tuition. Further, she strongly believed that her actions of self-reliance and perseverance were significant to her success as a nursing student. Leah explained that her thinking and learning skills were drastically strengthened as a result of her externship and work experiences. She was also offered a permanent job on the same unit that she works as a CNE pending her graduation and licensure.

Pam was self-supporting. Not having any scholarships, Pam worked two jobs while a full-time nursing student. Though she had challenges balancing her life, school and work, she was confident that her work experiences were the reason for her success in nursing school. Actually, most of the participants credited their clinical and/or their externships for the development of critical thinking skills, and wished there were more opportunities for these practical experiences.

Traditionally, it was not recommended, almost taboo, for an undergraduate nursing student to work while a full-time student. Pam worked two jobs while a full-time student. Although this experience was grueling, it was necessary for her in order to survive and to learn. Furthermore, Pam had at least one permanent job offer from one of her places of employment pending her graduation. Julia also had to work while in nursing school to pay for her tuition and other expenses. She was offered a permanent job position pending her graduation and licensure, as a result of her part-time work as a student nurse extern.

Dwayne did not have transportation. This was unique. Most of his classmates had cars. He had challenging experiences with clinical assignments, as he would not always have a clinical in close proximity to his residence. It was stressful and discouraging for Dwayne to perceive that his requests for location changes were not met. To him, this was a basic need for survival. This didn't work for him initially, however he made it work by doing what he had to do to survive nursing school.

Most of the participants spoke of the unprecedented distress they experienced when a testing policy was changed at the beginning of their last semester of their senior year. Each one of them expressed their panic to learn that in order to pass a required

computerized standardized exit exam, they had to earn a higher score and would only have one attempt to take the exam. Additionally, there was an increase in the weighted percentage of the test grade applied to the final course average.

The participants also shared their dogged determination to change the new policy, which they believed would prevent them from graduating. They expressed this event caused a sense of insecurity and a perceived distance between the faculty and students. When they sensed no other recourse, they decided to take matters into their own hands. Their self-advocacy and diligence to change their lived experiences by protesting [petitioning] the new policy was successful. As a result of their steadfast efforts, the new policy was reversed to its original state for this senior cohort.

All of the participants who opted to participate in the externship experiences firmly expressed it was key to their retention and progression in the nursing program. They explained that the externships helped them to develop and strengthen their critical thinking and clinical reasoning skills. They recommended the externships be made mandatory in the nursing curriculum instead of its current optional status, and the experience be longer, if possible, than one summer. These participants attributed their success to their determination, initiative, and drive to find and apply for their own externship opportunities. By doing so, they believed they demonstrated having accepted the responsibility for their learning, and persevering to graduation.

An Unexpected Finding

Of all of the common and shared experiences, there was one experience that was unique to just three students. Leah, Vivian, and Halle cited at least one experience of having received faculty support or an appreciation for the faculty support received. This

was an unexpected finding for this demographic. The culturally rich, inspirational, and empowering environment the participants shared was that experience at this HBCU was perceived as separate and different from their experiences within the school of nursing (SON).

This sense was evident in the following participants' comments or sentiments: Kathleen shared, "Just walking in this [SON] building brings stress upon my life." For Kathleen, her experiences changed or worsened when she entered the SON building. Shawna perceived herself as part of the university's "brand," and she felt secure and proud of the HBCU's legacy. However, she had a "rude awakening" with the demands of her first nursing courses. As a result, her perceptions of the university and nursing program were completely separate. Dwayne was the only nursing major amongst his several roommates. He was keenly aware of the differences in rigor, strict requirements, and high standards of a nursing major as compared to the English, Communications, and Engineering majors of his roommates. Dwayne believed that "everyone else is less stressed and [less] worried about school." This gave him cause to wonder, at times, if he would have been happier with a different major. However, Dwayne, the self-described survivor, persevered as a nursing major. Vivian believed the nursing program at this HBCU was designed only for strong students. She originally viewed herself as a weak nursing student, that is, not belonging as a nursing major. However, she exclaimed, …"and look how far I came."

The participants explained their achievement of a stronger cultural identity had no bearing on their perceived lack of faculty support. They seemed to relate their universal experience, campus wide (outside of the SON), to their HBCU experience as a whole,

which was separate from their strengthened cultural identity. The faculty support that was desired was from an academic perspective. Many of the participants shared they needed to learn how to think, study, and test differently, and they did not know how or where to start. Supportive actions for the participants consisted of individual assistance with the steps to develop and strengthen successful critical thinking, clinical reasoning, and to receive consistent anticipatory guidance relative to the curriculum. To them, these types of actions were equivalent to caring.

Chapter Summary

The methodological intent of this study was to clarify, analyze, and understand the participants' human experiences with retention and progression in nursing school, and their meanings while challenging our presuppositions and inherited understandings to relate to their life-world (Benner, 1994). The researcher attempted to capture the unique features of individual life-worlds, the shared experiences of this demographic, and what may universally resonate with readers that might not belong to this demographic, and increase their awareness of their own experiences. This then is the relationship of hermeneutic phenomenology to qualitative research: to understand differently that which is commonly known; yet, is usually misunderstood (Ironside, 2015; Richardson, 2012). The inability to empathize or understand one another's lived experiences creates a distance (Benner, 1994). With the revelation of some of the participants' perceived lack of academic support from faculty, this distance in the life-world was somewhat a factor in this study, and it must be overcome for progress in nursing education, and to achieve more diversity in the nursing workforce.

It was the meaning of their existence that was at the core of the students' journeys of perseverance to achieve their goals, and it was a story waiting to be told. The results of this study yielded the untold stories of Black/African American nursing students attending a HBCU. Their stories told us *how* the participants managed to come to the completion of a rigorous baccalaureate nursing program at an HBCU, and *how* they achieved meaning and purpose while in nursing school.

Thirteen Black/African American senior nursing students offered their voices to speak to experiences that are normally hidden or unexpressed. These participants willingly, honestly, and transparently shared stories about their achievements and anxieties, hopes and fears, joys and troubles, support and stressors, assurances and uncertainties, and their strengths and weaknesses in their own authentic ways.

The echoes of the participants' voices captured in their stories can serve to replace the stillness in our knowing of the life-world of Black/African American nursing students attending a HBCU. Chapter five will explore the meanings of the findings more fully to effectively summarize, discuss, and conclude the study.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS

Introduction

"Most of us arrive at a sense of self and vocation
only after a long journey through alien lands."
Palmer, 2000

This study was about journeys. In response to the health disparities between the population of Black/African Americans (BAA) in the United States, and the BAA nursing workforce population (Fang, Li, Stauffer & Trautman, 2016; NCSBN National Workforce Study, 2015), the inequities in the higher incidences of morbidity and mortality rates amongst BAA patients (CDC, 2014), and the decreased graduation rates among BAA nursing students (Fang et al.), this study was about their journeys. The journeys are presented as stories - the untold stories of perseverance of Black/African American nursing students at the end of their senior year while attending a Historically Black College or University (HBCU).

Similar to Heidegger's (1962) illustration of a wooded pathway to represent the journey to discover the meaning of life's experiences, nursing school is also a journey of meaning for its students. More specifically, the nursing students' discovery of this meaning can be likened to an extended passage that is inclusive of triumphs and trials. Parker Palmer's (2000) description of a time-intensive journey through unknown and unfamiliar territory to arrive at a sense of oneself seems to embody the meaning of the lived experiences of the participants of this study. The journey of learning to become a nurse is by trial and error; however, nursing is not forgiving. Caring for human beings requires strict adherence to what has been learned. These learning experiences, however, can challenge students' understanding of themselves and of their worlds, as they know it.

This new self-understanding can spontaneously alter the comprehension of the "I am," which lies at the root of existence (Heidegger, 1962; Richardson, 2012).

This inquiry addressed the national call for a more diverse nursing workforce to provide culturally competent health care for those groups of people experiencing health disparities, meaning those who have systematically experienced greater obstacles to health based on their racial or ethnic group within the United States, specifically Black/African Americans (Institute of Medicine, 2010; Murray, 2015; Noonan, Velasco-Mondragon & Wagner, 2016).

This concluding chapter discusses the uncovered meanings of what BAA nursing students gained from attending HBCUs, and what allowed them to persist to the end of their nursing program. These participants were positioned to graduate and add to the BAA nursing workforce, thus increasing their representation of a nursing workforce. Nursing education science can draw from understanding this phenomenon. The acquired knowledge may be found applicable to inform our approach to nursing education, particularly with regard to undergraduate nursing curricula, and recruitment and retention programs, and ultimately to make an impact on increasing diversity in the nursing workforce.

Purpose, Research Question, Aim

The purpose of this interpretive phenomenological inquiry was to identify the unique experiences, common meanings, and shared practices of BAA senior nursing students' regarding their retention and progression in a baccalaureate nursing program at a HBCU in the eastern region of the United States. At the core of this inquiry is the research question: How do BAA students in an undergraduate nursing program

experience retention and progression at a HBCU? To unpack the answer to this question, particular attention was given to try to understand the meaning of the phenomenon of perseverance.

In light of the findings of this study, this chapter also discusses the possibility of a perceived disconnect between the culture of nursing education and the student learning needs of today's nursing students in general, and specifically that of Black/African American nursing students. Also, the question is raised as to whether the experiences that BAA nursing students who attend HBCUs can be transferred to those who attend PWIs? The answers to this question might help educators to make nursing programs more accessible to BAAs.

Phenomenology Exposed

The unique philosophy and method of interpretive phenomenology was exposed as a good fit to achieve an understanding of life's experiences and to uncover the meaning of being a BAA senior nursing student at a HBCU. Interpretive phenomenology brings the stories to life. It was used to enrich the understanding of the readers in matters of everyday life experiences (Heidegger, 1962; van Manen, 1997).

The unique and shared backgrounds of the participants, the researcher, and the reader are essential to achieve an understanding of being. All that has been experienced in the past is significant because it shapes the way we experience and interpret the present.

In this chapter, the researcher will discuss the "essential meaning" (van Manen, 1990) of the participants' lived experiences of retention and progression in nursing school. The stories that evolved from the interviews provided the participants and

researcher with a richer and deeper understanding of the meaning of the participants' experiences of perseverance. The intent is for the reader to connect with the stories as the reader is presently gaining a different understanding of what perseverance meant to the participants.

Van Manen (1990) posited that the stories for human experiences become actually "artistic devices" for reflection; they also provide individuals with possible human experiences; enabled individuals to experience life situations, feelings, emotions, and events that we would not otherwise understand; broaden the horizons of the everyday lives by creating possible worlds; connect with individuals in a personal way; and vividly detail unique and specific "aspects of a life that could be my life or your life" (p. 70). McAllister & Lowe (2011) propose that there is even scientific value in stories underscoring that good stories are memorable and allow the listener or reader to make meaning on the basis of processing stories.

