

CLIMATE CONTROL: DOES CARING  
REALLY MATTER?

by

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## ABSTRACT

In an attempt to address healthcare disparities, nursing programs have been charged with increasing success rates of minority students to increase diversity within the profession. Despite an upsurge in enrollment numbers of minority students in nursing programs, attrition rates are higher for minority students as compared to majority students. Persistence is paramount for minority students to overcome barriers encountered while pursuing an education in nursing. Perceptions of faculty caring behaviors may heighten nursing students' academic self-efficacy.

This heightened academic self-efficacy may increase the likelihood of persistence consequently increasing the probability of success. Using relational-cultural theory (RCT) as a lens, this study investigated the relationship between perceived faculty caring behaviors and nursing students' academic self-efficacy, and explored whether the relationship was more significant for minority students as opposed to majority students. A transformative explanatory sequential mixed methods design was employed to answer the research questions. Quantitative data were collected using two standardized instruments: the Nursing Students' Perception of Faculty Caring and the Motivated Strategies for Learning Questionnaire. Informed by the quantitative data, interviews followed in the qualitative phase to explore students' perceptions of faculty caring and the impact on minority students' desire to persist. The results of a Pearson correlation suggested there is no statistically significant relationship between perceptions of faculty caring behaviors and academic self-efficacy. Additionally, the results of a one-way ANOVA yielded no statistical difference among ethnicities in regard to perceptions of faculty caring behaviors or academic self-efficacy. Qualitative data were collected during interviews and

analyzed using Colaizzi's (1978) phenomenological method. The following themes emerged from the qualitative data analysis: *Impetus to Pursue a Career in Nursing*, *Nursing: It's Not Everyone's Journey*, *Overcoming Hurdles: Sources of Inner Strength*, *Faculty Behaviors: Thermostats for the Learning Climate*, and *Faculty: Neither Primary Influences or Deterrents of Minority Student Success*. The qualitative findings suggest that while faculty behaviors do have an impact on minority students in regard to program selection, they are not primary influences for minority students' determination or desire to persist.

## DEDICATION

First and foremost, I give thanks to my God for the guidance and strength to fulfill this goal. I pray for continued guidance in my personal and professional life.

I dedicate this dissertation to my husband, Randy, who is my rock and has supported me during this journey. The late meals, financial strain, and endless hours I worked towards this goal were always tolerated with love. To my beautiful children, Audrey and Matthew, I also dedicate this dissertation. They both endured my long hours of work and the many days I was away during residency. I want to thank my parents, Clyde and Edith Rexroad, who instilled in me a tireless work ethic and my sweet sister, Tina Fox-McCord, who always encouraged me and believed in me.

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## LIST OF ABBREVIATIONS AND SYMBOLS

$df$	Degrees of freedom: the number of values that are free to vary in the final calculation.
$F$	Fischer's ratio: a ratio of two variances (variance-the square of the standard deviation)
$H_0$	Hypothesis: null
$H_1$	Hypothesis: research
$M$	Mean: the sum of all scores divided by the number of scores
$N$	Number: total sample size
$n$	Number: subsample size
$p$	Probability: the likelihood of an occurrence
$SD$	Standard deviation:  Equal to
$>$	Greater than
$<$	Less than
$\eta_p^2$	Partial eta squared: variance explained by the effect of a variable after controlling for variance explained by another variable

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## CHAPTER I

### INTRODUCTION

Health disparities continue to be problematic despite efforts of healthcare professionals to reduce and eliminate inequities in healthcare. Societal consequences of health disparities are evident in healthcare expenses related to increased incidences of preventable illnesses and diseases. Factors contributing to disparities have been researched and include a lack of ethnic minority representation among members of the nursing profession [Amaro, Abriam-Yago, & Yoder, 2006; Donnelly, McKiel, & Hwang, 2009; Gardner, 2005; Institute of Medicine (IOM), 2011; Kim et al., 2009]. Ethnic minorities include African Americans, Native Americans, Asians, and persons for whom English is not a primary language. A possible solution to reduce disparities is increasing the diversity within the nursing profession by promoting minority student success in nursing programs (Carr & DeKemel-Ichikawa, 2012; Cunningham, Stacciarini, & Towle, 2004; Degazon & Mancha, 2012; Kim et al., 2009).

Although admission rates of minority students are increasing in nursing programs, attrition rates are higher for minority students as compared to traditional students; thus efforts to increase ethnic representation in the nursing profession are impeded (Cantwell, Napierkowski, Gundersen, & Naqvi, 2015; Carr & DeKemel-Ichikawa, 2012; Cunningham et al., 2004; Donnelly et al., 2009; Dudas, 2011; Gardner, 2005; Hansen & Beaver, 2012; Jeffreys, 2007a; Olson, 2012; Sanner & Wilson, 2008; Wells, 2003). The higher attrition rates of minority students are linked to personal, academic, language, and cultural barriers (Amaro et al., 2006; Prymachuk, Easton, & Littlewood, 2008). It is important to note minority students are less likely



to persist and overcome barriers in environments where they do not perceive faculty support or caring (Carr & DeKemel-Ichikawa, 2012; Crawford & Candlin, 2013; Dudas, 2011; Gardner, 2005; Neubrandner & Hall, 2011).

Educational climates may promote or hinder students' desire to pursue a chosen program of study. Studies have investigated the impact of nurturing environments on students' persistence and motivation to be successful. Stressful learning environments (those related to faculty-student relationships) may negatively impact self-efficacy (Del Prato, Bankert, Grust, & Joseph, 2011). Educational climates characteristic of the nature of nursing (caring) facilitate mutuality in the learning process between nurse educators and students and consequently empower both students and faculty (Del Prato et al., 2011; McEnroe-Petitte, 2011; Myers, Goodboy, & Members of COMM 600, 2014). Demeaning and uncaring behaviors of faculty can lead to feelings of incompetence and contribute to students withdrawing from nursing programs (Del Prato et al., 2011). Given that student persistence appears to be linked to heightened academic self-efficacy, it is vital that nurse educators understand measures that increase minority student success. This study reveals the role of nursing faculty on increasing minority student retention rates by exploring the impact of faculty caring behaviors on nursing students' academic self-efficacy with particular emphasis on minority associate degree nursing students.

### **Background of the Problem**

The following review of literature examines current research on disparities and minority representation in nursing, minority student attrition rates in nursing programs, self-efficacy and persistence, and caring relationships in education. The focus of this literature review was to investigate published research on the impact of caring behaviors and student persistence.

## **Disparities and Minority Representation in Nursing**

The increasingly diverse patient population is poorly represented in the nursing profession (Gardner, 2005). This underrepresentation is believed to contribute to healthcare disparities (Amaro et al., 2006; Cantwell et al., 2015; Degazon & Mancha, 2012; IOM, 2011; Kim et al., 2009; Maughan & Barrows, 2013; Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). The lack of minority representation among nurses creates a barrier for communication between patients and nurses thus contributing to poorer health outcomes (Degazon & Mancha, 2012; Kim et al., 2009). Furthermore, nurses from minority populations are more likely to serve in minority areas whereas nurses of majority populations are less likely to serve in areas constitutive of minority populations (Degazon & Mancha, 2012). The availability of minority representation in the nursing profession in underserved areas enhances communication, trust, and empathy as nurses from minority cultures are familiar with the struggles of minority populations. The trusting relationship between minority nurses and minority patients has the potential to improve patient outcomes (White & Fulton, 2015).

## **Attrition and Minority Students in Nursing Programs**

Although enrollment of non-traditional and minority students is increasing in nursing programs, attrition rates for minority nursing students are higher than traditional students (Caucasian females) (Cantwell et al., 2015; Gardner, 2005; Seago & Spetz, 2005; Shelton, 2003; Wells, 2003). A contributing factor to the attrition rate of minority students includes poor academic preparation during educational experiences prior to post-secondary education (Bandura, 1997; Degazon & Mancha, 2012; Reid & Moore, 2008). Other factors contributing to minority student attrition rates include a lack of familial, financial, faculty and academic support; isolation; loneliness; discrimination; language; and a lack of minority role models and nurse

educators (Amaro et al., 2006; Banister, Bowen-Brady, & Winfrey, 2014; Debrew, Lewallen, & Chun, 2014; Degazon & Mancha, 2012; Gardner, 2005; Jeong et al., 2011). A study by Shelton (2003) demonstrated a positive correlation between perceived faculty support (psychological and functional) and student persistence in a nursing program. Conversely, in learning environments where students did not perceive faculty support, students reported non-caring faculty behaviors as a barrier to success thus possibly contributing to attrition (Amaro et al., 2006; Gardner, 2005). In nurturing, caring learning environments, minority students reported increased motivation to be successful (Gardner, 2005). The increased motivation to be successful may be linked to an increased sense of self-efficacy as a consequence of the caring relationship (Del Prato et al., 2011). Limitations in the literature include the scarcity of studies investigating the relationship between nursing faculty caring behaviors and minority nursing student success.

### **Self-efficacy**

Self-efficacy may be defined as the belief or confidence in one's ability to achieve a goal (Bandura, 1997). Self-efficacy theory, with roots in social-cognitive theory, asserts that self-efficacy is affected by the degree of effort an individual exerts to achieve a goal, along with realized outcomes (Bandura, 1997). Although self-efficacy is typically associated with control over actions, it is also associated with motivation, affective and physiological states, and control over thought processes (Bandura, 1997). Persons who perceive they are in control of their actions are more likely to achieve goals whereas those who do not perceive control are less likely to strive toward or attain goals. Confidence in the ability to achieve a desired goal is affected by overall outcome in the goal attainment. Individuals who perform well while attempting to attain a goal will consequently have increased self-efficacy while those who perform poorly or do not

meet the standard will have lower self-efficacy. Based on this theory, an individual will strive to attain goals that are perceived to be within the locus of control of the individual.

Self-efficacy was enhanced amidst positive environments and as a result of nurturing relationships (Del Prato et al., 2011). The literature indicates students who possessed a strong sense of self-efficacy were more likely to be successful (Conner, 2015; Pryjmachuk et al., 2008). In contrast, students who possessed a weak sense of self-efficacy were less likely to accept challenges (Conner, 2015). Additionally, self-efficacy was negatively impacted when students lacked supportive relationships (Del Prato et al., 2011). Strategies to promote increased self-efficacy among students included increasing social support (Conner, 2015).

### **Caring Relationships**

Although there is a modest amount of literature on the implications of faculty-student relationships, the literature is predominantly focused on K-12 education whereas the implications of faculty-student relationships in post-secondary institutions are lacking in substantial quantity. There is a paucity of literature discussing the implications of faculty and minority student relationships in nursing education. Research on the faculty-student relationship prior to post-secondary education indicated faculty relationships were predictive of student self-efficacy (Hong, Shull, & Haefner, 2012). In caring relationships, self-efficacy was promoted through student engagement (Del Prato et al., 2011). For the purposes of this literature review, the focus was primarily on faculty-student relationships in the post-secondary setting.

**Caring relationships and students.** Caring relationships among faculty and students promoted motivation for learning and success (Del Prato et al., 2011; Hong et al., 2012; Shelton, 2003; Torregosa & Morin, 2012; Wells, 2003). Hong et al.'s (2012) study indicated students who perceived positive relationships with faculty were empowered to achieve goals and persist.

Affirmatively, the results of a study by Myers et al. (2014) indicated highly determined students were influenced by caring behaviors of faculty. In a study of 458 nursing students, Shelton (2012) discovered a statistically significant difference between students who perceived positive faculty support and persisted and those who did not perceive the same level of support and failed or withdrew. According to the literature, students who perceived a sense of belonging in the classroom or clinical setting were motivated to learn and retention was improved (Del Prato et al., 2011; Freeman, Anderman, & Jensen, 2007; Hong et al., 2011; Levett-Jones, Lathlean, Higgins, & McMillan, 2009).

*Caring relationships and minority students.* Baker's (2013) research results indicated relationships with faculty were of greater significance than relationships with peers in regard to academic success of minority students. Studies indicated minority students attributed the lack of supportive or caring relationships with faculty as a contributing factor to failure or withdrawal from nursing programs (Amaro et al., 2006; Cantwell et al., 2015; Gardner, 2005). Enhancing the sense of belongingness was the presence of minority representation among faculty (Amaro et al., 2006; Baker, 2013). Gardner (2005) discussed caring characteristics of faculty that motivated and encouraged minority students to persevere and consequently increased success rates of minority students. The characteristics included compassion, caring, encouraging, approachable, and available to list a few. Through caring relationships and perceived caring behaviors of faculty, student success may be enhanced and minority student attrition rates decreased.

Although literature regarding student success and faculty caring behaviors exists, there is minimal research on the impact of faculty caring behaviors on minority student attrition rates in associate degree nursing programs specifically examining the impact of caring behaviors on self-

efficacy. Further research is necessary to appreciate the importance of nurturing, caring relationships, and student success.

### **Problem Statement**

The Institute of Medicine (IOM) (2011) discussed recommendations to address healthcare disparities. A plan of action to address the recommendations includes a charge to the nursing profession and nursing education to increase ethnic diversity within the profession (Amaro et al., 2006; Carr & DeKemel-Ichikawa, 2012; Cunningham, et al., 2004; Donnelly et al., 2009; IOM, 2011; Kim et al., 2009). The homogeneity of the nursing profession may contribute to poorer health outcomes and, consequently, healthcare disparities among minority populations (Degazon & Mancha, 2012; Kim et al., 2009; Neubrandner & Hall, 2011; Olson, 2012; Qaabidh, Wesley, Gulstone, & George-Jackson, 2011).

In an attempt to address this recommendation, nursing programs have increased admission rates of minority students and, consequently, increased the cultural diversity of the nursing student body. The problem, however, is the nursing profession remains a largely homogenous group and, thus, attempts to address healthcare disparities are impeded (Amaro et al., 2006; Dudas, 2011; Gardner, 2005). In part, therefore, the homogeneity of the nursing profession can be attributed to the high attrition rates of ethnic minority students in nursing programs (Cantwell et al., 2015; Carr & DeKemel-Ichikawa, 2012; Cunningham et al., 2004; Donnelly et al., 2009; Dudas, 2011; Gardner, 2005; Hansen & Beaver, 2012; Jeffreys, 2007a; Olson, 2012; Sanner & Wilson, 2008).

Feelings of discrimination, loneliness, isolation, and powerlessness may contribute to a lack of persistence or perseverance among minority students in nursing programs (Amaro et al., 2006; Donnelly et al., 2009; Gardner, 2005; Malecha, Tart, & Junious, 2012). As such, the

relationship between faculty caring behaviors and minority student success warrants further investigation. Although research on the impact of caring behaviors on student performance is plentiful in the literature, gaps exist specifically identifying the role of nursing faculty caring behaviors on associate degree nursing students' academic self-efficacy; particularly minority associate degree nursing students.

### **Purpose of the Study**

The purpose of this study was to (a) ascertain if perceived caring behaviors of nursing faculty is a predictor for nursing students' academic self-efficacy, (b) ascertain if the relationship between perceived faculty caring behaviors and students' academic self-efficacy is similar among minority and majority ethnic groups, and (c) explore if perceived caring behaviors of nursing faculty have an impact on minority students' determination to persist during the third, fourth, and final semesters of an associate degree nursing program.

### **Significance of the Study**

The significance of this study is the potential for nursing education to reduce minority student attrition rates. This study has the potential to empower nursing faculty to promote minority student success by enlightening faculty on the implications and significance of caring relationships among faculty and students. Multiple barriers for minority students exist; many of which faculty may perceive themselves powerless to affect. By increasing the awareness of relational caring, faculty may perceive control to affect change and implement practices that promote minority student success.

Furthermore, this study has the potential to inform nursing programs as to the impact of the learning climate on student self-efficacy. Students who perceive faculty as inspiring and caring also perceive the learning environment as positive (Copeland & Levesque-Bristol, 2011).

As attrition rates are monitored in nursing programs, this study has the potential to empower faculty to reduce attrition rates for students from all ethnicities.

On a grander scale, a potential implication for nursing education is to address healthcare disparities by increasing minority student success on program completion. Increasing the cultural diversity of the nursing profession may increase the linguistic and culturally sensitive care necessary to address healthcare disparities (Gardner, 2005). As the nation is becoming increasingly diverse, it is imperative that culturally congruent care be provided.

### **Research Questions**

The focus of this research project was to ascertain the relationship between faculty caring behaviors and minority student success while examining if differences among ethnicities exist related to the impact of caring behaviors on student self-efficacy. On the basis of RCT, it can be assumed that caring behaviors are vital for minority student success; perhaps even more important than for traditional students, as minority students typically experience isolation (Donnelly et al., 2009; Dudas, 2011; Fetting & Friesen, 2014; Gardner, 2005; Hansen & Beaver, 2012). This study tested this assumption by answering the following research questions (RQ):

1. Are perceptions of faculty caring behaviors a predictor for nursing students' academic self-efficacy?
2. Is there a statistically significant difference in the relationship between perceptions of faculty caring behaviors and academic self-efficacy among minority and majority ethnic groups?
3. What role do caring behaviors of nursing faculty have on minority students' persistence or determination to succeed in an associate degree nursing program?



## **Hypotheses**

The researcher's hypotheses for the above identified research questions were as follows:

*Hypothesis 1.* There will be a positive relationship between perceptions of faculty caring behaviors and associate degree nursing students' academic self-efficacy.

*Hypothesis 2.* There will be a statistically significant difference in the relationship of perceived faculty caring and associate degree nursing students' academic self-efficacy between minority and majority students.

## **Methodology/Quantitative**

A transformative explanatory sequential mixed method was employed. The design paired two phases: quantitative, then qualitative, data collection. First, student perceptions were surveyed, and then using phenomenological inquiry, the experiences of minority nursing students and their perceptions of faculty caring behaviors were explored.

### **Setting**

An accredited associate degree nursing program at a community college in the state of Alabama served as the setting for the study. The justification for the selection of Alabama was to ensure consistency in the curriculum as Alabama has a state-mandated curriculum for associate degree nursing programs at community colleges [Alabama Association of Community Colleges (ACCS), 2015].

### **Sample**

The sample for the quantitative data collection consisted of all nursing students enrolled in the 3rd, 4th, and final semesters of an associate degree nursing program. Inclusion criterion was limited to participants being 18 years of age or greater and active enrollment in an accredited associate degree nursing program in the state of Alabama.

Purposive sampling procedure for the qualitative phase followed quantitative data collection and analysis (Creswell, 2014). Participants for the qualitative data collection and analysis were purposefully selected based on results of the quantitative data analysis (Creswell, 2014). Using a transformative explanatory mixed methods design, participants for the qualitative data collection consisted of minority students selected from the quantitative participant pool. Minority participants were selected based on the results of the Pearson correlation test. As RQ3 was aimed at investigating if instructor caring impacted minority student persistence, and if not, what did influence their desire to persist, the researcher recruited minority students from the quantitative sample to explain the results of the quantitative data analysis.

### **Quantitative Instruments**

Quantitative data was collected using two questionnaires: The Nursing Students' Perceptions of Instructor Caring (NSPIC) and the Motivated Strategies for Learning Questionnaire (MSLQ). The Nursing Students' Perceptions of Instructor Caring was used to measure perceptions of caring behaviors of nursing faculty by students. In order to measure motivation and self-efficacy of nursing students, the Motivated Strategies for Learning Questionnaire was utilized.

**Nursing Students' Perceptions of Instructor Caring.** The Nursing Students' Perceptions of Instructor Caring (NSPIC) questionnaire was developed by Wade and Kasper (2006) in accordance with Watson's (1996) theory of transpersonal caring. Five factors are assessed in the instrument. The five factors include the degree to which students perceive faculty impart confidence through caring (11 items), maintain a supportive learning environment (10 items), demonstrate gratefulness of life's meanings (3 items), demonstrate control versus flexibility (4 items), and share respectfully (3 items) (Wade & Kasper, 2006). The instrument

features a 31-item 6-point Likert-type scale. A Chronbach's alpha reliability measurement of 0.97 verified internal consistency (Wade & Kasper, 2006). The tool also has construct validity (Wade & Kasper, 2006).

The NSPIC was developed to assess clinical faculty caring; however, it may be easily adapted to assess theory faculty. Two questions are specific to patient care and two are specific to the clinical laboratory. The two questions that refer to patient care were interpreted in the classroom setting through faculty communication and presentation of content. The latter two required no action as theory faculty members were also laboratory faculty in the same course. Permission to use the tool was obtained through email communication with a developer of the instrument stipulating dissemination of the results at the study's completion.

**Motivated Strategies for Learning Questionnaire (MSLQ).** The MSLQ was created using a social-cognitive theoretical framework (Dunn, Lo, Mulvenon, & Sutcliffe, 2012; Pintrich, Smith, Garcia, & McKeachie, 1991). This instrument features 81 items using a 7-point Likert-type scale organized into two sections measuring motivation and learning strategies, respectively (Cook, Thompson, & Thomas, 2011; Dunn et al., 2012; Pintrich et al., 1991). The scales are further organized into subscales. The 31-item motivation scale consists of six subscales measuring value (intrinsic and extrinsic goal orientation, and task value) and expectancy components (control of learning beliefs and self-efficacy for learning and performance) along with test anxiety (Cook et al., 2011; Dunn et al., 2012; Pintrich et al., 1991). The 50-item learning strategies scale consists of nine subscales to measure cognitive and metacognitive strategies (rehearsal, elaboration, organization, critical thinking, and metacognitive self-regulation) and resource management strategies (time and study environment, effort regulation, peer learning, and help-seeking) (Dunn et al., 2012; Pintrich et al., 1991). The

instrument may be used in entirety or select subscales only may be used as necessary (Pintrich et al., 1991). For the purposes of this study, the self-efficacy for learning and performance subscale of the motivation section were utilized. Chronbach's alpha coefficient of 0.93 for the self-efficacy for learning and performance subscale indicated reliability of the instrument and validity was determined (Pintrich et al., 1991; Pintrich, Smith, Garcia, & McKeachie, 1993). The instrument is available free of charge on the web and may be used without permission.

### **Quantitative Data Analysis**

Based upon the findings of this analysis, the second research phase explored student perceptions and experiences of caring in more detail. Quantitative data analysis was conducted using the most current version of Statistical Product for Service Solutions (SPSS) software [International Business Machines (IBM Corp.), 2016]. Results of the NSPIC were entered into the software product with possible scores ranging from 1 to 6 along with the results of the MSLQ with possible scores ranging from 1 to 7. The NSPIC scores were calculated by summing all items for each participant. The scores for the MSLQ were determined by calculating the mean of the items for each participant. Following the data entry, statistical analysis was conducted to answer Research Question 1 and determine if a correlational relationship existed between faculty caring behaviors and self-efficacy. This was accomplished using a Pearson correlation. This statistical test was appropriate as it measures the strength of relationships between variables (Lomax & Hahs-Vaughn, 2012).

The instruments, the NSPIC and the MSLQ, were administered to all consenting nursing students in the 3rd, 4th, and final semesters of a program. Following consent, participants were prompted to respond to a demographic data section. Demographic data collection was limited to race, age, whether or not the participant was a first generation college student, first or second

career, support system, whether they received accommodations for testing, and why they chose nursing. Following the demographic data section, participants were directed to respond to the NSPIC questionnaire. The MSLQ followed immediately after the NSPIC was completed. In order to ensure anonymity, Qualtrics hosted the survey link containing all four items: the consent, demographic data section, NSPIC, and MSLQ. Qualtrics does not reveal the origin of submissions thus the researcher was not able to identify respondents. The data to be collected from the questionnaires were ordinal as both questionnaires featured Likert-type scales. However, given the sums of the NSPIC scores and mean MSLQ scores were calculated, the data became continuous. A Pearson correlation is appropriate when using continuous data (Lomax & Hahs-Vaughn, 2012). The research hypothesis was there would be a positive correlation between the independent and dependent variables.

Research Question 2 was answered by examining whether ethnicity played a role in the relationship between perceived faculty caring behaviors and academic self-efficacy by conducting a one-way MANOVA. To this end, two independent variables were used, Minority and Majority, and two dependent variables, Caring Behaviors and Self-Efficacy. Minority was used to indicate all races other than Caucasian, whereas Majority was used to indicate Caucasian. The multivariate test of one-way MANOVA ascertained if there is a significant difference between perceptions of faculty caring behaviors and self-efficacy contingent on Minority or Majority declaration (Lomax & Hahs-Vaughn, 2012). To test for between subject effects, the results of the univariate test were used. This identify if scores were different for Caring Behaviors separately from scores for Self-Efficacy by group (Caucasian and non-Caucasian). Univariate tests included descriptive values, thus enabling the researcher to explain if values were higher or lower for each group (Lomax & Hahs-Vaughn, 2012).

