

ABSTRACT

Title of dissertation: CASE STUDIES OF RESILIENT RETURNING
 WOMEN OF AFRICAN DESCENT IN AN RN TO BSN
 COMPLETION PROGRAM AT AN HISTORICALLY
 BLACK COLLEGE/UNIVERSITY: PERSONAL AND
 ACADEMIC LIVED EXPERIENCES

Carolyn Peoples Veiga, Doctor of Philosophy, 2004

Dissertation directed by: Professor Elizabeth Anne Robertson-Tchabo
 Department of Human Development

The purpose of this research was to construct from “their own words” a comprehensive description of the personal and academic lived experiences of resilient adult women of African descent who had been identified by a standardized academic diagnostic instrument, the Nurse Entrance Test (NET), as educationally at-risk for failure to complete the course requirements necessary to earn a Baccalaureate Degree in Nursing at a Mid-Atlantic Historically Black College/University. Six case studies based on multiple, focused, personal, semi-structured, audiotaped interviews were presented that capture the phenomenological perspectives of these women in “their own words.” Thematic analyses of these personal interviews indicated that the conceptual framework of Personal Investment Theory (Maehr & Braskamp, 1986) was a “good fit” to describe the behavioral and achievement motivation patterns (direction, persistence, continuing education, intensity, and performance) of these returning students.

Moreover, the outcomes of achievement, personal growth, and life satisfaction identified by Personal Investment Theory also were identified consistently by these women.

The case studies were organized around developmental stages and special attention was paid to Robert Havighurst's developmental and educational tasks. The developmental stages were utilized to emphasize an orderly progression for human development while allowing for flexibility and overlap across the life span. Psychosocial development theory advanced by Erik Erikson provided an organizing framework that suggested negotiation of continual challenges allowed these resilient women to persist and to overcome the negative NET prediction. It appeared that these resilient women had learned through numerous life experiences to reject such negative feedback, and believed that with sufficient effort their educational goals could be and were attained. Academic experiences placed in the sociocultural context of personal life events provided a clearer understanding of the challenges of successful completion of an RN to BSN Program. The implications of these findings for higher education policies regarding returning students were discussed.

CASE STUDIES OF RESILIENT RETURNING WOMEN OF AFRICAN DESCENT
IN AN RN TO BSN COMPLETION PROGRAM AT AN HISTORICALLY BLACK
COLLEGE/UNIVERSITY: PERSONAL AND ACADEMIC LIVED EXPERIENCES

by

Carolyn Peoples Veiga

Dissertation submitted by the Faculty of the Graduate School of the
University of Maryland, College Park in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2004

Advisory Committee:

Professor Elizabeth Anne Robertson-Tchabo, Chair/Advisor
Professor Beatrice Adderley-Kelly
Professor Charles Flatter
Professor Harry Green
Professor Daniel Leviton

©Copyright by
Carolyn Peoples Veiga
2004

DEDICATION

This dissertation is dedicated to my family; in loving memory of my father, Alf Peoples, (1909-1982), who inspired me to pursue life-long learning; to my mother, Lillie C. Peoples, who is my source of strength; to my husband, Robert V. Veiga, M.D. for his unconditional love and support; and to my brothers and sisters: to James Peoples for cheering me, to Gregg Peoples for praying unceasingly for me, to Shirley Peoples for sustaining me, to Janice Peoples for encouraging me and especially to Angeline Peoples Crawford, my special guardian angel, for always being there for me, and in loving memory of my baby sister, Mary Ann Peoples, (1957-1988) for her spirit. My children, Diana Elaine Veiga and Daniel Peoples Veiga, have been my inspiration and motivation, and they are my hope for the future. It was your enduring love and support that provided “the wind beneath my wings” to complete this educational journey.

ACKNOWLEDGEMENTS

First and foremost, I want to acknowledge a Higher Power, my Lord and Savior, who is greater than all of us, because it was only His Grace and Spirit that allowed me to continue this educational journey whenever I reached my lowest place and believed that I could not persevere.

I am grateful to my Chairperson, Dr. Elizabeth Anne Robertson-Tchabo (Betty Anne), who began this educational journey with me as my Advisor and who has become my mentor and friend. Through her academic guidance and tireless support, I have transformed an educational goal from dream to reality. She is my blessing.

I want to thank the members of my Advisory Committee who have provided competence-promoting feedback to me during this process that prompted me to strive for excellence in writing and critical thinking skills. I am grateful to Dr. Charles Flatter who conducted my admission interview. As one of his students, I learned that the terminal degree carries responsibilities and expectations to remain expert in your field of study beyond graduation. I am indebted to Dr. Harry Green who prompted me to think beyond my professional nursing perspective and to relate this research on returning nursing students, specifically, to adult learners, generally. I am grateful to Dr. Beatrice Adderley-Kelly who has been my friend and mentor through the years. She has provided unconditional love, encouragement, and support from the beginning of this process through its conclusion.

I am thankful to my professors in the Department of Human Development for expanding my knowledge base on human development beyond my professional nursing perspective. I am grateful to all the assistance from the staff in the Department of

Human Development, and especially to Ethelda Burrus for her countless acts of kindness.

I am grateful to the resilient participants who made it possible for me to conduct this research study and to present in “their own words” a clearer understanding of the challenges of successful completion of a Bachelor of Science Degree in Nursing. I am appreciative of their significant others, (spouses, parents, and nursing student peers), who served as a second reader for the member check and who provided content validity of the participants’ “own words.” I will be indebted always to you and your families for participating in this important study on achievement motivation and adult development.

I am grateful to Dr. Martin L. Maehr and Dr. Larry A. Braskamp for their monograph, The Motivation Factor: A Theory of Personal Investment, and for granting permission to me to utilize their theoretical construct for this study. I am thankful that each took time from his busy schedule to hold telephone interviews with me relative to their current perspectives on Personal Investment Theory.

I am thankful to Dr. Bettie J. Glenn who provided invaluable input and constructive critiquing relative to the professional nursing education perspective. I want to thank my colleague, Dr. Rona Dixon, for her encouragement and psychology perspective. I am especially grateful to Shireen Lewis, J.D., Ph.D., who is the Founder of SisterMentors, a Ph.D. support group for women of color. The support, collegiality, and encouragement from Dr. Shireen Lewis and my fellow SisterMentors allowed me to stay the course and to keep the faith as I traveled this educational journey.