Discussion of Essential Themes

The distinctively unique and collectively shared lived experiences of the participants emerged as essential themes. The resulting themes that emerged in this study are the experiences of meaning and a way to capture the phenomenon of perseverance (van Manen, 1990). The five themes (1) renewed sense of cultural identity, (2) resilience, (3) unrealistic expectations of nursing education, (4) sense of purpose, and (5) self-reliance, and their meanings as authentically shared by the participants and interpreted by the researcher, will be discussed in the subsequent sections in light of the broader literature.

Each essential theme is presented below as a journey, beginning with the one theme that is unique to these participants' lived experiences: a renewed sense of cultural identity. This is followed by the four themes that seemed to be shared with other nursing students studying in different contexts: resilience, unrealistic expectations of nursing education, sense of purpose, and self-reliance. Each depicted journey begins with the definition or description of the theme, continues with a discussion of the findings, theories or concepts, illustrates the theme's relevance in the literature, and finally presents a summary of the theme.

In this study's context, a journey refers to a long and often difficult process of personal change and development (Oxford Dictionary Online, 2016). This definition of "journey" sums up the participants' seemingly long and often challenging process of being nursing students, and their triumphs as they came to the end of their undergraduate nursing education. This definition of "journey" is in alignment of Palmer's (2000) thoughts on one's "journey" to attain education and career goals. Parker ascribed a "long journey through alien lands" to arrive at a sense of oneself.

The Journey of Renewed Sense of Cultural Identity

Definition and Description

According to the Oxford Dictionary (2016), cultural identity is the feeling of belonging to a group in terms of cultural or subcultural categories. It is part of a person's self-conception and self-perception and is related to ethnicity, nationality, language, religion, locality or any kind of social group that has its own distinct culture. It is part of a person's self-conception and self-perception. In the middle of this study, cultural identity emerged as a theme in response to the participants' sense of ethnic and/or

national belonging. To achieve cultural identity is a meaningful accomplishment as it acts as a way to preserve history, and to provide individuals a place where they feel they belong.

Findings

Of the five themes that emerged, the theme of a renewed sense of cultural identity stands out as a uniquely common experience amongst these participants. The participants unanimously agreed that attending this HBCU facilitated their sense of identity and sense of confidence and belonging, especially with the backdrop of their cultural heritage. One participant in this study confidently explained that this HBCU gave her self-confidence. She confirmed, "I feel I am empowered. I can take on anything. I know who I am, way more than I did coming here [to this HBCU]." Another student exclaimed, "I love [this HBCU]." She believed she has a "stronger sense of identity," confidence to interact with other cultures, and self-acceptance with being Black because she attended this HBCU. Other participants described that the HBCU fostered a family-type of environment. All of the participants believed the HBCU contributed to their sense of belonging to their culture because they felt they were valued as a people, and they were accepted as members of something spectacular or magnificent, which is the rich legacy of this particular HBCU.

Relevance in the Literature

Students attending HBCUs are more confident, more involved with campus activities, and more involved with faculty than are Black/African American students at other schools (Constantine, 1994). This confidence in who they are is what this study's participants have in common; however, this theme is also unique as the literature does not

describe the lived experiences of BAA baccalaureate nursing students who attend HBCUs. Further, it is unknown whether BAA nursing students at PWI nursing programs share this experience of achieving a sense of cultural identity (White, 2016; White & Fulton, 2015).

By contrast, Murray's (2015) integrative literature review of BAA nursing students in prelicensure PWI nursing programs revealed alienation, isolation, and being different as barriers to success. These same students identified academic support, mentoring, and integration and inclusivity as fostering their success. White & Fulton's (2015) integrative review of the literature found that BAA students who attended PWI nursing programs reported experiencing isolation, not belonging, realizing positive and negative faculty impact on success, and a need for academic and interpersonal support. Moreover, White's (2016) descriptive qualitative study found a profound sense of isolation expressed by BAA graduates even 6 to 10 years after completing their degrees at PWI nursing programs. They described experiencing a sense of standing out (i.e., being watched and ignored), and they struggled with isolation and wanted to belong while they were students. These students also had a sense of responsibility to their families to be successful in their undergraduate nursing education, and they believed their success equated to the success of their families.

Theory of Identity

A discussion about identity formation must include the work of Paul Ricoeur (1984). Ricoeur's work on time and narrative revealed the circular relationship between the two. Ricoeur explained that time is humanized when expressed in a configured narrative (or story), and this configuration, in turn is meaningful when it portrays

temporal experience. For this study, the participants' journeys as nursing students (or temporal experiences) were configured from narratives to stories. Ricoeur described the act of configuration as a creation of meaningful totalities out of scattered events. According to Ricoeur, there is a correlation between narrating a story and the temporal character of the human experience, and this leads to the creation of meaning.

Ricoeur (1984) considered this a transcultural form of necessity. Time becomes human when it is articulated through a narrative. The narrative achieves full meaning when it becomes a condition of temporal existence. This concept, illustrated by Ricoeur, introduced the metaphorical re-description of the term mimesis, which he described as poetic expression of the order of action in temporal values (or narrative). Ricoeur's interpretation of Aristotle's *Poetics*, are illustrated by the three moments of mimesis, as follows: (1) prefigured time, (2) refigured time, and (3) configured time. Ricoeur's (1984) illustration and meaning of mimesis:

- Mimesis 1 = History. An understanding of one's past.
- Mimesis 2 = Present thoughts and actions taken to achieve the desired future.
- Mimesis 3 = The future. How one imagines the future.
- Mimesis 1 > Mimesis 3 > Mimesis 2 (pp. 53 – 76)

The arrows between the three moments of mimesis depict the direction of the action or movement. To apply the order of Ricoeur's time and narrative for identity formation, the participants' journeys began with an essential consideration of their backgrounds, or history (Mimesis 1). The presentation of their family background, and previous experiences in high school and college, and other experiences that began to shape their goal to become a nurse gave a sense of their understanding of their past

(Mimesis 1). The participants' shared background also facilitated a relatable connection with the researcher. According to Ricoeur (1984), the next stage or moment was when these participants had to actually decide to become a nurse and establish this decision as a career goal (Mimesis 3) to take the necessary actions (e.g., apply to colleges/universities, enroll in this HBCU, attend nursing classes) to ultimately become a nurse (Mimesis 2). While the participants had different methods of achieving this process, the mimesis process is recognized in each of their journeys.

One participant in this study described that based on her family background of experiencing chronic and debilitating illnesses, having poor access to healthcare, and witnessing competent and compassionate care of nurses for her family, she decided to become a nurse (Mimesis 1). To achieve this, she envisioned herself attending college to become a nurse, completing nursing school, and returning home to serve her community. This participant also committed to do her best while in high school to qualify for college scholarships (Mimesis 3). Early in her senior year of high school, she applied to various colleges and universities. She chose to attend this HBCU because she was offered an academic scholarship. Following the completion of her final year of nursing school, this participant intends to return home to begin her work as a nurse within her community (Mimesis 2). Ricoeur's process of identity formation provided a framework for understanding the establishment of the participants' career goals. Black/African American nursing students attending HBCUs and PWIs may have this establishment of identity in common.

However, the participants' attending this HBCU shared they also have a stronger sense of self-embracement, resolve, and sense of confidence about who they are,

especially when confronted with societal inequities or the new racism. One participant declared that as a result of attending this HBCU, "I feel I am empowered. I can take on anything. I know who I am, way more than I did before coming [here]."

Critical Race Theory

The experiences of BAA students attending PWI nursing programs are reflective of the literature on race and racism. The Critical Race Theory addresses race in America, particularly in George Yancy's (2008) *Black Bodies, White Gazes: The Continuing Significance of Race*, and Eduardo Bonilla-Silva's (2014) *Racism Without Racists: Color-Blind Racism and the Persistence of Racial Inequality in America.*

Yancy (2008), a philosopher in race and ethnic studies, phenomenologically explained the microcosms of inter-racial living. He underscored that the embodiment of being BAA has meaning in terms of historical ontology. He referred to the meaning of Whites' gazes upon Blacks' bodies signifying "the historicity of its 'being' as lived and meant" (p. 8) by how individuals communicate meaningfully within society, institutional forces, and various frames of reference. In other words, Yancy posited that the views of BAA by Whites shift or change in historical meaning, and in congruence with what was learned and experienced. To apply Yancy's ideas to the context of this study, BAA nursing students, regardless of their appearance, competence, and compassion may be viewed by their White faculty, classmates, and patients in a cultural context based on events, experiences or understandings of the past. While this may not have anything to do with who the BAA student actually is as an individual, historical meanings of others may have a direct impact on the student's learning experiences.

For example, one of this study's participants, a high achiever, explained she felt her achievements were scrutinized solely based on her race while at her predominately White high school. In her high school, which had a population of 10% Black/African American students, she explained there was a prevailing view or myth that Black/African American students accepted into top tier colleges and universities were accepted solely because they are Black/African American, and *not* based on merit and earned accomplishments. This participant was deeply offended by that mentality of, "Oh, just because she's Black." This kind of stereotyping made her wonder about the perception of her earned accomplishments. In fact, it made her uncomfortable with her success. She did not have to worry about how her accomplishments were perceived at the HBCU. She was relieved to experience none of that at this HBCU, stating, "But this here, it's nice." In her experience, being different meant that she was "looked down upon." The meaning of attending this HBCU is therefore profound in helping her develop a strong and positive sense of identity—an experience she did not have while attending a PWI.

Bonilla-Silva (2014), a sociologist, described more subtle, contemporary forms of racism in a society where overt racism is socially unacceptable. This phenomenon is discussed as "new racism" or "racism without racists." "Racism without racists" is the ideology that the dominant culture, Whites (most Whites), do not consider themselves racist. Following this assumption, Bonilla-Silva raises the logical question: How then does racial inequality continue to exist, and in fact, thrive in our culture today? Reasoning through this phenomenon, Bonilla-Silva comes to conclude that this line of argument reflects the dominant culture's ultimate unconscious goal to preserve inequality. Hence, it is Bonilla-Silva's goal to uncover the collective ideological practices of race relations that

help reinforce the contemporary racial order, and not to demonize Whites or label them "racist."

Bonilla-Silva (2014) relied mostly on interview data from the 1997 Survey of Social Attitudes of College Students (a convenient sample of 627 college students--including 451 White students) surveyed at a large midwestern university, a large southern university, and a medium-sized west coast university. A 10% random sample of the White students who provided contact information (about 90%) was interviewed (41 students total, 17 were men, 24 women; 31 were from middle- and upper-middle-class backgrounds and 10 were from working class). The second data source is the 1998 Detroit Area Study, a probabilistic survey of 400 Black and White Detroit metropolitan-area residents (323 whites and 67 blacks). There was a 67.5% response rate. Of these, 84 respondents were randomly selected for in-depth interviews (66 Whites and 17 Blacks).