## **Methodology/Qualitative**

Based upon the findings for Research Question 1 and Research Question 2, Research Question 3 sought to reveal the experiences of students in greater detail. Interviews with minority participants were conducted at mutually convenient times during the same semester as the quantitative data collection. Questioning was based upon the results of the quantitative analysis in order to explore perceptions of faculty caring and the students' determination to persist in the program. According to Creswell (2014), the number of interview subquestions should not exceed five to seven, and interviewers should begin the qualitative data collection by indicating the central question. The central question for this study was "What role do caring behaviors of nursing faculty have on minority students' persistence or determination to succeed in an associate degree nursing program?". The following open-ended subquestions were developed in anticipation of the quantitative data results:

1. What has motivated you to persist in this nursing program?
2. What role have faculty played in your determination to persist?
3. What role did faculty caring behaviors play in your desire to persist?
4. What role did faculty non-caring behaviors play in your desire to persist?
5. To the extent that you feel comfortable, can you describe faculty caring behaviors that have influenced you?

### **Qualitative Data Analysis**

Qualitative data analysis was conducted by phenomenological inductive approach through transcription, formulated meanings, and thematic methodology (Colaizzi, 1978). In-depth, one-on-one interviews were conducted by the researcher. An audio recording device was used along with handwritten notes. The analysis began with the transcription of written and

audio notes followed by reading all data. Next, data were coded by reading each line and writing codes in the margins. The researcher began with the notes from the first interview and repeated the process for each. The codes were then used to develop categories and subsequently emerging themes were created from the categories.

### **Ethical Considerations**

Ethical considerations included ensuring voluntary participation in the study and advising students of the ability to withdraw at any point without negative consequences. The only risks associated with the study were psychological in nature as students may have experienced distress during qualitative data collection by recalling unpleasant experiences with nursing faculty or feelings of low self-esteem. Students were provided with contact information of counseling professionals, if necessary.

To minimize disruption of instruction, all data collection occurred at time intervals determined in collaboration with course lead faculty and participants. All collected data remained free from student identifiers and was stored securely in a locked file cabinet accessible only to the researcher. Students were assured negative consequences would not occur regardless of the decision to participate, withdraw from the study, or decline to participate.

### **Theoretical Framework**

Relational-cultural theory (RCT) offers a theoretical lens from which to examine this nest of problems. This feminist model assumes that nurturing relationships are primary for wellness (Cannon, Hammer, Reicherzer, & Gilliam, 2012; Frey, 2013; Miller, 1986). RCT culminated from the work of female psychologists Jean Baker Miller, Judith Jordan, Janet Surrey, and Irene Stiver [Jean Baker Miller Training Institute, (JBMTI), 2016]. RCT has social justice underpinnings as it seeks to emancipate oppressed populations (Frey, 2013). Minority nursing

students represent oppressed populations in the healthcare system and often experience marginalization and isolation (Donnelly et al., 2009; Dudas, 2011; Fettig & Friesen, 2014; Gardner, 2005; Hansen & Beaver, 2012). The theory posits that through positive relationships, individuals are empowered to take action in their lives and become productive persons. The theory also contends that when individuals experience negative relationships, isolation, marginalization, and disempowerment may ensue (Cannon et al., 2012; JBMTI, 2016).

Researchers have often used Tinto's (1987) theory to examine student retention. Tinto (1987) argued that retention is likely when students are integrated into the college setting if they do not experience social isolation, can build on previous knowledge, and adjust to the new setting. Faculty interactions are also relevant. Although this study examined student attrition, rather than employing Tinto's (1987) perspective, the study focused on the relationship between students and faculty in order to examine the impact of nurturing, caring relationships.

### **Five Good Things**

Central to RCT is mutuality (Cannon et al., 2012; Frey, 2013; McCauley, 2013; Ruiz, 2005). As opposed to the androcentric models that are based on the principle of autonomy and assert that through individuality one gains an understanding of self, RCT posits a sense of self is a product of relationships with others (Cannon et al., 2012; Frey, 2013; McCauley, 2013; Ruiz, 2005). The sense of self is identified and fortified by mutual relationships characteristic of empathy and reciprocity (Ruiz, 2005). Through such relationships, individuals are empowered and growth ensues. Individuals begin to view themselves as members of larger units and the needs of the unit supersede the individual (Ruiz, 2005). The results of these empowering relationships are the five attributes zest or sense of energy, increased sense of worth, clarity, empowerment, and connectedness (Cholewa, Goodman, West-Olatunji, & Amatea, 2014;



McCauley, 2013; Ruiz, 2005). The first attribute refers to the sense of energy or feelings of vitality for both members of the relationship (Cholewa et al., 2014; McCauley, 2013; Ruiz, 2005). An increased sense of worth refers to the individuals' enhanced sense of value (Cholewa et al., 2014; McCauley, 2013; Ruiz, 2005). Clarity refers to the knowledge or ability to conceptualize an accurate image of self while empowerment implies a sense of ability to act and take action (Cholewa et al., 2014; McCauley, 2013; Ruiz, 2005). Finally, as a result of a positive relationship, individuals will desire increased connectivity with others (Cholewa et al., 2014; McCauley, 2013; Ruiz, 2005).

### **Definition of Terms**

1. Attrition rate the rate at which students no longer pursue their program of study (Jeffreys, 2007a).

2. Minority nursing student a student who meets the following criteria: (a) declares an ethnicity other than Caucasian, (b) is disabled, (c) is male, and/or (d) English is not the student's primary language (AACC, 2016a; Jeffreys, 2007b).

3. Caring learning environment an environment characteristic of meaningful relationships (Bankert & Kozel, 2005). Caring learning environments are conducive to open dialogue, valuing one another, and connectedness (Bankert & Kozel, 2005).

4. Traditional nursing student a student who meets the following criteria: (a) under age 25, (b) non-commuter, (c) fulltime, (d) female, (e) Caucasian, (f) English is primary language, (g) childless, (h) high school graduate, and (i) does not require remedial courses (Jeffreys, 2007b).

## **Conclusion**

The need to diversify the nursing profession in order to address healthcare disparities preempts nursing education professionals to implement practices that promote ethnic minority student retention. The literature indicated a correlation between perceived caring behaviors of faculty and student success (Neubrandner & Hall, 2011). The purposes of this study were to identify the impact of caring behaviors of nursing faculty on ethnic minority students' ability to persist and be successful in associate degree nursing programs and to ascertain if caring behaviors of faculty predicted nursing student self-efficacy and if this varied based on ethnicity. The theoretical framework selected to guide this study was relational-cultural theory which asserts relationships characteristic of empathy and mutuality promote individual empowerment (Cannon et al., 2012; Frey, 2013; Miller, 1986). The sample consisted of traditional and ethnic minority associate degree nursing students for the quantitative phase and ethnic minority students for the qualitative phase. A transformative explanatory mixed method was used for the study design. Quantitative data were collected using the NSPIC tool and the MSLQ. Qualitative data were collected through interviews. The implications for nursing education include increasing ethnic minority student success in order to increase the diversification of the nursing profession and ultimately reduce healthcare disparities.

## CHAPTER II

### REVIEW OF LITERATURE

The aim of this literature review was to investigate published research on the impact of caring behaviors and student persistence in associate degree nursing programs with an emphasis on minority nursing students. The goal was to (a) evaluate the relationship between healthcare disparities and minority representation in the nursing profession, (b) explore attrition rates among minority students in nursing programs, (c) explore caring and relationships, (d) analyze the impact of caring behaviors of faculty on students, (e) describe faculty caring behaviors, (f) describe caring learning environments, (g) investigate self-efficacy, and (h) describe the differences between universities and community colleges including student demographics.

An exhaustive review of relevant literature was conducted using Academic Search Premier, Cumulative Index for Nursing and Allied Health (CINAHL), Cochrane, Education Resource Information Center (ERIC), ProQuest, and Health Source databases. The following terms were entered either individually or in combination: healthcare disparities, minority nursing students, attrition rates, attrition factors, caring behaviors, student performance, self-efficacy, faculty caring behaviors, community college, university, and traditional nursing student. Limitations were set to search for peer-reviewed journal articles and research articles from 2005 to the current year, although relevant historical literature was also included (such as Bandura's 1997 publication).

## **Disparities and Minority Representation in Nursing**

The composition of registered nurses in the United States consists of 75.4% declaring Caucasian ethnicity [Health Services and Resources Administration (HRSA), 2013]. This underrepresentation of minorities in the nursing profession is believed to contribute to health disparities by creating barriers for communication and impeding the development of trusting relationships between patients and nurses, consequently contributing to poorer health outcomes (Amaro et al., 2006; Cantwell et al., 2015; Degazon & Mancha, 2012; IOM, 2011; Kim et al., 2009; Maughan & Barrows, 2013; Melillo et al., 2013; Qaabidh et al., 2011). Compounding disparities related to unequal access to care, nurses of majority groups are less likely to serve in locations constitutive of minority populations (Degazon & Mancha, 2012). Conversely, nurses from minority groups are more likely to serve in areas consisting of a largely minority population contributing to access to healthcare in underserved areas (Degazon & Mancha, 2012; Johnson, 2005). The presence of minority representation in the nursing profession in underserved areas enhances communication, trust, and empathy as nurses from minority cultures are familiar with the struggles of minority populations. Through trusting relationships between minority nurses and minority patients, the potential to improve patient outcomes is enhanced (White & Fulton, 2015). With the evidence suggesting disparities may be reduced by the increased presence of minority representation in nursing, the pressing question of why the nursing profession remains largely homogenous must be addressed. Particularly concerning is the high attrition rates among minority students in nursing programs.

## **Attrition and Minority Students in Nursing Programs**

Enrollment rates of non-traditional and minority students is increasing in nursing programs; however, attrition rates for minority nursing students are persistently higher than

traditional students and can be as high as 85 % (Cantwell et al., 2015; Gardner, 2005; Harris, Rosenberg, & O'Rourke, 2014; Seago & Spetz, 2005; Shelton, 2003; Wells, 2003). In 2014, only 28% of enrolled registered nursing students were minorities [National League for Nursing (NLN), 2016]. Potential reasons for increased attrition rates include poor academic preparation during educational experiences prior to post-secondary education (Bandura, 1997; Degazon & Mancha, 2012; Reid & Moore, 2008). Additional factors contributing to minority student attrition rates include a lack of financial, familial, faculty and academic support, isolation, loneliness, discrimination, language, and a lack of minority role models and nurse educators in nursing education (Amaro et al., 2006; Banister et al., 2014; Debrew et al., 2014; Degazon & Mancha, 2012; Gardner, 2005; Jeong et al., 2011).

Loneliness and isolation among peers and faculty can severely impede a minority student's desire to persist in nursing education. A mixed methods study by Sedgwick, Oosterbroek, and Ponomar (2014) investigated the experiences of nursing students ( $n = 461$ ) during clinical rotations to examine factors that contributed to a minority student's sense of belonging. Out of the 461 participants, a percentage ( $n = 41$ ) were identified as minorities. The quantitative instrument employed was the Belongingness Scale Clinical Placement Experience (BES-CPE). The findings revealed that students who declared Asian, Aboriginal, and Other as ethnicities perceived the greatest degree of discrimination on entrance testing and by peers. Additionally, in the clinical setting these students felt their values were not congruent with the professional staff of the assigned clinical unit (Sedgwick et al., 2014). Qualitative data collection was accomplished through interviews with minority students ( $n = 7$ ). The overarching theme that resulted from the data analysis was "It all depends" (Sedgwick et al., 2014, p. 91). Those who were most influential on students' desire to persist included peer groups, professional hospital

staff (registered nurses), and clinical instructors. Interactions with professional staff that students perceived as negative encounters included indifference, ignoring students, prejudice, and unwelcoming behaviors. These behaviors contributed to minority students feeling as if they did not belong. Positive interactions with professional staff were experienced when RNs were reported as friendly. Friendly staff reportedly enhanced the students' sense of belonging as well as learning (Sedgwick et al., 2014). Interactions with clinical faculty that enhanced students' sense of belonging included faculty who devoted equal attention to all students. Negative interactions were experienced when students reported perceiving bias and prejudice (Sedgwick et al., 2014). Positive interactions with peer groups were experienced when students felt included in conversations and when completing patient care assignments. Conversely, isolation and marginalization were experienced when students felt excluded from peers during clinical experiences (Sedgwick et al., 2014). Discrimination and prejudice experiences were not limited to professional staff and faculty but also at the institutional level (Sedgwick et al., 2014).

An integrative review by White and Fulton (2015) was conducted to gain a better understanding of the factors that promoted minority nursing student success in predominantly White colleges. The review was conducted on 17 reports which included 5 dissertations. Three overarching themes concerning African American nursing students resulted from the integrative review: isolation, the longing for support both academically and interpersonally, and the significance of faculty (White & Fulton, 2015).

A study by Wong, Seago, Keane, and Grumbach (2008) was conducted using a sample consisting of associate degree and bachelor degree nursing students (n = 1,377). The Cross Chain of Response was employed as the instrument which measured three domains of barriers to success including institutional, situational, and dispositional. The findings of this quantitative

study suggest African American students have fewer interactions with nursing faculty and perceive peers adversely ( $p < 0.001$ ).

The implications are clear: faculty can offer support to all nursing students in terms of fostering caring relationships. Supportive relationships may reduce a student's feelings of isolation and marginalization. An investigation of the literature on caring relationships between students and faculty, and faculty caring behaviors, yielded the following results.

### **Caring and Relationships**

The nursing profession has long been considered a caring profession. Indeed, since 1999, nurses have been rated as the most trustworthy, ethical professionals, with the exception of the 2001, when firefighters ranked highest following the September 11 attacks (Rifkin, 2014). Caring may start as an emotional state, as in the parent-child relationship, but Noddings (2010) argued care giving must be understood as a cognitive skill. The tenets of care ethics are embedded in the theoretical framework: relational-cultural theory. This warrants an investigation of care ethics and a definition of caring. To clarify what caring is for the purposes of this study, Watson's (1996) and Noddings' (1984, 2010) work will be explored.

### **Watson and Caring**

Watson (1996) defined caring as an intentional act related to a moral duty or commitment along with a caring, conscious awareness. Watson's (2008) theory features three elements including 10 clinical caritas processes (originally labeled as carative factors), the transpersonal caring relationship, and the caring moment. According to Watson (2008), in order for someone to care for another, they must first be cognizant of personal biases and prejudices. The one caring is committed to protecting the spirit and dignity of the one cared for. Caring is characterized as kindness and love toward another (Watson, 2008).

The clinical *caritas* processes include practicing loving-kindness and fairness while being consciously aware of caring, being genuinely present and maintaining the spirituality of the cared-for and the carer, transcending self, creating a caring trusting relationship, enabling the cared-for to express both positive and negative feelings, enabling the cared-for to make decisions regarding their care, viewing issues from the other's perspective and frame of reference, fostering a healing environment that is conducive to enhancing the dignity of the other, aiding with human needs, and receptivity for hope and all possibilities (miracles) (Watson, 2016). The constructs of this theory that emphasize the significance of caring relationships are evident in the theoretical framework relational-cultural theory.

Relational-cultural theory (RCT) is a theory that asserts relationships that foster personal growth are essential for survival and wellness (Cannon et al., 2012). RCT contains many middle range themes such as Watson's (1996) theory. RCT postulates caring relationships are primary for survival and wellness. Furthermore, through caring relationships, the cared-for are empowered. Similarly, Watson contended that through caring relationships patients are empowered to make decisions regarding their care. Additionally, the caring relationship promotes the optimal state of well-being for the patient (Watson, 1996). This assertion that caring relationships are empowering is evident in both Watson's theory and in RCT.

Not all theorists agree on the concept of caring. Indeed, stark contrasts are noted in the literature. In order to appreciate the diversity of the definitions of caring, Noddings' work on caring and definition of caring were investigated.

### **Noddings and Caring**

Oppositional to Watson's (1996) view of caring as a moral duty, Noddings viewed caring as cognitive and empathetic. Caring is a concept that extends beyond the immediacy of



emotional acts such as hugging or feeling an emotional connection to another. Caring is a philosophical approach to morality (Noddings, 1984, 2010, 2012). Traditionally, approaches to morality included moral justice and reasoning. The element of care was not included for caring was perceived to be a female trait and females were perceived as inferior beings (Noddings, 1984). Noddings (1984) argued that caring is not the emotional experience of women; rather caring is a relational way of being. People develop through relationships. Caring is relational and features two key individuals; the cared-for and the one caring (Noddings, 1984, 2010). Caring involves understanding the experiences of others and anticipating the needs of others (Noddings, 1984). Caring is not to be confused with meeting all the expressed wants of the cared-for. However, if the one caring is to meet the needs, not just desires, of the cared-for, the relationship must be maintained through effective communication (Noddings, 2012). An example of this would be a situation where the cared-for (student) asks for the answers to an upcoming exam. The one caring (teacher) considers the contradiction between the expressed wants of the student and what will promote the student's growth. Consequently, the teacher encourages the student to study and expresses belief in the student instead of providing the answers.

Care ethics are applicable in nursing. For example, according to care ethics, caring is not assuming to know the needs of others; instead, the one caring seeks the expressed needs of the cared-for. Too often caring is perceived as the actions of another (Noddings, 2012). To illustrate this point, nurses often carry out actions during patient care. The actions of the nurses can be perceived as caring acts. Noddings (2012) referred to those who exhibit acts of caring as virtue carers and those that seek the expressed needs of others as relational carers. For example, if a nurse is inflexible with the plan of care for a patient, but the plan will promote health, the nurse's actions may be considered as caring since the patient's health will be promoted. However, caring

(according to care ethics) would be realized when the nurse listens to the patient's expressed needs and is flexible by incorporating those needs into the plan of care. An illustration of this could be evidenced in diabetes education. The nurse may be rigid and inflexible and insist the patient needs more education regarding insulin administration despite the patient expressing the need to have more education on carbohydrate counting. The nurse would be deemed as a caring nurse as the patient was educated on proper insulin administration by conventional definition of caring. Caring (according to Noddings, 1984) would be evidenced when the nurse modified the plan to spend more time on carbohydrate counting and less on insulin administration.

Care ethics are equally applicable in education. Educators must understand the experiences of students from their perspective (Noddings, 2012). Each student brings prior experiences to the learning environment along with obstacles and challenges. These prior experiences and obstacles have an impact on the students' ability to pursue their educational goal. While faculty may not change the students' current situation, faculty can influence the students' future by promoting a desire to persist through caring relationships.

### **Caring Relationships**

The interpretation of what constitutes a caring relationship can vary based on individual, societal, or professional perspectives. Caring relationships may be regarded as emotional (loving) states shared between two or more persons. If this were the only perspective, then the patient-nurse or teacher-student relationship would be constitutive of an emotional relationship resulting in a potential breach of ethical boundaries. Certainly, there are relationships in which the nurse does not identify with the morals/values of the patient, yet the nurse continues to provide the best care for the patient. Similarly, teachers do not identify with all students on a personal level, yet the teacher will hold the same standards and provide the same level of

instruction for all. Therefore, for the purposes of this study, what constitutes a caring relationship was clarified. In order to understand how a caring relationship is defined, relational-cultural theory, and the work of Watson (1996) and Noddings (2010), are discussed.

**Caring relationships as defined by relational-cultural theory.** According to relational-cultural theory, caring relationships are essential for survival and well-being (Cannon et al., 2012). In caring relationships, “meaningful, shared connections” (Frey, 2013, p. 178) foster a healthy sense of self-worth. This is contradictory to androcentric models that assert a sense of self is developed through separation from others or individualism. Professional counselors have used this theory to guide their practice (Cannon et al., 2012; Frey, 2013).

Frey (2013) discussed four characteristics of a caring relationship as identified in relational-cultural theory. One characteristic is empathy and mutual engagement. This is further defined as sensitivity and commitment, along with receptivity to affect another and be affected. A second characteristic is authenticity (Frey, 2013). This is clarified as the freedom to express emotions, perceptions, and experiences while conscious of the effect of those expressions on the other. Empowerment is the third characteristic, which is defined as the strength to affect change (Frey, 2013). The final characteristic is the ability to share, be appraised of, and process disagreement or conflict while respecting the other, and do so in a manner conducive of maintaining the vitality of the relationship (Frey, 2013). In other words, caring relationships are those in which personal growth stems from a healthy sense of self-worth which leads to empowerment. The empowerment consequently leads to the ability to affect change and outcomes. Conversely, disengagement and marginalization lead to disempowerment, human suffering, and isolation (Cannon et al., 2012; Frey, 2013; McCauley, 2013; Miller, 1986). If

relationships are disconnected or lost, the threat to a person is the sense of a loss of self (Miller, 1986).

**Nursing and caring relationships as defined by Jean Watson.** Watson (1996) described caring relationships as those where a moral commitment exists to shield and foster the other's sense of self-worth and dignity. An example of this is evident in the nurse-patient relationship. Nurses develop relationships with patients which create a healing environment consequently promoting the well-being of patients.

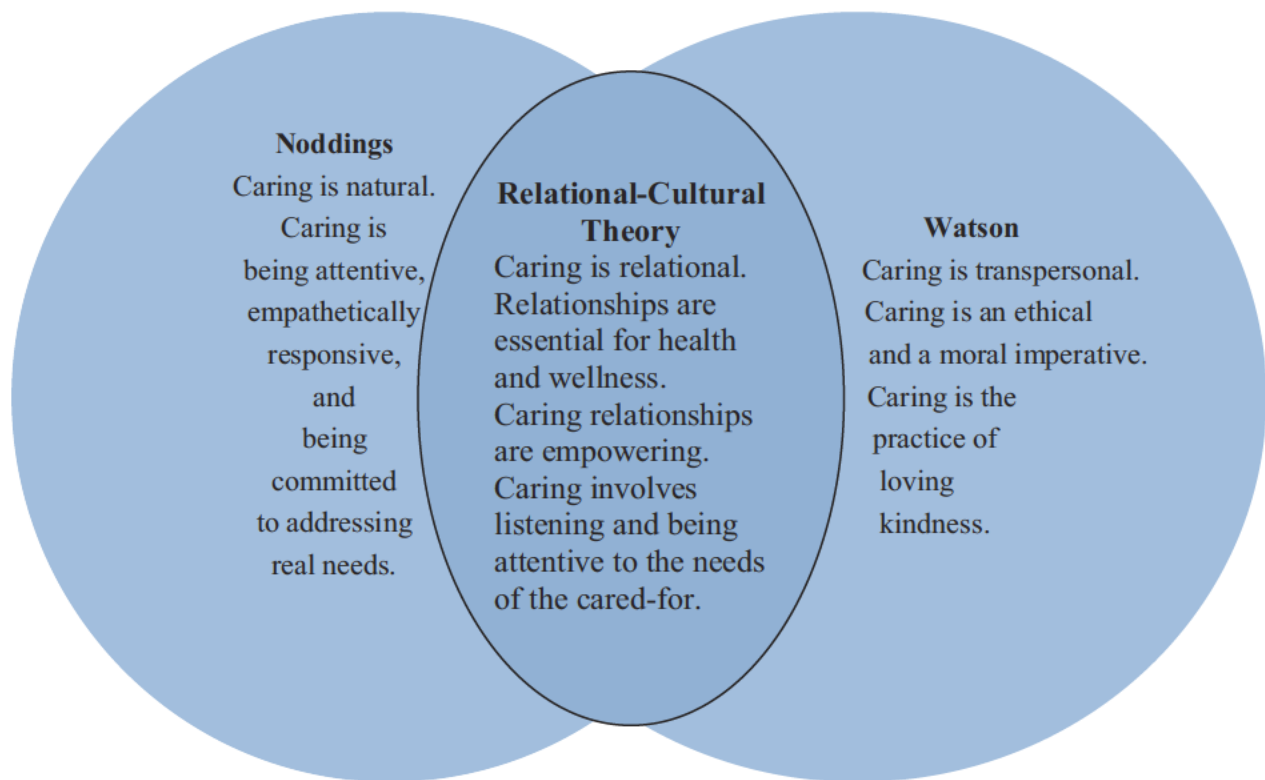
Caring relationships involve a conscious act that focuses on the preservation of the other's spirit (Watson, 1996). Caring relationships do not dehumanize the cared-for (such as referring to a patient as a diagnosis or room number); rather, through caring connections healing is optimized when the patient's spiritual being is protected. In caring relationships, nurses strive to know the patient on more than the physical assessment level; rather, nurses strive to know the patient's spiritual being and promote the patient's sense of self (Watson, 1996). Through a caring connection, nurses are able to be receptive to the perspective of the patient. This involves an exploration of what the illness/disease means to the patient (Watson, 1996). This does not infer the relationship is one-sided. The nurse is also affected by the authentic presence within the relationship. Mutuality is essential for caring relationships. Ultimately, the caring relationship enables the patient to reach his/her full potential due to the nurse shielding, fostering, and maintaining the patient's sense of wholeness, worth, and dignity (Watson, 1996).