I am especially thankful to my sister, Shirley Peoples, for transcribing the interviews and for remaining patient with me throughout the process. I am grateful to

my son, Daniel Peoples Veiga, who traveled to the library with me and carried countless numbers of books while I developed my literature review.

Lastly, I want to thank my family members, friends, and colleagues who have offered their support, prayers, and encouragement and who have served as “my village” as I concluded this study.

TABLE OF CONTENTS

List of Tables	ix
CHAPTER I: Introduction.....	1
Professional Standards for Baccalaureate Nursing Education	1
Classification of the Registered Nurse	4
Department of Nursing	7
Nurse Entrance Test	11
Development and Technical Data	11
Standardization	12
Reliability	13
Validity	13
Nurse Entrance Test: Process	14
Resilience Across the Life Span.....	18
Motivation and Achievement Across the Life Span.....	19
Adult Women Returning to College.....	20
Research Approach.....	21
Significance of the Problem	22
Research Questions	25
Researcher’s Biases	26
Implications	27
Limitations.....	29
Definition of Terms	30
Summary.....	35
CHAPTER II: Literature Review	36
Introduction	36
Human Development.....	37
Adult Development	41
Life Stages and Cycles	41
Transitions and Transformations.....	42
Developmental Changes in Adulthood.....	43
Returning Women College Students	44
Institutional Effects on Returning Adult Women.....	45
Role Conflict for Adult Returning Women	46
Historically Black Colleges and Universities (HBCU).....	49
Educational Preparation for Hospital Diploma Graduates	52
Educational Preparation for Associate Degree Nurse Graduates.....	54
Educational Preparation for Baccalaureate Degree Graduates.....	56
Licensure Requirements for Registered Nurses	60
Registered Nurses: Supply and Demand	61
Demographics: Registered Nurse Students	63
Philosophy and Mission of the HBCU	64
Philosophy of the Department of Nursing.....	65
Department of Nursing Curriculum.....	66
Standardized Tests.....	68

Nurse Entrance Test	72
Nurse Entrance Test: Standardization	73
Nurse Entrance Test: Cultural Bias	74
Resilience	76
Resilience and Black Americans: Historical Perspective.....	81
Culture and the Black American Family	82
Religion: Spiritual and Social Support for Black American Women.....	84
Motivation and Achievement	84
Attribution Theory.....	87
Personal Investment Theory	88
Phenomenological Approach.....	91
Case Studies.....	93
Sampling.....	94
Psychosocial Framework.....	95
Summary.....	96
CHAPTER III: Method	97
Participants	98
Instruments	101
Interview.....	103
Procedure.....	104
Member Check	106
Data Analysis and Interpretation.....	107
Data Analysis.....	108
Narrative Analysis	108
Within Case Analysis	109
Cross Case Analysis	111
Interpretation	112
Presentation of Findings	114
CHAPTER IV: Results.....	116
Henrietta Edwards	116
Rebecca Keesley.....	172
Ellen Joseph.....	216
Wanda Lewis	268
Nancy Edgar	321
Mambo Shurr.....	378
Common Themes.....	425
CHAPTER V: Discussion	469
Personal Investment Theory	470
Martin L. Maehr Interview	499
Larry A. Braskamp Interview.....	500
Psychosocial Development: Erikson	503
Methodological Contributions.....	524
Theoretical Contributions.....	529

Developmental Theory: Havighurst	532
Implications for Higher Education	534
Implications for Nursing Education	535
Recommendations for Returning College Students	539
Recommendations for Returning Registered Nurse Students	540
Limitations.....	541
Future Research	543
Conclusion.....	545
Appendix A RN to BSN Completion Program Curriculum.....	547
Appendix B Personal Background Survey	551
Appendix C Research Consent Form	561
Appendix D Categories and Properties Within Case Analysis	562
Appendix E Explanatory Matrix: Perceptions of Lived Experiences	564
References	566

LIST OF TABLES

1. Family of Origin Lived Personal Experiences: Common Themes.....432

2. Family of Origin Lived Personal Experiences: Common Themes.....432

3. Nuclear Family Lived Personal Experiences: Common Themes.....441

4. Nuclear Family/Multiple Roles Lived Personal Experiences:
Common Themes.....442

5. Nuclear Family/Adequacy of Income During BSN Completion:
Common Themes443

6. Nuclear Family/Adequacy of Income After BSN Completion
Common Themes.....443

7. Primary Education Demographics Lived Academic Experiences:
Common Themes.....451

8. Secondary Education Demographics Lived Academic Experiences:
Common Themes.....454

9. Post Secondary Education Work Experiences and Prior BSN Education:
Common Themes.....456

10. Lived Academic Experiences Perceptions RN-BSN Completion Program:
Common Themes.....461

11. Lived Academic Experiences Perceptions RN-BSN Completion Program:
Common Themes.....462

12. Life Events RN-BSN Completion Program: Common Themes.....466

CHAPTER I

Introduction

The primary purpose of this research was to construct from “their own words” a comprehensive description of the lived personal and academic experiences of resilient adult women of African descent who had been identified by a standardized academic diagnostic instrument, the NET, the Nurse Entrance Test (Educational Resources, Incorporated, 1992), as educationally “at-risk” for failure to complete the course requirements necessary to earn a Baccalaureate Degree in Nursing at a Mid-Atlantic Historically Black College/University. These adult women were licensed Registered Nurses who already held either an Associate Degree or a Hospital Diploma in Nursing.

Professional Standards for Baccalaureate Nursing Education

The completion of a Baccalaureate Degree in Nursing is a major issue for nurses because of policy changes implemented by professional nursing organizations that determine educational criteria for nursing programs. Nationally, nursing programs have implemented Registered Nurse to Bachelor of Science in Nursing Completion Programs (RN to BSN Completion Programs) to facilitate the attainment of this educational goal for Registered Nurses.

The American Nurses’ Association (ANA) urges Associate Degree or Hospital Diploma Registered Nurses returning to college to acquire a Baccalaureate Degree in Nursing. The ANA is the professional organization for Registered Nurses in the United States and is a federation of constituent nurses' associations in each of the 50 states and in the District of Columbia, Guam, and the Virgin Islands.