According to Bonilla-Silva (2014), color-blind racism evolved during the post-civil rights era (late 1960s), and became the "dominant racial ideology as the mechanisms and practices for keeping blacks and other racial minorities at the bottom of the well" (pp. 2-3). This is best explained as "contemporary racial inequality" and "new racism" practices that are "subtle, institutional, and apparently nonracial" (e.g., real estate red-lining, responding to classified ad… "no jobs now, check later," legislative re-districting zones, tolerance/intolerance of affirmative action, etc.). Color-blind racism's ideology is intolerant of Black/African Americans' claims of racism in response to events or lived conditions, and subscribes to the belief that Black/African American are responsible for their own economic circumstances, and is "seen as a function of perceived cultural inferiority" (p. 7).

Another participant, a transfer student from a PWI university, shared her experiences of new racism. While a student at a PWI university, she experienced racism in subtle ways, the kind that "you cannot prove" (conclusively). She felt there were assumptions made on her solely because of her race, such as she was not expected to do well academically while there. Contrasting her PWI experiences with her current experiences at this HBCU, the participant stated she felt good about "being Black." She intentionally wanted to attend this HBCU to be with her "people" of color. At this time in her life, she emphasized, it was important for her to be in an environment where she was not a minority, but part of the majority culture. She felt comfortable in the BAA culture at this HBCU.

Section Summary

The participants commonly highlighted the value of their renewed sense of cultural identity while attending this HBCU, and its role in their success as nursing students. The intention of this study is not to disregard PWI nursing programs or to discourage BAAs from attending those institutions where more is known about their experiences. The intent is to illuminate the meaning of a renewed sense of cultural identity for students who attend a HBCU. This finding is unique for students attending a HBCU and is in contrast with the experiences related by students attending PWI nursing programs (White, 2016; White & Fulton, 2015). This unexpected finding is very positive given that the participants at this developmental stage of their lives are strengthened in their identity and received something of deep value to them personally and professionally.

The Journey of Resilience

Definitions and Descriptions

According to the Oxford English dictionary (2016), the root of the term resilience, originates from the Latin word *resilia,* which means the "action of rebounding." Resilience is a state of recovery, or return to a previous state after a time of stressful transition or an adverse event (Atkinson, Martin, & Rankin, 2009; Dyer & McGuinness, 1996; Garmezy, 1991; Rutter, 1985). Gillespie, Chaboyer, & Wallis (2007) defined resilience as the ability to successfully rebound from stress and trauma and reflects the capacity to maintain equilibrium (Gillespie et al., 2007).

Stephens (2013) explained that many scholars agree that resilience can be developed or enhanced at any time during a person's life; this perspective contrasts with interpretations of resilience as a personality trait (Ahern, 2006; Earvolino-Ramariez, 2007; Gillespie et al., 2007; Hodges, Keeley, & Grier, 2005; Jackson, Firtko & Edenborough, 2007; Rutter, 2007). This interpretation of resilience lends itself to the notion that resilience is a learned quality that is developed while going through trying experiences, and that it is not dependent on inherent tendencies.

In their book, *The Resilient Nurse*, McAllister and Lowe (2011) portrayed a resilient individual as someone who has not only survived adversity, but has also learned from the experience, which results in personal growth. They defined resilience as "a process of adapting to adversity that can be developed and learned" (p. 6). The authors explained that resilience is an essential skill needed by nurses to find meaning in their experiences and to develop strategies to appropriately respond to stress.

The Concept

The qualities of resilience have been found in nursing students who persevere through undergraduate nursing programs (Stephens, 2013; McAllister and Lowe, 2011). Guided by the Norris method of concept clarification, nursing student resilience was found to significantly contribute to the advancement of students in nursing education, and ultimately the profession. Stephens (2013) explained that the concept of nursing student resilience needs to be clarified for the nursing population to plan interventions and strategies that would transform the culture of nursing education to better meet the needs of students. Stephens' (2013) insight may suggest a perceived disconnect between the culture of nursing education and the learning needs of nursing students. In the context of this study, the focus was on closing the teaching and learning gap to better meet the learning needs of BAA nursing students.

Earvolino-Ramirez (2007) identified adversity as the main precursor to experiencing resilience. She added, "adversity is the single most notorious variable that distinguishes resilience from other social management processes or personality traits" (p. 78). Atkinson et al., (2009) also describe periods of adversity or stress as triggers to resilience. By virtue of the nature of the curriculum and study, nursing students must learn to adapt and cope with the challenges that are specific to this discipline. According to this study's participants, the hardships experienced in their self-described, "high stakes," nursing education were perceived as adversities.

Gillespie et al. (2007) identified the process of acquiring resilience as experiencing the following antecedents: (1) there is adversity or trauma, (2) there is a situation that is physically or psychologically traumatic, (3) there is cognitive ability to

interpret adversity, and (4) there is a realistic worldview. Notably, Stephens (2013) finds these events or qualities meaningful to the degree that they lead to developing resilience in nursing students.

Nursing students must demonstrate competencies in patient care, which as Stephens (2013) points out, places them in many "first" situations that may cause anxiety or discomfort, "including the intimate care of both male and female patients, death and dying, diverse lifestyles, exposure to communicable diseases" (p. 126). Moreover, many students may experience adversity or trauma related to the demands of their academic program, rigorous academic measurement and evaluation of their success in their nursing courses, adjustment to increased demands compared to their pre-requisite courses, and the experience of horizontal and vertical violence early in their clinical rotations (Thomas & Burk, 2009).

Deary, Watson, & Hogston (2003) confirmed that adversities are related to higher rates of attrition in nursing students and new graduates. According to Earvolino-Ramirez (2007), adversity is described as "change, challenge, and disruption" (p. 78) that occurs prior to the process of resilience, and more specifically noted as the primary antecedent to resilience.

Stephens (2013) echoed that adversity and stress are the most commonly cited precursors for resilience. Highlighting that the development of resilience includes the presence of perceived stress and/or adversity, Stephens adds that using the adjective *perceived,* is key: The experience of perceived stress allows for individualized interpretation of the degree and magnitude of the stress and adversity as well as individual responses to this perceived experience.

Interestingly, those identified as resilient were found to possess various protective factors that served to buffer or minimize the effects of stress. Ahern (2006) also described the presence of a risk or risks that trigger a protective mechanism. Protective factors are the specific attributes or situations that are necessary for the process of resilience to occur (Dyer & McGuinness, 1996; Stephens, 2013). According to Dyer & McGuinness, examples of protective factors include: a positive support system, faith, optimism, hope, and connectedness with caring adults, self-knowledge, and perseverance.

Relevance of Findings in the Literature

When this study's participants spoke of their experiences of stress, embarrassment, and devastation as a result of failing a nursing course; when they described the devastation experienced when having to withdraw from nursing and having to wait a year to re-take the failed course; when they related their story of going through nursing school while living with a chronic illnesses; when they described their experience of facing a surgical procedure in the middle of a demanding semester; or when they were faced with policy changes in their last semester of nursing school that would have, in their opinions, prevented them from graduating, these experiences are the stressors that triggered their coping responses or the emergence of protective factors. Although, in many cases, participants felt "knocked down" by their adversities, they were, indeed, not knocked out. They discovered and were surprised by their own inner strength, faith in God, and hope for a breakthrough that got them through. Other protective factors were consistency with studies, their nursing assistant jobs and other responsibilities, and help-seeking behaviors. The participants described their protective factors as leading to their personal growth.

Of note are the active nuances in wording that underscore their determination as acting individuals when they talked about coming to "a turning point" or said, "I made a decision" even in the context of failing a nursing course or facing the decision of whether or not to stay in nursing, change majors, or leave the university altogether. Their faith, hope, connectedness with supportive adults, and perseverance (also known as protective factors) enabled them to rise above their adversities, and their sense of embarrassment, fear and anger. The participants demonstrated their resilience when they consciously decided to stay with nursing at this HBCU; working on a minor while waiting a year to re-take the failed nursing course; doing a self-inventory of their learning needs and making adjustments to meet their learning/study needs; and they never gave up. This is why they often actually said, "I am resilient." This descriptive theoretical process of the development of resilience is portrayed in Figure 1.

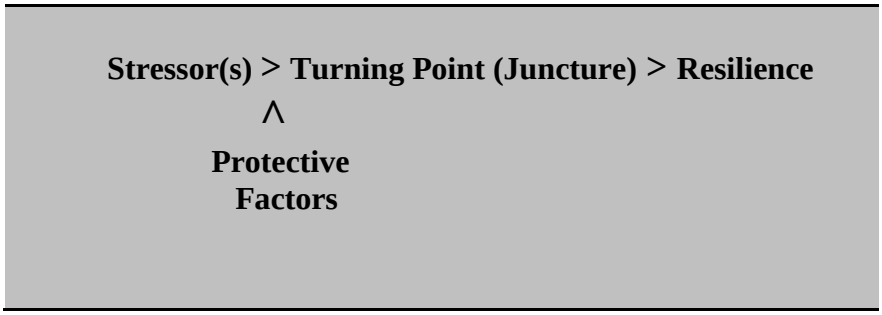

Figure 1 Process of Resilience Development

It is important to understand what resilience meant to these participants. Their perceptions of their hardships prompted them to decide that they valued being a nursing student and becoming a professional nurse. Many of them stated, "I matured" as a result of these experiences. This was a critical point, a juncture, in their journeys, as they decided to make their way from student to graduating nurse. When the participants in

this study made statements in response to the perceived pace, difficulties and expectations of nursing school, such as, "I'm determined, and passionate about caring for others" and "I'm not going to give up, and going to keep trying," they demonstrated the use of healthy patterns of responding to the situation along the lines of the mediating effects of protective factors outlined in the literature (Dyer & McGuinnes, 1996; Earvolino-Ramirez, 2007; Stephens, 2013).

The junctures in their journeys are also a pivotal time when faculty support can have a positive impact on the students' process of personal development (Jeffreys, 2012). According to this study's participants, it was during the times of overwhelming stress and feelings of uncertainty about their future in nursing that many of their classmates decided to leave the nursing program. They spoke woefully of their many friends, and former classmates who were faced with similar stressors and either withdrew voluntarily or were dismissed involuntarily mostly due to poor academic outcomes. According to these participants, many of their former classmates have not returned to this nursing program, and chose other majors at this HBCU or elsewhere. All of the study participants expressed sorrow and a sense of injustice over the fact that numerous classmates were lost to the nursing program and ultimately to the profession of nursing.

For the participants in this study, resilience paved the way for their survival of seemingly insurmountable stress and hopelessness while in nursing school; it also allowed for the emergence of grit and will power to transform them into stronger persons with enhanced coping skills. Likewise, this study's participants described experiences when they naturally arose above their adversities and hardships through their determination, sense of survival, and faith in God to achieve their academic and career

goals. These participants also described learning experiences that were confusing and frustrating to them and their subsequent innate resolve matched by their tenacity, which allowed them to persist and complete their nursing program. As McAllister and Lowe (2011) observed in studying registered nurses, participants of this study noted personal growth, and in most instances, were able to ascribe meaning and purpose to their adversity.