**Education and caring relationships as defined by Nell Noddings.** Grounded in the experiences of women, Noddings (2012) asserted that a person's identity is the product of caring relationships. Through connections with others, the ability of a person to create a sense of self is developed (Miller, 1986; Noddings, 2012). Specifically, Noddings (2012) declared relationships

are primary in regard to the development of self. The individual develops an identity through relationships with others. Not only are relationships essential for the creation of a sense of self, the feminist ethic of care asserts that relationships are primary for life (Gilligan, 1995; Noddings, 2010).

A perhaps hallmark characteristic of a caring relationship is mutual respect (Noddings, 2012). In relationships, caring is exchanged between parties regularly and mutually (Miller, 1986; Noddings, 2012). However, some relationships do not feature a mutual exchange of caring such as the unequal relationships between parent and child, nurse and patient, or teacher and student; yet, the relationship is constitutive of the contributions of both parties (Noddings, 2012). The person receiving the care contributes by acknowledging the care. For example, a minister's care is acknowledged by the congregation nodding collectively and a patient contributes to a caring relationship by participating in their plan of care with renewed vigor or interest. In the absence of the responses of the recipient, a caring relationship does not exist (Noddings, 2012). Faculty can foster caring relationships with students by demonstrating caring behaviors that support students' efforts while demonstrating respect for the learner.

**Watson's and Noddings' common ground: Caring relationships.** While stark differences exist between the two theorists Noddings and Watson, one common assertion exists. Using relational-cultural theory as a lens, it is apparent both theorists view caring relationships as paramount to wellbeing, as demonstrated in Figure 1. Noddings' (2005) described three stages of caring relationships between students and educators. Initially, the educator listens to the students, fostering a caring and trusting relationship (Noddings, 2005). Through this caring, trusting relationship, students begin to be receptive to what is being taught and their perspective will change. Students will perceive education as a partnership between themselves and their



*Figure 1.* Common ground: Noddings, Watson, and Relational-Cultural Theory. (This figure demonstrates how both Noddings and Watson theories on caring contain elements of relational-cultural theory.)

educators. The second stage involves the educator engaging students so that a dialogue ensues from which educators can learn what the students need (Noddings, 2005). This information can be used to guide pedagogical practice and facilitate progress toward the students' individual (Cannon et al., 2012; Noddings, 2010; Watson, 2008) goals. In the final stage, the educator realizes that standard pedagogy is insufficient to meet students' needs. Therefore, educators are prompted to increase their own competency in education (Noddings, 2005).

Watson (1996) also asserted caring relationships are bedrock for health and well-being. Through caring relationships, the nurse gets to know the patient on a more than objective level. The nurse listens to the patients and enables them to express their needs. From this, a healing caring relationship begins that embodies trust. This caring relationship allows the patients to be

respected and their dignity and humanness protected. Consequently, the patients' optimum well-being is enhanced.

Although there is a modest amount of literature on the implications of faculty-student caring relationships, the literature is predominantly focused on K-12 education, and at the post-secondary level on 4-year institutions. The majority of these other studies focus on universities. The literature examining the implications of faculty-student relationships in community colleges is limited to a few works discussing the implications of nursing faculty and minority nursing student caring relationships. Accordingly, for the purposes of this literature review, the focus is primarily on faculty-student relationships in the post-secondary setting.

### **Caring Relationships and College Students**

The results of an investigation of caring relationships among faculty and students suggest motivation for learning and success was promoted when caring relationships existed between faculty and students (Del Prato et al., 2011; Hong, Shull, & Haefner, 2012; Torregosa & Morin, 2012; Shelton, 2003; Wells, 2003). Hong et al.'s (2012) study suggested students were empowered to persist and strive toward goal attainment when they perceived positive relationships with faculty. Similarly, the results of a study by Myers et al. (2014) suggested highly motivated students were influenced by perceptions of faculty caring behaviors.

Hong et al.'s (2012) research on the faculty-student relationship at the post-secondary level indicated faculty-student relationships were predictive of student self-efficacy. The participants (n = 116) were university students of which 9% were minorities. The Student Perceptions of Faculty Scale was employed. This was adapted from the Teacher Caring Scale, which measured perceptions at the high school level. Four dimensions were identified; responsiveness, relatedness, quality of teaching, and treatment of students (Hong et al., 2012).

Perceptions of faculty caring and student outcomes were analyzed using Pearson correlation. The results yielded a positive relationship between students' perception of faculty caring and positive outcomes such as success in the course. Further analysis revealed the majority of students related faculty caring behaviors as having a positive effect on their self-efficacy related to self-concept, problem-solving ability, and confidence in self to disclose personal thoughts as opposed to popular thoughts (Hong et al., 2012). Additionally, 50% of respondents indicated faculty caring as paramount in deciding whether to persist or leave (Hong et al., 2012).

Myers et al. (2014) conducted a study examining faculty behaviors and student learning outcomes. The participants (n = 286) consisted of undergraduate students enrolled at a university in the Mid-Atlantic region. Among the participants, 91% (n = 259) were Caucasian. The instrumentation included 10 scales, 1 of which was the Teacher Caring Scale. The purpose of the study was to ascertain how perceived faculty behaviors affect student motivation, satisfaction with communication, and cognitive and affective learning. The results of this study suggest two faculty behaviors, specifically caring and confirming, were motivational for learning (Myers et al., 2014).

**Caring relationships and minority college students.** The failure of minority students may be attributed to the lack of a sense of belonging (Gándara, Alvarado, Driscoll, & Orfield, 2012). According to Baker's (2013) research, minority students' relationships with peers was of lesser significance than relationships with faculty in regard to academic success of minority students. In nurturing, caring, learning environments, minority students reported increased motivation to be successful (Gardner, 2005). The increased motivation to be successful may be linked to increased sense of self-efficacy as a consequence of the caring relationship (Del Prato et al., 2011). The results of a study on minority college student adjustment by Fischer (2007)



indicate African American students along with Caucasian students who formed relationships with professors also had higher grade point averages (GPAs).

**Caring relationships and nursing students.** Research results demonstrated a positive correlation between perceived faculty support (psychological and functional) and student persistence in a nursing program (Shelton, 2003). Conversely, in learning environments where students did not perceive faculty support, students reported non-caring faculty behaviors as a barrier to success, thus possibly contributing to attrition (Amaro et al., 2006; Gardner, 2005).

In a study by Shelton (2003), the relationship between perceived faculty support and associate degree nursing (ADN) student retention was explored. The sample consisted of nursing students ( $n = 458$ ) in associate degree nursing programs in two New England states. Participants were recruited from eight community colleges and one university. The sample mean age was 30.3 and most (89%) were female. Ethnicity was not reported in the demographic information of this study. The Perceived Faculty Support Scale served as the instrument for this study. Students were divided into three groups: those who persisted without withdrawal, those who withdrew by choice, and those who were required to withdraw subsequent to academic failure. Findings of the study indicated students who were persistent throughout the program had higher perceptions of faculty support as compared to students who withdrew by choice or due to academic failure ( $p < .001$ ). This study suggested perceptions of faculty caring and faculty desire for student success may contribute to student persistence among ADN students (Shelton, 2003).

Shelton (2012) revisited the previous study and discussed a Model of Nursing Student Retention (NURS). The NURS model was developed from a coalescence of Bandura's (1997) and Tinto's (1987) work (Shelton, 2012). This new iteration of this model asserts that a student's determination to persist and succeed in achieving academic goals is correlated with their

retention in nursing school (Shelton, 2012). The first study revealed perceptions of support from faculty were positively associated with the belief that attaining academic goals was plausible. Whether students perceived faculty as supportive or non-supportive affected their belief that success was achievable (Shelton, 2012).

According to the literature, students who perceived a sense of belonging in the classroom or clinical setting were motivated to learn and retention was improved (Del Prato et al., 2011; Freeman et al., 2007; Hong et al., 2012; Levett-Jones et al., 2009). Freeman et al. (2007) conducted a study examining the impact of a sense of belonging and academic motivation. The relationships between students' sense of belonging and academic motivation, between students' sense of belonging and characteristics of faculty, and their campus-level sense of belonging and students' class were examined. The sample of undergraduate students (n = 238) responded to two instruments adapted from the Psychological Sense of School Membership (PSSM) questionnaire which featured the following scales to measure belonging: class belonging, university belonging, professors' pedagogical caring, and social acceptance. Additionally, motivational characteristics were measured using three scales from the Motivated Strategies for Learning Questionnaire (MSLQ): academic self-efficacy, intrinsic motivation, and task value. To measure faculty characteristics, the Student Perceptions of Learning and Teaching (SPLT) questionnaire was used. An analysis yielded a positive relationship between perceptions of faculty as encouraging and a sense of class belonging and between perceptions of faculty as organized, enthusiastic, helpful, and friendly with a sense of belonging in the class. The findings also revealed that a sense of belonging in a particular course did not contribute to an overall sense of belonging at their institution (Freeman et al., 2007). Faculty and fellow student acceptance were the most

significant variables, with caring characteristics such as warmth and organization correlated with student success and desire to achieve success (Freeman et al., 2007).

**Caring relationships and minority nursing students.** Studies on students indicated failure or withdrawal from nursing programs of minority students can be attributed the lack of supportive or caring relationships with faculty (Amaro et al., 2006; Cantwell et al., 2015; Gardner, 2005). Thus, attrition rates of minority students in nursing programs can be linked to the lack of supportive, caring behaviors of nursing faculty. As previously stated, minority students frequently experience isolation and loneliness (Amaro et al., 2006). The presence of minority representation among faculty enhances the sense of belongingness and provides professional role models (Amaro et al., 2006; Baker, 2013; Wilson, Andrews, & Leners, 2006).

Likewise, the results of a recent study by Evans (2013) indicated minority nursing students' intent to complete a baccalaureate nursing program was positively impacted by faculty concern, interaction with peers, academic development, and the number of working hours. Through the caring relationships and perceived caring behaviors of faculty, student success may be enhanced and minority student attrition rates decreased. Given the implications for faculty caring behaviors on student success, it is important to identify and understand faculty caring behaviors.

### **Faculty Caring Behaviors**

Faculty caring behaviors, as identified in the literature, are primarily centered on building supportive relationships with students. Faculty caring behaviors include incorporating a variety of teaching strategies to address the diverse needs of students, developing relationships constitutive of trust, consideration, collaboration, autonomy, and creativity (Bankert & Kozel, 2005; McEnroe-Petitte, 2011). Shelton (2003) suggested that nurse educators demonstrate

supportive behaviors by engaging students and maintaining relationships with students throughout their program of study. Furthermore, nurse educators must continually strive to explore the needs of students and behaviors of faculty that promote students' desire to persist (Shelton, 2003). Additional caring behaviors noted in the literature include being approachable, remaining non-judgmental, holding reasonable expectations, demonstrating honesty and directness, being receptive to diverse perspectives, encouraging, and conveying a sincere desire for students to be successful (Shelton, 2003). Other caring behaviors such as providing constructive criticism without belittling students, praising students for achievements, and being patient are discussed in the literature (Shelton, 2003).

According to Noddings (2012), caring behaviors of educators include attentiveness, listening, and thinking. The assumed needs are not confused with the expressed needs of students (Noddings, 2012). Educators may perceive that what students need is the dissemination of information and strict expectations without regard for what the students' needs are based on the students' perspectives. But the power and importance of caring behaviors is not to be underestimated. Gardner (2005) discussed caring characteristics of faculty that motivated and encouraged minority students to persevere and consequently increased success rates of minority students. These caring characteristics included demonstrating compassion, caring, possessing an encouraging manner, being approachable, and being available to list a few. The culmination of faculty caring behaviors is the development of a caring environment in the classroom conducive to student learning.

### **Caring Learning Environments**

From Bankert and Kozel's (2005) qualitative study on transforming nursing pedagogy, four themes emerged that promote a caring learning environment: valuing, relations,

connectedness, and genuine dialogue. Supporting concepts for each theme were also identified. Trust and respect were supportive concepts for valuing while relationships, collaboration, and meaningful experience were supportive concepts for relations. Simultaneous relationships, belonging, networking, and sharing were some of the supportive concepts for connectedness. A few of the supportive concepts for genuine dialogue included active participation, reciprocity, listening, engaging, and being there (Bankert & Kozel, 2005).

The themes identified above are consistent with the tenets of this study's theoretical framework: relational-cultural theory. Relational-cultural theory posits that positive relationships promote wellness, an increased sense of self, and empowerment (Frey, 2013). Similarly, caring learning environments, where students develop positive relationships facilitated by faculty caring behaviors, result in enhanced outcomes for students. The connectedness theme of caring learning environments can be compared to the relational aspect of relational-cultural theory. Additionally, relational-cultural theory asserts that negative relationships, or a sense of disconnection, lead to isolation and marginalization (Frey, 2013). By comparison, non-caring learning environments are those lacking connections between students and faculty consequently contributing to a lack of a sense of belonging which has been correlated with increased attrition rates (Copeland & Levesque-Bristol, 2011; Freeman et al., 2007).

### **Self-efficacy**

Bandura's (1997) theory postulated self-efficacy is the belief or confidence in one's ability to achieve a goal. Derived from social-cognitive theory, self-efficacy has been attributed to the degree of effort a person exerts to achieve a task or achievement along with the expected outcomes (Bandura, 1997). Self-efficacy is typically associated with control over actions (Bandura, 1997). In addition, self-efficacy is also associated with motivation, thought process

control, and affective and physiological states (Bandura, 1997). According to Bandura's (1997) theory, when a person perceives control of their actions, they are more likely to achieve goals; whereas if a person does not perceive control, they are less likely to strive toward or attain goals. The degree of self-efficacy is affected by the level of confidence in the ability to achieve a desired goal (Bandura, 1997). The confidence to achieve a goal is affected by goal attainment. In other words, a person who performs well while striving toward a goal will consequently perceive increased self-efficacy. Conversely, an individual who performs poorly, or performs at a substandard level, while striving towards a goal will have lower perceptions of self-efficacy. Therefore, according to the theory of self-efficacy, individuals will seek to attain goals that are perceived to be within the locus of their control (Bandura, 1997).

### **Caring and Self-efficacy**

Amidst positive learning environments and nurturing relationships, students' self-efficacy was enhanced (Del Prato et al., 2011). In caring relationships, self-efficacy was promoted through student engagement (Del Prato et al., 2011). The literature suggested students had an increased likelihood to be successful when they possessed a strong sense of self-efficacy (Conner, 2015; Prymachuk et al., 2008). Students with high self-efficacy have higher perceptions of support and consequently take advantage of the support to facilitate goal attainment (Shelton, 2003). By contrast, students were less likely to accept challenges if they possessed a weak sense of self-efficacy (Conner, 2015). In environments where students lacked supportive relationships, self-efficacy was negatively impacted (Del Prato et al., 2011). A suggested strategy to increase self-efficacy among students included increasing social support (Conner, 2015). Students experience varying levels of support during the pursuit of higher education, depending upon the institutional setting. This suggests that the application of care

ethics in nursing education may be instrumental in promoting students' academic self-efficacy. Through supportive relationships, students may experience increased academic self-efficacy and subsequently be more likely to persevere despite multiple obstacles, thus increasing the likelihood of success.

### **Postsecondary Education**

Postsecondary education systems include 4-year universities and 2-year community colleges. Differences are notable between the two types of institutions including admission criteria, student body demographics, housing, degrees conferred, purposes, constituencies, and classroom sizes, to name a few. While universities offer opportunities for higher education as do community colleges, access to a university is not possible for all students due to barriers to admission, particularly for disadvantaged students. Barriers to higher education at 4-year institutions for students from disadvantaged backgrounds often include the cost of admission and family responsibilities. Community colleges, however, feature a plausible avenue for this population to earn a higher education (Mullin, 2012).

The difference between universities and community colleges is perhaps best evidenced in costs. The cost of tuition at a community college is approximately half that of universities (Education Corner, 2016; Fulcher & Mullin, 2011). Additional expenses for university students are related to housing. Universities offer on-campus housing which is rare among community colleges (Jones, 2013). Since community college students do not typically reside on campus, flexibility in scheduling is another feature that makes 2-year colleges appealing for the poor (Education Corner, 2016). Additionally, class size is notably smaller at community colleges thus enabling faculty to build relationships with students (Education Corner, 2016).

Another notable difference between universities and community colleges is evident in access or admission (Desrochers & Kirshstein, 2012). Universities have demanding academic criteria students must meet in order to be eligible for admission (Mullin, 2012). Eligibility for admission may include meeting benchmarks on standardized test scores and high school grade point average (GPA). These requirements are designed to ensure the likelihood of successful completion of undergraduate studies; however, it can be argued these same policies limit the possibility of admission for disadvantaged minority students. Community colleges have a higher number of non-traditional students and offer opportunities for disadvantaged students to earn a higher education (Mullin, 2012).

### **Community Colleges**

The aim of community colleges is to create a skilled workforce and provide the training and education necessary for employment (Gándara et al., 2012). Community colleges also serve as a bridge to universities (Mullin, 2012). Students who begin at community colleges and transfer to universities have the same probability of earning a bachelor's degree as students who begin their education at a university (ACCS, 2009).

Approximately half, or 43%, of all college students attend community colleges [American Association of Community Colleges (AACC), 2016a; Horn & Griffith, 2006; Jones, 2013; Sanem, Berg, An, Kirch, & Lust, 2009]. Indeed, community college students comprise approximately 60% of all enrolled college students (Sanem et al., 2009). The philosophy of community colleges highlights an open door policy (Desrochers & Kirshstein, 2012; Mullin, 2012; Hlinka, Mobelini, & Giltner, 2015; Horn & Griffith, 2006). For many students, access to higher education would not be possible if not for community colleges. The admission requirements of many 4-year institutions prohibit students who are ill-prepared for college from



gaining access. The open door philosophy of community colleges ensures accessibility of a higher education for all students (Horn & Griffith, 2006; Mullin, 2012). This is evidenced in the application process as community colleges do not require prospective students meet benchmarks on standardized exams (such as the Scholastic Assessment Test or American College Test) or high school grade point averages to gain admission to the college. Mullin (2012) discussed how community colleges' open door philosophy provides minority students with an "access to success" (p. 8). Consequently, a difference between the two higher education systems is notably in student body demographics.

### **Differences in Student Demographics**

The composition of the student body at universities differs from that of community colleges (Sanem et al., 2009). The majority of students in community colleges are female, between the ages of 18 to 24, declare minority status, and come from low income families (Gándara et al., 2012; Horn & Griffith, 2006). Many students at community colleges are first generation college students (Gándara et al., 2012; Jeffreys, 2007b). Just over one-fourth of the student body at community colleges is at the poverty level compared to one-fifth of the student body at 4-year institutions (Horn & Griffith, 2006; Gándara et al., 2012). The majority of students attending community colleges are employed at least 20 hours per week or full-time and attend school part-time (Horn & Griffith, 2006). Only one-third attend college full-time at community colleges (Horn & Griffith, 2006). Given the typology of the community college student, community colleges serve a greater percentage of at risk students as compared to universities (Gándara et al., 2012; Mullin, 2012).

University students are typically younger, predominantly Caucasian, unemployed, and attend college full-time (Horn & Griffin, 2006). Approximately two-thirds of all students

attending a university live on campus (Horn & Griffith, 2006). University students are also from families who are above the poverty level and enroll in the fall following their high school graduation (Horn & Griffith, 2006).

### **Student Body Composition of Associate Degree Nursing Programs**

The typical student body composition of community colleges is also reflected in enrollment statistics of Associate Degree Nursing (ADN) programs. Students in ADN programs tend to be older, attend school part-time, are parents, and are employed at least part-time (Jeffreys, 2007b). Indeed, 42% of students enrolled in ADN programs were over the age of 30 as compared to 18% in BSN programs (NLN, 2016). Furthermore, as compared to Bachelor of Science in Nursing (BSN) programs, ADN programs have a higher enrollment of minority students (Fulcher & Mullin, 2011; NLN, 2016). According to the National League for Nursing's statistics for 2014, 28% of students enrolled in basic registered nursing programs were minorities (NLN, 2016). ADN programs educate approximately 54.7% of African American and 55.1% of Hispanic nurses as compared to 32.1% and 39.4%, respectively, at the BSN level (Fulcher & Mullin, 2011). Of note, Asian students are less likely to be educated at the ADN level and more likely at the BSN level (Fulcher & Mullin, 2011). In terms of post-licensure registered nurses, ADN programs provide more minority registered nurses by comparison to other programs (AACC, 2016b). Although males are considered a minority in nursing programs, the enrollment statistics for males (15% for both ADN and BSN) did not differ by program type (NLN, 2016).

### **Gaps in the Literature**

There is minimal research on the impact of faculty caring behaviors on minority student success in associate degree nursing programs at community colleges. There is a plethora of research focused on student retention, nursing student attrition rates, minority student attrition

rates, and the role of faculty caring and student success; however, little research exists specifically examining the impact of nursing faculty caring behaviors on minority associate degree nursing students' academic self-efficacy. Even as such, the research is predominantly on minority student recruitment as opposed to retention (Evans, 2013). Further research is necessary to appreciate the importance of faculty caring behaviors and students' academic self-efficacy.

## CHAPTER III

### METHODOLOGY

The purpose of this study was to investigate the impact of faculty caring behaviors on nursing students' sense of self-efficacy and their desire or determination to complete an academic program. Particular attention was paid to the impact of faculty caring behaviors on the persistence of minority students. To this end, the following research questions were answered and the associated hypotheses tested:

1. Are perceptions of faculty caring behaviors a predictor for nursing students' academic self-efficacy?

*Hypothesis 1.* There will be a positive relationship between perceptions of faculty caring behaviors and associate degree nursing students' academic self-efficacy.

2. Is there a statistically significant difference in the relationship between perceptions of faculty caring behaviors and academic self-efficacy among minority and majority ethnic groups?

*Hypothesis 2.* There will be a statistically significant difference in the relationship of perceived faculty caring and associate degree nursing students' academic self-efficacy between minority and majority students.

3. What role do caring behaviors of nursing faculty have on minority students' persistence or determination to succeed in an associate degree nursing program?

#### **Design**

In order to answer Research Questions 1 and 2, the researcher employed a quantitative statistical analysis. In order to answer Research Question 3, a qualitative approach was used.

Therefore, a transformative explanatory sequential mixed method was followed. The design had two phases: quantitative, then qualitative, data collection. First, student perceptions and student academic self-efficacy were surveyed, and then using phenomenological inquiry, the experiences of minority nursing students and their perceptions of faculty caring behaviors were explored.

This research design has been used in previous studies with feminist theoretical frameworks (Creswell, 2014). Similarly, the framework for this study, relational-cultural theory, has feminist underpinnings. Feminist theoretical frameworks seek to emancipate marginalized groups and provide a voice for those otherwise unheard. A transformative mixed methods design not only charted the effect of caring, it illuminated the dynamics of faculty behaviors on minority nursing student attrition rates.

### **Quantitative Instruments**

Two questionnaires, the Nursing Students' Perceptions of Instructor Caring (Appendix A) and the Motivated Strategies for Learning Questionnaire (Appendix B), were used to collect quantitative data. Measures of students' perceptions of faculty caring behaviors were assessed using the Nursing Students' Perceptions of Instructor Caring (NSPIC). The Motivated Strategies for Learning Questionnaire (MSLQ) was utilized in order to measure motivation and self-efficacy of nursing students.

#### **Nursing Students' Perceptions of Instructor Caring**

Wade and Kasper's (2006) NSPIC questionnaire was developed in accordance with Watson's (1996) theory of transpersonal caring. Five factors (or subscales) are assessed in the instrument as indicated in Table 1 (Appendix C). These include the degree to which students perceive faculty instills confidence through caring (Factor I, 11 items), maintains a supportive learning environment (Factor II, 10 items), demonstrates gratefulness of life's meanings (Factor

III, 3 items), demonstrates control versus flexibility (Factor IV, 4 items), and shares respectfully (Factor V, 3 items) (Wade & Kasper, 2006). The instrument features a 31-item 6-point Likert-type scale. A Chronbach's alpha reliability measurement of 0.97 verifies internal consistency (Wade & Kasper, 2006). The tool also has construct validity (Wade & Kasper, 2006).

Originally designed to measure students' perceptions of clinical faculty caring, the NSPIC may be adapted to measure perceptions of theory faculty caring behaviors. The instrument features two questions specific to patient care and two specific to the clinical laboratory setting. The two questions specific to the patient care setting may be measured by students' perceptions of how faculty convey caring for patients through communication and presentation of content in the classroom. The two questions that measure students' perceptions of faculty caring in the clinical laboratory should require no action as theory faculty often interact with students in the skills laboratory or simulation laboratory. Permission to use the tool has been obtained with the understanding that results of the study will be disseminated (see Appendix D).