The ANA accredits Continuing Education Programs, provides certification for

individual Registered Nurses in nursing specialty areas including psychiatric, pediatric, medical surgical, home care, case management and nursing administration. Also, ANA implements an economic and general welfare program; provides public policy analysis and political education; and maintains government relations and political action activities. Through its six cabinets, the ANA develops standards in the following areas: nursing education; nursing practice; research; organized nursing services; economic security; and employment, and also sets priorities for human rights (Leddy & Pepper, 1993).

In 1979, the American Nurses' Association Commission on Nursing Education published *A Case for Baccalaureate Preparation in Nursing*. This publication delineated some of the significant reasons why nurses who wish to enter professional nursing in the future must be equipped with a Bachelor of Science Degree in Nursing. The ANA presented the following facts to support the requirement of a baccalaureate education for professional practice.

1. The scope of nursing practice is changing and expanding, and it is baccalaureate preparation that bests equips a nurse to enter professional practice.
2. The availability of and accessibility to health care will not improve unless more nurses are equipped to function in a variety of health care settings. The depth and breadth of knowledge acquired while earning a Bachelor's degree in nursing equips a nurse for beginning professional practice in any of the major health care settings [acute and primary care hospitals, long term care facilities; home health care and community-based health care agencies].
3. Throughout nursing history, the need to base nursing education in institutions

of higher learning has been stressed by nursing leaders and individuals and groups studying nursing education and nursing practice. Today there is increasing pressure from groups outside the profession to upgrade the standards of nursing education. (p. 8)

The *National Black Nurses Association, Inc. Position Statement on Nursing Education* (1998) supports the need for Black American nurses to acquire a Baccalaureate Degree in Nursing. The National Black Nurses' Association (NBNA) is a professional organization of registered nurses, licensed vocational/practical nurses and nursing students. The mission of NBNA is to investigate, define and determine the health care requirements of Black Americans and other diverse communities to foster optimal health and health care services commensurate with that of the larger society (National Black Nurses' Association, 1998).

In 1996, of the over 2.5 million Registered Nurses in the United States, only 4% were Black Americans (National League for Nursing, 1994). Based on an estimated 100,000 Black American Registered Nurses in the United States, only 35.3% currently hold a Baccalaureate Degree in Nursing. Current projections indicate that by the year 2000, there will be a greater demand for nurses with Baccalaureate and Advanced Degrees (Division of Nursing Research, 1996).

These nurses with advanced education will be needed to address the complexities of a transformed health care system for new nursing practice settings including home health care and community-based health agencies. To prepare for new roles, such as, Nurse Practitioners, Nurse Midwives or Clinical Nurse Specialists,

advanced nursing education will be required also (National Black Nurses' Association, 1998).

The National Black Nurses' Association (NBNA) posited that the delivery of quality health care to Black Americans and other diverse populations, as well as to the public at large, demands that Black American nurses and other ethnically diverse nurses be represented adequately in nursing education programs and in the nursing profession. While NBNA is committed to increasing the overall number of Black Americans in the nursing profession, the Association is committed particularly to increasing the number of Black American nurses with baccalaureate and higher level degrees.

Toward that end, NBNA advocates Baccalaureate and advanced education for practicing nurses as essential to the delivery of quality nursing care (National Black Nurses' Association, 1998). The NBNA provides mentoring through its Annual Institute and Conference with selected sessions for student nurses, Licensed Vocational or Practical Nurses and Registered Nurses to pursue baccalaureate and advanced nursing education. Additionally, the NBNA provides financial assistance for nurses at all levels to continue their education by awarding several scholarships at its Annual Institute and Conference. Financial support removes one barrier for Associate Degree or Hospital Diploma Registered Nurses to continue their nursing education and provides an impetus to pursue a Baccalaureate Degree in Nursing.

Classifications of the Registered Nurse

The Associate Degree or Hospital Diploma Nurse is identified as a Registered Nurse because the nursing profession provides three levels of registered nursing educational programs: the 2-year Associate Degree; 2 to 3-year Hospital Diploma; and

4-year Baccalaureate Degree. Only one nursing licensure examination, the National Council Licensure Examination for Registered Nurses (NCLEX-RN), is administered to all candidates for the classification of Registered Nurse regardless of the type of educational preparation.

However, the National League for Nursing, which is recognized as the national accrediting body for all basic nursing education programs, has developed criteria that indicate the differentiation of practice for the three classifications of Registered Nurses (Leddy & Pepper, 1993). This proposal, by accrediting nursing organizations, to define nurses by their credentials led to the identification of technical nurse (2 to 3 year educationally prepared nurses) versus professional nurse (4-year educationally prepared nurses) to indicate a differentiation of practice (National League for Nursing, 1994).

The education of nursing technicians was proposed in 1951 with the purpose of educating the technician registered nurse in community colleges. The community college programs were designed to prepare nurses at the Associate Degree in Nursing (ADN) level for immediate employment (Montag, 1951). This concept of the ADN educationally prepared Registered Nurse was researched for ten years, after which community college nursing flourished in the growing societal emphasis on educational accessibility and mobility (Leddy & Pepper, 1993).

However, in the intervening years, the original conceptualization of the Associate Degree for nurses as both technical and terminal has for all intents and purposes been abandoned. An increasing number of students begin their education in an Associate Degree Nursing Program with the intent to continue on to a four-year institution to earn a Baccalaureate Degree (Leddy & Pepper, 1993). The ongoing goal

for nursing is to stress movement of professional registered nursing education into four year colleges or universities, with the eventual end of technical practical nursing education (National League for Nursing, 1994).

In deference to the differentiation in educational preparation for Registered Nurses, health administrators began to hire more highly educated nurses with Baccalaureate and Graduate Nursing Degrees; and less skilled nursing personnel positions were eliminated. Health administrators assumed that they could gain greater productivity from a more highly educated workforce at a lower cost (Goodman-Draper, 1995). The Department of Veterans Affairs has taken the lead in recognizing a Baccalaureate Degree in Nursing as the basic degree for professional practice and advancement in nursing.

Effective December 10, 1999, the Department of Veterans Affairs (VA) issued a policy, *Nurse Qualification Standard*, that mandates the standard that will be used to appoint, promote, reassign, or advance Registered Nurses who possess a Baccalaureate Degree. This policy, *Nurse Qualification Standard*, ensures that VA Registered Nurses are educationally prepared to:

- (1) provide high quality health care to veterans across the full range of current clinical practice roles and settings; and
- (2) evolve professionally as the VA continues its transformation from a hospital-based system to one that delivers most of its care in outpatient, home and community settings and that focuses on primary care and care management.