Section Summary

When these participants decided to persevere, they demonstrated the ability to cope with their adversities, such as disappointments, traumatic experiences, and adversities, and they subsequently rebounded, recovered, and progressed in the nursing program. Resilience was, therefore, an essential factor in the success of these participants. Since the meaning of BAA undergraduate nursing students' lived experience while attending a HBCU was previously unknown, this study fills a gap in the literature of the relevance of resilience in the retention and progression of Black/African American nursing students, particularly those attending HBCUs.

The Journey of Unrealistic Expectations about Nursing Education

Definition and Description

According to Merriam-Webster (2016), the word "unrealistic" is defined as not based on reality or not real, and an "expectation" is a belief that something will happen or is likely to happen. The phrase, "unrealistic expectations" as "based on what is wanted or hoped for rather than on what is possible or likely" (Merriam-Webster's Learner's Dictionary, 2017). .

Margarita Tartakovsky (2016) explained that while unrealistic expectations are

commonly experienced, they are not considered a healthy recourse. She added that unrealistic expectations could be harmful as it leads to failure. Further, when individuals experience failure, the outcomes typically revolve around negative feelings, forming wrong conclusions, and acting on those conclusions. This was a common reaction of this study's participants.

Findings

The theme, unrealistic expectations about nursing education, describes the participants' lack of awareness of the rigorous curriculum and the intense and rigid responsibilities of being a nursing major. The participants shared that they came to the nursing program without knowing what to expect or in some cases, what they were getting into. They described instances when they were "clueless" as to what was going on in their classes, and when they were "not prepared for the volumes of work" to be learned in a short amount of time. These experiences caused a bump in the road or a roadblock for them, and in some cases, it delayed their journeys and seemingly made it more difficult to achieve their goals of program completion.

Choosing to Become A Nurse

Some of this study's participants explained they knew they wanted to be a nurse before graduating from high school; others chose to become a nurse after they abandoned their first choice to become physicians. It was important to them that they had "hands-on" care, and more interaction with patients, and that was their deciding factor for nursing as a profession. A few of the participants casually decided to become nurses. They knew very little about nursing or nursing education, and that was what they saw on television or in the lifestyle of a nurse they admired. In some cases, this faulty perception

of nurses and nursing education also impacted their stress. Regardless of the level of background understanding or clarity of their chosen profession of nursing, all of the participants did not know what they were signing up for when they entered this nursing program.

The Rigors of Nursing School

The participants shared their long and arduous journeys as a result of what they did not know prior to entering nursing school. As applicants and enrollees, they did not realize the rigors of nursing school. One participant expressed, "No one talks about how hard nursing (school) is."

The participants wished they had researched this HBCU's nursing program as well as others, and attended nursing program open houses in order to make an informed decision prior to their enrollment. They assumed responsibility for not having done their research to promote realistic expectations of nursing education. They now saw this as something important they should have done for themselves. However, there was also the sense of unawareness of the realities associated with obtaining a nursing education, and not knowing what to ask or look for. One participant shared her experiences as a nursing major, "…it challenged me without providing a way to overcome the challenge. I kind of felt like I was kind of just thrown into this whole new world, and didn't have a clue about how to navigate through it…"

The overall consensus was that their nursing education experience would have been significantly less traumatic if they had realistic expectations. The lack of the participants' awareness of the realities of being a nursing major required seeking information intentionally prior to enrollment and especially prior to their junior year in

college, when the actual nursing courses began. Their unrealistic expectations caused the participants what they described as "unnecessary anxiety" and a sense of "acute uncertainty."

Relevance in Literature

The Stress of It All

Jeffreys (2012) addressed this issue by identifying stress as a culprit in how the process of nursing education is experienced. While Jeffreys (2012) underscored the fact that typically general college experience produces some degree of stress, she reminded educators that nursing students are "particularly at risk" (p. 165). According to Jeffreys (2012), it is known that the nursing educational process is extremely stressful. In fact, nursing students experience greater stress "throughout their educational process than do college students in general or even college students enrolled in other health professional programs" (p. 165). This is a significant factor to consider, as this finding may not be known within the nursing education community.

This lack of awareness of the rigors of nursing education is itself stressful, and when coupled with the stressful demands of the nature of nursing education, it was experienced as one of the participants expressed, "It's stress, upon stress, upon stress!"

These participants were unanimous in their opinion that majoring in a baccalaureate nursing program is different than any other baccalaureate majors. Some of them compared nursing with communications and business majors. To sum up what the difference meant to them, they indicated that nursing education is "more," that is: more difficult, more demanding, and more time consuming than other undergraduate

majors. These participants also felt that nursing involved "high stakes," learning and being in a nursing program is "difficult and rigid."

Jeffreys (2012) would agree with these participants by highlighting the uniqueness and differences that exist in nursing education. The rigors of nursing education include difficult courses. Nursing courses involve didactic courses, skills laboratory and/or simulator experiences, and clinical course components. Nursing courses are also assigned more course credit hours, more clock hours or contact hours for classes, and in some cases in the clinical setting. Jeffreys (2012) emphasized these are all stressors particularly for the new nursing student. Further, lengthy commutes to clinical sites, and long clinical hours require physical and emotional endurance that put increased demands on students. Young students may face patients' dying and suffering which affects them intimately and may induce a feeling of powerlessness, as they have never experienced before in their lives. These participants were in their last semester of nursing school, and were no longer new nursing students. Yet they were experiencing tremendous stress related to their unique course requirements, unexpected changes in course expectations, fear of not achieving the benchmark on their standardized comprehensive exams, and ultimately, fear of not graduating on time.

This may also have some bearing on how these participants experienced levels of stress due to their current courses, including how the clinical courses were taught, managed, and organized. Lazarus & Folkman (1984) illuminated these participants' experiences. Accordingly, students perceive something to be stressful if its demands exceed the perceived ability to cope with the stressor. Coping occurs when the demands of the perceived stressful event or situation and the accompanying emotions are managed.

As a result of observing Hispanic college students experience stress, Solberg, O'Brien, Villarreal, Kennel, & Davis (1993) explained that ineffective coping places students at risk for negative academic outcomes, low retention, and high attrition. However, when students have perceived confidence for college-related tasks, cognitive appraisal and coping skills results. Solberg et al. also identified self-efficacy as a mediator of stress.

One participant indicated not having transportation and had to walk, take a train and bus to and from one clinical site. This participant was exhausted and mentally drained and unable to study by the end of each clinical day. While initially this was devastating, this participant confidently decided to rise above these circumstances as "a survivor," and successfully completed that clinical rotation. According to these participants, not knowing the realities of the rigor of their academic loads and course requirements prior to enrollment placed them at-risk for more stressful experiences.

The vast majority of the participants expressed they would liked to have experienced a curriculum that was more developmental, meaning one course prepared them cognitively and experientially for the next, and that their NCLEX-RN preparation started from their very first course. Adjustment to new levels of difficulty, and higher levels of critical thinking and clinical reasoning would progress naturally according to the course numbers and students' classification (i.e., freshmen, sophomore, junior, senior) (Benner, Sutphen, Leonard & Day, 2010; Billings & Halstead, 2012).

Fear of failure, academic uncertainty, higher grading scales, overwhelming course workload, test anxiety, and poor academic performance are academic stressors experienced by nursing students; however, anxieties are intensified by unmet expectations and/or poor academic outcomes (Jeffreys, 2012; Stephens, 2013).

Shelton's Model: Faculty Support and Nursing Student Retention

Shelton (2012) explored the relationship between nursing students' perceived faculty support and nursing student retention. Shelton applied her Model of Nursing Student Retention, which incorporates Bandura's theory of self-efficacy and Tinto's theory of student retention (Bandura, 1997; Tinto, 1993). The model highlights the interaction of the following variables: student background, internal psychological processes, external supports, academic performance, and persistence, and their relationships to academic performance and persistence. Shelton surveyed a large sample (n = 458) students in non-traditional, Associate Degree in Nursing (ADN) students. Group 1: currently enrolled students who had persisted throughout a nursing program without withdrawing *(*n = 300*);* or Group 2: formerly enrolled students who had withdrawn voluntarily at some time the during their program (n = 83); or Group 3: formerly enrolled students who had been required to withdraw because of academic failure at some time during their program (n = 75). This sample represented nine NLNAC accredited ADN programs in Pennsylvania and New York.

The instrumentation utilized was the author-developed Perceived Faculty Support Scale, a 5-point Likert scale that consisted of 24 items. An analysis of variance (ANOVA) revealed significant group differences in persistence depending on perceived faculty support. Students persisting in nursing programs perceived greater faculty support than students who withdrew voluntarily or involuntarily from nursing programs. Faculty support was defined in two categories: (1) psychological support, or faculty actions promoting self-worth and competency, and (2) functional support, or tasks that foster academic achievement and program progression.

Although Shelton's (2012) sample was diverse in age, marital status, employment status, and educational background, there is no evidence of inclusion of student diversity in race, culture, or ethnicity in the study. Also, it is not clear what made the student participants nontraditional. The unique progression needs of minority nursing students were not addressed in this study. In spite of these limitations, Shelton's landmark study is relevant in that it demonstrates that faculty involvement is a key variable in achieving nursing student success. Shelton also provided a definition of faculty support and operationalization of the concept that allows for further research with minority students. This quantitative study laid a good foundation for a qualitative study to promote understanding of minority baccalaureate nursing students' experiences in faculty support.

Jeffreys' Model: Nontraditional Nursing Student Retention

Jeffreys (2012) goes deeper into detail of her multidimensional model of Nursing Undergraduate Retention and Success (NURS), for which she acknowledged the inclusion of the underpinnings of Bean and Metzner's (1985) conceptual model of nontraditional undergraduate student attrition. Jeffreys' purpose for the NURS model is to present an organizing framework for examining the multidimensional factors that affect undergraduate nursing student retention and success to identify at-risk students, to develop problem-solving strategies to facilitate success, to guide innovations in teaching and educational research, and to evaluate strategy effectiveness.

According to Jeffreys (2012), the NURS model proposes that nursing student retention decisions are based on the interaction of the following multidimensional factors: (1) student profile characteristics (e.g., student characteristics prior to beginning a nursing course such as age, ethnicity and race, gender, language, prior educational experience,

family's educational background, prior work experience, and enrollment status); (2) student affective factors (e.g., students' attitudes, values, and beliefs about learning and their ability to learn and perform the necessary tasks required for program success including cultural values and beliefs, self-efficacy, and motivation); (3) academic factors (e.g., personal study skills, study hours, attendance, class schedule, general academic services- college library services, counseling services, and computer laboratory services); (4) environmental factors (e.g., factors that are outside the academic process that may impact students' academic performance and retention, including financial status, family financial support, family emotional support, family responsibilities, childcare arrangements, family crisis, employment hours, employment responsibilities, encouragement by outside friends, living arrangements, and transportation); (5) professional integration factors (e.g., factors that enhance students' interaction with the social system of the college environment within the context of professional socialization and career development, including professional events, memberships, encouragement by friends in class, peer mentoring-tutoring, and enrichment programs); (6) academic outcomes (e.g., course grade, cumulative nursing GPA, and overall GPA); and (7) psychological outcomes (e.g., satisfaction and stress).