While the NSPIC was developed based on Watson's theory of transpersonal caring, many of the items correspond with Noddings' (2010) conception of care as demonstrated in Table 2 (Appendix E). Noddings' assertion of caring as relational may be examined using the factors/subscales I instills confidence through caring, II supportive learning environment, IV control versus flexibility, and V respectful sharing (Wade & Holland, 2006). These subscales measure caring as relational and as supportive.

Although there are theoretical differences between Watson's (1996) theory of transpersonal caring and Nodding's (1984; 2010) ethic of care, the underlying assertion that caring is relational is consistent between both. Both theorists also contended that caring relationships promote well-being, respect, and enable the empowerment of the cared-for. Also

consistent between both theorists is the notion that caring is a moral imperative for nurses and educators (Noddings, 1984; Noddings, 2010; Watson, 1996). According to Noddings (2010), it is our desire for caring that serves as the “motivation for us to be moral” (p. 169).

Noddings’ (2010) theory also correlates with the tenets of relational-cultural theory which asserts relationships that are constitutive of caring are empowering and conversely, relationships that are not constitutive of caring lead to isolation and loss of desire to pursue goals or affect change (Cannon et al., 2012). Indeed, bad relationships lead to disempowerment and impede wellness (Cannon et al., 2012). Accordingly, the NSPIC and the MSLQ also provided evidence on whether positive perceptions of faculty caring behaviors lead to student empowerment and persistence, and if negative perceptions of faculty caring behaviors lead to disempowerment and attrition.

### **Motivated Strategies for Learning Questionnaire**

A social-cognitive theoretical framework was used to develop the Motivated Strategies for Learning Questionnaire (MSLQ) (Dunn et al., 2012; Pintrich, Smith, Garcia, & McKeachie, 1993). This instrument features 81 items using a 7-point Likert-type scale organized into two sections measuring motivation and learning strategies, respectively (Cook et al., 2011; Dunn et al., 2012; Pintrich et al., 1991). The two sections are further organized into subscales. The 31-item motivation section consists of six subscales measuring value (intrinsic and extrinsic goal orientation, and task value) and expectancy components (control of learning beliefs and self-efficacy for learning and performance), along with test anxiety (Cook et al., 2011; Dunn et al., 2012; Pintrich et al., 1991). The 50-item learning strategies section consists of nine subscales to measure cognitive and metacognitive strategies (rehearsal, elaboration, organization, critical thinking, and metacognitive self-regulation) and resource management strategies (time and study

environment, effort regulation, peer learning, and help-seeking) (Dunn et al., 2012; Pintrich et al., 1991). Although the instrument may be used in entirety, selected subscales can be employed independently (Pintrich et al., 1993). For the purposes of this study, the self-efficacy for learning and performance subscale of the motivation section was utilized. Chronbach's alpha coefficient of 0.93 for this subscale indicates reliability of the instrument. Content validity was determined based on results of two factor analyses (Pintrich et al., 1993). The instrument is freely available on the web and may be used without permission.

### **Triangulation of Instruments, Care Ethics, and Theoretical Framework**

The NSPIC and the MSLQ were used to examine the impact of caring relationships (as realized in caring behaviors of nursing faculty) on nursing students' empowerment (academic self-efficacy). The NSPIC examines indices of care based on Watson's theory of transpersonal caring (Watson, 1996). Watson's (1996) theory asserts that caring transcends beyond the individual. Her notion of transpersonal caring postulates the following assumptions: caring extends beyond the individual, fulfills human needs, promotes health and growth, is present in all societies, promotes healing above curing, allows persons to be accepted as they are and as they evolve, encourages the potential of a person while enabling the person to exercise autonomy, and is the very essence of nursing practice (Watson, 1996). Many of these concepts coincide with tenets of RCT as evidenced in caring as transpersonal and as promoting health and growth. Additionally, the goal of encouraging potential aligns with RCT's caring relationships are instrumental to empowering individuals.

Another tenet of RCT is that negative relationships are disempowering. Gilligan (1995) supported this tenet with the assertion that in bad relationships (where one no longer has a voice) isolation ensues, rendering the person powerless. The NSPIC examines these negative elements



along with positive elements. A few examples of specific items from the NSPIC that align with RCT are listed below. The questions are from factors (subscales) 1 (instills confidence through caring) and 2 (supportive learning environment).

Item 3. “Instills in me a sense of hopefulness for the future” (Wade & Kasper, 2006, p. 166).

Item 4. “Makes me feel that I can be successful” (Wade & Kasper, 2006, p. 166).

Item 6. “Makes me feel like a failure” (Wade & Kasper, 2006, p. 166).

Item 7. “Does not believe in me” (Wade & Kasper, 2006, p. 166).

Item 9. “Respects me as an unique individual” (Wade & Kasper, 2006, p. 166).

Item 18. “Accepts my negative feelings, while helping me to see the positive” (Wade & Kasper, 2006, p. 166).

Item 21. “Inspires me to continue my knowledge and skill development” (Wade & Kasper, 2006, p. 166).

The MSLQ also aligns with the tenets of RCT. The final version of the MSLQ was developed in collaboration among Paul Pintrich, David Smith, Teresa Garcia, and Wilbert McEachie (Pintrich et al., 1993). The instrument was developed to specifically measure college students’ motivation and learning strategies. The MSLQ is based on a general social-cognitive theoretical framework that asserts students learn best as active participants in the process bringing experiences and beliefs to the instructional setting that mediate how learning takes place (Pintrich et al., 1993).

A specific construct of the instrument is the motivational scale which is separated into three domains: expectancy, value, and affect. The selected domain for this study was the expectancy scale. This scale is further divided into two subscales: self-efficacy and control of

learning beliefs (Cook et al., 2011; Pintrich, Smith, Garcia, & McKeachie, 1991). The specific subscale selected for this study was the self-efficacy scale.

According to Bandura (1997), self-efficacy refers to the individual's belief in the ability to achieve a goal. Students with high levels of self-efficacy experience heightened academic achievement (Conner, 2015). Self-efficacy is promoted by relationships that provide support for the learner (Conner, 2015). RCT posits that caring relationships are conducive to an individual's productivity and through positive nurturing relationships, empowerment to affect change is promoted (Frey, 2013). Thus, self-efficacy may be enhanced when students perceive faculty caring behaviors. The triangulation is evident in the tenets of RCT (based on relational caring as empowering), the assertion of care ethics that well-being is enhanced in empowering relationships (faculty-student), and the MSLQ, which measures students' academic self-efficacy. A few examples of specific items from the MSLQ that align with RCT are listed below:

Item 20 "I am confident I can do an excellent job on the assignments and tests in this course." (Pintrich et al., 1991, p. 13).

Item 21 "I expect to do well in this class." (Pintrich et al., 1991, p. 13).

Item 31 "Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this class." (Pintrich et al., 1991, p. 13).

## **Setting**

The setting for this study was an accredited associate degree nursing program at a community college in rural southeast Alabama. The community college serves a large percentage of minority students. The Associate Degree in Nursing (ADN) program is a large program with approximately 400 enrolled students. The required sample size as ascertained by G\*Power

analysis did not exceed the recruited number of participants at the selected community college; therefore, no additional subjects from adjacent ADN programs were recruited.

Each fall and spring, the program admits approximately 100 traditional students and 32 mobility students. Students admitted to the traditional track do not hold a nursing license whereas students in the mobility track have an active license as a practical nurse. Traditional students begin with the fundamental courses while mobility students enter into the third semester of the program. The composition of the entire nursing student body is predominantly Caucasian (75 %) with ethnic minorities comprising 25% of the population.

The program's overall attrition rate was 32% for the past 3 years (Fall 2014 to Spring 2017). This compares to the attrition rate of 42% nationally (Fraher, Belsky, Gaul, & Carpenter, 2010). The attrition rate for Caucasian students was 30% as compared to almost 40% for minority students in the program.

The composition of the nursing faculty is reflective of the homogeneity of the nursing profession. All fulltime faculty (N = 19) are Caucasian females and range in age from early 30s to early 60s. Faculty education levels include Doctor of Philosophy (n = 1), Doctor of Education (n = 1), Doctor of Nursing Practice (n = 3), and Master of Science in Nursing (n = 14).

The mission of the college is consistent with the literature that indicates the purpose of community colleges is to provide education and training for gainful employment (Gándara et al., 2012). The mission statement of the college clearly indicates constituents will be prepared to enter the workforce upon completing the required programs of study in order to meet the needs of the economy and society. The vision of the college is to become the primary selection for those seeking to enter the job market and to become the leader among community colleges in regard to student success.

## **Sample**

Participants for the quantitative data collection consisted of students at the above-mentioned community college in rural southeast Alabama enrolled in the 3rd, 4th, and 5th (final) semesters of an ADN program. Inclusion criterion was limited to participants being 18 years of age or greater and actively enrolled in an accredited associate degree nursing program in the state of Alabama. Exclusion criteria included students under the age of 18 and those enrolled in the first 2 semesters. This study aimed to identify if perceptions of faculty caring predicts academic self-efficacy and if faculty caring behaviors impact students' desire to persist. Given it would be difficult to assess persistence in the first 2 semesters; exclusion of students enrolled in the first 2 semesters was warranted.

In order to determine the appropriate sample size, a medium effect size was selected. Using G\*Power software and selecting linear bivariate regression: one group, size of slope as the statistical test, two tails, an alpha of 0.05, power of 0.80 (beta = 0.20), slope  $H_1 = 0.30$ , slope  $H_0 = 0$ , and  $SD = 1$  for x and  $SD = 1$  for y the required sample size was ascertained. The a priori analysis yielded a sample size of 82 as necessary.

## **Quantitative Data Collection**

All actively enrolled nursing students in the 3rd, 4th, and final semesters of an ADN program at the aforementioned community college were invited to participate in the study. Nursing students who consented to participate were administered the NSPIC and MSLQ. To accomplish this, students were emailed via an associate degree nursing student organization of which all enrolled associate degree nursing students were members. The email invited any associate degree nursing student who was in their 3rd, 4th, or final semester of nursing school to participate.

The email invitation contained a link to the survey. The link contained four sections: the informed consent, the demographic data section, the NSPIC, and the MSLQ. The sections were displayed one at the time. If a student declined to participate by clicking “I Disagree” on the informed consent, a message thanking the student for their time appeared and closed the invitation. If the student agreed to be a participant by clicking “I Agree,” the link automatically proceeded to the demographic data section.

Demographic data collected were limited to ethnicity/race (Caucasian, American Indian, Asian, African American, Indian, and Other), age group (18-25, 26-35, 36-45, 46-55, and 55+), first generation college student (yes/no), second career (yes/no), source of support for education (self exclusively, spousal support, family support), whether student receive accommodations for testing (yes/no), and primary motivation for seeking nursing degree (calling; dependable employment/income; pathway to future career such as certified registered nurse anesthetist, certified registered nurse practitioner, etc.). Immediately following the demographic data section, the survey flow proceeded to the NSPIC. When participants responded to the final question on the NSPIC, the link proceeded to the MSLQ. The NSPIC was the independent variable (IV) and the MSLQ was the dependent variable (DV). Data collected from the questionnaires were ordinal as both questionnaires feature Likert-type scales.

No student identifiers (name, date of birth, student number, and social security number) were collected from the online surveys. Although students were emailed through an associate degree nursing student organization which contained information such as fragments of first and/or last names, the results of the surveys did not identify which email address submitted the survey result. In other words, the survey host (Qualtrics) did not reveal the origin of the submission.

All subject contact and data collection for the quantitative section was electronic. No research assistants were used for the quantitative data collection.

### **Quantitative Data Analysis**

Contingent on the results of this analysis, the second research phase investigated student perceptions and experiences of caring in greater detail. Quantitative data analysis was conducted using the most current version of Statistical Product and Service Solutions (SPSS) software (IBM Corp, 2016). Results of the NSPIC (independent variable) were entered into the software product with possible scores ranging from 1 to 6 along with the results of the MSLQ (dependent variable) with possible scores ranging from 1 to 7. NSPIC scores were determined by calculating the sum of the items. Higher scores were associated with positive perceptions of faculty caring and conversely, lower scores were indicative of negative perceptions of faculty caring. MSLQ scores were ascertained by calculating the mean of the scores. Higher means were indicative of higher self-efficacy perceptions and lower means were indicative of poor self-efficacy perceptions. Following the data entry, statistical analysis was conducted to answer Research Question 1 and determine if a correlational relationship existed between faculty caring behaviors and self-efficacy. This was accomplished using a Spearman Rho correlation, which measures the strength of relationships between variables (Lomax & Hahs-Vaughn, 2012). The result was used to test Hypothesis 1 which claims perceptions of faculty caring are a predictor of academic self-efficacy.

Research Question 2 was answered by examining whether ethnicity plays a role in the relationship between perceived faculty caring behaviors and academic self-efficacy. A one-way MANOVA was employed. Two independent variables were used, Minority and Majority; and two dependent variables, Caring Behaviors and Self-Efficacy. Minority was used to indicate all

racess other than Caucasian, whereas Majority was used to indicate Caucasian. The multivariate test of one-way MANOVA ascertained if there is a significant difference between perceptions of faculty caring behaviors and self-efficacy contingent on minority or majority declaration (Lomax & Hahs-Vaughn, 2012). To test for between subject effects, the results of the univariate test were used. This identified if scores were different for Caring Behaviors separately from scores for Self-Efficacy by group (Caucasian and non-Caucasian). Univariate tests include descriptive values, thus enabling the researcher to explain if values are higher or lower for each group (Lomax & Hahs-Vaughn, 2012). Hypothesis 2, that the impact of faculty caring behaviors on academic self-efficacy will be more significant for minority students than majority students, was tested by employing an analysis of variances.

### **Qualitative Instrument-Interview**

Based upon the findings for Research Questions 1 and 2, Research Question 3 sought to reveal the experiences of students in greater detail. Informed by the results of the quantitative analysis, interviews were conducted to explore perceptions of faculty caring and students' determination to persist in the program.

Interview questions were developed based on the findings of the quantitative data in order to gain a richer understanding of the quantitative results. If a relationship does indeed exist between perceptions of faculty caring behaviors and students' academic self-efficacy, the interview questions were designed to explore the relationship further. For example, if Research Hypothesis 1 was affirmed by quantitative data analysis, the results would reveal a positive relationship between perceptions of faculty caring behaviors and nursing students' academic self-efficacy. The findings would then suggest when students perceived positive faculty caring behaviors, their academic self-efficacy is increased and when students perceived negative faculty

caring behaviors, their academic self-efficacy was decreased. If Research Hypothesis 2 was affirmed by quantitative data analysis, the results would reveal the relationship between perceived faculty caring behaviors and academic self-efficacy was statistically more significant among minority students as compared to majority students. In other words, if perceptions of faculty caring behaviors were predictive of academic self-efficacy, the relationship would have a higher level of significance for minority students. Thus, interview questions for qualitative data collection would be designed to delve further into the experiences of minority students and their perceptions of how faculty caring behaviors influence their decision to persist or to withdraw in an associate degree nursing program. Conversely, if the results of the quantitative data analysis did not reveal a relationship between faculty caring behaviors and academic self-efficacy, then the qualitative inquiry would aim to explain this outcome. At this point in their journey, minority students had been successful and if their desire to persist and determination was not fueled by perceptions of faculty caring, then what did increase their academic self-efficacy and motivate these students to be successful?

According to Creswell (2014), interviewers should begin the qualitative data collection by indicating the central question to be explored. The central question for this study was “What role do caring behaviors of nursing faculty have on minority students’ persistence or determination to succeed in an associate degree nursing program?”. Creswell (2014) suggested the number of interview subquestions should not exceed five to seven. It was expected that open-ended subquestions like the following would be suggested from analysis of the quantitative data:

1. What has motivated you to persist in this nursing program?
2. What role have faculty played in your determination to persist?
3. What role did faculty caring behaviors play in your desire to persist?



4. What role did faculty non-caring behaviors play in your desire to persist?
5. To the extent that you feel comfortable, can you describe faculty caring behaviors that have influenced you?

The triangulation of care ethics, RCT, and the interview method are evident in the nature of the interview questions. A few examples of terms used in the questions include *motivation*, *determination*, *desire to persist*, *faculty caring behaviors*, *non-caring faculty behaviors*, and *influenced*.

### **Qualitative Sample**

Purposive sampling procedure for the qualitative phase followed quantitative data collection and analysis (Creswell, 2014). Participants for the qualitative data collection and analysis were purposefully selected based on results of the quantitative data analysis (Creswell, 2014). Using a transformative explanatory mixed methods design, participants for the qualitative data collection consisted of minority students selected from the quantitative participant pool. Minority participants were selected based on the results of the Spearman Rho correlation test. As RQ3 was aimed at investigating the impact of instructor caring on minority student persistence, the researcher recruited minority students from the quantitative sample based on correlations provided in the data analysis. The sample consisted of six students.

### **Qualitative Data Collection**

Interviews with minority participants were conducted at mutually convenient times during the semester and following the quantitative data collection. Six, in-depth, one-on-one interviews were conducted using an audio recording device along with handwritten notes. Data collection persisted until saturation occurred and recurrent themes emerged. Data collection took place during three separate time frames during a semester to strengthen validity of the data. The

first time frame followed an exam, the second took place after a clinical day, and the final day took place after a theory day.

### **Qualitative Data Analysis**

Colaizzi's descriptive phenomenological approach was used to analyze the data (Colaizzi, 1978; Morrow, Rodriguez, & King, 2015). Colaizzi's (1978) method consists of seven steps:

1. Familiarization
2. Significant statements
3. Formulating meanings
4. Clustering themes
5. Exhaustive description development
6. Fundamental structure production
7. Verification of fundamental structure

The initial step, familiarization, involves the researcher reading all transcripts multiple times to become familiar with the data (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). The second step, identification and extraction of significant statements, entails identification of all statements that are pertinent to the phenomenon being investigated (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). Formulating meanings, or the third step, is the stage when the researcher illuminates meanings from the significant statements (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). In step four, the formulated meanings are organized into thematic clusters and then into emergent themes (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). Creating an exhaustive description, or step five,

is when the researcher creates and writes a comprehensive description of the phenomenon inclusive of all themes developed in the fourth step (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). The exhaustive description is then condensed to a succinct statement (fundamental structure) that incorporates only the elements essential to the phenomenon in the sixth step (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). Finally, in step seven, the fundamental structure is returned to participants for validation (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007).

Throughout this process, the researcher must set aside preconceptions and predictions in order to avoid tainting the results. This process is referred to by Colaizzi (1978) as bracketing. Personal bias and knowledge of the subject matter make the researcher vulnerable to making assumptions or presumptions about the phenomenon under investigation (Chan, Fung, & Chien, 2013; Colaizzi, 1978). In order to authenticate the validity of the data analysis, the researcher must hold values, beliefs, and prior experiences in abeyance (Chan et al., 2013; Colaizzi, 1978).

The validity of the findings were ascertained using several different approaches. One of the approaches selected by the researcher to ensure validity included the triangulation of sources (Creswell, 2014). To accomplish this, three different time frames were utilized for qualitative data collection. One time frame followed a module exam in the semester, another followed a clinical day, and the third followed a theory day. For each time frame, different participants were selected from the purposive sample by random selection and participant availability. By doing so, the researcher increased the likelihood that the data collected was not influenced by the mood of the student (such as following a difficult exam that influenced the state of mind of the participant). As an additional measure to strengthen validity, the researcher used member

checking or seek verification from participants (Colaizzi, 1978; Creswell, 2014). Fundamental statements from the data analysis were shared with the participants to examine for accuracy. Finally, any bias was clarified by disclosing the researcher's preconceptions about the study (Creswell, 2014). For example, the researcher believed caring behaviors, or the lack thereof, significantly impact minority students' desire to persist in nursing programs. Nonetheless, the integrity of the study was maintained by carefully guarding body language and articulating questions so that participants would freely answer the interview questions without influence from the interviewer. Additionally, the researcher was mindful of presumptions during the data collection and analysis phases to avoid bias (Colaizzi, 1978).

### **Ethical Considerations**

Students were advised participation was strictly voluntary and no consequences for non-participation would be incurred. Anonymity was ensured. At any time during the study, participants could withdraw without fear of negative consequences. The only anticipated risks associated with this study were psychological in nature. Recalling unpleasant experiences may have caused participants distress or feelings of low self-esteem during qualitative or quantitative data collection. If necessary, contact information of professional counselors was provided.

The researcher collaborated with lead course faculty to ascertain data collection times. Data collection occurred during time frames that minimized course disruption. All collected data remained free from student identifiers and stored securely in a locked file cabinet accessible only to the researcher. Students were assured negative consequences would not occur regardless of the decision to participate, withdraw from the study, or decline to participate.

## Summary

The theoretical framework to guide this study was relational-cultural theory. The tenets of relational-cultural theory are based on feminist theory and feature elements of care ethics (particularly concerning the role of relationships and empowerment). This transformative exploratory sequential mixed methods study revealed if perceptions of faculty caring behaviors are predictive of nursing students' academic self-efficacy. Additionally, if a positive correlation did exist between perceptions of faculty caring behaviors and nursing students' academic self-efficacy, this study examined if faculty caring behaviors were more predictive of academic self-efficacy among minority students as compared to majority students. Measures of faculty caring behaviors and students' academic self-efficacy were assessed using the NSPIC and the MSLQ. Finally, this study aimed to examine the role of nursing faculty caring behaviors on minority nursing students' desire to persist in associate degree nursing programs through qualitative inquiry. Findings from this study have the potential to change nursing education climates to promote minority nursing student success.

## CHAPTER IV

### RESEARCH FINDINGS

This study examined whether nursing students' perceptions of instructor caring are a predictor for academic self-efficacy. Additionally, if perceptions of instructor caring are predictive of nursing students' academic self-efficacy, what role does ethnicity play? Finally, what is the effect of perceived caring behaviors of nursing faculty on minority students' desire to persist in an associate degree nursing program?

This chapter presents the results of the quantitative and qualitative data analysis. These findings are then used to answer the research questions posed. Finally, an interpretation is given of how the qualitative findings aid in explaining the quantitative results.

#### **Quantitative Phase**

The research design, explanatory sequential mixed methods, features two distinct phases, quantitative and qualitative. The quantitative phase preceded the qualitative as the qualitative phase was informed by the results of the quantitative data analysis. Accordingly, the quantitative phase is presented initially and, subsequently, the qualitative phase.

#### **Sample**

As previously discussed, an a priori analysis conducted using G\*Power software yielded a sample size of 82 as necessary for a medium effect size. The total number of participants for the quantitative sample was 135. Of the 135 participants, 6 did not complete the surveys in entirety and thus were not included in the study, resulting in a preliminary sample size of 129. When testing for outliers to meet the assumption of normality, nine outliers were identified.

After removing participants number 17, 34, 41, 44, 52, 71, 87, 92, and 129 (outliers) from the data set, the final sample size was 120.

**Demographic data.** The data collected from the sample included the following: race/ethnicity, age, generation, career, support, accommodations, and reason. Participants identified the race/ethnicity they declared from the following groups: African American, American Indian, Asian, Caucasian, Indian, and Other. In order to capture the age range of participants, age groups were created for the participants to select from including 18-25, 26-35, 36-45, 46-55, and 55 and older. For generation, participants were asked to identify whether or not they were a first generation college student. Career was used to identify if participants were pursuing nursing as a second career or an initial career choice. Support was used to identify where participants received their primary support by selecting either self, spouse/partner, or family other than spouse/partner. Participants were asked if they were, or were not, receiving accommodations. Finally, in order to identify the reason participants were pursuing an education in nursing the following options were presented for participants to select from: calling dependable income, and pathway to another career.

**Descriptive statistics of sample.** Table 3 (see Appendix F) presents the frequencies of race/ethnicity, age, generation, career, support, accommodations, and reason within the sample. The majority of participants were Caucasian (97, 80.8%) with African Americans (17, 14.2%) comprising the second most populous group. Other (5, 4.2%) and American Indian (1, 0.8%) comprised the third and fourth most populous groups, respectively, with no participants declaring Asian or Indian as race.

The majority of the participants in the sample were between the ages of 26 to 35 ( $n = 48$ ), with 18 to 25 ( $n = 43$ ) comprising the second largest group. 36 to 45 ( $n = 18$ ) and 46 to 55

year-olds ( $n = 11$ ) made up the third and fourth largest age groups respectively. There were no participants in the greater than 55 age group.

The majority of participants were not first generation college students (66, 55%). The majority of participants reported support from spouse/partner (48, 40.0%). Forty-one (34.2%) indicated support from family, with self exclusively being the third most frequent response (31, 25.8%).

Frequencies of reason for pursuing a career in nursing were analyzed. The majority of participants selected calling (71, 59.2%) with the second most frequent selection being pathway to another career (32, 26.7%). Dependable income was the least frequent selection (17, 14.2%).