(Department of Veterans Affairs, 1999, p. 3)

In order to expedite the attainment of a Baccalaureate Degree for their Associate

Degree or Hospital Diploma Nurses, the VA has entered into collaboration with several Departments of Nursing to facilitate admission to their Registered Nurse to Bachelor of Science in Nursing Completion Programs (RN to BSN Completion Programs). To emphasize its commitment to advanced education for their Registered Nurses (RNs), the VA hospital will provide tuition reimbursement for their RNs who return to college to earn a Baccalaureate Degree in Nursing.

Consistent with national trends and policy, the Associate Degree or Hospital Diploma Registered Nurses, in this study, entered the Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program) in the Department of Nursing (DON) to continue their professional development and education by earning a Baccalaureate Degree in Nursing. The participants selected purposefully for this study were enrolled in a Mid-Atlantic Historically Black College/University (HBCU).

Department of Nursing

In 1979, consistent with national and professional policy and standards, the Department of Nursing (DON) established a Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program) to facilitate the progression of Associate Degree or Hospital Diploma Registered Nurses to earn a Baccalaureate Degree in Nursing. This nursing program is the only freestanding RN to BSN Completion Program in the University System. The DON received initial accreditation for the baccalaureate program from the National League for Nursing in 1988. Continuing accreditation was awarded in 1993 and in 1998 (Department of Nursing Handbook, 1998-2000). For this DON, an RN to BSN Completion Program

was the only undergraduate program provided for Registered Nurses.

The mission of the DON was to provide a quality academic program for learners to expand their knowledge base and to pursue advanced study in nursing.

Baccalaureate nursing education prepares students to make optimal use of learning environments, to explore creative alternatives for problem-solving activities, and to pursue continued education as a goal-directed lifelong process (Department of Nursing Handbook, 1998-2000).

A unique feature of the DON was the nature of its students. All students in the undergraduate nursing program were adult learners who commuted to campus. The mean age of these adult learners was 36.7 years. Approximately, 95% were employed full-time and attended college part-time. In pursuing a Baccalaureate Degree, these students encountered competing responsibilities as they attempted to negotiate employment, college, and family obligations. The faculty recognized these characteristics and planned learning experiences that facilitated success within a schedule of classes that required minimal disruption of their work schedule.

The adult learners in this nursing program represented a culturally diverse group of college students. Of the 85 students enrolled in an RN to BSN Completion Program in 1998, 70.6% were students of African descent, 30.6% were Africans, 22.4% were Caucasians, and 7% identified themselves as other (Department of Nursing Self-Study Report, 1998). Nursing students of African descent, identified as “at-risk,” were selected purposefully for these case studies. Since students of African descent are not necessarily a homogeneous group, care was taken to include in this purposeful sample

Black American students; students of African descent who were born in the Caribbean; and international students from African countries.

Due to their efforts to provide a positive educational environment, the faculty for the DON received excellent feedback from the Program Evaluators during the 1998 Continuing Accreditation Site Visit. Upon completion of the Continuing Accreditation visit by the National League for Nursing Accrediting Commission Program Evaluation Team, the Chairperson indicated that the faculty was to be commended for establishing a positive learning environment for adult learners. The Evaluation Team Chairperson indicated that the students reported their approval of the nursing program during confidential sessions with the Accreditation Program Evaluators (M. E. Graham, personal communication, October 9, 1998).

At the Exit Meeting, the Program Evaluator Chairperson emphasized that the faculty did not compromise the standards set for these adult learners because the Nurse Entrance Test identified 37% of the students as educationally “at-risk” for failure. Instead, faculty members were instrumental in developing competence-promoting strategies in order for these students to complete the requirements for a Baccalaureate Degree (M. E. Graham, personal communication, October 9, 1998). The baccalaureate nursing curriculum builds on the competencies that these Registered Nurses have acquired in either their Hospital Diploma School of Nursing or Associate Degree in Nursing programs (Department of Nursing Handbook, 1998-2000).

The Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program) for the DON utilized the Neuman Systems Model (Neuman, 1995) as the organizing framework for the curriculum. This framework

assisted the RN student, an adult learner, to expand competencies, to reconceptualize the nursing process that includes assessing, planning, implementing and evaluating nursing interventions for patients. Also, these RN students implemented nursing practice consistent with current and future societal needs (Department of Nursing Handbook, 1998-2000).

Graduates of an RN to BSN Completion Program are prepared to embrace new technologies, to become critical consumers of research and to implement theory-based practice in health care settings including acute and primary care hospitals, long-term care facilities, home care, and community-based agencies. An RN to BSN Completion Program prepares professional nurses to practice as generalists and to provide the foundation for graduate education. This nursing curriculum prepares professional nurses who demonstrate excellence in practice, think critically, value diversity, and participate in research and community service, which is consistent with the mission of the University (Department of Nursing Handbook, 1998-2000).

The mission of the University is to produce graduates who are leaders among their peers in a global community, who think critically, value diversity, and seek to improve the quality of life in their communities. The University admits a diverse student body in relation to age and to cultural background (University Catalog, 1998).

Associate Degree or Hospital Diploma Registered Nurses are returning to college to prepare themselves for the challenges in health care by obtaining the basic Baccalaureate Degree in Nursing as the foundation for advanced and graduate education in nursing. These returning students may be required by their selected nursing programs to complete standardized academic diagnostic instruments to assess their

academic ability or preparedness necessary to earn a Baccalaureate Degree. To promote the successful matriculation of nursing students in this DON, all students in an RN to BSN Completion Program were administered the Nurse Entrance Test (Educational Resources, Incorporated, 1992) to evaluate academic and social skills considered necessary to complete requirements for a Baccalaureate Degree.

Nurse Entrance Test

The Nurse Entrance Test (NET) is one such assessment and is designed, primarily, as a diagnostic instrument to assist Nursing Education Programs to evaluate the academic and social skills of new applicants to their programs. Based upon the profile generated by this assessment, nursing program educators can screen applicants for admission more objectively. In the development of the NET, a series of standardization procedures was followed to assure that the content of the NET was appropriate for entry level nurses and to provide an effective means of interpreting test performance (Educational Resources, Incorporated, 1992).