Jeffreys (2012) proposed that the NURS model can be an effective resource for educators of nontraditional and traditional undergraduate nursing students. She refers to a nontraditional undergraduate nursing student as one who is enrolled in an entry-level undergraduate nursing program (diploma, associate degree, or generic baccalaureate) and who meets one or more of the following criteria: (1) 25 years or older, (2) a commuter, (3) a part-time student, (4) a male, (5) a member of an ethnic and/or racial minority

group, and (6) speaks English as a second or other language, (7) has dependent children, (8) has a general equivalency diploma (GED), and (9) has required remedial classes.

A traditional undergraduate nursing student is one who is enrolled in an entry-level undergraduate nursing program (diploma, associate degree, or generic baccalaureate) and who does not meet the criteria of a "nontraditional undergraduate nursing student." Further, this type of student meets all of the following criteria: (1) is 24 years or younger, (2) resides in campus housing or off-campus housing, (3) enrolled full-time, (4) is female, (5) is White and not a member of an ethnic and/or racial minority group, (6) speaks English as a first language, (7) has no dependent children, (8) has a U.S. high school diploma, and (9) has not required remedial classes (Jeffreys, 2012).

According to Jeffreys' (2012) criteria listed above, Black/African American undergraduate nursing students by way of their race/ethnicity alone are considered nontraditional students. Relative to this study, all of the participants, according to Jeffreys' definition were non-traditional nursing students. Jeffreys' NURS Model (2007; 2012) has been used as a tool to facilitate the retention of nontraditional students, such as minority nursing students, including Black/African Americans attending PWIs. However, there is no evidence of Jeffreys' (2007; 2012) NURS Model or Shelton's (2012) Model of Nursing Retention's application to Black/African Americans attending HBCUs. Jeffreys' NURS Model, because of its multidimensional factors that are inclusive of race and ethnicity, may be a beneficial tool to assist nursing educators to plan and provide established retention initiatives for undergraduate nursing student retention and program success for Black/African American students attending HBCUs. Jeffreys'

NURS model has a holistic approach and addresses what matters in the experiences of undergraduate nursing student retention.

More On Faculty Support

According to Jeffreys (2012), nurse educators are in a key position "to recognize, reduce, and sometimes eliminate known stressors" (p. 167). Jeffreys' (2012) Model of Nursing Undergraduate Retention and Success (NURS) provides a matrix to systematically assess factors that may function as potential stressors: student profile characteristics, student affective factors, academic factors, environmental factors, professional integration factors, and outside and surrounding factors are all considered potential stressors. Given this awareness, nurse educators can facilitate effective coping to reduce stress in their students in their roles as advisors and mentors. Understanding of students' backgrounds, particularly their cultural values and beliefs, is essential to facilitating coping methods and an effective student-learning environment. The background information of this study's participants, particularly with their beliefs and coping skills were linked directly with their perceptions of learning.

Academic and Psychological Factors and Retention

Jeffreys (2012) highlighted academic and psychological factors as directly impacting student persistence, retention and withdrawal. While nursing students' cumulative grade point average (cGPA) for nursing courses and overall grade point average (GPA) typically serve as a predictor for successful academic performance, Jeffreys (2012) noted that program retention occurs only when accompanied by positive psychological outcomes. Positive psychological outcomes include satisfaction with the program and low or manageable levels of stress. By contrast, negative psychological

outcomes associated with attrition include program dissatisfaction and high levels of stress.

A Fitting Analogy

While considering an analogy of the meaning of her experiences as a nursing student, a participant indicated that the study of nursing was like graduating from high school and going directly to medical school. However, she noted that medical students have four years of undergraduate work to prepare them for the rigors of medical school, and nursing students did not have that experience. Her inference was that the medical student was usually more emotionally mature, older, and had a full undergraduate academic background before confronting the challenges of medical school. In contrast, nursing students are younger, and typically not aware of the challenges and expectations of undergraduate nursing education. The realities of the rigors and responsibilities of the process of education were known to these participants as they experienced their nursing courses.

Many of the participants shared they had a difficult time with test taking, and this caused them "tremendous stress." Almost all of the participants received at least one academic scholarship to attend this HBCU, and a few of them worked hard to raise their cumulative grade point averages (cGPA) to become eligible to receive a scholarship. Not passing tests in college was an anathema to them. All of the participants expressed they had to learn or re-learn how to study. For most of the participants, high school was a breeze academically. They explained they did not have to study while in high school. Hence, nursing school meant a big paradigm shift in terms of how they studied and how they prepared themselves to receive passing scores.

Section Summary

It is noteworthy that in this study, participants evolved from unrealistic and unmet expectations of the process of nursing education and from experiencing high levels of stress to good academic performance (i.e., cGPA in nursing courses and overall GPA) and positive psychological outcomes (some satisfaction and manageable levels of stress). The catalysts for this personal and academic growth were nursing students' resilience and the following essential themes/student attributes: sense of purpose and self-reliance.

The Journey of a Sense of Purpose

Definition and Description

Warren (2002), a popular United States American Christian minister, asserted, "Knowing your purpose gives meaning to your life" (p. 30). The Oxford Dictionary (2016) defines *purpose* as "A person's sense of resolve or determination;" "the reason for which something is done or created or for which something exists;" and "has as one's intention or objective."

Findings

The participants developed their sense of purpose for their chosen vocation, in part, because of their challenging experiences while in nursing school. For example, following graduation from this HBCU, one participant was determined to return home to make a difference in her community by making healthcare more accessible to the members of her community. Members of her community, including her own family, had to travel quite a distance to receive healthcare. She intended to change that, and that was her purpose. Her goal of serving an underserved community amplified her determination to persist in nursing school when confronted with obstacles.

Tinto's Model of Student Integration

The significance of individual purpose is also underscored by the work of Tinto (1993) who described the value of individual intentions in relation to college attendance, retention, and completion. He presents this phenomenon in a short but clear formula: "Generally speaking, the higher the aspirations of one's educational or occupational goals, the greater the likelihood of college completion" (p. 38). Tinto explained this is evident when college completion is seen as part of a bigger career picture, particularly in those careers in medicine and natural science that require a baccalaureate degree as a prerequisite for occupational entry.

Tinto's Model of Student Integration (1975) is inclusive of his concept of intentions, which is an explanatory, longitudinal model of the persistence and withdrawal process. For example, one of this study's participants was a first generation college student whose family background included a monthly struggle to pay bills. She decided, " I don't want to be in the same predicament that my family is in…in a struggling environment…living month-to-month, day-to-day, they're just trying to make it." She wanted to be successful to the point where she would be able to give back to her family and work in her underserved community. She explained, "I'm not just focused on myself." This participant aspired to get a Doctorate in Nursing Practice (DNP) degree and Masters in Business Administration (MBA) degree. According to the participant, there were no health care facilities in the community where her family lives; they have to travel far to receive health care. She intends to change that.

However, Tinto (1993) cautions that the reverse may not be true: uncertainty of intention is "not necessarily the cause of (college) departure, … but unresolved intentions

over an extended period can lead to departure both from the institution and from the higher educational enterprise as a whole" (p. 41).

Another participant in this study entered this HBCU uncertain of her intentions in life. Her selection of nursing as a major occurred almost casually. However, failing a core nursing course and having to wait for a year to repeat it, resulted in her coming to terms with taking her learning and studying experiences seriously in nursing school. Ultimately, the experience of an academic crisis marked a turning point in her journey of personal growth and perseverance. In fact, she realized, "I've matured greatly." It was not before this point that she could confidently admit that she really wanted to become a nurse. Following this crisis, this participant found her purpose in nursing and nursing has become part of her identity, admittedly, "Nursing is a part of me." For this participant, this was a life-changing experience, and her intentions were resolved. Her newfound purpose in nursing provided her with a new meaning of her life.

Relevance in Literature

Tinto (1993) stated that it is important to understand that the college experience is as much one of discovery as it is one of confirmation. He reminded educators of their essential roles in assisting college students with their choice of careers. Tinto adds that it is regrettable that some higher education institutions don't recognize student uncertainty as an appropriate part of the process of the complexity of personal growth; rather they view them as deficient in their student development. In response to Tinto's general view of intention in education and career choice, a question arises: Does the culture of nursing education allow for the provision of its students' personal growth and career confirmation?

Section Summary

Some of the participants expressed the development of their sense of purpose as a result of their determination to reach their goals and by overcoming trials and tribulations experienced while in college. This finding is in contrast to the literature, which indicates that personality traits, perception of the nursing program, perception of faculty support, motivation, or intentions are the predictors of their college completion (Metzner & Bean, 1987; Mills-Wisneski, 2003; Shelton, 2012). Here, participants entered the nursing program with high GPAs, and found their sense of purpose, but not until well into their junior year in nursing and when faced with failing a nursing course, and in the context of having to make a decision to persist or drop-out. These participants described their journeys as an innate process, one that occurred in response to their lived experiences.

The Journey of Self-Reliance

Definition and Description

Self-reliance in this study's context refers to the participants' decisions and actions to depend on themselves for their learning and understanding of nursing concepts. Merriam-Webster (2016) defined self-reliance as "reliance on one's own efforts and abilities." The participants' descriptions of their self-reliance varied along a spectrum of their self-advocacy, such as, seeing a need to self-teach, to develop self-resourcefulness, and to peacefully protest new policies.

Findings

One participant described herself as driven, determined, and self-disciplined. Additionally, she is a self-advocate when she "doesn't have what she deserves." She explained that when she perceived that "something is not right," she can't "just be quiet

and hold it in." She added, "I can't hold my tongue." However, she conceded that some of her experiences as a nursing student have tempered her tongue, especially when she realized that when she and other students speak up, "nothing changes."

This participant was referring to an instance when she advocated for herself and classmates to improve her classroom learning experiences. She wanted to have more engaging learning experiences as she "needed explanations and rationales for things, and that was kinda lacking." When her attempt to advocate for herself and her classmates was not successful, she decided that she had to facilitate her own learning experiences. This was accomplished through outside resources: (1) tutors, who were not affiliated with the HBCU and (2) YouTube videos. She stated that these resources worked for her; however she reflected, "I felt like I could be taking an online course." She often wondered did she "really need to come" to class because I was doing everything at home anyway?" She added,

> But, as far as learning from the PowerPoint and deciphering what's important and what not, and getting extra reinforcement, I was doing that all outside of class. So I just felt like, 'Why do I even come here?'