Only 5% of the participants reported receiving accommodations. Approximately three-fourths of the participant sample declared nursing as a primary career (89, 74.2%) and one-fourth of the participant sample declared nursing as a second career (31, 25.8%).

Based on the aforementioned frequency data, the majority of the participant population was Caucasian and between the ages of 26 and 35. They were not first generation college students and received support from a spouse or partner. In addition, the majority of the participant population viewed nursing as a calling and were pursuing the profession as a primary career choice. Almost all (95%) of the participants did not receive accommodations for testing.

### **Data Collection**

Permission to conduct the study was granted by the University of Alabama Institutional Review Board (see Appendix G), and by the Associate Dean of Health Sciences and the Instructional Dean at the community college following a scheduled meeting with the researcher to discuss the study. Permission to conduct the study at the college was communicated via telephone and confirmed via email and attached formal written letter (see Appendix H).



An invitation to participate that contained a survey link hosted by Qualtrics was emailed to students in an associate degree nursing program at a community college in southeast Alabama. The email invited all nursing students in the 3rd, 4th, or final semesters of the program to participate. The email was issued via a nursing student organization of which all nursing students are members. The link contained the previously discussed four sections including the consent (see Appendix I), demographic data section, then the two instruments.

If a student was interested in becoming a participant, the invitation instructed the student to click or paste the link and proceed. The first section presented the online consent form. If the student clicked “I Disagree,” the survey would end thanking the student for their time. If a student clicked “I Agree,” participants were presented the demographic data section. Following this section, the NSPIC was presented. Immediately after this section, the MSLQ was presented. The instruments were discussed at length in the preceding chapter.

### **Data Analysis**

The initial data analysis was conducted to answer the following research question (RQ1): Are perceptions of faculty caring behaviors a predictor for nursing students’ academic self-efficacy? In order to answer RQ1, a Pearson correlation coefficient was conducted using SPSS software version 24 (IBM Corp, 2016). The data collected were ordinal (Likert-type responses) and thus a Spearman’s rho test would have been the appropriate method of analysis. However, in order to conduct the analysis, the data had to be entered as the sum of the NSPIC scores and the mean MSLQ score for each participant resulting in continuous, as opposed to ordinal, variable data. This would have resulted in an assumption violation of Spearman’s rho but not Pearson correlation coefficient (Lomax & Hahs-Vaughn, 2012). Consequently, given the data sets were

entered as continuous variables, Pearson correlation coefficient was selected as the appropriate test for analysis (Lomax & Hahs-Vaughn, 2012).

A Pearson correlation coefficient was calculated to test the relationship between nursing students' perceptions of instructor caring (independent variable) and academic self-efficacy (dependent variable). The assumption of independence was met as the sample was randomly selected. The assumption of related pairs was met by confirming two pairs of data (NSPIC and MSLQ) for each participant. In order to meet the assumption of no outliers, the mean for NSPIC scores was determined and outliers that fell outside 2 standard deviations from the mean were eliminated ( $M = 121.41$ ,  $SD = 11.49$ ). Thus, participants with total sums below 98.43 or above 144.39 were removed from the data set. Likewise, the mean for MSLQ scores was determined and outliers that fell outside 2 standard deviations from the mean were eliminated ( $M = 5.31$ ,  $SD = 1.07$ ). Thus, participants with  $M < 3.17$  or  $M > 7.45$  were removed from the data set. Final examination of the box and whisker plot following removal of outliers confirmed the absence of outliers.

Additionally, the assumption of normality was tested for NSPIC (IV) per review of the skewness (-.405) and kurtosis (-.507) statistics which suggested that the assumption of normality for NSPIC was reasonable. Review of the skewness (-.207) and kurtosis (-.862) statistics suggested that the assumption of normality for MSLQ (DV) was also reasonable. In addition, after an examination of the quartile to quartile (Q-Q) plot, the assumption of normality was determined to be reasonable.

To test for linearity and homoscedasticity, a scatter plot was created. The scatter plot did not reveal a curvilinear relationship, thus the assumption of linearity was not violated. Finally,

after visualizing the scatter plot, it was determined the assumption of homoscedasticity was reasonable.

**Results Research Question 1.** The analysis was conducted using an alpha of 0.05. The null hypothesis was perceptions of faculty caring behaviors would not be predictive of associate degree nursing students' academic self-efficacy. In other words, there would not be a relationship between nursing students' perception of faculty caring behaviors and academic self-efficacy. The analysis revealed no statistically significant relationship between the variables,  $r = 0.152$ ,  $n = 120$ ,  $p = 0.097$ . A post hoc analysis computed using G\*Power software yielded a power of 0.38. The Pearson correlation between perceptions of faculty caring behaviors and nursing students' academic self-efficacy was 0.152, which was interpreted as a small effect size (Cohen, 1988). However, this was not statistically significant and the research hypothesis was rejected.

**Results Research Question 2.** The second research question was predicated on the results of the first. Is there a statistically significant difference in the relationship between perceptions of faculty caring behaviors and academic self-efficacy among minority and majority ethnic groups? Given the analysis of the data for RQ1 yielded no statistically significant relationship, there was no evidence to support examining the strength of the relationship based on ethnicity. However, an exploration of the role of ethnicity, age, generation, career, support, accommodations, and reason (independent variables) on perceptions of faculty caring behaviors (dependent variable) and academic self-efficacy (dependent variable) was warranted.

Given the sample was random, the independent variable (IVs) were categorical, and the dependent variables (DVs) were continuous, the assumptions of independence and level of variables were met. Outliers were identified and removed prior to conducting an ANOVA as

previously discussed. An examination of the scatter plot revealed the assumption of homoscedasticity was reasonable. The assumption of normality was tested and met per an examination of the residuals. Review of the skewness (-.370) and kurtosis (-.576) statistics suggested that the assumption of normality for NSPIC residuals data was reasonable. Review of the skewness (-.211) and kurtosis (-.858) statistics suggested that the assumption of normality for MSLQ residuals data was also reasonable. After examining the quantile-quantile (Q-Q) plot as well as skewness and kurtosis, univariate normality was assumed.

In order to test if there was a statistical difference between minority and majority races on instructor caring perceptions and academic self-efficacy, a new variable was created from the data set; race 2 ( $N = 120$ ). Within the variable race 2, Caucasian was used to define the majority group ( $n = 97$ ) while African American, American Indian, and Other were used to define the minority group ( $n = 23$ ).

A separate ANOVA was then conducted for each dependent variable. Each ANOVA was examined at an alpha level of .05. There was no statistically significant difference between minority ( $M = 120.83$ ) and majority ( $M = 123.34$ ) students on perceptions of instructor caring [ $F(1, 118) = 1.132, p = .29, \text{partial } \eta_p^2 = .010$ ]. There was no statistically significant difference between minority ( $M = 5.42$ ) and majority ( $M = 5.39$ ) students on academic self-efficacy [ $F(1, 118) = .019, p = .892, \text{partial } \eta_p^2 = .000$ ]. Therefore, the second research hypothesis was rejected at the  $p = .05$  level.

To test for the effect of age, generation, career, support, accommodations, and reason on nursing students' perception of instructor caring and academic self-efficacy, a separate ANOVA was conducted for each dependent variable. The results of the analysis yielded no statistically significant difference between age 18-25 ( $M = 124.26$ ), 26-35 ( $M = 123.40$ ), 36-45 ( $M = 118.33$ ),

or 46-55 ( $M = 122.45$ ) and perceptions of instructor caring [ $F(3, 116) = 1.522, p = .213$ ]. There was no statistically significant difference between age 18-25 ( $M = 5.24$ ), 26-35 ( $M = 5.57$ ), 36-45 ( $M = 5.35$ ), or 46-55 ( $M = 5.30$ ) and academic self-efficacy [ $F(3, 116) = .855, p = .467$ ]. There were also no differences between first generation ( $M = 121.52$ ) or not first generation ( $M = 123.95$ ) and perceptions of faculty caring [ $F(1, 118) = 1.706, p = .194$ ] or between first generation ( $M = 5.34$ ) or not first generation ( $M = 5.43$ ) and academic self-efficacy [ $F(1, 118) = .266, p = .607$ ] as determined by one-way ANOVA. Additionally, no differences were detected between first career ( $M = 122.73$ ) or second career ( $M = 123.23$ ) and perceptions of instructor caring [ $F(1, 118) = .054, p = .817$ ] or between first career ( $M = 5.41$ ) or second career ( $M = 5.33$ ) and academic self-efficacy [ $F(1, 118) = .158, p = .691$ ].

Further analysis yielded no statistically significant difference between self-support ( $M = 122.03$ ), support from spouse ( $M = 122.88$ ), or support from family ( $M = 123.46$ ) and perceptions of faculty caring [ $F(2, 117) = .172, p = .842$ ] or between self-support ( $M = 5.48$ ), support from spouse ( $M = 5.34$ ), or support from family ( $M = 5.39$ ) and academic self-efficacy [ $F(2, 117) = .178, p = .837$ ]. No statistically significant differences were detected between receiving accommodations ( $M = 131.40$ ) or not receiving accommodations ( $M = 122.49$ ) and perceptions of faculty caring [ $F(1, 118) = 3.748, p = .055$ ] or between receiving accommodations ( $M = 6.05$ ) or not receiving accommodations ( $M = 5.36$ ) and academic self-efficacy [ $F(1, 118) = 2.257, p = .136$ ]. Finally, no statistically significant differences were found between calling ( $M = 124.56$ ), dependable income ( $M = 120.76$ ), or pathway ( $M = 120.19$ ) and perceptions of faculty caring [ $F(2, 117) = 2.512, p = .085$ ] or between calling ( $M = 5.29$ ), dependable income ( $M = 5.22$ ), or pathway ( $M = 5.55$ ) and academic self-efficacy [ $F(2, 117) = .936, p = .395$ ]. According to the research results, there were no statistically significant effects of age, generation, career,

support, accommodations, and reason on perceptions of instructor caring or academic self-efficacy.

The results of the quantitative data analysis suggest associate degree nursing students' academic self-efficacy is not predicted by perceptions of faculty caring behaviors; nor is there a statistically significant difference of perceptions of faculty caring behaviors or academic self-efficacy among ethnicities. The data analysis results informed the qualitative phase by raising the question, "if faculty caring behaviors are not predictive of academic self-efficacy among different ethnic groups; do faculty caring behaviors play any role in regards to the determination of minority nursing students?". What or who influences the minority students' desire to persist? Thus, Research Question 3 remains to be answered: "Do caring behaviors of nursing faculty have any role in minority students' persistence or determination to be successful in an associate degree nursing program and if not, where does the desire to persist come from?". The next section will expound on the qualitative phase of this research study in order to explain the results of the quantitative data analysis.

### **Qualitative Phase**

In this section of the chapter, the findings of the qualitative phase of this study using Colaizzi's (1978) phenomenological method are presented. The experiences of minority associate degree nursing students as they relate to faculty caring and student determination are investigated. Following a description of the sample and setting, the data collection process is described. Next, the data analysis process using Colaizzi's (1978) method is explained in detail organized by emergent themes. This culminated in an overarching description of the phenomena explained in what Colaizzi referred to as a fundamental structure (a statement encompassing all constituent themes).

## Sample

A purposive sampling technique was used to select the qualitative study participants. Given the focus was on minority student success, four African Americans, one Puerto Rican, and one Pakistani student were recruited using a similar method to the quantitative phase. A survey link hosted by Qualtrics contained an invitation for participants. The link consisted of a few questions which then guided potential participants based on whether the criteria to participate were met. The criteria for eligibility included minority declaration and enrollment in at least the 3rd semester of an associate degree in nursing program. The initial criterion was

I am a non-Caucasian, male or female, associate degree nursing student who has been enrolled in the program for at least three semesters.

If the student selected No, the survey ended thanking the student for their time. If the student responded with Yes, the next question would present;

I am interested in becoming a participant in this study. I understand in no way will my decision to participate influence my progress in the program and the information I share will not be disclosed to anyone other than the researcher. I understand my privacy will be protected and no one will know I have participated in this study. For my time, a 10 dollar gift card to a local gas station will be provided by the researcher.

If the participant responded with No, the survey ended and thanked them for their time. If the participant responded with Yes, the next question appeared;

I am interested in becoming a participant. To protect my identity, I will provide a pseudo name of my choosing.

The link then instructed the participant to populate the text box with a pseudo name. Once this was accomplished, the participant was presented with a text box with instructions to provide a contact number. Following this, a message thanking the participant appeared along with notification that the researcher would be contacting them to arrange a meeting time and place at their convenience.

The response rate was 37. Of the 37, only 8 were interested in becoming a participant. Two were deemed to be ineligible prior to meeting as they were Caucasian females who misread “non-Caucasian” as “Caucasian.” This was clarified during the telephone conversation. The final sample size was six. The ethnicities, ages, and occupations are shown in Table 4 (see Appendix J).

**Description of participants.** Angel is a 34-year-old married mother of two school-aged children. She is soft spoken and smiles frequently. She is from Alabama and has lived there all her life. She has worked as a patient care technician and is a licensed practical nurse (LPN) now. She is employed at an area hospital fulltime for now but is contemplating reducing her hours as she approaches her final semester. Angel balances school, work, and family obligations along with her commitment to her church. She has a very strong faith in God and has a supportive family. By Angel’s account, her overall outlook on life is positive.

Angel refers to her children often and states they are her motivation for pursuing an education. She wants to demonstrate that with hard work anything is possible. She stated, “I want to be able to prove to them that if you want something, you work hard. Through Christ all is possible.”

Christi is a 37-year-old, single, childless, African American female. She was born and raised in the southeastern United States and is the first member of her family to attend college. She currently works at a skilled nursing facility as an LPN in a neighboring state. Prior to earning her practical nursing license, she worked at a gas station as a clerk and other minimum wage jobs she did not disclose. She reported that she struggled financially until she became an LPN and that even though she could be better off, she is now doing much better than she was before becoming a nurse. She shared that many times she and her mother were near eviction but



now that she has steady employment with an increase in salary, she can take care of the debt she and her mother share. She is the primary care provider for her unemployed mother whom she describes as chronically ill. She lives in a neighboring state and commutes 2 hours one way to get to class or clinical after getting off from her night shift. She is a diabetic and has hypertension.

Christi puts all her trust in God and relies on her faith for strength in difficult times and when facing adversity. She is often tearful and then apologetic. Christi shared she applied multiple times to the associate's degree in nursing program and on the third attempt was accepted. She values this opportunity and resents those who did not have to work as hard to get admitted or do not covet their opportunity with the same regard she does.

Dorothy Gale is an African American female who served 12 years in the military as a medic. She is married to soldier who is currently deployed to Korea. She does not currently work and is a fulltime student. She has two sons in their late teens, one of whom is a special needs adolescent. She explained that he requires extensive counseling and was frequently in trouble while in school. She reported that she balances everything and that although it is a struggle, she receives tremendous emotional support from her husband. She is originally from the northeast United States but the military brought her family to Alabama. She exudes confidence and discipline resembling that of a soldier. She carries her shoulders back and makes direct eye contact.

Dorothy Gale was originally enrolled in a nursing program in the northeastern United States. She said she was enrolled 6 months but withdrew because, "It was too easy. I didn't feel like I was getting the knowledge I needed." Upon assignment to Alabama, she applied and was accepted into the associate degree program.

Geo is a quiet, soft spoken, small-framed 25-year-old male. Unless asked a question, he is quiet and pensive. He shared he has a girlfriend who is a registered nurse. He is originally from Pakistan (born and raised through early childhood) and was brought by his parents to the United States in order to provide him with more opportunities for career options and education. He works as an LPN at a large hospital and previously worked as a patient care technician. He reported thoroughly enjoying his work and anticipates each work day with eagerness. He lives with his parents and described them as very supportive. Geo finds pleasure in aiding those who are not able to care for themselves. He plans to pursue a bachelor's degree immediately upon completion of his associate's degree.

Mary is a 25-year-old African American female who has one son in preschool and a fiancée. She was born and raised in the southeastern part of the United States. She described herself as "spiteful." Mary shared she is bipolar and has been diagnosed with Attention Deficit and Hyperactivity Disorder. Her original career choice was sonography but while waiting to get accepted into a program at a university in Florida, she became pregnant. She returned home for the support of her family declaring the father of her son was not involved during her pregnancy and continues to not contribute in any manner to the responsibility of raising her son.

Mary's son has a severe chronic skin disease that leaves him with open lesions. Her son also has multiple allergies. Mary reported that after the birth of her son, she decided she had to determine a career path that would provide for them both without having to rely on anyone else. With her father's encouragement, she pursued a career in nursing. She was accepted into a practical nursing program after being denied acceptance twice into an associate degree program. She completed the practical nursing program and subsequently gained admission into the

associate degree program. She works as an LPN at a nearby skilled nursing facility fulltime and is enrolled in both senior courses.

She stated her father and her fiancée are her support system and help out extensively with her son. She shared her fiancée reminds her to take her medications and monitors her mood and affect. Nonetheless, she desires to be independent and provide for herself and her son.

Pearl is a 31-year-old Puerto Rican, single mother of three. She supports herself and her children. She is an LPN and works at a nearby large hospital. Pearl smiles often and has a pleasant disposition. She works fulltime and goes to school while balancing raising her children and church activities. She is the survivor of an abusive marriage. Her former husband emotionally, verbally, and physically abused her for years. Pearl said he would tell her she was “going to be just like other Puerto Rican women; pregnant and worthless.” The abuse began when she started taking pre-requisites for nursing school at a university in Maryland. Pearl said, “Things really escalated. He tried to kill me three times. In the domestic violence I lost myself.” After divorcing her husband, she moved to Alabama to get away from him and be near an aunt. She now speaks at engagements for women who are victims of domestic violence.

### **Setting**

The setting for each interview was determined by the participants. Christi, Mary, Geo, and Dorothy Gale preferred to meet on campus. The college campus featured a health sciences building that contained multiple open study areas and four private study rooms with soundproof walls and doors. The rooms were small, approximately 10' x 10', with tile floors and the only furnishings consisted of a small round table with four chairs. Since the rooms were situated toward the interior of the building, there were no windows. There were no electronic devices in the rooms. All interviews at the campus took place in the late afternoon on separate dates. Mary

and Dorothy Gale reported having just taken an exam earlier in the day, Geo stated he had class during the day, and Christi had a clinical experience earlier in the day.

Pearl requested to meet at the hospital where she was employed after her shift was over. She requested to meet in a private area off the side of the entrance. The area contained multiple seating options that were spaced far enough apart that conversations at a normal tone of voice could not be overheard. Pearl selected the furthest area from the entrance and had changed out of her uniform prior to meeting. The interview took place in the late evening. She reported having class the day before.

Angel chose to meet at a local bookstore with a coffee shop. She also brought her children, and thus needed a place where she could watch over them. The table selected for the interview was at the end of the coffee shop and the children were seated at a nearby child's reading area. There were no other patrons seated in the immediate area. The interview took place mid-morning. Angel reported having a clinical experience the evening before.

### **Data Collection**

Prior to each interview, the participant was instructed to read the consent form (see Appendix K) and ask any questions prior to signing. Upon gaining consent, I began recording the interview (all participants agreed to recording) using a personal iPhone secured with a coded and thumbprint locking mechanism. I sat immediately opposite participants and wore casual clothing for each interview. During the interviews, hand written notes were taken to supplement the audio recordings. The interview questions consisted of the following:

1. Tell me about yourself. What made you decide to pursue an education in nursing?
2. What made you persist? What influenced your determination to be successful?

3. Along the way you have observed peers who have left the program. What do you think about those students?
4. Tell me about a positive experience, or experiences, with faculty and how/if they influenced your desire to persist.
5. Tell me about a negative experience, or experiences, with faculty and how/if they influenced your desire to persist.
6. Where did you find the inner strength and belief in your ability to be successful?

Participants were also encouraged to share anything they deemed relevant at the close of each interview. I allowed the participants to speak freely and elaborate without interruption.

### **Data Analysis**

In accordance to Colaizzi's (1978) method, I initially read through all notes and listened to the audio recordings several times to familiarize myself with the data. Next, statements that were relevant to "instructor caring" and "students' desire to persist" were identified. Following identification of significant statements, meanings were formulated. During this process the researcher repeatedly performed a self-check; that is, evaluated personal perceptions and presumptions by bracketing thoughts to avoid bias in the interpretation of the data (Colaizzi, 1978; Morrow et al., 2015; Pye, 2013; Shosha, 2012; Wojnar & Swanson, 2007). Next, themes were clustered from the meanings that were consistent among the accounted experiences. A phenomenon inclusive of the themes was then developed followed by the creation of a concise statement that included the elements crucial to the phenomenon. Finally, to validate the findings, participants were contacted to confirm the fundamental structure statement. All participants validated the fundamental statement. In the following paragraphs, this process will be explained in detail.

Immediately following each interview, audio recordings along with handwritten notes were transcribed. Following data collection, the notes were carefully read multiple times to facilitate an understanding of the text. During this time, I began bracketing thoughts and preconceptions on faculty caring behaviors and student determination to avoid clouding the real phenomenon as experienced by the participants. Then, 132 significant statements relative to faculty behaviors, student determination, and nursing as a career choice were extracted from the transcripts. The statements were written onto a table to facilitate visualization and organization (see Table 5, Appendix L). Each significant statement was then read again to gain an understanding of their meaning. The formulated meanings culminating from this process are illustrated in Table 5.

Next, the formulated meanings were evaluated and grouped into categories that reflected a specific theme. Saturation of data was reached when no new themes emerged. Analysis of the formulated meanings resulted in the creation of 12 themes. Consistencies among the themes were noted and thematic clusters were created. From this process, five emergent themes were produced depicted in Table 6 (see Appendix M). These included *Impetus to Pursue a Career in Nursing*, *Nursing: It's Not Everyone's Journey*, *Overcoming Hurdles: Sources of Inner Strength*, *Faculty Behaviors: Thermostats for the Learning Climate*, and *Faculty: Neither Catalysts nor Deterrents for Minority Students' Success*.

### **Impetus to Pursue a Career in Nursing**

The emergent theme *Impetus to Pursue a Career in Nursing* was supported by the thematic clustering the following themes: *influence of relationships*, *a better life/self*, and *nursing as a calling*. Students experience some impetus that perpetuates the decision to pursue a career in nursing. The significance of relational influence on participants' decision to pursue a

nursing career was evident as was the perception of nursing as a calling. Self-improvement and the desire to provide a better life for their families were also reported. In the following paragraphs, the results will be discussed in greater detail.

**Influence of relationships.** The significance of the influence of relationships on participants' decision to pursue a career as a registered nurse was shared by Geo and Mary. Geo's girlfriend is a registered nurse and by his account, "She really sold me on it." His parents also influenced his decision to pursue a career that provided stability and options for advancement. He shared his parents left their country to provide him with opportunities to be successful and realize his full potential. Geo shared, "I don't want to disappoint them," and thus seized the opportunity to become a registered nurse.

Mary was also influenced by a family member. Her father always wanted her to be a nurse. She was not sure why, but he often referred to nursing as a good career choice for her. When her plans to pursue a career in sonography did not come to fruition, and she discovered she was pregnant, she decided to heed her father's advice and began applying to associate degree nursing programs.

**A better life/self.** Another tenet among some participants was the stability of employment or self-improvement through an education that would result in a better life for themselves and their family. Angel, Pearl, Mary, Christi, and Geo all declared that a career in nursing would improve their lives and the lives of their loved ones.

Angel shared her priority was serving God and her family. She often glanced at her children while speaking. She shared, "My children . . . I want to be able to prove to them if you want something you have to work hard." Her desire to be a role model for her children was

apparent. She wanted to teach her children that hard work and education can open doors for a better life.

Pearl also desired a better life for her children. She shared that she gained her determination from observing her mother persist despite obstacles in her life. Her mother worked at a factory and then in later years pursued education and improved her life. The determination she witnessed in her mother helped her during her years in the abusive marriage citing, “I knew somehow I would push through.” Although her mother taught her determination, she chose not to embody her mother’s parenting skills. Her mother did not know how to be a parent, and she did not teach her how to carry herself respectfully. Pearl assigns no blame to her mother, acknowledging that “she did the best she could.”

Pearl wants more for her children. She wishes to teach them to respect themselves and God. She wears a purity ring. She states, “I know I have had relationships with men and I am a mother but it’s what it represents about who I am now.” She wears the ring to signify her worth as a female and the respect she has for herself and God. She wants to model self-respect and hard work to her children and “to give my kids the best.” A career in nursing would provide stability for her and her children. Perhaps this is best captured in the following excerpt: “I wanted to give my kids the best. Knowing I had three kids really compelled me.”