According to Kinder, Educational Consultant for Educational Resources, Incorporated, nationally, 53% of nursing programs, at all levels (Licensed Vocational or Practical Nursing and Registered Nursing), are utilizing the NET as an academic diagnostic instrument. Approximately, 2.5% of these nursing programs utilizing the NET are Historically Black Colleges and Universities. To date, approximately 400, 000 students have taken the NET since its development in 1992 (S. Kinder, personal communication, February 18, 2000).

Development and Technical Data. The NET was developed in 1992 by the Examination Committee of Educational Resources, Incorporated which is composed of

faculty who are actively involved in both teaching and academic counseling in health occupations programs. The Committee members, in their professional preparation and experience, represent the four regions of the United States: West, South, Midwest, and Northeast. The selection of writers, who develop test items, is based upon their educational and professional credentials (Educational Resources, Incorporated, 1992).

The NET is a diagnostic instrument that evaluates seven academic, social, and learning profiles of nursing students; essential math skills, social interaction profile, stress level profile, learning style, reading comprehension for science textbooks, reading rate, and test-taking skills. The NET has been equated significantly with standardized test scores and provides a substantially broader range of information about in-coming nursing students than standardized academic scores or lower division grade point averages alone (Frost, 1991).

Thirty-two diagnostic scores are generated for each examinee and the academic program also is provided with individual and group profiles consisting of computer-generated means for seven-subtest areas. These subtests are essential math skills, social interaction profile, stress level profile, learning style, reading comprehension for science textbooks, reading rate, and test taking skills (Educational Resources, Incorporated, 1992). The Registered Nurse students in the Department of Nursing for this study did not complete the essential math skills subtest of the NET because by passing the math content on the Registered Nurse licensure examination, they had documented their mastery of essential math.

Standardization. The original standardization of the NET was based on the testing of 1,385 beginning nurses from health occupation programs. These schools

came from all four geographical regions of the United States. For each student, complete data were secured for all subtests of the NET and ACT. Initial testing was conducted from January 1989 through December 1989. Additionally, the NET was standardized by equating its individual Composite Percentile (and the individual Math and Reading Comprehension Scores) with the Scores of the ACT Composite Scores (and its individual Math and Reading Comprehensive Scores). The equating method was carried out by associating the projected scores of the NET with the appropriate score achieved by the same test population on the ACT. Reliability and validity for the NET were determined as follows (Educational Resources, Incorporated, 1992).

Reliability. Reliability of the NET subtest areas was determined by the parallel-forms method. The forms were created by treating the odd-numbered questions from the NET as Form A and the even-numbered questions as Form B. The consistency of the two forms was evaluated with a coefficient range from +.81 for Math to +.98 for the Reading Comprehension subtest with an overall average of +.92. These coefficients indicated that there was negligible variation in a student's performance between forms of the NET (Educational Resources, Incorporated, 1992).

Validity. The validity of the subtests of the NET was examined. Three types of validity evidence were provided: content validity, which documents the appropriateness of the items on the NET for assessing academic and learning behaviors; criterion-related validity, which concerns the test's relationship to other variables expected to be related to NET performance; and diagnostic validity which indicates the test's usefulness in identifying related learning deficits or possible problems (Educational Resources, Incorporated, 1992). One of the possible problems for adult learners could

be an undiagnosed learning deficit, which can translate into poor reading skills.

Nurse Entrance Test: Administration and Process. The Nurse Entrance Test (NET) evaluates reading comprehension at the inferential level for science-related material. The NET asserts that the reading selections are at the tenth grade level of difficulty for vocabulary and sentence syntax. This reading ability is considered the “normal” adult reading ability level for applicants to college level courses. This reading level has been determined as a national standard for a functional literate adult (National Educational Goals Panel, 1995). A student, who scores above the 50th percentile on this subtest, should not have any difficulty reading college level content. A student, who scores below the 50th percentile on this subtest, probably will encounter difficulty with assigned science reading content (Educational Resources, Incorporated, 1992).

There is agreement among nurse researchers that the optimal time to identify “high-risk” students is early in the nursing program (Krupa, Quick, & Whitley, 1988). The Department of Nursing implemented the use of the Nurse Entrance Test (NET), a standardized academic diagnostic instrument, to evaluate the cognitive and non-cognitive abilities of students entering the Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program). The NET has been identified as a predictor for identifying students who are “at-risk” for academic failure.

For this Department of Nursing (DON), the NET was a mandatory diagnostic assessment for all returning RN students. The students paid a fee of twenty-five dollars for the assessment. However, the students’ outcomes on the NET did not affect their admission to the University or to the DON. The DON used the NET scores primarily to identify students who may be “at-risk” for academic failure as predicted by a score

below the 50th percentile for Reading Comprehension for Science Textbooks and to provide feedback to these students.

It should be noted that this policy might not be true for other nursing programs, in which the NET scores may be used to determine whether or not a student is admitted. Kinder, an educational consultant of Educational Resources, Incorporated, indicated that of the nursing programs using the NET, approximately 50% use the NET as part of their admission criteria. The scores from the NET are weighted with all other admission criteria, such as, Grade Point Averages, other entrance examination scores and interviews. Educational Resources, Incorporated estimated that 45% to 50% of all nursing programs in the United States are utilizing the NET for either admission or assessment purposes (S. Kinder, personal communication, August 14, 2000).

The Department of Nursing (DON) submitted the completed NET instruments for scoring to Educational Resources, Incorporated. The DON assumed the cost for scoring of the instrument. The charge for the NET to the nursing program was eight dollars per student. The fee covered individual answer sheets and scoring of the assessment test. The test booklet was \$10.50 per copy. The NET was scored on the same day that it was received from the nursing program and returned to the Department of Nursing in approximately seven days. The DON was provided with both individual and group scores for the students.

Faculty members evaluated the individual scores to determine which students scored below the recommended passing rate for Reading Comprehension for Science Textbooks. Students, with scores below the recommended passing rate of the 50th

percentile for Reading Comprehension for Science Textbooks, were predicted to perform poorly in college upper level nursing courses.

Academic faculty advisors provided counseling to students regarding the NET scores with particular attention to scores below the 50th percentile for Reading Comprehension for Science Textbooks. Students who scored below the 50th percentile for Reading Comprehension for Science Textbooks were referred to appropriate campus academic support services that were provided by the University.