This participant decided that class attendance was essential for learning, and she acknowledged receiving important resources and assignments in class. It took time; however, some participants quickly realized their responsibilities in the learning process.

Three participants worked while full-time nursing students. They worked to pay their tuition, school and living fees. Each of them worked in an acute care setting as a Certified Nurse Extern (CNE) or Certified Nurse Assistant (CNA). They were stressed, tired, and sometimes fearful they wouldn't make it. As a result of her successful externship experience at a nationally recognized hospital in the area, one participant was

offered a job as a certified nurse extern (CNE) in the emergency room at her externship site. She worked 16 hours every weekend. She was sleep deprived and weary some days; yet, she never missed a class or clinical experience.

Another participant explained when she was told by faculty, "You need to stop working," she explained that she would love not to have to work and go to school. She worked because she had to. However, to her amazement, what she found was that she was learning while she was at work.

What these participants realized was that their work experiences were synonymous with their learning experiences. They turned their time at work into opportunities to ask questions, be mentored, observe, and assist in procedures. They had in depth conversations with physicians, nurse supervisors, and nurses about disease processes, priority interventions, and evaluating patient status. For this reason, the three working participants credited their externship and work experiences to their retention and progression in nursing school. They strongly recommend externship experiences as nursing curriculum requirements. This is the kind of learning experiences they desired more of while in the classroom, at labs and on clinical sites.

Relevance in Literature

Jeffreys (2012) underscored the significance of the roles of nurse educators and nursing students in relation to the influence of academic factors to nursing student retention and progression. Jeffreys (2012) clarified that the academic factors that are essential for retention include activities that require students' responsibility (self-reliance) for their learning such as: consistent and systematic use of effective study skills and study

hours, regular class attendance, adherence to class schedules, use of college library, college counseling services, and use of computer laboratory.

Benner, Sutphen, Leonard & Day (2010) would add the nursing educator's responsibilities for transformative teaching to the student's self-reliance. It is not one *or* the other; not the student *or* the instructor having all of the responsibility to teach or learn that will improve retention, and more importantly, improve students' understanding of what it is *to be* a nurse. The picture is complete with the student *and* teacher continuously engaged in the teaching and learning process. Benner et al. proposed a call to action to transform nursing education by fostering student learning environments for professional attentiveness, responsibility, and excellence. This would include teaching students a sense of salience, or building on the foundational knowledge of the students from other nursing courses and introducing new knowledge (higher levels of cognition) that the students are expected to integrate. This is the gradual, but continuous holistic growth from doing, to knowing, to being. For instance, providing students clinical opportunities "to perceive, think, and act like a nurse are consistent with learning how to *use* knowledge" (Benner et al., p. 178).

Further, new nursing education intentionally and regularly connects classroom and clinical through integrative teaching and learning.

It is known that it is the responsibility of the college and university to ensure that the teaching experiences and environments meet students' learning needs. Jeffreys' (2012) highlighted,

> It is essential that nurse educators go beyond the superficial skimming of academic factors towards a critical appraisal of how each academic factor can influence retention and student success. …Promoting positive, adaptive beliefs in nursing should be the goal for nurse educators. (p. 79)

Some of this study's participants shared having regular fears of changes in their class, skills lab, and clinical schedules. This was a prevalent perception for the participants who worked. Overall, these changes were experienced as stressful and disorganized learning. The participants advocated for changes in this area; however, they shared outcomes consistent with little change.

Clinical Experiences

On the subject of improving nursing education at the program level, Benner et al., (2010) stated that the student experience should include broader clinical experiences beyond acute-care hospital settings. Community settings like home care, school nursing, and long-term health care settings constitute also clinical learning environments that are preparing students for their future role as nurses. Besides that, Benner (2010) addressed a commonly shared frustration of these participants as follows:

> …that clinical schedules are not announced well in advance and often involve long student commute times to clinical placements and variable and unpredictable hours that make it difficult to coordinate school, work, and family responsibilities.

Benner (2010) further explained:

> Although it is difficult for school administrators to predict clinical site availability, every effort must be made to set student schedules far in advance as possible. We recommend flexibility wherever possible in helping students find clinical sites and schedules that accommodate their home and work life (p. 219).

Benner's work resonates in a participant's shared experience of how not having transportation made for a long public transportation commute to clinical. Despite the multiple attempts to request clinical sites in closer proximity, for this participant, the circumstances did not change. Other participants indicated that the random changes in clinical and skills lab schedule caused them stress and frustration.

It is significant to note that these participants commonly expressed their clinical experiences and especially their externships as key to their success as nursing students. Some said having the "hands on" experiences brought the lectures to life, and that facilitated their learning in ways they may not have without these experiences. Given the immersion in practice, they were able to remember what they learned, and they could apply and synthesize nursing concepts more so than before they had clinical exposure. Moreover, a few participants worked to make ends meet. While they wished they did not have to work, they also believed their work as nursing assistants or student nurse externs was primarily responsible for the development of their critical thinking, clinical reasoning, and their success in nursing school. Also, as a result of these experiences, every working participant in this study found her first job as a registered nurse (RN). However, working while in nursing school is in contrast to what nursing educators typically recommend. One of the predictors for academic failure is workload while a full-time student. Nursing education literature is consistent with educational literature, which suggests that employment past 20 hours per week is not recommended as this does not foster academic achievement, social and academic integration, and retention (Jeffreys, 2012; Jeffreys, 2007).

All of the participants recommended more clinical experiences and the requirement of nurse externships as part of the nursing curriculum. Interestingly, the nurse externships at this HBCU were optional at the time of the interviews. The participants saw tremendous value in the application of nursing concepts learned. Therefore this researcher makes the same recommendation: to require externships as part of new nursing education.

Section Summary

The educational process of nursing is the shared responsibility of faculty and students. Self-reliance was helpful to these participants to a point as they advanced their study and learning skills; however, many of these participants expressed they desired creative teaching methodologies while in class and clinical. According to these participants, their learning experiences would have been considerably less stressful if their various learning needs were consistently facilitated by faculty while in class and clinical.

Typically, the nursing educational literature underscores the essential role of the nurse educators in the teaching and learning process (Benner et al., 2010; Jeffreys, 2012). Benner (2012) recommended programs of nursing to fully support ongoing faculty development for all who educate student nurses, foster opportunities for educators to learn how to teach students to reflect on their practice, support educators in learning how to coach, and to learn how to use narrative pedagogies. She posited that these creative teaching skills will facilitate the students' development of how to think like a nurse (sense of salience); develop an understanding of the clinical situation; acquire an ability to discover evidence-based answers to pathophysiology, assessments, signs and symptoms; and achieve relational and communication skills of listening to and clarifying patient and family concerns. Hence the development of self-reliance skills for the student meets the faculty development skills for transformative nursing education. The picture is complete with the student *and* teacher continuously engaged in the teaching and learning process.

Implications for Nursing Education

As there was little known about HBCUs' relevance to nursing education and its significant contributions to the history of nursing and the nursing workforce, this study revealed an unexpected contribution and cultural significance that HBCUs may make to the socialization of Black/African American nursing students in ways that cannot occur in an environment in which they are a minority culture.

Critical Race Theory Revisited

The Critical Race Theory (Yancy, 2008; Bonilla-Silva, 2014) gives a clearer focus on how it is to live and learn as Black/African Americans in this culture of new racism. Understanding these participants' experiences in nursing education can foster nurse educators' knowledge of student learning environments that are conducive to the holistic needs of the Black/African American nursing student in academic nursing environments.

Specifically, the HBCU contributed to a renewed self-confidence in these participants, and allowed them to take pride in their cultural heritage. As a result of this experience, participants felt empowered to take on the challenges of the future while feeling confident that they would have what it takes to master them. One participant shared that this HBCU fostered her confidence to interact with other cultures, and her confidence in being a Black/African American. While the findings provide qualitative evidence that participants at this HBCU found what is the declared mission of HBCUs -- to foster the higher education needs of Blacks/African Americans and being a culturally supportive environment, nursing students still struggled and experienced their program at times as frustrating and difficult. The challenges of nursing education are well

documented (Jeffreys, 2012; Shelton, 2012; Jeffreys, 2007) and by no means reserved solely to HBCUs. This indicates that there may be common factors at play when it comes to nursing programs at both PWIs and HBCUs.

This study's findings raised the question: Does the culture of nursing education allow for the provision of its' students' personal growth and career confirmation? By uncovering the participants' experiences of enormous stress as nursing students in concert with their desire for an authentic caring learning environment, this researcher is led to propose that nurse educators and administrators do more to include care/caring in their curricular models. As is, this study illuminated a disconnect between the values of nursing (caring, compassion, etc.) and the education of Black/African American nursing students attending a HBCU.

Theory of Human Caring

Watson's (1985) philosophy and theory of human caring brought meaning and focus to nursing as an emerging discipline and health profession with its own unique knowledge, values and practices, and its own ethic and mission to society. The core concepts of the theory include a relational caring for self and others; transpersonal or spiritual caring relationship; caring moments that are heart centered encounters with another person; and the understanding of self through reflection and meditation.

The Curriculum Revolution

According to Hills & Watson (2011), over 20 years ago, the National League of Nursing (NLN) called for reform in nursing education, which is also referred to as a movement called, The Curriculum Revolution. This revolution focused on departing from the conventional behaviorist and medical model in nursing pedagogy to one rooted in

humanistic values with caring as its central focus. This new pedagogy required new instruction that shaped transformational learning, and curriculum design that focused on critical thinking, clinical reasoning, and problem solving, rather than on the transmission of content (Hills & Watson, 2011). Bevis (1993) explained that nursing has a social mandate to shape a healthcare system that is more just, equitable, and caring. Hills & Watson (2011) added that this kind of "reform challenged educators to graduate nurses who are more than technically competent, but whose practice was steeped in the values and ethics of caring as a moral obligation of nursing to society" (p. 3).

The concept of creating and implementing a caring curriculum for nursing students is not as new as it may seem. Bevis & Watson (2000) and Hills & Watson (2011) have documented program blueprints that support nursing faculty movement toward a caring curricula, and they have provided detailed curricular and faculty development processes. However, many nursing programs continue to focus on the traditional nursing content delivery and skill demonstration, in contrast to supporting the human development of nursing students (Clark, 2016).

According to Benner et al. (2010) undergraduate nursing faculty are encouraged to regularly provide creative teaching and learning experiences, and move away from passive learning (e.g., lecture-based) methods with its "over-emphasis on technical skill acquisition" (Clark, 2016). Instead, Bevis & Watson's (2000) caring curricula has at its core more applied, reflective, and experiential learning methodologies. Further, Bevis & Watson (2000) emphasized that faculty should exhibit and model caring behaviors and transpersonal connection (or interconnectedness) while interacting with students.