Mary expressed the same sentiment when she spoke of her son. She shared that due to his multiple allergies and skin condition, she placed him in a private school. She explained that the level of care her son required would not be possible at a public school. Due to the expense of the private school, Mary had to further her education and improve their quality of life. When asked why she chose to pursue a career as a registered nurse, Mary replied, “I know I will always have a job.”



Christi also reported a desire to improve her quality of life and the life of her mother as a reason for pursuing a nursing education. She stated, “You either get an education or you are going to work hard all your life. People want their children to do better than them.” Christi did not have children but stated her mother wanted her to have a better life than she had and, therefore, supported Christi’s efforts to improve her life. Christi perceived she had no choice but to pursue her education. This is evident in her declaration, “I am not going to struggle the rest of my life. My back is up against a wall”!

Geo desired to improve his life, however, not necessarily in a monetary sense. Geo believes people should always challenge themselves to find their best self. He stated, “I could have been stuck as a CNA. There is always something bigger. Anything in life . . . move towards the next step.” The desire for personal achievement and growth were instrumental in his decision to further his career by becoming a registered nurse. As previously stated, Geo also plans to continue to his nursing education after earning an associate’s degree. He stated, “The better I do, the better lifestyle and opportunities I can give my family.”

**Nursing as a calling.** Five of the six participants perceived nursing as a calling when asked what led to their decision to pursue a nursing career. Geo, Pearl, Dorothy Gale, Angel, and Christi all shared this in common. Mary’s primary reason was the influence of her father along with the need for dependable income.

Geo shared his love of helping other people. As he spoke, he smiled. He thrives on the satisfaction of knowing he alleviated a patient’s anxiety or suffering. “It’s the small things that I really enjoy. Just finding out the small things for them . . . I can look it up. Brings them peace of mind.”

Similarly, Pearl shared an experience from a time she was a patient. She was young and as part of a pre-procedure screening the nurse inquired if there was a possibility that she could be pregnant. Pearl said she told the nurse she was on birth control so she could not be pregnant. She was shocked to discover the procedure had to be cancelled because the pregnancy test was positive. She shared she was not ready for the pregnancy. She cried and when the nurse came in again she took the time to care for Pearl in a way she did not expect. This is Pearl's account of the experience:

The nurse listened to me and was there for me. She used every form of therapeutic communication (laughing). She made me feel good. It was the way that she embraced me. She cared for me in such a way that made me want to make somebody feel like that. I thought that she was so awesome. She did not judge me. She was so gentle. I felt so well taken care of.

Prior to being a patient, Pearl had always wanted to pursue a career in fashion design. Following her experience as a patient, Pearl decided to be a nurse from that point forward. She felt called to serve others in the same manner that the nurse had cared for her.

Dorothy Gale shared she has always enjoyed helping others. During her career as a medic she grew to love providing care for those who could not care for themselves or those that needed assistance. The natural next step was nursing. She stated, "I wanted to keep with the medical thing." She too felt called to become a registered nurse.

Angel smiled as she talked about her decision to become a nurse. She shared she loved taking care of people and being able to brighten someone's day. "I feel like it is a calling. I am answering a calling from God." She further explained she wants to "be an encourager" and share with her patients in order to alleviate their suffering.

Christi's testimony was similar to Angel's. She also attributed her conviction to be a nurse to her faith in God. She reported that when she was 4 years old her grandfather suffered a

stroke. She recalls how drastically his health changed. She witnessed her grandfather becoming bedridden when prior to the stroke he was fully independent. As he recovered, he began using a walker to aid with ambulation, then gradually was able to walk free of assistive devices as he continued to regain his stability and strength. She said tearfully, “To see what God and nursing can do! It was from that time on I knew I was going to be a nurse.”

The themes in the preceding paragraphs culminated to create the emergent theme, *Impetus to Pursue a Career in Nursing*. Participants had each experienced compelling forces that led them to pursue nursing as a career. The importance of relationship influence, the desire or need for a better life and self-improvement, along with perceiving a call to be a nurse emerged from the analysis.

### **Nursing: It’s Not Everyone’s Journey**

When participants were queried about their thoughts on peers who had not been successful (due to either academic or personal reasons) a commonality in perception was evident. Not one participant viewed their unsuccessful peers as failures. Participants viewed unsuccessful peers as selecting the *wrong path* or being *unwilling to do what it takes* to be successful.

**Wrong path.** Angel, Mary, Christi, Pearl, Dorothy Gale, and Geo all shared similar perceptions regarding their peers who had been unsuccessful along the way. A common tenet among these participants was that their unsuccessful peers may have chosen the wrong career path. When questioned on the topic, Christi was pensive, and then after a few moments shared, “I understand nursing is not for everybody.” For sure, the reality of nursing proved too challenging for some of her peers. Similarly, Geo shared his thoughts on peers who were unsuccessful, “I don’t think negative of them. Maybe they just didn’t enjoy it.” Geo thoroughly enjoys providing

patient care but determined that if someone did not, then nursing would not be a wise career choice.

Pearl also believed students lost their drive due to the realization that nursing is not what they had believed. She shared that during the clinical element students were exposed to the nature of nursing and how hard it was in reality. Dorothy Gale's sentiment was the same. She shared "I don't think they were here for the right reason. Nursing is not for everyone."

Mary shared a similar sentiment but through a different lens. She too expressed that she did not believe a career in nursing is for everyone but decided that some had chosen a path that interfered with their daily life too much and was not what they wanted in their future. The realization that a career in nursing would most likely entail working shifts and holidays was not appealing to those that had left. She stated, "Maybe this isn't for them...or the effect on their daily life."

Angel's account seemed to summarize the other participants' sentiments. She reflected on the question and then shared that some of her peers had entered the program with preconceptions of nursing. When they entered the clinical element, those perceptions were either validated or they discovered incongruence between the preconceptions and reality.

I think everyone has their level in life. I think some realize this is not what they want. It sounds appealing, but it may not be their path. I think it is wise to accept this may not be your journey. I don't see them as failures; I think they just took a different path.

In summary, all agreed that those who did not complete a program found that nursing was not the right career for them and thus lost the desire to persist. In order to be successful, a student had to desire a nursing career with tenacity.

**Unwilling to do what it takes.** The participants also agreed unanimously that students who were unsuccessful were unwilling to put forth the effort necessary to achieve. Christi began her discussion regarding unsuccessful peers with some self-reported resentment. She stated,

I pay out of pocket. . . . Some people don't give their hundred percent. I saw some people had it made. When you do better you know better . . . When you are given such a blessing to be here, you should give it all you got . . . It's ok to be mad at you but not mad at me.

She went on to explain what she meant. She worked hard to get admitted and to pay for her education. She felt that her peers who did not have to work as hard to get admitted, or did not pay for their education, did not appreciate the learning opportunity as she did. She felt that if a peer was in a better financial or social situation, they should be even more cognizant of their opportunities. She perceived her peers who did not have to struggle as she did should have been more aware of how fortunate they were and thus should have put forth all their effort just as she did. She shared that if she did not put forth all her effort and then was unsuccessful, she would have been disappointed in herself which was something she could not bear. To be disappointed in someone else was one thing, but for Christi to be disappointed in herself was something she was just not going to allow.

Geo also thought that his unsuccessful peers either chose the wrong path or did not put forth the necessary effort to be successful. He said, "I just don't know how hard they worked. Bad days . . . I don't think it's a reason to stop." He went on to clarify that in the hospital and in school all would encounter unpleasant experiences; some with faculty and others with staff or patients. He said he learned to "tune out" negativity and learned something every day. He felt his unsuccessful peers used unpleasant experiences as an excuse to not try hard. This he felt was not a sound reason to stop trying. Geo felt as those who did not try really did not want to be nurses.

He summarized his feelings with, “You can try and fail but not trying at all is not an option for me.”

Angel thought that some of her peers had not made the commitment necessary for success. “I don’t think some people have that . . . I don’t know the word.” Without determination, success was unlikely. A student had to be willing to commit to earn the education. Angel shared that she struggled with drug calculations but was always able to get assistance when she needs any help. “Everybody has an opportunity to be successful.” Pearl expressed a similar sentiment and thought her unsuccessful peers had lost the desire to succeed.

Both Mary and Dorothy Gale reported their peers did not utilize their resources and expressed regret they did not reach out to them for help. Mary said, “I feel like I could have helped them; like with math. I don’t like to see anybody fail. If they had just reached out.” She clarified her comment by saying she would have been willing to assist her peers with content areas such as drug calculations.

Similarly, Dorothy Gale thought her unsuccessful peers had either chosen the wrong path or did not put forth the effort. Dorothy Gale sighed and then said, “I wished they had used the resources available to them. I don’t know if it was the studying. I just feel bad. I’m glad some did not give up.”

Not one participant attributed student failure to faculty. Participants unanimously cited peer failure as a consequence of their own actions or choices. According to the participants, the realization of what nursing really is as compared to the preconceptions they held resulted in a cognitive dissonance for their peers. Consequently, some chose other career paths. For the others, participants cited an unwillingness to devote the time and energy necessary to be

successful. Participants reflected on whether the two were related; in other words, did the unwillingness to devote the time and energy result from the cognitive dissonance?

### **Overcoming Hurdles: Sources of Inner Strength.**

The participants in this study had persisted and had experienced success thus far. An exploration of what they attributed their determination to was investigated. The theme *Overcoming Hurdles: Sources of Inner Strength* emerged from the data analysis.

All the participants were in the latter half or in the final semester of their program. All had overcome obstacles and demonstrated determination to persist. During the interviews, I asked where they got their strength to persist. The themes *strength from a Higher Power*, *heightened self-efficacy*, and *a fire in their hearts*, were clustered to create the emergent theme, *Overcoming Hurdles: Sources of Inner Strength*.

Christi, Pearl, and Angel reported receiving strength from a Higher Power. Strong faith in a Higher Power provided hope during stressful experiences. For Geo, Angel, and Mary, realizing success along the way fostered heightened self-efficacy while Dorothy Gale reported always having a strong sense of self-efficacy. Mary also attributed her sense of capability to the support she received from her family and friends while Pearl attributed her sense of capability to the determination she witnessed in her mother. For Dorothy Gale, Christi, Angel, and Mary, a deep desire to be a nurse was described as a *fire in their hearts*. These participants would do whatever necessary to be successful.

**Strength from a higher power.** Angel attributed her ability to be successful and her determination to be the result of the strength she received from God. She shared, “Through Christ all is possible. There is no way possible to do anything without Christ.” Her faith was clearly empowering and she spoke with conviction in her voice. She believed she had received a

calling from God to be a nurse and that He would provide the strength necessary to endure the process.

Pearl shared the same sentiment. She stated, “My faith in God helped me.” Not only did her faith provide her the determination to be successful in nursing school, but she also attributed her faith to sustaining her during the years she endured spousal abuse.

When Christi was asked where she got her determination from she made direct eye contact and said, “My faith is in God. He has shown me so many things that are unexplainable.” She cited her source of strength as coming from God and her determination to be successful as a combination of her faith and her desperate desire to improve her life.

**Heightened self-efficacy.** Dorothy Gale reported never having encountered an obstacle that she could not overcome. She always completed everything she started. Failure just never occurred to her. She always knew she would be successful and attributed her sense of ability to the fact she had always been successful at previous challenges in her life. Her career in the military was one of the hurdles that she had overcome that fostered a strong sense of capability.

Angel had a similar story. While she primarily attributed her strength to persist to her faith, she also shared that she had not encountered obstacles that she could not overcome and with each hurdle her belief in her ability grew. She related this to her mastery of dimensional analysis. Initially, she struggled with drug calculations. However, after seeking assistance and consequently realizing success, she no longer feared “nursing math.” With each similar experience, she reported her sense of self-efficacy heightened.

Mary also shared Dorothy Gale’s perception of the program rigor. Mary stated the classroom work “wasn’t so overwhelming” and “Because I could do it there was no reason to stop.” She had not experienced incidences of failure. Through challenges that she was able to



master, she gained an increased sense of ability. She reflected on the skills validation day in which all students in the course had to perform multiple practical tests proficiently. When she realized success on each practical test, she gained a sense of heightened ability.

Mary also attributed her sense of ability to the support she received from her family and friends. She shared that they “build me up” and make her believe that she can succeed. Her father and fiancée, she said, were her primary supporters while her classmates also were significant in promoting her self-confidence. Thanks to their support and her previous ability to master what she learned, Mary’s determination had grown.

Pearl attributed her strength primarily to God, but also to the determination she witnessed in her mother. She said watching her mother continue to make attempts to better her life by working hard and getting an education made her realize her own sense of ability. Her mother’s determination fueled Pearl and provided her with the strength to overcome obstacles in nursing school and in her personal life.

**A fire in their hearts.** A deep desire to be a nurse was described as a burning passion that motivated participants to be successful. This desire to be a registered nurse is what Dorothy Gale, Christi, and Mary attributed to the ability to overcome hurdles such as studying when they were exhausted, taking negative encounters in stride, and pushing themselves to their full potential.

Dorothy Gale described a difficult clinical experience (she attributed due to a conflict with the faculty member) that presented a challenge to her; however, she knew the experience would soon end and that she would not quit regardless of how negative the experience proved. She was in her 4th semester when the incident occurred. According to Dorothy Gale’s account, she and her peers had been in clinical a few weeks when during post conference she addressed

the clinical faculty and expressed concern over not being able to polish skills such as intravenous insertions. She felt they had been performing primary care only. Dorothy Gale stated her clinical instructor became angry and stated they (the students) were not beneath performing basic patient care. She ascertained her concern was misconstrued and interpreted as the group projecting they were “too good” to perform primary care. Without being presented an opportunity to clarify the concern, Dorothy Gale and her peers in the group were assigned primary care with patient technicians for the remaining weeks of the clinical experience. She said they felt humiliated and belittled. Nonetheless, with just a few weeks left, she persisted. She shared, “I just wanted to finish the last three clinicals and get the Hell out of there”!

Christi explained that her determination to succeed came from God and her deep desire to be a registered nurse. Failure simply was not an option to Christi. Very concisely she stated, “It’s going to take the Good Lord and a crow bar to get me outta here”!

In response to being asked where or whom she attributed her determination came from, Mary replied, “Spite. I came this far and I wasn’t going to stop. I am going to finish. No one is going to stop me.” Mary had made up her mind that nothing and no one was going to impede her ability to succeed as becoming a registered nurse was of incredible importance to her. She shared that initially when she began the program she had difficulty focusing and concentrating. She sought help with the encouragement of her fiancée and when she received medical care for her psychiatric problems she began to perform better. She never wanted to be an LPN but when she was denied admission into the associate degree program the first two times she chose that track. Nevertheless, she knew she was going to continue to pursue her goal of becoming a registered nurse no matter what obstacles presented along the way.

## **Faculty Behaviors: Thermostats for the Learning Climate**

When participants were asked about faculty behaviors, the emergent theme *Faculty Behaviors: Thermostats for the Learning Climate* culminated from the clustering of the themes *valued and respected as a student* and *disrespect/ disregard for learner*. The experiences reported were predominantly related to clinical rotations and skills laboratory settings. The most frequent theme was *valued and respected as a student*. Faculty demonstrated caring behaviors by checking on a student outside of course time, including students (who were not members of their clinical student group) in the dissemination of information (such as providing cardiac rhythm strips to study with), displaying confidence in the ability of a student, and being supportive of students. Behaviors such as having consistent expectations from students, conveying faith in a student's competence, being approachable, preparing students for clinical experiences, and responding in a timely manner also culminated in the theme *valued and respected as a student*.

**Valued and respected as a student.** Christi became teary eyed as she described an encounter with a faculty member that demonstrated caring behavior. Christi recounted that while she and another classmate were carpooling and on the way to clinical they ran out of drinking water. She asked her friend to stop somewhere to buy another bottle. Christi said, "I was so thirsty"! Her friend commented on how much water she was drinking. Later that evening during her clinical experience, her teacher commented on Christi's excessive thirst and began asking her questions. She then took Christi to the emergency room where it was revealed that her blood glucose level was very high. Christi found out she had diabetes. She shared that her faculty member called and sent her a text later that evening after Christi was discharged from the emergency room and the next morning too. "She texted and called me. That's going above and

beyond! I will never forget that.” The experience resulted in Christi feeling valued as a student and respected as a person.

Mary perceived caring behaviors as those that promoted confidence in her ability. She shared an experience with a clinical faculty member regarding medication administration. Mary said that prior to administering any medications, her instructor would query her on her knowledge of the drugs and when satisfied that Mary knew the medications, she would allow Mary to pass them out independently. Mary said it “made me feel confident” when her teacher demonstrated belief in her competency to administer medications. This experience made Mary feel respected particularly given her teacher recognized she was an LPN and administered medications daily while at work.

Angel reported her teacher demonstrated caring behaviors by always being available and responding in a timely manner. She said, “The faculty are fair” and “The instructors are very encouraging.” She stated she felt valued because faculty took time to assist her when she struggled with dimensional analysis and always made time for her whenever necessary. She felt important to them.

Dorothy Gale also had a positive perception of faculty overall. She cited an example of how she felt valued by one particular faculty member. In a previous semester, she had a faculty member (I will refer to her as Ms. Cajun) that always ensured the students were prepared for their clinical experience by providing them with materials that educated them on procedures unique to the patient population on the unit. Ms. Cajun also made arrangements for her students to view a teaching video about cardiac catheterizations so that when the students were assigned a patient pre- or post-procedure, they could have an intelligent conversation with them. Dorothy Gale perceived this as a caring behavior. The subsequent semester when Dorothy Gale and her

peers were in a different faculty member's clinical group, Ms. Cajun brought rhythm strips to all students assigned that day to the hospital. Dorothy Gale was humbled that her faculty from the previous semester still provided opportunities to learn and resources even though she and her peers were no longer under Ms. Cajun's tutelage. These caring behaviors made Dorothy Gale feel valued and important.

Pearl discussed her positive experiences with caring faculty. Pearl was anxious that her clinical teacher would have different expectations of her than from her peers given Pearl was an LPN. In contrast to Mary, she did not want to be treated differently.

I didn't want to tell her I was an LPN. She already knew but treated me the same. She said *you need to quit doubting yourself. You're a very smart girl and you need to believe in yourself.* To see her from the beginning . . . she was so stern but to see that side of her. Oh my gosh! She really cares! She made it very easy to be comfortable to speak to her.

Pearl was relieved to be held to the same standard as her peers and by doing so, her teacher made her feel respected. By the teacher being open and promoting Pearl's self-confidence, she felt valued.

**Disrespected/ disregarded as a student.** Conversely, the theme *disrespected/ disregarded as a student* stemmed from formulated meanings such as demonstrating a lack of consideration of the impact of sudden change on a student along with the angst and anxiety associated with unanticipated change, snapping at a student, and punishing or belittling students when incorrect information is disseminated.

Mary reflected on an incident that occurred when a classmate was scheduled to take an exam in the testing center on campus. Mary's classmate received accommodations for testing due to an anxiety disorder. Mary felt a special bond with this classmate as she, too, suffers from a mental illness. She recounted that when the exam link did not open at the designated time, her friend experienced a panic attack. After the test, the instructor stated, "It's not my fault you had

an anxiety attack”! Although this happened to Mary’s peer and not her, she felt disrespected nonetheless and perceived the instructor had “no respect for me” because of her mental illness.

Geo felt angst when facing practical tests. A lack of consistency among instructor’s methods of performing skills such as dressing changes or injections led to confusion for students. He declared the inconsistency among instructor’s methods caused him to have to repeat a test. He did not share which practical test he was referring to; only that he attributed his initial unsuccessful attempt to differing methods of instruction among faculty. He interpreted the lack of consistency, and the angst the uncertainty caused, as a disregard for students.

Geo cited another example of a faculty behavior that was unpleasant and uncaring. The event occurred during a skills validation day during which students had to demonstrate practical competency in several tests. Specific laboratories were designated for particular skills. Geo described some of the skills as requiring gloves in the hospital setting. He had been advised by a faculty member he only needed to state he would don gloves prior to the skill validation, as opposed to actually putting them on, in an attempt to save on supplies since gloves were scarce in the department. He stated that when he entered a subsequent laboratory to demonstrate another skill that same day, he inquired of the next faculty member if the expectation was the same or did he need to get gloves prior to proceeding? Geo said, “I was snapped at. Made me feel bad.” He felt as if he did not matter and that the instructor had no regard for how he felt.

Similarly, Christi felt that instructors demonstrated uncaring behaviors when sudden changes would occur without warning. She interpreted the changes as a blatant disregard for the impact of change on students. She elaborated saying, “I do think that some stuff is unfair. Too many things change. Instructors forget how hard it is. They need to remember how hard it is”! Changes to the course calendar including testing dates and clinical or simulation experiences

were examples that Christi provided. According to Christi, the changes would occur without warning and students were expected to adapt. She interpreted this to mean that the impact of the change on students was never regarded by faculty. It was as if they (students) did not matter.

Pearl reported an unpleasant encounter with a clinical instructor who “told us to wear our community uniform to BMU when we asked her. When the day came, we were the only three in community uniform. The others had on their hospital uniform. She got really mad and gave us zeros even though she told us wrong. It belittled us to a certain extent.” Pearl felt as if the instructor exercised power unfairly without regard for the impact of the negative evaluation on her and her peers.

#### **Nursing Faculty: Neither Primary Influences or Deterrents for Minority Student Success**

The final theme, *Nursing Faculty: Neither Primary Influences or Deterrents for Minority Student Success* emerged from the clustering of the themes *faculty role in determination insignificant* and *faculty will not deter from ultimate goal*.

**Faculty role in determination insignificant.** According to Geo, Mary, and Christi, their determination to succeed was not related to faculty behaviors. Mary attributed her success thus far to her deep, unwavering faith in God and that her instructors were not influential in her desire to persist.

Geo declared he believed determination is up to the student. He perceived faculty as guides but not as primary sources of determination. “I think it’s more the individual than the faculty. It’s not their job to get you through. Faculty are a guide.”

Mary shared that same sentiment as Geo. She also viewed faculty as guides and resources but not as primary influences on determination. According to Mary, faculty were not significant influences in her quest to earn her education.

Christi emphatically replied, “I don’t care about them”! She went on to explain that faculty support was appreciated but not what motivated her to persist despite working nightshift and then driving 2 hours one way to class or clinical. Christi also shared that if faculty had not been for the most part pleasant and encouraging she would have sought her education elsewhere; but would have pursued her education regardless.

Angel recounted that “I really can’t say I have had a bad experience.” She felt her program was “awesome” and “very challenging to get into initially” but also very rewarding. Despite the positive experience she had thus far, when asked if faculty behaviors influenced her desire to persist or determination she replied, “No.” Her determination came from her faith in God. She expressed a strong belief that God would sustain her and that she would persist “no matter what.”

**Faculty will not deter from ultimate goal.** Geo, Dorothy Gale, and Pearl all encountered unpleasant incidents with nursing faculty; yet, made it clear faculty would not deter them from realizing their goal. Geo expressed that even in a negative learning climate he would have persisted. “I might not have continued here if it happened all the time. I would definitely have continued elsewhere though.” His experiences with rude faculty and the inconsistencies in instruction had impacted him but they were not deterrents from seeking his goal. However, if the experiences occurred on a consistent basis or earlier in his program, he would have sought admission elsewhere. Geo was determined to become a registered nurse; faculty would not deter him from that goal.

Dorothy Gale expressed her desire to persist outweighed any impact of uncaring faculty behaviors. The unpleasant clinical experience was challenging for Dorothy Gale but it never



occurred to her to quit. She said that if it had happened frequently or early in her program, she would have chosen a different college, but it never occurred to her to quit altogether.

At the beginning I didn't have that much invested. Now I had too much invested so I wasn't going to quit. If it had happened earlier I would have just gone somewhere else; but I was going to finish.

Pearl tried to look at negative encounters with faculty from a different perspective.

Pearl's years of domestic violence and subsequent counseling empowered her to realize she did not cause the violence. She used this same lens to view negative encounters or experiences with faculty. She knew she would strive to realize her goal regardless of hurdles or obstacles. She shared,

I would continue no matter what. Sometimes when people project things on you it's really not about you. So frequently I'm not really the target. This really isn't about me. I try to think of this from a different perspective.

### **Conclusion**

The answer to RQ3 is evident in the emergent themes described in the aforementioned paragraphs; faculty behaviors (caring and non-caring) do not have a significant role in minority students' determination or desire to persist. According to the findings of this study, minority students in the middle to latter half of an associate degree nursing program have persisted due to personal, spiritual, and familial reasons and the impact of faculty behaviors, while leaving an impression, are not primary influences or deterrents for success. According to the results of this study, minority students who possess determination and heightened self-efficacy (*grit*), along with those who perceive spiritual support, are those who will succeed; whereas caring on behalf of faculty, while important to the institutional climate, will not affect minority student success. In other words, successful students do not attribute their persistence to caring faculty.