These students received academic counseling from faculty members who recommended that they utilize the academic support services available on campus. The Student Support Services Department provided counseling and tutoring for reading and writing skills. Tutoring was provided also in English, Math, and the Sciences (Student Handbook, 1997-1998). Academic faculty advisors in the DON monitored their assigned students relative to compliance with the referral recommendation to academic support services. Academic faculty advisors placed written documentation in the students' academic file relative to compliance or non-compliance by students in utilizing academic support services.

Although these educationally “at-risk” students were encouraged strongly to utilize the support services, participation in these support services was completely voluntary. Faculty advisors were requested to monitor students' use of support services and subsequent academic performance. The scheduling of the student support services may have hindered utilization of the support services by these adult learners. Students who were employed full-time may not have been available during the hours of operation of student support services. The under-utilization of support services may

have been the result of inaccessibility and time constraints rather than unwillingness on the students' part to take advantage of academic support.

The participants in this study were employed full-time. The University was an Historically Black College/University with a large population of adult students who commuted to campus and worked full-time.

The Department of Nursing (DON) in this study was a unit in an Historically Black College/University. The DON began administering the Nurse Entrance Test (NET) as a standardized academic diagnostic assessment in the 1995 Fall semester. Over three academic years, from 1995 through 1998, 108 students were assessed by the Department of Nursing to determine academic preparation for the completion of requirements for a Baccalaureate Degree. Sixty-eight students (63%) had a Reading Comprehension for Science Textbooks score above the 50th percentile. The 68 students who scored above the 50th percentile for Reading Comprehension for Science Textbooks had a 100% graduation rate.

Forty students (37%) scored below the 50th percentile for Reading Comprehension for Science Textbooks. Of these 40 students, 28 students (70%) were either Africans or Caribbean Americans and were identified as speakers of English as a Second Language; and 10 students (25%) were Black Americans. The remaining 2 students were Caucasians.

The graduation rate of the 40 students who scored below the 50th percentile for Reading Comprehension for Science Textbooks was as follows. Of the 28 students who were identified as speakers of English as a Second Language, 24 students (86%) graduated with a Baccalaureate Degree in Nursing. Seven (70%) of the ten Black

American students graduated with a Baccalaureate Degree in Nursing. Of the two remaining Caucasian students, who scored below the 50th percentile for Reading Comprehension for Science Textbooks, one student graduated and one dropped out of the nursing program.

Despite being identified as educationally “at-risk,” 32 of these 40 students graduated. These students who were projected to fail had an 80% graduation rate, and these resilient students succeeded in spite of the prediction for failure. Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances (Masten, Best, & Garmezy, 1990).

Resilience Across the Life Span

Models that were developed to research resilience, achievement motivation and attribution theories have focused primarily on the development of children and adolescents. According to Freiberg (1987), life span study is a relatively new discipline.

Masten, Best, and Garmezy (1990) advanced that “studies of children at-risk for psychopathology played a key role in bringing both the phenomenon of resilience and the integrative framework of developmental psychopathology to the forefront of theoretical and research attention” (p. 435).

However, despite this prediction of probable failure, these resilient students have completed requirements for a Baccalaureate Degree successfully. “Resilience is conceived not as a childhood given, but as a capacity that develops over time in the context of person-environment interactions” (Egeland, Carlson, & Sroufe, 1993, p. 571). The capacity for resilience develops over time in the context of environmental

support.

Rutter (1990) suggested that understanding the process by which some individuals remain confident and develop supportive relationships in the midst of adversity is crucial to the development of intervention strategies for students who are deemed educationally “at-risk.” The participants in this study were able to transcend their risk for academic failure. Resilience, as evidenced by these students, demonstrated their capacity to rebound and to adapt successfully in the face of adversity and to develop social and academic competence despite predictions for academic failure (Henderson & Milstein, 1996).

The aim of this research was not to discredit the efficacy of standardized academic instruments; but to suggest that for a subgroup completing the assessment, there may be a need to examine other factors in addition to their scores for Reading Comprehension for Science Textbooks. An in-depth investigation, of their description of educational goals, perceptions of resilience and persistence, academic achievement, and the motivation required to earn a Baccalaureate Degree, was critical in developing this comprehensive personal and academic profile.

Motivation and Achievement Across the Life Span

To succeed despite predictions of failure suggested that the women to be studied were not only resilient but also must have been highly motivated. Although research on resilience, motivation and academic achievement has concentrated on children and adolescents, adult development research indicates that age does not inevitably decrease the desire to achieve, to excel, or to invest oneself in the work activities of life, such as returning to college to pursue a degree (Maehr & Braskamp, 1986). The nature of a

task

and what it means to the individual determines whether or not motivation toward achievement will be demonstrated.

Maehr and Braskamp (1986) identified inherent attractiveness, sociocultural definition, interpersonal demands/relationships, and incentives as four general dimensions that contribute to the importance of demonstrating motivation. A task that possesses a certain optimum level of uncertainty and unpredictability may tend to be inherently attractive. Individuals tend to have a built-in attraction to these features in tasks. Sociocultural definition refers to how one's social or cultural group defines the task as desirable, repulsive, or irrelevant.

Interpersonal demands/relationships affect how individuals cooperate and communicate with each other in the completion of tasks. Incentives for performance of tasks vary with tasks; and the manner in which these incentives are designed, presented, or made available is important (Maehr & Braskamp, 1986). The adult women in this study identified their perceptions of these four dimensions as they related their lived personal and academic experiences in the case studies.

Adult Women Returning to College

A national trend exists for adult women returning to college. National statistics indicate that more than 40% of students enrolled in degree programs are aged twenty-five years or older and 56% of these adult learners are women (National Center for Educational Statistics, 1994). The University in this study mirrored this national trend

of an increased enrollment of adult women.

Adult learners, especially women, constituted a significant portion of the University population as evidenced by the enrollment statistics for adult students. The total female enrollment increased from 62% in Fall 1993 to 66% in Fall 1997. The enrollment for students 25 years or older increased from 54.1% in Fall 1993 to 59% in Fall 1997 (University Fact Book, 1997-1998). These enrollment data included both full-time and part-time students.

This enrollment trend for adult women was expected to continue for this University as evidenced by the 66% female to 34% male enrollment for the 1998-1999 academic year (University Facts and Figures, 1998-1999). A 7% increase in the enrollment of adult women from the previous academic year was noted. After being admitted to the University, Associate Degree or Hospital Diploma Registered Nurse students applied for admission to the Department of Nursing (DON) to earn a Baccalaureate Degree.