An Unexpected Finding

This researcher expected the participants to commonly express the support of nursing faculty or staff as a significant factor in their success. However, only two participants shared having experienced faculty support. All of these participants expressed an expectation and desire to experience faculty support. One of this study's participants recalled wanting to experience what they were taught in class and were expected to provide as professional nurses: caring.

White (2016) explained that senior nursing students want to experience more than enhancements of their clinical skills; they aspire to develop deeper relationships with faculty support on how to interconnect with patients, and to attain greater comfort levels of taking on the role of self as a nurse. Woodward (2003) added that nursing students feel more secure in their learning experiences when they are supported using holistic-caring modalities as they prepare for their new role as professional nurses. According to Jean Watson (1985), the students want to experience interconnectedness with their faculty and patients. Clark (2016) explained,

> Transpersonal caring competencies are related to ontological development of the nurse's human competencies and ways of being and becoming; thus ontological caring competencies become as critical in this model as technological curing competencies were in the conventional modern, Western nursing-medicine model. (paragraph 11)

Clark (2015) admonished nursing educators to be diligent in finding ways to support, assess, and evaluate student growth around transpersonal caring competencies. By nursing program's curricular embracing of Watson's theory of caring science, students are supported in their personal growth, which may yield increased nursing student retention, progression, and ultimately program completion. The readers are cautioned

that Watson's (1985) theory of human caring, Bevis & Watson's (2000), and Hills & Watson's (2011) caring curricula require more than a casual relationship with its' concepts, but a radical rethinking of how nursing is taught and a holistic embracement of the models.

Transferability

The researcher believes it would be beneficial to nursing programs, both HBCUs and PWIs, to develop the caring science curricula, frameworks, outcomes, and competencies. The literature uncovers what Black/African Americans attending a HBCU nursing program do not have in common with Black/African Americans who completed PWIs within the United States. Black/African American students who attended PWI nursing programs reported experiencing isolation, and not belonging (White & Fulton, 2015; White, 2016).

However, what the HBCU and PWI studies have in common is the need for academic support from faculty, and realizing positive and negative faculty impact on success. While the participants who attended the HBCU did achieve a stronger cultural identity is a significantly unique finding for the benefits of Black/African American nursing students. It is possible that Black/African American students attending the same HBCU with majors other than nursing have a similar experience of developing a stronger cultural identity based on their cultural (HBCU) surroundings. Conversely, it may also be possible that Black/African American students attending the same HBCU, with other majors than nursing, may experience academic support from faculty and sense faculty have a mostly positive impact on their success.

Since we know that nursing education, regardless of its location and cultural

heritage, is extremely stressful and more challenging than other general undergraduate majors (Jeffreys, 2012), a caring curriculum (Hills & Watson, 2011) could be the factor that takes what this study's participants shared as the "unbearable" and "unbelievable" stress out of nursing education for Black/African American nursing students, and possibly non-Black/African American nursing students attending HBCUs and PWIs. It may also make a difference for all nursing students, regardless of their race and cultural heritage. This researcher believes a holistic approach for nursing educators and students, appropriately understood and fully embraced, can make a difference in the lived experiences of Black/African American nursing students' improved retention and progression in nursing education.

Opportunities of professional growth for nurses to learn, review, and research policies on cultural competencies and race relations are also in alignment with human science caring. Further, the regular inquiry, implementation, and the evaluation of effective methods to recruit, retain, and progress Black/African Americans can promote increased diversity in nursing education programs, and ultimately the workforce.

Implications for Policy

In response to what is known about the history, mission, purpose and sustainability of HBCUs, the researcher recognizes the social challenges, cultural, and racial disparities that exist between HBCUs and PWIs within the United States. The following policies are recommended for future nursing students who may be similar to the participants of this study:

- Establish and advocate for policies that will ensure equitable federal funds provided to HBCUs to close the disparity gap between the amount of

federal remittances given to HBCUs and PWIs. Since the first HBCU opened its doors to educate Blacks/African Americans, there have been inequities in the amount of funds given to HBCUs, which are significantly less than the funds allotted to PWIs. Increased funding will allow for more highly skilled faculty in a competitive market, improved classroom, skills, and simulator lab resources for teaching and learning enrichment, more opportunities to represent the interests of the nursing program and students on the campus and within the community (service), and the dedication of more time to research and apply for grants in nursing education.

- Provide increased policies, procedures, and funds to promote support for HBCU nursing faculty development, and advanced degrees in nursing and education.
- Recruit and engage BAA health professionals to help develop and influence policies and interventions to eliminate BAA health and education disparities (Noonan, Velasco-Mondragon & Wagner, 2016).

Health disparities overwhelming a particular ethnic or minority group have a widespread effect on the health of the nation (Institute of Medicine, 2010; Noonan et al., 2016). Increased educational access, retention, progression, and graduation of BAA nursing students can increase nursing workforce diversity while simultaneously making a positive impact on health care policies and delivery for BAAs. Thus improving the health of BAAs in the United States (Dapremont, 2014; Nnedu, 2009; Noonan et al., 2016). Students choosing to attend HBCUs to study nursing should have the same ability

to obtain rich learning resources as nursing students attending PWIs. The outcome of their educational experiences touches us all.

Marketing the Rigors and Rewards of Nursing Education

Another implication for nursing education is to address the overwhelming lack of information available on the rigors and richness of nursing education, particularly for Black/African Americans who may not have a realistic frame of reference of what to expect as a new and matriculating nursing student. Participants of this study recommended regular open houses for prospective applicants to visit classes, meet with faculty and staff, and to meet with academic and financial advisors. Social media can be used to promote nursing education and educate the public on having an exciting and fulfilling career in nursing, and to discuss what it takes to be a successful nursing student. This researcher created a video infomercial targeting prospective Black/African American nursing students with the intent to be sent to nursing organizations, and posted the video on Facebook, Instagram, and SnapChat. The intent was to reach the people where they are, to educate them on the realities of nursing education, and to promote increased retention and progression.

Limitations

Thirteen Black/African American senior nursing students responded to the personal and electronic recruitment efforts, and volunteered to participate in this study. While the sample represented diversity of perspectives and over half of the senior class (56%), a larger sample could have possibly allowed for the emergence of more themes. This could have enabled opportunities to learn more about students' lived experiences of retention and progression.

It is important to note that seventy percent (70%) of the participants of this study received academic scholarships because they applied with high GPAs. While this was not part of the study's inclusion criteria, a study with participants with more financial needs may have yielded considerably different results. Another limitation was that only one male responded and participated in this study. Obtaining a better understanding of the lived experiences of Black/African American male nursing students would be helpful, particularly when considering increasing diversity in the nursing workforce.

Lastly, this study was limited to the study of those students who progressed to the last course in their nursing program at only one HBCU. Stories of the journeys of Black/African American nursing students who attended HBCUs and were not successful, as well as capturing stories of Black/African American nursing students attending other HBCUs could also increase our knowledge of the lived experiences in relation to improving retention and progression.

Recommendations for Further Research

The purpose of this interpretive phenomenological inquiry was to identify the unique experiences, common meanings, and shared practices of Black/African American senior nursing students regarding their retention and progression in a baccalaureate nursing program at a Historically Black College and University (HBCU) in the eastern region of the United States.

Further research is needed to gain an understanding of the lived experiences of the Black/African American students who did not persist to graduation. Prior to this study, there were no known studies on the lived experiences of Black/African American senior nursing students attending HBCUs. Current literature revealed qualitative descriptive

studies that were completed on Blacks/African Americans who already graduated from PWIs (White, 2016: White & Fulton, 2015).

An interpretive phenomenological study to understand the meaning of specific lived experiences of Black/African American senior nursing students attending PWIs would further enlighten our understanding of what is unique, and what themes they may have in common with Black/African American senior nursing students attending HBCUs. This type of study would contribute to new knowledge in the field of nursing education of what is needed to further promote retention and progression of Black/African American nursing students in both learning environments.

Future research is also needed to understand the lived experiences of nursing faculty teaching at HBCUs and PWIs. The discovery of teaching methodologies, faculty development experiences, workload and resources that are unique, and what they may have in common may illuminate what is effective and ineffective in the teaching and learning experiences of Black/African American students. This may assist the participants and readers to "come full circle" with the understanding of the needs of faculty and students to theoretically work together in their efforts to improve retention and progression of Black/African American nursing students in their particular academic environments.

Conclusion

This study identified the unique, shared, and common meanings of Black/African American undergraduate nursing students who attend a HBCU in the eastern region of the United States. The participants' journeys served to enlighten readers about what it means to be a Black/African American undergraduate nursing student at a HBCU, and to

promote a new or different understanding of what was misunderstood or unknown. This is essential to establish and understand, that to improve the health of all U.S. citizens, we must reduce health (and educational) disparities often experienced by minorities (Braveman, 2014; Wakefield, 2014).

Given these findings, and given the keen awareness of sociocultural, health care, and minority workforce disparities, the prevalent political factors that influence health care, and the existing culture of nursing education, this researcher concludes that to advance the health and well-being of minorities in the United States, particularly Black/African Americans, to meet the urgent need for a more diverse nursing workforce, and to advance the science of nursing, the following should be done:

- Create ways to inform prospective nursing students about the rigors and rewards of nursing education.
- Implement marketing strategies to attract Black/African Americans to study nursing by connecting them the rich cultural heritage of Black/African American nurses.
- Encourage and develop HBCU nursing faculty, and nursing faculty in general, to develop and embrace a caring nursing curriculum which would put aside the traditional medical model to teach nursing pedagogy (passive learning), and elevate the science of nursing education as distinctive with more applied, reflective, and experiential learning methodologies (active learning). This will promote continuous critical thinking, clinical reasoning, and clinical judgment (Bevis & Watson, 2000; Benner et al., 2010; Hills & Watson, 2011).

- Integrate increased clinical learning opportunities and require externships to enhance critical thinking, clinical reasoning, and clinical judgment.
- Employ more nursing faculty who reflect the student and community population, with current clinical competencies, and a holistic worldview to identify and consider the students' backgrounds to accurately address the learning needs of students.
- Promote faculty and student engagement in service to minority communities' health needs, and serve as local and state advocates for improving their health.

The participants' journeys have illuminated what is needed to promote retention and progression of Black/African American undergraduate nursing students who attend HBCUs. Their previously unheard voices were captured, and now echo in the annals of time as they shared how their stronger sense of cultural identity, resilience, unrealistic expectations of nursing education, sense of passion in nursing, and self-reliance helped them to persevere and achieve success in their nursing education while attending a HBCU.