### **Exhaustive Description and Fundamental Structure**

In accordance with Colaizzi's (1978) method, the fifth step is the development of the exhaustive statement. From these findings this exhaustive description, *minority associate degree nursing students' determination: the significance of choosing the right path, influence on career choice, sources of inner strength, and faculty behaviors: thermostats for the learning climate*, culminated from merging the five themes developed during the study. The sixth step according to Colaizzi (1978) is the creation of the fundamental structure that captures the essence of the phenomenon. Drawing together the five themes discovered in the interviews, the following analysis is offered:

While the impetus to pursue a career in nursing may be experienced by many students, it is not everyone's journey. Along the way as minority nursing students encounter hurdles, they rely on their sources of inner strength to persevere. Faculty behaviors may impact the learning climate, but are not primary influences or deterrents for successful minority students in an associate degree nursing program.

The final step according to Colaizzi (1978) entails returning this fundamental structure to participants for validation. This was accomplished by telephone, and all concurred with the statement.

### **Summary**

This research study investigated the relationship between faculty caring behaviors and nursing students' academic self-efficacy and minority students' desire or determination to persist. A mixed methods design was used to answer the research questions. It was discovered that associate degree nursing students in the midst to latter half of a program persisted due to personal, spiritual, or familial support. According to the participants, faculty behaviors did not predict academic self-efficacy. Successful minority students' determination was not influenced by faculty caring or non-caring behaviors. Rather, their determination to persist was sustained by deep desire to realize a specific goal. In Chapter V, implications of these findings will be

discussed, along with recommendations for educational policy and future research on student persistence.

## CHAPTER V

### DISCUSSION

According to feminist theory, a person's identity is developed through relationships (Miller, 1986). Healthy relationships can empower a person to realize their optimal self and, conversely, unhealthy relationships can become prisons in which people lose their identities and the belief in their ability to affect change (McCauley, 2013; Miller, 1986). A healthy relationship is characterized by empathy, authenticity, empowerment, and respect for another (Frey, 2013). All of these attributes are inherent of caring behaviors in education as defined by Noddings (2005) and in nursing as defined by Watson (1996).

Although nursing programs have successfully increased the enrollment of minority students in an attempt to affect health disparities, attrition rates remain higher for minority students as compared to majority students (Cantwell et al., 2015; Gardner, 2005; Seago & Spetz, 2005; Shelton, 2003; Wells, 2003). Bandura's (1997) theory of self-efficacy asserts that individuals with heightened self-efficacy are more likely to achieve goals and less likely to abandon efforts to realize their potential. Given relationships can be empowering or disempowering, research on the effect of caring behaviors of faculty on minority students' desire to persist and determination was warranted.

The study was conducted using the conceptual framework of Relational-Cultural Theory (RCT). RCT posits that nurturing relationships strengthen self-efficacy and, conversely, non-caring or malignant relationships lower self-efficacy (Cannon et al., 2012; Frey, 2013). RCT was developed from feminist theory, and as a social justice theory, it has been used to examine

marginalized populations (Cannon et al., 2012). The major tenets of RCT along with the results of the literature review guided the development of the research questions for this study.

This study examined whether perceptions of caring behaviors of nursing faculty are predictive of academic self-efficacy among associate degree nursing students. Additionally, this study examined the role of ethnicity on perceptions of caring behaviors and whether faculty caring behaviors affected minority students' persistence. In this chapter, a brief summary of the quantitative results and qualitative findings will be presented organized by the research questions. Next, a discussion of how these results relate to the literature is presented followed by implications for educational practice. Finally, the recommendations for future research are discussed.

### **Results/Findings**

Using a transformative explanatory mixed methods as the design, this study investigated associate degree nursing students' perceptions of faculty caring behaviors and academic self-efficacy. Specifically, during the quantitative phase, I investigated if a relationship between perceived faculty caring behaviors and academic self-efficacy existed. Additionally, during the qualitative phase, I investigated if faculty caring behaviors affected minority nursing students' determination or desire to persist. The instruments used in the quantitative phase to determine if associate degree nursing students' academic self-efficacy was predicted by perceptions of faculty caring behaviors were the NSPIC (independent variable) and the MSLQ (dependent variable). A Pearson correlation was the statistical method of analysis used to ascertain if a relationship between the two variables existed. An inductive, phenomenological approach using interviews to collect data was employed during the qualitative phase.

The specific research questions and hypotheses investigated during the quantitative phase of this study to test the assumption that caring behaviors of faculty are important indicators of academic self-efficacy particularly among minority students were:

1. Are perceptions of faculty caring behaviors a predictor for nursing students' academic self-efficacy?

*Hypothesis 1.* There will be a positive relationship between perceptions of faculty caring behaviors and associate degree nursing students' academic self-efficacy.

2. Is there a statistically significant difference in the relationship between perceptions of faculty caring behaviors and academic self-efficacy among minority and majority ethnic groups?

*Hypothesis 2.* There will be a statistically significant difference in the relationship of perceived faculty caring and associate degree nursing students' academic self-efficacy between minority and majority students.

The results of the statistical analysis yielded no statistically significant relationship between perceptions of faculty caring behaviors and academic self-efficacy. Thus, the research hypothesis was rejected. Given the results of the data analysis yielded students' perceptions of faculty caring behaviors were not predictive of students' academic self-efficacy, the second research question did not warrant investigation. However, an examination of the role of ethnicity, age, generation, career, support, accommodations, and reason on perceptions of faculty caring behaviors and academic self-efficacy was investigated. An analysis of the data revealed no statistically significant effects of age, generation, career, support, accommodations, and reason on perceptions of instructor caring or academic self-efficacy.

The results of the quantitative analysis were used to inform the qualitative phase. The research question for the qualitative phase was:

3. Do caring behaviors of nursing faculty have any role in minority students' persistence or determination to be successful in an associate degree nursing program and if not, where does the desire to persist come from?

Participants for the qualitative phase consisted of minority students. Interviews were arranged for the data collection process. Using Colaizzi's (1978) phenomenological method of data analysis, the research findings indicated successful minority students do not attribute their determination to faculty. Minority students attributed their determination to personal, spiritual, and family support.

### **Discussion**

The findings of this study add to the current literature. Studies on minority nursing students suggested a lack of caring on behalf of faculty can contribute to the lack of persistence or determination (Del Prato et al., 2011; Hong et al., 2012; Kezar & Maxey, 2014; Shelton, 2003; Torregosa & Morin, 2012). Faculty-student interaction has been associated with increased determination and decreased attrition (Kezar & Maxey, 2014; Myers et al., 2014). Many studies examined students who had not persisted or were unsuccessful for academic reasons. While this study did not identify a correlation between perceptions of faculty caring behaviors and academic self-efficacy, it did identify minority students who persisted had a strong sense of self-efficacy and desire to succeed.

Relational-cultural theory posits that individuals flourish in nurturing, caring relationships (Cannon et al., 2012). This study identified the significance of empowering relationships for minority students; however, the relationships were not with faculty. Minority students who have been successful or persisted identified the importance of familial support and their spiritual relationship as a primary source of determination. Faculty caring behaviors were

important in regard to choosing to continue in the selected program, but did not contribute to a desire to persist. Thus, the findings of this study support the tenets of RCT; but the relationship is not the one with faculty that impacts a minority students' determination.

The findings of this study are consistent with a study by Amaro et al. (2005). In their study, minority students reported an unyielding desire to persist and self-motivation as the most influential factors on minority students' success. Another similarity is realized in the sample; this study's participants consisted of students who had persisted to at least the 3rd semester compared with participants in Amaro et al.'s study were recent graduates.

Sedgwick et al.'s (2014) study found peer groups, hospital staff, and clinical faculty to be the most influential on minority students' desire to persist. According to the results of my study, faculty behaviors are important in regard to the learning climate and institution as a whole; however, faculty behaviors were not influential on successful minority students' desire to persist. A distinction of the classification of the participants by academic year was not disclosed in Sedgwick et al.'s study and thus it is possible the participants were those in the early portion of their program of study. This may provide a possible reason for the difference in the findings.

This study's findings are inconsistent with Hong et al.'s (2012) study's findings which suggested faculty-student relationships were predictive of student self-efficacy. By similarity, in Hong et al.'s study, participants were primarily 3rd and 4th year college students and only 12% were minorities. The inconsistency is in the results. Hong et al.'s study found a positive correlation between perceived faculty caring behaviors and perceived successful outcomes ( $r = .89, p < .001$ ). My study found a slight positive correlation that was not statistically significant ( $r = 0.152, p = 0.097$ ).



According to relational cultural theory, healthy relationships foster human potential and are empowering (Cannon et al., 2012; Frey, 2013). This study may have identified students who have supportive personal, spiritual, or familial relationships and thus the need for support via caring behaviors of nursing faculty were not as relevant as for those who do not have supportive relationships. Unsuccessful students may have lacked personal, spiritual, or familial reasons for determination and thus caring behaviors of faculty may have a more significant impact on their determination to succeed and may have been predictive of academic self-efficacy.

This study's findings, while not suggesting faculty caring behaviors are predictive of academic self-efficacy or minority students' desire or determination to persist, do not deny relationships are empowering. This study identified students who had a *fire in their hearts, heightened self-efficacy, and strength from a Higher Power* were determined to succeed and persist despite challenges. Additionally, students who desired a better life for themselves and their loved ones persisted despite obstacles.

It is important to note that the 2nd year cohort size on average of 48 to 60 students may be a factor in the results of this study. According to the Bureau of Labor Statistics (2017), there will be a need for almost 3.4 million nurses by the year 2026. Nursing programs, in response to a national shortage of registered nurses, have increased enrollment. The purpose of community colleges is to answer to the needs of the workforce and in effect create a supply and demand system (Gándara et al., 2012). The concern here is that, as opposed to an inanimate product on an assembly line, the product is a person. Students are being mass produced as skilled workers. In such supply and demand environments, the human factor may be lost.

The human factor is what makes relationships possible. In order to have a relationship, there must be time to develop one between the two parties. In large groups of students, the ability

to form this relationship may be hindered. This helps to put the findings of this study into context. The quantitative analysis did not find a positive relationship between perceptions of faculty caring and academic self-efficacy. The explanation for this was revealed in the findings of the qualitative phase. Faculty caring or non-caring behaviors did not impact a students' desire to persist. Perhaps this was due to the lack of an ability to create caring relationships and thus students had to rely on intrinsic qualities to succeed? What then do we do with students who do not have the intrinsic qualities necessary for success if the ability to form caring, empowering relationships is not possible due to ever increasing cohort sizes?

### **Recommendations**

A recommendation of the study is realized in the sample. The sample for this study consisted of associate degree nursing students enrolled in the mid to latter half of an associate degree nursing program. Given the participants in this study reported persisting due to spiritual, familial, and personal influences, the population that may indeed be impacted by faculty caring behaviors may be those in the early semesters of an associate degree program. According to the literature, minority students who have been unsuccessful (either via withdrawal or academic failure) cite the lack of caring relationships with faculty as a contributing cause (Amaro et al., 2006; Cantwell et al., 2015; Gardner, 2005). Perhaps, then, the students who were unsuccessful were those who entered half-heartedly or without a strong sense of why they desired a career as a registered nurse. These may be the students whose academic self-efficacy is affected by faculty caring behaviors. Thus, an investigation of the impact of caring behaviors on entry level minority nursing students is now warranted.

The full-time faculty composition of the associate degree nursing program consisted exclusively of Caucasian females. All adjunct faculty members were Caucasian; two of which

were males. According to the literature, minority nursing students attribute the presence of minority faculty as enhancing a sense of belonging and role models (Amaro et al., 2006; Baker, 2013; Wilson et al., 2006). Perhaps if the faculty composition consisted of more minority faculty members, caring behaviors of faculty would be influential on minority students' desire to persist and determination to be successful. Thus, an investigation of the relevance of faculty caring behaviors and minority students' desire to persist in institutions with minority faculty members also needs to be conducted.

### **Implications/ Climate Control**

The findings of this study suggest associate degree programs may want to hold admission interviews to ascertain whether or not prospective students are entering the profession to improve their quality of life and the lives of their loved ones (*a better life/self*), due to a sincere sense of calling (*nursing as a calling*) to the profession, or due to being strongly influenced and supported by family members (*influence of relationships*). Students who enter the profession for these reasons tend to stay determined and focused on an ultimate goal, thus realizing success. If community college programs are not permitted by state regulations to conduct interviews as part of the application process, faculty can nonetheless identify those students who are not entering for the aforementioned reasons in an attempt to identify those at risk and implement proactive measures to promote retention. A proactive measure for those at-risk students may be realized in a mentoring program.

Given students who know their life goals are the ones who are not easily discouraged, it may be beneficial to ask former graduates to serve as mentors. Perhaps if current students (who struggle with multiple barriers) could be mentored by successful graduates (who relate to those struggles but overcame them) they might be able to find the *fire in their hearts* to realize that

same success by emulating those who were successful. Mentors may foster behaviors that promote success. Faculty may also assist in this area by helping students identify their life goals and how their studies will facilitate attainment of those life goals. Helping students find that *fire in their hearts* or identify the pathway for a *better life/self* may be instrumental in promoting minority student retention.

Furthermore, faculty must recognize the personal commitments and support systems of minority students to ensure teaching strategies embrace these values and obligations in terms of professional and scholarly expectations. Learning activities that result in *heightened self-efficacy* may promote determination by fostering a sense of ability and capability. The results of this study suggest minority students with a strong sense of self-efficacy are more likely to persist and remain determined to realize their goals.

Faculty may be empowered by the results of this study to promote minority student success by helping students develop *grit*. This was defined in Chapter IV of this study as heightened self-efficacy and determination. If fueled with a sense of purpose, the potential for success may be realized for minority students. It is clear based on the results of this study that students with *grit* tended to be successful, along with those that perceived nursing as a calling. These students had a sense of purpose and an intrinsic drive to be successful.

The power of a student's spirituality must not be underestimated. Those who persisted identified a strong connection to a Higher Power. The sense of guidance and support these students experienced from their Higher Power provided inner strength to endure and persist despite significant obstacles and burdens. The unwavering faith these students demonstrated, and the confidence that culminated from that faith, promoted a strong sense of determination. Faculty may be informed by the results of this study by creating non-threatening and non-judgmental

forums for open dialogue to enable students to discuss their spirituality and how to find inner strength from their Higher Power.

Although the findings of this study suggest faculty caring behaviors are not primary for nursing students' academic self-efficacy or minority students' determination to be successful, nursing programs can be informed by the results. Participants indicated during the qualitative phase that while nursing faculty behaviors would not deter the desire to persist, negative behaviors could impact the students' choice of where they complete their education. If faced with an uncaring nursing faculty on a consistent basis, they would have selected another program for completion of their degree plan. Thus, it behooves nursing education to maintain a nurturing, caring educational climate that includes supportive relationships with faculty. Noddings (2012) asserted that caring relationships with students can be accomplished by supporting a student's efforts. The implementation of Noddings (2012) care ethics in nursing education can be valuable and ultimately increase minority student retention.

Similarly, Watson's philosophy of caring (2008) can be applied in nursing education. Caring as a pedagogical approach allows for a value dense and relational ethic to be integrated into a science-based model (Watson, 2008). By using caring as an ethical approach to teaching, nurse educators can use the teacher-student relationship to identify what a minority student's values are, and then illustrate how earning an education in nursing can facilitate realization of their goals centered on those values.

Additionally, given this study identified minority students who had persisted due to intrinsic reasons, this study can inform associate degree nursing programs on possible methods to increase the retention and success of minority students. Nursing faculty can encourage minority students to identify how becoming a registered nurse may enrich their lives and the lives of their

loved ones by providing opportunities for personal and professional growth, stable income, and dependable employment. If faculty can assist students to find the *fire in their hearts* or *impetus to pursue a career in nursing*, perhaps the necessary determination to be successful can be fostered among minority students. Perhaps then the greatest kind of care nursing faculty can provide is fostering students' professional identity and perceived self-efficacy through these supportive factors.

### **Conclusion**

Retaining minority nursing students is imperative in order to affect health disparities. This study examined the role of faculty caring behaviors on associate degree nursing students' academic self-efficacy and minority students' determination or desire to persist. This mixed methods study did not identify a relationship between faculty caring behaviors and academic self-efficacy among associate degree nursing students. Additionally, there were no statistically significant effects of age, support, generation, accommodations, career, and reason on perceptions of instructor caring or academic self-efficacy. The qualitative findings suggest that while behaviors of nursing faculty do have an impact on minority students, they are not primary influences for minority students' determination or desire to persist. Nonetheless, faculty caring behaviors may influence a minority student's decision to pursue their education elsewhere when faculty non-caring behaviors are encountered. Thus, climate control (caring behaviors on behalf of nursing faculty) should be an institutional concern.

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APPENDIX A

NURSING STUDENTS' PERCEPTION OF INSTRUCTOR CARING (NSPIC)



## Nursing Students' Perception of Instructor Caring (NSPIC)

Instructions: When you are completing these items, think of your current instructor (clinical or theory). Select the number that best expresses your opinion.

**Rating Scale:**

- |                       |                    |
|-----------------------|--------------------|
| 1 strongly disagree   | 4 slightly agree   |
| 2 moderately disagree | 5 moderately agree |
| 3 slightly disagree   | 6 strongly agree   |

My instructor:	strongly disagree				strongly agree	
1. Shows genuine interest in patients and their care +	1	2	3	4	5	6
2. Displays kindness to me and others +	1	2	3	4	5	6
3. Instills in me a sense of hopefulness for the + future	1	2	3	4	5	6
4. Makes me feel that I can be successful +	1	2	3	4	5	6
5. Helps me to envision myself as a professional + nurse	1	2	3	4	5	6
6. Makes me feel like a failure -	1	2	3	4	5	6
7. Does not believe in me -	1	2	3	4	5	6
8. Cares about me as a person +	1	2	3	4	5	6
9. Respects me as a unique individual +	1	2	3	4	5	6
10. Is attentive to me when we communicate +	1	2	3	4	5	6

	strongly disagree			strongly agree		
11. Inappropriately discloses personal information - about me to others	1	2	3	4	5	6
12. Does not reveal any of his or her personal side -	1	2	3	4	5	6
13. Acknowledges own limitations or mistakes +	1	2	3	4	5	6
14. Makes herself/himself available to me +	1	2	3	4	5	6
15. Clearly communicates her/his expectations +	1	2	3	4	5	6
16. Serves as a trusted resource for personal + problem solving	1	2	3	4	5	6
17. Offers support during stressful times +	1	2	3	4	5	6
18. Accepts my negative feelings while helping + me to see the positive	1	2	3	4	5	6
19. Allows me to express my true feelings +	1	2	3	4	5	6
20. Discourages independent problem solving -	1	2	3	4	5	6
21. Inspires me to continue my knowledge and + skill development	1	2	3	4	5	6
22. Makes me nervous in the clinical laboratory -	1	2	3	4	5	6
23. Does not trust my judgment in the clinical - laboratory	1	2	3	4	5	6
24. Seems caught up in her/his own priorities - rather than responding to my needs	1	2	3	4	5	6

	strongly disagree			strongly agree		
25. Makes demands on my time that interfere with - my basic personal needs	1	2	3	4	5	6
26. Focuses on completion of patient care tasks - rather than the patient's needs	1	2	3	4	5	6
27. Helps me find personal meaning in my + experiences	1	2	3	4	5	6
28. Encourages me to see others' perspectives + about life	1	2	3	4	5	6
29. Helps me to understand the spiritual + dimensions of life	1	2	3	4	5	6
30. Is inflexible when faced with unexpected - situations (happenings)	1	2	3	4	5	6
31. Uses grades to maintain control of students	1	2	3	4	5	6

APPENDIX B

MOTIVATED STRATEGIES FOR LEARNING QUESTIONNAIRE

Self-Efficacy for Learning and Performance subscale from  
The Motivated Strategies for Learning Questionnaire (MSLQ) for College Students  
Pintrich et al., 1991

Click on the dropdown box (black arrow) under each question. Select a value range from 1 to 7 that best answers the question.	Not at all true of me 1	2	3	Somewhat true of me 4	5	6	Very true of me 7
1. I believe I will receive an excellent grade in this class.	1	2	3	4	5	6	7
2. I'm certain I can understand the most difficult material presented in the readings for this course.	1	2	3	4	5	6	7
3. I'm confident I can learn the basic concepts taught in this course.	1	2	3	4	5	6	7
4. I'm confident I can understand the most complex material presented by the instructor in this course.	1	2	3	4	5	6	7
5. I'm confident I can do an excellent job on the assignments and tests in this course.	1	2	3	4	5	6	7
6. I expect to do well in this class.	1	2	3	4	5	6	7
7. I'm certain I can master the skills being taught in this class.	1	2	3	4	5	6	7
8. Considering the difficulty of this course, the teacher, and my skills, I think I will do well in this class.	1	2	3	4	5	6	7

APPENDIX C

NSPIC: FACTORS (SUBSCALES)

Table 1

*Identification of Items Within Factors (Subscales)*

Factors (Subscales)	Item Numbers
I- Instills Confidence through Caring	<ol style="list-style-type: none"> <li>1. Shows genuine interest in patients and their care.</li> <li>2. Displays kindness to me and to others</li> <li>3. Instills in me a sense of hopefulness for the future.</li> <li>4. Makes me feel that I can be successful.</li> <li>5. Helps me to envision myself as a professional nurse.</li> <li>6. Makes me feel like a failure.</li> <li>7. Does not believe in me.</li> <li>8. Cares about me as a person.</li> <li>21. Inspires me to continue my knowledge and skill development.</li> <li>22. Makes me nervous in the clinical laboratory.</li> <li>23. Does not trust my judgment in the clinical laboratory.</li> </ol>
II- Supportive Learning Environment	<ol style="list-style-type: none"> <li>11. Inappropriately discloses personal information about me to others.</li> <li>13. Acknowledges his or her own limitations or mistakes.</li> <li>14. Makes herself/himself available to me.</li> </ol>

	<p>15. Clearly communicates her/his expectations.</p> <p>16. Serves as a trusted resource for personal problem solving.</p> <p>17. Offers support during stressful times.</p> <p>18. Accepts my negative feelings while helping me to see the positive.</p> <p>19. Allows me to express my true feelings.</p> <p>20. Discourages independent problem solving.</p> <p>24. Seems caught up in her/his own priorities rather than responding to my needs.</p>
<p>III-Appreciation of Life's Meanings</p>	<p>27. Helps me find personal meaning in my experience.</p> <p>28. Encourages me to see other's perspectives about life.</p> <p>29. Helps me to understand the spiritual dimensions of life.</p>
<p>IV- Control vs Flexibility</p>	<p>25. Makes demands on my time that interfere with my basic personal needs.</p> <p>26. Focuses on completion of patient care tasks rather than the patient's needs.</p> <p>30. Is inflexible when faced with unexpected situations.</p> <p>31. Uses grades to maintain control of students.</p>
<p>V- Respectful Sharing</p>	<p>9. Respects me as an unique individual</p> <p>10. Is attentive to my when we communicate.</p> <p>12. Does not reveal any of his or her personal side.</p>



APPENDIX D  
PERMISSION TO USE NSPIC

On Wed, Mar 4, 2015 at 1:44 PM, Wendy Dubose <

wrote:

Hello Dr. Wade,

I am a doctoral student enrolled in the University of Alabama's Doctor of Instructional Leadership for Nurse Educators program and will begin working on my dissertation this May. I am very interested in using the tool you developed to measure Nursing Students' Perceptions of Instructor Caring (NSPIC) of nursing faculty. May I have permission to get more information about your tool? I believe it will be what I need for my study. I am in the infancy stages of the process but would like to have a tool selected.

Thank you and I look forward to communicating with you,  
Wendy DuBose

Wendy A DuBose, MSN, RN  
Associate Degree Nursing Instructor  
Wallace Community College  
Dothan, AL 36303

**From:** Gail Wade [mailto:[ghwade@udel.edu](mailto:ghwade@udel.edu)]

**Sent:** Wednesday, March 04, 2015 6:16 PM

**To:** Wendy Dubose

**Subject:** Re: NSPIC

Hello Wendy -- I am pleased with your interest and have had many requests from all over the world for use of the NSPIC. I only ask that an abstract of the study findings be sent to me at the completion of the study. How can I help you gain more information?