Adult women, returning nursing students, who were Associate Degree or Hospital Diploma Registered Nurses with substandard scores below the 50th percentile for Reading Comprehension for Science Textbooks on the Nurse Entrance Test, were selected by purposeful sampling to participate in the study. The majority of nursing students in this Department of Nursing were of African descent and were identified as, Black American students, students of African descent who were born in the Caribbean, and international students from African countries.

Research Approach

A qualitative approach using individual case studies was utilized to elicit a) a

description of these students' educational goals, b) perceptions of factors that permitted their persistence to earn a Baccalaureate Degree in Nursing, c) perceptions of their academic achievement, and d) their perceptions of how they sustained motivation required to earn a Baccalaureate Degree in Nursing.

In order to understand these women's perspectives of factors that contributed to their motivation and resilience to complete a Baccalaureate Degree in Nursing and to enable the participants to express their views in "their own words," case studies of lived personal and academic experiences of these women were conducted through focused, personal, and semi-structured audiotaped interviews.

Significance of the Problem

The importance of early identification of students who may be "at-risk" for academic failure or may experience difficulty in completing the nursing program is stressed in the nursing literature (Fowles, 1992; Jenks, Selekman, Bross, & Paquet, 1989; Payne & Duffy, 1986; Younger & Grap, 1992). With early identification, educational and supportive interventions may be implemented to increase student retention and to reduce the financial and human losses (Tucker-Allen, 1989).

Therefore, assessments are needed to identify valid and reliable predictors of success in nursing programs.

Individuals, who are educated to provide quality health care to the public, must be perceived by that public as competent professionals. The stakes are too high to risk incompetent practices; the health, welfare, and lives of consumers may depend upon the clinical preparation of these practitioners. To ensure public safety, nursing programs

must implement strategies to select students who will become competent practitioners

who are able to make the critical decisions necessary to protect and to preserve the welfare of society.

Service to society also requires legal assurances that practitioners are competent. A credentialing system, such as licensure, provides a system for certifying minimal professional knowledge by a person legally permitted to be called a Registered Nurse. Also, Nurse Practice Acts, required in all 50 states, the District of Columbia and American territories, provide legal reinforcement against incompetence by providing for penalties against unethical or negligent practice (Leddy & Pepper, 1993).

The students in this study were administered the NET published by Educational Resources, Incorporated (1992). The NET was not used as an exclusionary criterion, but rather as a constructive evaluation of cognitive and non-cognitive abilities to determine preparedness for college courses. However, their scores were of a level that indicated a risk for academic failure, as evidenced by scores below the 50th percentile for Reading Comprehension for Science Textbooks. The Reading Comprehension Skills subtest of the NET is an indicator of a student's ability to read and to comprehend nursing course material, especially nursing theory and abstract content.

Research indicated that few investigators have examined non-cognitive variables as predictors of success (McKinney, Small, O'Dell, & Coonrod, 1988). While the strongest and most reliable predictors of success are cognitive variables, Jenks et al. (1989) warned that the exclusive utilization of pre-admission Grade Point Average

(GPA), Scholastic Assessment Test (SAT), or the American College Test (ACT) must

be considered carefully for older individuals returning to college, or those choosing nursing as a second profession relative to college admission.

The study of the students' description of their educational goals, perceptions of persistence, academic achievement, and motivation provided a mechanism to understand how educationally "at-risk" students completed the requirements for a Baccalaureate Degree successfully despite academic challenges and predictions of failure. With such a prediction, these students could have accepted defeat before starting; but it is believed that the focused interviews about their lived personal and academic experiences have identified common themes for their resiliency and achievement motivation.

Higgins (1994) characterized resilient adults who are adept at problem solving as having positive relationships and being motivated for self-improvement. Educational motivation is also obvious in adults as evidenced by their educational attainment. Most adults show the ability to construe some meaning and usefulness from the stress, trauma, and tragedy they have experienced. Specifically, this study identified the factors to which these students attributed their ability to maintain a passing grade point average while completing the course requirements necessary to earn a Baccalaureate Degree in Nursing.

Research has indicated that despite variability in the definition of resilience across studies, substantial information has been learned about the factors that mediate

the relation between adversity and more positive adaptation (Egeland, Carlson, & Sroufe, 1993). Masten, Best and Garmezy (1990) described resilience as the “capacity for successful adaptation, positive functioning, or competence despite high-risk status, chronic stress, or following prolonged or severe trauma” (p. 517). The participants in this study through focused, semi-structured, and audiotaped interviews about their lived personal and academic experiences have provided valuable insight relative to succeeding against the odds.

Research Questions

The research presented in this study was descriptive and exploratory. The goal was to gather qualitative data in response to the following questions about the perceptions of adult women undergraduate Registered Nurse students:

1. What were the lived personal experiences of Associate Degree or Hospital Diploma Registered Nurses who return to college to earn a Baccalaureate Degree in Nursing?
2. What were the lived academic experiences of Associate Degree or Hospital Diploma Registered Nurses who return to college to earn a Baccalaureate Degree in Nursing?
3. What themes emerged from the focused, personal, semi-structured audiotaped interviews of each of the participants that promote an understanding of the educational experience of adult returning nursing students in an RN to BSN Completion Program?
4. Were there common themes among the lived personal experiences of the participants?

5. Were there common themes among the lived academic experiences of the participants?

Researcher's Biases

It was not possible to deny the probable effect of the researcher's biases when conducting qualitative interview research. The researcher was the primary instrument in the data collection and analyses processes. Data are mediated through a human instrument, rather than through standardized inventories, questionnaires, or machines (Creswell, 1994). To minimize the effects of these biases and to maintain an objective perspective, it was prudent to acknowledge these biases. The following biases were identified which were directly related to this research:

1. Resilience is subjective and may be personalized differently for each participant.
2. Motivation cannot be seen, rather it is inferred from behavior that is observed. These observations of behaviors are also open to subjective interpretation.
3. Academic Achievement is subjective; and individuals may not perform at their fullest potential, which may bias the accurate measurement of this concept.
4. Personal Investment is mediated by behavior patterns associated with motivation; and individuals must choose to invest themselves in a particular activity, such as, earning a Baccalaureate Degree.
5. Individuals' situations are determined by the combination of their experiences and their own individual characteristics.
6. Statistical information based on large samples may explain the situations of a majority of people in the sample. However, if an individual is being

interviewed, the researcher must personalize the individual's situation, rather than assume that the majority defines the person. The participant in the research may be a "statistical outlier" or may be defined by the minority of the sample.

