



Acknowledging the academic rigor of associate degree nursing education: A grounded theory study of overcoming failure

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Abstract

Academic failure has been described as endemic in nursing education. Every semester, students fail nursing courses and are required to successfully repeat the course before they can progress in the nursing program. This qualitative grounded theory research explored the process of overcoming failure. Strategies to assist nurse educators support at-risk students and recommendations for reevaluating nursing curriculum are discussed.

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1. Introduction

Success and failure are experienced in everyday situations and are intrinsic to the academic setting (Nummenmaa & Niemi, 2004). Today's college students experience greater stress than did students in the past, given that many work and have family responsibilities in addition to their academic course work (Yucha, Kowalski, & Cross, 2009). Nursing students are no exception. Their stress is related to the intensity and complexity of the nursing program, as well as the fact that not all students who enter a nursing program will experience academic achievement (Yucha et al., 2009). A student who fails a nursing course must repeat the course before he or she can continue in the nursing program. Nursing schools have progression policies that allow a student to

repeat a failed course. These policies are strictly enforced and often include alternative grading criteria for repeating a failed course as well as the conditions that constitute failure and dismissal from the program (Newton, Smith, & Moore, 2007). This study will explore how students who failed a nursing course acknowledge the unexpected difficulty of associate degree nursing education, acknowledge their failure, and engage in help-seeking behaviors to successfully repeat the failed course, and ultimately complete their associate degree nursing education program.

The intent of a nursing program is to move students through the curriculum in an organized manner, beginning with course work that provides a foundation for subsequent courses. Nursing curriculum is designed so that courses are taken in sequence. Courses are arranged with pre and/or corequisite courses, for example, Medical Surgical Nursing I is a prerequisite to Medical Surgical Nursing II. A student who fails a clinical nursing course is required to repeat that course before he or she can progress in the nursing program (Newton et al., 2007). Nursing schools have strictly enforced progression policies that aim to maximize future success and

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define criteria that constitute failure and dismissal from the program (Newton et al., 2007; Hrobsky & Kersbregen, 2002).

2. Literature review

Nursing program curricula require students to master complex course content, to think critically, and to perform higher level learning behaviors, and respond to exam questions that require application, analysis, and synthesis (Bloom, 1956). Nursing program admission is highly competitive, and once admitted to a program, it can be difficult to complete (Goff, 2011). Academic failure occurs and may result in program dismissal. Educators continue to seek strategies and interventions to assist students who are at-risk for academic failure. Nurse researchers have examined the student who fails a nursing course and the reasons for the failure (Diekelmann & McGregor, 2003; Gallant, MacDonald, & Smith Higuchi, 2006; Jeffreys, 2002, 2007).

In an ethnographic qualitative study by McGregor (2006), the relationship between the clinical instructor, often an adjunct, and the student who is failing is examined. Nine nursing students, six faculty, and three administrators were interviewed three times during an academic year. After all the interviews were conducted and the data analyzed, the main theme that emerged was that not all nursing students can be successful, yet when failure is the outcome, a student's dignity, self-worth, and future possibilities must be preserved (McGregor, 2006). The researchers supported the idea that nursing schools move away from outcomes- or competency-based nursing curricula (i.e., teacher as expert) toward a teaching and learning process that supports a student-centered approach. A student-centered approach focuses on the needs of the students, rather than those of others involved in the educational process, such as teachers and administrators. This would result in a deeper understanding of how student successes and failures are navigated and managed (McGregor, 2007).

In a mixed method study by Bowden (2008), the research team looked at the nursing students who considered leaving their nursing program, but who remained in the program. During the first phase of a two-phase process, a questionnaire was sent to 93 nursing students who had completed their preregistration courses and asked them to select one of three responses: never considered leaving, occasionally thought about leaving, and seriously considered leaving on more than one occasion. Phase 2 of the project interviewed those students who had seriously considered leaving on more than one occasion. The study identified the factors that prompted students to consider leaving: academic issues, clinical placement issues, financial issues, and personal issues (Bowden, 2008). Several factors were identified as to why they remained in the program: All were related to the support they received from others. Although family and friends were included, the students stated that they (family and friends) could not really understand what they were going through (Bowden, 2008). Peers were

another group identified as offering support to the struggling student. However, personal tutors were identified as the most influential group that encouraged the student to remain in the nursing program (Bowden, 2008).

In a phenomenological study by Dobinson-Harrington (2006), a purposive sample of 44 students and 36 nursing faculty were interviewed, and the data were analyzed. Laddered questions were used to connect actions, relevant knowledge, feelings, attitudes and values associated with personal tutor contact, and learning (Dobinson-Harrington, 2006). The researchers also identified personal tutors as an intrinsic component of nursing student success. However, it is important to note that this research was conducted in London, England, and although it has implications for students in the United States, the nursing faculty are identified as the personal tutors. Many themes emerged from the study, the most relevant being that both the student and the personal tutor experienced the encounter as one requiring work. The student and the personal tutor identified time and energy as obstacles for success (Dobinson-Harrington, 2006). Again, the central limitation of this study was identified as faculty not having enough time to demonstrate enough empathy or interest in the student that would be required for success. The three previous qualitative studies identify support services as essential for student success. Students report that faculty support and a more humanistic pedagogical approach to nursing education would positively impact their ability to succeed (Bowden, 2008; Dobinson-Harrington, 2006; McGregor, 2006). Again, the research suggests that nursing education move away from the traditional pedagogy of nursing programs, where the teacher is the expert and the student is a passive learner, to a pedagogical approach that engages the student as an active learner. Examples of this type of pedagogy are the use of case studies and group work.

A quantitative study by Jeffreys (2002) explored student perceptions of variables influencing retention. A pre- and posttest method was conducted with a sample of 80 students, who regularly attended scheduled study groups. The researcher evaluated the perceptions of variables that influenced retention in an enrichment program at the beginning of the semester and again at the end of the semester. Using the Student Perception Appraisal-1 (SPA-1) and the Student Perception Appraisal-2 (SPA-2), the researcher identified factors that "moderately and greatly supported" retention and those factors that "moderately and greatly restricted" retention (Jeffreys, 2002). The reliability for the SPA-1 ranged from .72 alpha coefficient to .77 split-half, and the reliability for the SPA-2 was .89 alpha coefficient and .88 split-half. The researcher concluded that the instruments were valid because the findings were consistent with the proposed expectations, but acknowledged that further use of the SPA-1 and SPA-2 with similar and different nursing student populations and repeated tests of reliability and validity would provide further estimates of the instruments' psychometric properties (Jeffreys, 2002).

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