Gail Wade

APPENDIX E

ALIGNMENT OF NELL NODDINGS' DEFINITION OF CARE AND THE  
NURSING STUDENTS' PERCEPTION OF INSTRUCTOR CARING INSTRUMENT

Table 2	
<i>Alignment of Noddings' Definition of Caring With NSPIC Factors</i>	
Nodding's Caring and Care Ethics	NSPIC Factor (subscale)
Caring involves listening to the needs of others as opposed to assuming.	Factor II, Factor IV
Caring is evidenced in how people relate to each other.	Factor I, Factor II, Factor V
Care ethics arises from natural caring. Natural caring is what mothers do for their infants.	Factor I, Factor II
Three phases of caring in caring relationships: <ol style="list-style-type: none"> <li>1. The carer experiences motivational displacement and becomes consciously aware of the cared-for's need.</li> <li>2. The carer now acts in accordance to the awareness of the need</li> <li>3. The cared-for is now aware of the caring from the carer.</li> </ol>	Factor I, Factor II, Factor V
Caring relationships are essential for survival.	Factor I, Factor II, Factor III, Factor V
Caring relationships consist of the carer and the cared-for.	Factor I, Factor II, Factor IV, Factor V
Identities are created from relationships.	Factor I, Factor II, Factor III
Maintaining and fostering relationships is imperative.	Factor I, Factor II, Factor III, Factor IV, Factor V
Emphasis is not on meeting the demands of the cared-for; rather the emphasis is on sustaining the relationship.	Factor I, Factor II, Factor III, Factor IV, Factor V
Educators should strive to foster caring climates conducive for caring	Factor I, Factor II

<p>relationships.</p> <p>Relationships may not consist of equal power distribution (teacher/student).</p>	<p>Factor IV</p>
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APPENDIX F

FREQUENCIES OF RESPONSES TO DEMOGRAPHIC SURVEY

Table 3

*Frequencies*

	Frequency	Percent
<b>Race</b>		
African American	17	14.2
American Indian	1	0.8
Caucasian	97	80.8
Other	5	4.2
<b>Age</b>		
18-25	43	35.8
26-35	48	40.0
36-45	18	15.0
46-55	11	9.2
<b>Generation</b>		
First generation	54	45.0
Not first generation	66	55.0
<b>Career</b>		
Initial career	89	74.2
Second career	31	25.8
<b>Support</b>		
Self exclusively	31	25.8
Spouse/Partner	48	40.0
Family other than spouse/partner	41	34.2
<b>Accommodations</b>		
Do receive accommodations	5	4.2
Do not receive accommodations	115	95.8
<b>Reason</b>		
Calling	71	59.2
Dependable Income	17	14.2
Pathway to another career	32	26.7

APPENDIX G  
UNIVERSITY OF ALABAMA  
IRB APPROVAL



March 22, 2017

Wendy DuBose  
Capstone College of Nursing  
The University of Alabama  
Box 870302

Re: IRB # 17-OR-103-ME, "Climate Control: Does Caring Really Matter?"

Dear Ms. DuBose:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of written documentation of informed consent for survey participants. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

Your application will expire on March 21, 2018. If your research will continue beyond this date, please complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, please complete the Modification of an Approved Protocol form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Request for Study Closure form.

Please use reproductions of the IRB approved stamped consent forms to obtain consent from interview participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

APPENDIX H  
PERMISSION TO CONDUCT STUDY  
AT SITE



WALLACE  
COMMUNITY  
COLLEGE

HEALTH SCIENCES

March 27, 2017

Wendy A. DuBose

Dear Ms. DuBose:

Based upon a review of your research proposal, confirmation of the processes you plan to use in implementation, and prior approval of The University of Alabama Institutional Review Board, I encourage you to proceed forward with implementation of your study entitled "Climate Control: Does Caring Really Matter?" As part of my review, it is understood that you will be seeking volunteers from within the Associate Degree in Nursing student body, and that a student's choice to participate, or decline participation, will in no way jeopardize their progress within the nursing program. You have submitted sufficient documentation to support a clear understanding of the requirements to which one commits, and the expectations that both participants and Wallace Community College should anticipate. Your plans to protect participant identity and disclosure have also been addressed.

I appreciate your willingness and desire to investigate this topic, as it is very applicable to our health programs and to our students. I also look forward to reading the results of your finished product, and invite you to share these with faculty. Please let me know if I can do anything else to help your endeavor.

DOTHAN \* EUFAULA

[www.wallace.edu](http://www.wallace.edu)

APPENDIX I  
INFORMED CONSENT FOR ONLINE SURVEYS

**University of Alabama  
Informed Consent for Online Surveys**

Wendy DuBose, a student from the University of Alabama, is conducting a study called **Climate Control: Does Caring Really Matter?** You are being asked to participate.

**Purpose of the study:**

The purpose of this study is to find out what role faculty caring behaviors have on associate degree nursing students' academic self-efficacy (or belief in the ability to be academically successful). Additionally, this study will examine if there is a difference among ethnicities in regards to the relationship between faculty caring behaviors and academic self-efficacy.

**What will take place?**

Taking part in this study involves completing two online questionnaires. The second questionnaire will follow the first in the same link. The questionnaires should take about 15-20 minutes to complete both. The surveys contain questions about perceptions of faculty caring behaviors and academic self-efficacy.

**Confidentiality:**

Your responses will be kept completely anonymous. I will not know your IP address when you respond to the online survey. Absolutely no personal identifiers will be used. The collected data from the surveys will not be linked to any codes. Any information provided will be treated anonymously and will be maintained to the fullest degree permitted by the technology used. Only I will have access to the data. Upon completion, the questionnaires will be protected in a password secure server cloud until the completion of the study and subsequently will be destroyed. The study is expected to last approximately four months. All collected data will be deleted by me when the study is completed. Only summarized data will be presented at meetings or in publications.<sup>5</sup>

**Benefits:**

There will be no direct benefits to you. You will be contributing to the knowledge and understanding of the relationship between faculty caring behaviors and associate degree nursing students' academic self-efficacy. The findings will be useful to nursing faculty and future students for teaching.

**Risk:**

No more than minimal risk is anticipated from participating in this study. The chief risk is that some of the questions may make you uncomfortable or make you recall unpleasant experiences that occurred during your nursing education. You may skip any questions you do not want to answer.

**Contact Information:**

If you have questions about this study, please contact Wendy DuBose (investigator) by email at \_\_\_\_\_ or Dr. Stephen Tomlinson (University of Alabama faculty advisor) by email at [stomlins@bamaed.ua.edu](mailto:stomlins@bamaed.ua.edu). If you have questions about your rights as a research participant, contact Ms. Tanta Myles (the University Compliance Officer) at (205) 348-8461 or toll-free at 1-877-820-3066. If you have complaints or concerns about this study, file them through the UA IRB outreach website at [http://osp.ua.edu/site/PRCO\\_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html). Also, if you

UA IRB Approved Document

Approval date: 3-22-17

Expiration date: 3-21-18

participate, you are encouraged to complete the short Survey for Research Participants online at this website. This helps UA improve its protection of human research participants.

**YOUR PARTICIPATION IS COMPLETELY VOLUNTARY.** By beginning this survey, you acknowledge that you have read this information and agree to participate in this study. You are free not to participate or stop participating any time before you submit your answers.

If you understand the statements above, are at least 18 years old, and freely consent to be in this study, click on the I AGREE button to begin.

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Expiration date: 3-21-18

APPENDIX J

QUALITATIVE PARTICIPANTS' DEMOGRAPHIC DATA

Table 4

*Qualitative Participants' Demographic Data*

Name	Ethnicity	Age	Gender	Occupation
Christi	African American	37	Female	LPN
Mary	African American	25	Female	LPN
Angel	African American	34	Female	LPN
Geo	South Asian (Pakistan)	25	Male	LPN
Pearl	Puerto Rican	31	Female	LPN
Dorothy Gale	African American	38	Female	Unemployed



APPENDIX K  
INTERVIEW CONSENT FORM

**UNIVERSITY OF ALABAMA**  
**Interview Consent Form: Faculty Caring**

You are being asked to be in a research study. This study is called "Climate Control: Does Caring Really Matter?" This study is being done by Ms. Wendy DuBose. She is a Doctor of Education in Instructional Leadership student at the University of Alabama.

Ms. DuBose is not receiving any compensation for this work.

**What is this study about?**

Academic self-efficacy is a person's belief in their ability to be academically successful. Since minority students encounter many barriers to success, measures to increase academic self-efficacy among minority students are particularly important. This study is seeking to understand the relationship between faculty caring behaviors and associate degree nursing students' academic self-efficacy. Specifically, the investigator would like to know how nursing faculty caring behaviors impact a minority student's belief in their ability to be successful in an associate degree nursing program. You will also be asked about how you perceived caring and noncaring from faculty and what faculty behaviors motivated you and what faculty behaviors made you feel insecure or doubtful of your ability to succeed.

**Why is this study important—What good will the results do?**

This study will assist associate degree nursing faculty to understand the relationship between their behaviors and nursing students' academic self-efficacy.

**Why have I been asked to take part in this study?**

You have responded to an email invitation to participate in this study.

**How many other people will be in this study?**

The investigator hopes to interview six to twelve people from Southeast Alabama within the next month.

**What will I be asked to do in this study?**

If you agree to be in this study, Ms. DuBose will interview you at a location of your convenience about your experiences with nursing faculty and how faculty behaviors affected you or your determination to be successful in an associate degree nursing program. The interviewer would like to tape record the interview to be sure that all your words are captured accurately and take handwritten notes. However, if you do not want to be taped, simply tell the interviewer, who will then take handwritten notes only.

**How much time will I spend being in this study?**

The interview should last about 30 to 60 minutes, depending on how much information about your experiences you choose to share.

**Will being in this study cost me anything?**

The only cost to you from this study is your time.

**Will I be compensated for being in this study?**

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In appreciation of your time, you will receive a \$10 gas card when the interview is completed.

**What are the risks (problems or dangers) from being this study?**

The chief risk to you is that you may find the discussion of your experiences to be distressful or cause feelings of low self-esteem. You can control this possibility by not being in the study, by refusing to answer a particular question, or by not telling me things you find to be sad or stressful. I can also recommend a counselor to you if you seem to be upset or depressed. Seeing the counselor would be at your own expense.

**What are the benefits of being in this study?**

There are no direct benefits to you unless you find it gratifying to know you have contributed to the knowledge of how faculty caring behaviors impact a students' desire to be successful in an associate degree nursing program.

**How will my privacy be protected?**

The interview will take place at a location that is conducive to privacy. You will be able to select the site. No personal identifiers will be used.

**How will my confidentiality be protected?**

The only place where your name appears in connection with this study is on this informed consent. The consent forms will be kept in a locked file drawer in Ms. DuBose's office, which is locked when she is not there. I am not using a name- number list so there is no way to link a consent form to an interview. When I record the interview, I will use a pseudo name of your choosing so no one will know who you are on the tape. After the interview, I will listen to the tape and type out the interview. When the interviews have been typed, the tapes will be destroyed. This should occur within one month of the interview. You may also refuse to be audiotaped, in which case the interviewer will take handwritten notes.

I may write a research article on this study but participants will be identified only as "students in an associate degree nursing program from Southeast Alabama". No one will be able to recognize you.

**What are the alternatives to being in this study?**

The only alternative is not to participate.

**What are my rights as a participant?**

Being in this study is totally voluntary. It is your free choice. You may choose not to be in it at all. If you start the study, you can stop at any time. However, if you stop the interview, you will not receive the gift card. Not participating or stopping participation will have no effect on your relationships with the University of Alabama or the community college which you attend.

The University of Alabama Institutional Review Board is a committee that looks out for the ethical treatment of people in research studies. They may review the study records if they wish. This is to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

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**Who do I call if I have questions or problems?**

If you have questions about this study right now, please ask them. If you have questions later on, please call Ms. DuBose at \_\_\_\_\_ If you have questions or complaints about your rights as a research participant, call Ms. Tanta Myles, the Research Compliance Officer of the University at 205-348-8461 or toll-free at 1-877-820-3066.

You may also ask questions, make a suggestion, or file complaints and concerns through the IRB Outreach Website at [http://osp.ua.edu/site/PRCO\\_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html). After you participate, you are encouraged to complete the survey for research participants that are online there, or you may ask Dr. Johann for a copy of it. You may also e-mail us at [participantoutreach@bama.ua.edu](mailto:participantoutreach@bama.ua.edu).

I have read this consent form. I have had a chance to ask questions.

I agree to allow audio recording (Initial in the space) \_\_\_\_\_ Yes \_\_\_\_\_ No

---

Signature of Research Participant

Date

---

Signature of Investigator

Date

NOTES TO INVESTIGATOR: This study would qualify for expedited review. The reading level (grade level) of the form is 8.3.

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APPENDIX L  
QUALITATIVE DATA ANALYSIS:  
THEME DEVELOPMENT

Table 5

*Qualitative Data Analysis: Theme Construction*

<u>Significant Statements</u>	<u>Formulated Meanings</u>	<u>Themes</u>
<p>Geo</p> <p><i>I really enjoy working at the hospital. Just finding out the small things for them. Brings them peace of mind.</i></p>	<p>Finds fulfillment in serving others. Enjoys alleviating other's anxiety.</p>	<p>Nursing as a calling</p>
<p><i>I started dating a girl who is a nurse. She really sold me on it.</i></p>	<p>Girlfriend encouraged him to be a nurse.</p>	<p>Influence of relationships</p>
<p>Pearl</p> <p><i>The nurse listened to me and was there for me. She made me feel good. It was the way she embraced me. She cared for me. I thought that was so awesome. I thought...I want to do that for somebody too.</i></p>	<p>Nurse made her feel important and good. Nurse accepted her and did not judge her. She wants to do the same for another.</p>	<p>Nursing as a calling</p>
<p>Dorothy Gale</p> <p><i>I was a medic in the military for twelve years. I wanted to keep with the medical thing. I enjoy helping others.</i></p>	<p>Familiar with healthcare. Enjoys working in healthcare and serving others.</p>	<p>Nursing as a calling</p>
<p>Angel</p> <p><i>I love being able to brighten someone's day. I feel like it's really a calling from God.</i></p>	<p>Enjoys caring for others. Believes she was called to the profession by higher power</p>	<p>Nursing as a calling</p>
<p>Christi</p> <p><i>I got to see my grandfather go from walking to being bedridden and back to walking again.</i></p>		

Significant Statements

Formulated Meanings

Themes

*To see what nursing and God can do! It was from then on I knew I was going to be a nurse.*

Wants to be part of others' miracles.  
Believes higher power is in control

Nursing as a calling  
Nursing as a calling

Mary

*My dad wanted me to be a nurse.*

Father encouraged her.

Influence of relationships

*I will always have a job.*

Steady employment/income.

A better life /self

Christi

*My faith in God. He has shown me so many things that are unexplainable.*

Believes higher power is in control.

Strength from Higher power

*I'm the first college grad.  
You either get an education or you're going to work hard all your life.*

Has pride and knows education can result in a better life

A better life /self

Pearl

*I am a single mother of three. When I started my pre-requisites, he became abusive. During the violence I lost myself. I saw the determination in my mother. I knew somehow I would push through.*

Her mother was her role model and through her she found her strength.

Heightened self-efficacy

*I wanted to give my kids the best. Knowing I had three kids really compelled me.*

Wanted to provide better life for children

A better life /self

Mary

*The class work wasn't so overwhelming. Because I could do it there was no reason to stop.*

Student found she was able to be successful thus pursued.

Heightened self-efficacy

Significant Statements

*My son. He is my first. I feel like I have to be everything...his mom and dad.*

Angel

*My children. I want to be able to prove to them if you want something you have to work hard.*

*Through Christ all is possible.*

*I want to be that expert. I want to be that encourager.*

*I love the medical field. Just furthering and perfecting my craft excites me.*

Dorothy Gale

*I don't think I've ever started something I didn't finish.*

*I haven't had any super bad obstacles that I couldn't overcome.*

Geo

*I could be stuck as a CNA.*

*There is always something bigger. In anything in life you should move towards the next step.*

Formulated Meanings

Desires to provide for child and feels tremendous responsibility for him.

Wants to be a role model for children

Hard work key for betterment

Believes Higher Power is in control

Wants to improve self and help others

Enjoys healthcare profession  
Strives for excellence in self

Always completes what she starts  
Strong sense of capability/ability

Always able to achieve goals

Wanted out of dead end job.

Always looking for the next step  
Believes in constantly challenging self to achieve next level.

Themes

A better life /self

A better life/self

A better life /self

Strength from Higher Power

A better life /self  
Nursing as a calling

Nursing as a calling  
A better life /self

Heightened self-efficacy

Heightened self-efficacy

A better life /self

A better life /self



Significant Statements

Angel

*I think everyone has their level in life.*

*I feel that some people don't have that...I don't know the word.*

*I don't think they are a failure.*

*I think you have to make up your mind.*

*I think some realize this is not what they want.*

*I think it's wise to accept this may not be your journey.*

Mary

*I feel I could have helped them.*

*I don't like to see anybody fail.*

*If they had just reached out.*

*Maybe this isn't for them.*

Christi

*I saw people don't give their one hundred percent.*

*I saw some people had it made.*

*I understand nursing is not for everybody.*

*When you are given such a blessing to be here you should give all you got.*

Formulated Meanings

Nursing is not for everyone

Feels that some do not want it enough

Does not view peers as unsuccessful  
Believes peers did not give it their all.

Believes some students realize they do not want to be a nurse  
Nursing is not for everyone.

Feels students did not seek assistance

Does not like to see others not succeed.  
Peers did not try hard enough

Nursing is not for everyone

Some do not put forth the effort she has.  
Views some as privileged with advantages.  
Feels not everyone can or should be a nurse.  
Frustrated that she worked hard to get admitted to the program and now will work hard to make the most of the opportunity; but feels that not all students perceive it as the same opportunity.

Themes

Wrong path

Unwilling to do what it takes

Unwilling to do what it takes

Wrong path

Wrong path

Unwilling to do what it takes

Unwilling to do what it takes

Wrong path

Unwilling to do what it takes

Wrong path

Significant Statements

Pearl

*They lose that drive. My faith in God helped me.*

Geo

*I don't think negative of them. Maybe they just didn't enjoy it.*

*I just don't know how hard they work.*

*Bad days...I don't think it's a reason to stop.*

Dorothy Gale

*I feel bad for them. They had the potential.*

*I just wished they had used the resources available to them.*

Christi

*She called me to check on me and I will never forget that.*

*She went above and beyond.*

*Instructors forget how hard it is.*

*They need to remember how hard it is.*

*Too many things change.*

Formulated Meanings

They gave up.

Believes God is in control

Does not think of peers as failures

Preconceptions about nursing false

Wonders if peers put forth the effort he did and whether they gave up when presented with difficult days.

Does not view peers as failures

Bothered that peers did not try harder

Nursing instructor demonstrated caring

Student humbled by the caring

Instructors do not care about struggles students face. Rite of passage.

Change causes angst and uncertainty  
Faculty inconsiderate of learners

Themes

Unwilling to do what it takes  
Strength from Higher power

Wrong path

Unwilling to do what it takes

Unwilling to do what it takes

Valued and respected as a student

Valued and respected as a student

Disrespect/ Disregard for learner

Disrespect/ Disregard for learner

<u>Significant Statements</u>	<u>Formulated Meanings</u>	<u>Themes</u>
Mary <i>She made me feel confident. She let me Made her feel as if faculty had faith in her</i>	Appreciated the confidence from faculty Valued and respected as a	student
<i>Some faculty do not show respect to us.</i>	Feels that some faculty are disrespectful	Disrespect/ Disregard for learner
Angel <i>The instructors are very encouraging.</i>	Student feels supported by faculty	Valued and respected as a student
<i>They respond in a timely manner.</i>	Feels important to faculty	Valued and respected as a student
<i>This is an awesome program...very challenging.</i>	She is proud of her accomplishment	Heightened self-efficacy
<i>Everybody has an opportunity to be successful.</i>	Believes students are in control of outcomes	Heightened self-efficacy
Geo <i>When they test me in clinical and really grill me it makes me realize I know more than I thought I knew.</i>	Feels empowered when successful	Heightened self-efficacy
<i>It gave me a little more confidence.</i>	Success promoted confidence	
<i>No consistency. I feel like every instructor has their method.</i>	Frustrated with inconsistency. No regard for impact on learner	Disrespect/ Disregard for learner
<i>I was snapped at. Made me feel bad.</i>	Felt uneasy. Felt as if he was a bad student.	Disrespect / Disregard for learner

Significant Statements

*I might not have continued here if it happened all the time.*

*I would definitely have continued elsewhere though.*

Pearl

*She already knew that I was an LPN but she treated me the same.*

*She said I need to quit doubting myself. To see her from the beginning...she was so stern but to see that side of her. Oh gosh! She really cares!*

*She made me feel comfortable to speak to her.*

*She told us to wear our community uniform to BMU when we asked her. When the day came, we were the only three in the community uniform. The others had on their hospital uniform. She got really mad at us and gave us zero's even though she told us wrong. It belittled us to a certain extent.*

Dorothy Gale

*She showed us the video that patients watch. It helped us be prepared when we approached the patients.*

*She wanted you to understand.*

*Anything she had to supplement.*

*She even made sure we had rhythm strips the next semester even though we were not*

Formulated Meanings

Persistent despite negativity

Faculty did not have inconsistent expectations

Student felt faculty regarded her as competent  
Student was surprised at the kindness and respect of her faculty

Student perceived faculty as approachable

Faculty demonstrated uncaring behavior by having inconsistent expectations.  
Student felt humiliated and punished-no control

Faculty demonstrated caring when providing students with helpful information.

Faculty demonstrated sincere caring when ensuring students had appropriate resources and information.

Themes

Faculty will not deter from ultimate goal

Valued and respected as a student

Valued and respected as a student

Valued and respected as a student

Disrespect/ Disregard for learner

Valued and respected as a student

Valued and respected as a student

Significant Statements

*her students anymore.  
Just the inclusiveness.  
She went out of her way.*

*We had one instructor that just could not relate.  
Another one gave us tech work at clinical.*

*I got snapped at.*

*I have too much invested so  
I wasn't going to quit. If it had happened earlier  
I would just have gone somewhere else but I was  
going to finish.*

*I just wanted to finish the last three clinicals  
and get the hell out of there.*

Christi

*My back is up against a wall.  
I'm not going to struggle the rest of my life.  
It's going to take the Good Lord and a  
crow bar to get me outta here!  
I don't care about them (instructors).*

Mary

*Spite. I am very spiteful.  
I'm going to finish...no one is going to  
stop me.  
(Faculty impact?) not really.*

Formulated Meanings

Student felt she was part of something whole  
Student perceives faculty as going beyond

Unable to create relationship with faculty due  
faculty behavior. Student felt punished.

Student perceived she was punished and  
and belittled.

Despite negative experience with faculty,  
student had come too far and was going to  
persist. Student would have chosen another  
program but would have pursued nursing.

Student kept sight on immediate future and  
persisted despite bad experience. Knew she  
would get past this.

Does not feel she has a choice  
Desires a better life  
Student will not give up period

Faculty have no significance in  
regards to students decision to  
persist

Determined to prove self  
Nothing will deter her decision

Student does not feel faculty impact  
her ability/desire to succeed

Themes

Valued and respected as a  
student

Disrespect/Disregard for  
learner

Disrespect/ Disregard for  
learner

Faculty will not deter from  
ultimate goal

A fire in their hearts

A better life /self  
A better life /self  
A fire in their hearts

Faculty role in  
determination insignificant

A fire in their hearts

Faculty role in  
determination insignificant

Significant Statements

*My family is my support.  
Friends...they build you up and make you feel better.*

Geo

*My parents brought me here to this country for better opportunities. I do not want to disappoint them.*

*I know I have the capability.  
I think it's more the individual than the faculty. It's not their (faculty) job to get you through. Faculty are a guide.*

Pearl

*I would continue no matter what.*

Formulated Meanings

She finds support from family and from friends

Feels an obligation to his parents to be successful

Believes in his ability  
Believes students are responsible for their success; not faculty

Determined to succeed no matter what

Themes

Heightened self-efficacy

Influence of relationships

Heightened self-efficacy  
Faculty role in determination insignificant

Faculty will not deter from ultimate goal

APPENDIX M  
QUALITATIVE DATA ANALYSIS:  
EMERGENT THEME CONSTRUCTION

Table 6

*Qualitative Data Analysis: Emergent Theme Construction*

Thematic Clusters	Emergent Themes
<p>Influence of relationships</p> <p>A better life /self</p> <p>Nursing as a calling</p>	<p>Impetus to Pursue a Career in Nursing</p>
<p>Wrong path</p> <p>Unwilling to do what it takes</p>	<p>Nursing: It's Not Everyone's Journey</p>
<p>A fire in their hearts</p> <p>Strength from Higher Power</p> <p>Heightened self-efficacy</p>	<p>Overcoming Hurdles: Sources of Inner Strength</p>
<p>Valued and respected as a student</p> <p>Disrespect/ Disregard for learner</p>	<p>Faculty Behaviors: Thermostats for the Learning Climate</p>
<p>Faculty role in determination insignificant</p> <p>Faculty will not deter from ultimate goal</p>	<p>Faculty: Neither Primary Influences or Deterrents for Minority Student Success</p>