Perhaps Andra Day's song, *Rise Up*, eloquently portrays the courage and strength of individuals to face and overcome obstacles or misfortunes in their lives. Thus, this song connects with the lived experiences of the participants, and what they consciously decided to do to achieve their nursing education goals:

Rise Up

You're broken down and tired
Of living life on a merry go round
And you can't find the fighter
But I see it in you so
So we gonna walk it out
And move mountains
We gonna walk it out
And move mountains
And I'll rise up
I'll rise like the day
I'll rise up
I'll rise unafraid
I'll rise up and I'll do it
A thousand times again

When the silence isn't quiet
And it feels like it's
Getting hard to breathe
And I know
You feel like dying
But I promise we'll take
The world to its' feet
And move mountains
Bring it to its' feet
And move mountains

And I'll rise up
High like the waves
I'll rise up
In spite of the ache
I'll rise up
And I'll do it
A thousand
Times again
For you

-Andra Day and Jennifer Decilveo

Andra Day and Jennifer Decilveo's (released 2015) lyrics to *Rise Up* are poetry. Heidegger (1962) considered poetry to be linguistic art and useful in understanding another. According to Heidegger, poetry is the expression of being, and assists in enlightening "a world already there – or lighting up our lack of a world, in a way that promotes finding one" (Richardson, 2012). The words in *Rise Up* are artistic, as they

seem to naturally portray vivid color (meaning) by bringing life and summarizing the stories of the participants.

This song can be experiential by facilitating a connection with the participants as they depicted what shaped their experiences of retention and progression as nursing students that attended a Historically Black College or University (HBCU) in the eastern region of the United States. The stories of the participants' journeys authentically uncovered particular aspects of their reality in their worlds, which hopefully provided a deeper and richer understanding of the experiences of retention and progression of Black/African American nursing students.

Andra Day's lyrics also speak to the five themes that emerged through the analysis of the participants' journeys of trials and triumph, stress and success, and error and truth. In spite of their fears, doubts, and struggles, these 13 students lent their voices to share their common dogged determination, instinctive drive, steadfast resilience, personal growth, inherent motivation to learn, and involuntary inner strength to "*Rise Up*." And they did so not only if they had to face a failed course, learn how to study nursing, go to work, or confront their struggles with passing standardized tests, but also when they were tired, confused, angry, frustrated, and despondent. They arose as many times as necessary to move their mountains to reach their goals to graduate from this HBCU nursing program. This study's emphasis was on *how* they moved mountains, and *what* it meant to them that they overcame seemingly insurmountable odds.

They moved mountains by their perseverance. It was their courage and drive to stay the course and become a nurse. Their faith in God, desire to pursue higher career goals, and the strength of their family relations were their fuel. For some, their success

meant they could return to their underserved communities to provide health care, they could finally give back. For others, success meant they were grateful for the privilege to experience the rich legacy at this HBCU, and for all, their self-acceptance enabled them to *"Rise Up"* to levels of self-confidence and empowerment that they never before imagined. They indeed will never be the same.

This was a study about journeys. This was a study about journeys that were previously misunderstood or unknown. This was a study about the journeys of successful Black/African American undergraduate nursing students at a HBCU. It is hoped that the findings of this study spoke to changing what we understand about increasing BAA undergraduate nursing student retention and progression, thereby increasing diversity in the nursing workforce, and impacting the reduction of health disparities. It is what we do with this new knowledge that may strengthen our resolve to advance the care, the practice, and the science of nursing.

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APPENDIX A

MY STORY

I am a Black/African American of mixed heritage and a third-generation college student. My mother was a single parent and disabled. She was a woman of remarkable strength and courage. As her only child, I was not going to let her down. My background experiences can allow me to connect with the participants who may have been raised by one parent or by their mothers. I see this commonality as a benefit in that I can relate to the participants' meanings of their background journeys. I cannot remember the particular moment or event when I decided to become a nurse. I do know that I was sure that I wanted a career that would benefit my mother, who I considered underserved, and others with similar healthcare experiences. This passion to overcome my perceived societal injustices propelled me forward to choose nursing as a career. I was determined to be responsible and successful, and to make mother and my extended family proud.

My first year of college was at a private, faith-based HBCU where I majored in nursing. Most of my peers whom I admired were already attending this HBCU. I wanted to be in the same learning environment with them. I completed all of my pre-requisite nursing courses; and was on the Dean's List for both semesters of my freshman year. I studied all of the time. I was prepared to do just that. While in high school, my friends attending this HBCU would often tell me how hard the nursing major was, and I probably would not have a life outside of my studies. They were right. The curriculum was rigorous. It was not easy. I studied all of the time.

I received academic scholarships, federal grants, and I had to take out a small loan to finance my HBCU education. Without these funds, I would not have been able to

go to college. I always wanted to attend this college because of its exceptional legacy. My paternal great-uncle, who prior to his death, would relate to me as his granddaughter, was a former president of this HBCU. I knew very little of his life and legacy, and I sought to learn more about him while a student at this HBCU. Further, there were countless successful ministers, church leaders, physicians, and lawyers whom I knew that attended this HBCU. I wanted to be part of this HBCU's legacy. In a sense, I was trying to gain a stronger sense of my family and "cultural identity."

Campus life was more like family life. Generally, people looked out for each other. It seemed that many of the faculty members knew or taught at least one family member of each student. Almost all of my friends from high school attended this HBCU, so I was comfortable in this environment. I also had family members who lived near the college. While I did not have much of a social life, I knew that I could call any one of my family members, old, and new friends if necessary for what I may need or want. I worked part-time as an assistant secretary in the student government office. I was not looking for a job; however, a friend of a friend told one of the student government officers about me, and I was appointed to serve for that one year. There was a sense of connection for me with the people and the campus. Connections, a whole network of connections, were immediately accessible if I needed them. Yet, I opted out when it came to social life because I felt I was there to study, not socialize. Knowing that the network of friends and family was there and accessible to me was enough.

During my freshman year, I experienced a turning point. With all of my successes at the HBCU, I wanted to experience something new and different.

I had proven to myself that I was up to the challenge of college and higher learning, and I felt ready to face the cold outside world outside of an HBCU. Now, with my renewed sense of familial and cultural identity, I wanted some independence from family and some family friends. Further, the nursing program, at that time, only offered an associate degree in nursing, and I was certain that I wanted at least a baccalaureate degree in nursing. I did not fully understand the professional ramifications of the different nursing degrees until I enrolled there. I decided to complete my freshman year at the HBCU and transfer to another university for the rest of my undergraduate career. While at the HBCU, I realized that as a Black/African American in this society, I needed to have a baccalaureate degree, minimally, and it made more sense to me financially and experientially to pursue that directly at another university.

I applied and was accepted to a private, faith-based, predominantly white university's baccalaureate nursing program. I enrolled at the beginning of my sophomore year. However upon my arrival, I was devastated to learn that I did not have a sophomore status, but was instead considered an advanced freshman. I was not accustomed to academic disappointments. Additionally, this meant I had to be in college an extra year, and I was not prepared for this. I soon realized that the differences in program curricula, the transfer of some credits, and the additional program requirements made it necessary for me to be an advanced freshman. Adjustments took place. I chose to swallow my frustration and made the best out of the situation.

Clarity about the nursing journey only evolved as I traveled the path. As my perspective evolved, I adjusted the course I took. Although I had tremendous support

from my mother in making this decision, I initiated, discovered, and managed this alternate path in my journey myself. One could say that my "self-reliance" emerged.

Further, the national political climate changed between my first and second years in college. As an advanced freshman at the PWI, I received one less academic scholarship, less federal grant award amounts, and more student loans. It startled me how the national political climate changes affected me personally. It was costing me more to attend the PWI. I briefly wondered if I had made the right decision. My faith in God's guidance and trust in His purpose for me would not allow me to waiver. Without any regrets, I chose to persevere. I recalled that I chose this PWI university because of its impeccable reputation of producing exceptionally brilliant nurses, physicians, dentists, and other health professionals. I also knew that I would feel some security in this PWIs' faith-based foundation, and I liked the fact that the PWI was on the west coast. It was in a world that I never knew but wanted to know. My "expectations" of this new world had to catch up with the wonderful "realities" it had to offer me.

The PWI's campus was larger than I expected, and so were the classes. The curriculum was also rigorous, but a seemingly different kind of rigor than I was used to. The tests were different. There seemed to always be more than one correct answer. The pace was more intense. Right away, we were immersed in our first nursing courses. I responded by embracing this challenge of unfamiliar territory.

I did not know anyone when I arrived on campus. Many of my classmates seemed to already know each other, and they knew some of the faculty. I quickly made friends, especially in the dormitory. We all had different majors, but the one thing we had in common is that we were Black/African Americans. They became my family away

from home. The PWI was unknown territory. I stepped outside of my comfort zone into the unknown and made the commitment to make it work – no matter what. In contrast to the HBCU – I had no family there, no familiar faces, no faculty I knew, and no social network to tap into. Yet, I relied on continuity. I did what had worked for me previously: I worked hard and built new friendships wherever and whenever the situation allowed for it.

While I did not know any of the faculty at first, I knew they were accessible and approachable. I still studied all of the time. A couple of my classmates and I formed a study group, which consisted of: one Caucasian female, one Korean female, and me. We became good friends. I found the group study and mutual feedback to be quite helpful. I knew that my critical thinking and testing skills were advancing. It took some time, but I was acclimating to this new culture, and I loved it. I knew that I did not make a mistake in choosing to transfer to the PWI. As things worked out academically and relationally, I regained confidence that I did the right thing.

Transferring from a HBCU nursing program to a PWI nursing program was a big adjustment. While at the PWI, I became more independent in my decisions and more fervent in my resolve to finish strong. I felt I owed it to myself to finish strong in this PWI environment. At the end of my junior year, my classmates and I took the National Council Licensing Examination (NCLEX-RN), and I passed the exam on my first attempt. As a junior nursing student, and a new registered nurse, I was able to work part-time during my senior year at the university's medical center. I was also elected by my peers to be the senior class president. I graduated with my class, and was surprised to receive the university's school of nursing's Fineman Award during the graduation

ceremony. These evidences of my "finishing strong" gave me an unshakeable sense of purpose and meaning, and strengthened my identity.

All of my experiences of identity formation, resilience, and self-reliance shaped my pre-understanding of what it meant to be a Black/African American nursing student while attending a HBCU and a PWI. Additionally, my passion for my purpose in life to be a healthcare advocate and provider for the underserved- and my background have enabled my unique and extraordinary experiences as a nursing educator at a HBCU baccalaureate nursing program, PWI associate degree programs, PWI baccalaureate nursing program, and a Dean and Vice President of Academic Administration at a private for-profit associate degree nursing program. My journey as a nursing student, floor nurse, community health nurse, nursing faculty, pediatric nurse practitioner, and nursing administrator was the summation of my background experiences. Further, my Biblical worldview perspective, and understanding of the state of the nursing education issues at hand, all played a vital role in my encounters with the participants of this study, especially when I interpreted their lived experiences. My journey is at the core of my commitment to work to make a difference in the lives of nursing students in general, and specifically Black/African Americans, those who may be underserved and unserved, to hopefully impact our approach to the science of nursing education, and ultimately to diversify the nurses in the workforce.

APPENDIX B

RESEARCH RECRUITMENT FLYER