7. Despite one's own experiences or personal characteristics, one must view the participant from an objective perspective. It is also not necessary to have certain characteristics in common with the participants in order to conduct the most significant research. There is a benefit to interacting with the individual as a novice and to allow the participant to be the expert.

Throughout the interview and analysis, it was the responsibility of the researcher to be cognizant of how biases may direct questions, interpret responses, and influence the analysis of emerging themes in the data.

Implications

The implications of this study were relevant both to practical situations, such as nursing education and nursing practice, and to future research studies on adult development. The information derived from this study relative to the lived personal and academic experiences of the participants became influential factors that led to beneficial interventions for students who were identified as educationally "at-risk" for academic failure.

The findings provided implications for changes in assessment criteria rather than relying solely on academic standardized scores to predict the success or failure of students. Standardized academic assessments may be utilized which include quantitative and qualitative measures to evaluate the students' ability to master college courses at the upper division level. Comprehensive academic assessment instruments

that include traditional and creative measurement parameters may be implemented which identify the strengths and limitations of students.

In addition to completing the quantitative assessment of reading comprehension for science textbooks, students may be given the opportunity to make a creative oral presentation that describes their personal and academic profiles. The results may be used to implement retention strategies for students that may enhance academic success, thus earning a college degree.

The Nurse Entrance Test (NET) was not used as a predictor of ability or as an assessment of nursing skills. For students with English as a Second Language (ESL), faculty need to develop an appreciation for, a sensitivity to and an understanding of the cultural background and values of the culturally diverse student as an important first step in creating strategies to promote academic success (Femea, Gaines, Brathwaite, & Abdur-Rahman, 1994). Although the information was specifically based on data collected from the lived personal and academic experiences of each of the six participants, it is possible that the information regarding their academic success will be helpful in the development of non-cognitive assessment for adult learners to serve as another indicator or predictor for college success.

An interesting consideration for future research studies could compare the results of qualitative measurement procedures to standardized academic assessment instruments in predicting poor academic performance of adult learners returning to college. There are no reported studies of the use of the NET as a predictor of academic

success. Therefore, a comparative study of the NET as either a predictor of academic success or failure may generate beneficial results for retention strategies. Another implication is the expansion of adult development research relative to age and motivation.

According to Maehr and Braskamp (1986), age per se is not the critical factor driving human behavior and development, rather, certain circumstances, often associated with age are the primary forces in adult motivation. These circumstances could be job opportunities related to advancement or marketability. Few studies have been concerned specifically with motivational changes in adulthood. Future research could determine that adult motivation is due to circumstances across the life span; and may not necessarily be correlated with age, e.g. motivation may decrease with age.

Limitations

The use of retrospective reports was a limitation of this study. The participants provided information retrospectively about their lived personal and academic experiences. These students may not have had the same views about their experiences after college graduation that they had while completing a Baccalaureate Degree in Nursing. However, validation of the students' self reports was assessed by the reports of nurse peers and significant others. The researcher needed to be sensitive to any changes in the views of the participants.

The lived personal and academic experiences of the participants in this study cannot provide the norm to which all others can be compared relative to predicting successful completion of a Baccalaureate Nursing Degree for students who are identified as educationally "at-risk" for failure. Therefore, the findings in this study

were, and should be, treated only as partial representation of the descriptions of educational goals, perceptions of persistence, academic achievement and motivation among participants who shared similar backgrounds and circumstances. This limitation acknowledgement related to generalizability signifies one of the primary limitations of all qualitative research. However, the intent of qualitative research is not to generalize findings, but to form a unique interpretation of events (Merriam, 1988).

Definition of Terms

Academic Achievement

Achievement is usually thought of in terms of successes and failures in accomplishing something that society deems valuable, such as academic achievement. Achievement is something accomplished by a person; it is not something that happens to a person. Moreover, achievement is a label used when a person is thought to be responsible for the outcome (Maehr & Braskamp, 1986).

Achievement occurs only when the results are uncertain at the outset; it involves performance when the outcome is not predetermined. Academic achievement involves personal accomplishment that can be attributed to one's ability and to one's effort (Maehr & Braskamp, 1986).

Adult Women College Students

An adult learner attending college is identified by the National Center for Educational Statistics (1994) as an individual aged 25 years or older. National statistics indicate that more than 40% of students enrolled in degree programs are aged twenty-five years or older and 56% of these adult learners are women. These statistics are significant because the increasing enrollment of women illustrates a change in the

demographic structure of college populations (National Center for Educational Statistics, 1994).

Associate Degree Registered Nurse

The Registered Nurse holds an Associate Degree in Nursing and receives academic preparation in a community college for two years preparing the student for technical practice in nursing (National League for Nursing, 1990).

Baccalaureate Degree Registered Nurse

The Registered Nurse holds a Bachelor of Science Degree in Nursing and receives academic preparation in a senior college or university preparing the student for professional generalist practice in nursing (National League for Nursing, 1989).

Case Studies

Case studies can be quantitative as well as qualitative; like field studies and ethnographies, they may take place either in naturalistic settings or in artificial laboratory-like settings. Both case studies and field studies may involve researcher-initiated manipulation or participants, or natural experiments, accidental occurrences interrupting the normal flow of events, that can be studied as if they were experiments (LeCompte & Preissle, 1993). Creswell (1994) defined case studies in which the researcher explores a single entity of phenomenon (“the case”) bounded by time and activity (program, event, process, institution, or social group) and collects detailed information by using a variety of data collection procedures during a sustained period of time.

Cultural Models

Cultural models are defined as “presupposed, taken-for-granted models of the world that are widely shared (although not necessarily to the exclusion of other, alternative models) by members of a society and that play an enormous role in their understanding of that world and their behavior in it” (Quinn & Holland, 1987, p. 5). According to Quinn and Holland (1987), cultural models “frame experience, supplying interpretations of that experience and inferences about it, and goals for action” (p. 6). Cultural models are acquired or formulated by individuals within their immediate social contexts (Holloway, Fuller, Rambaud, & Eggers-Pierola, 1997).

Educationally At-Risk

Students who experience events predictive of long-term school failure, such as failing core courses, low achievement test scores, low school attendance, suspensions, and a history of repeated grades are deemed educationally “at-risk.” Students who are educationally “at-risk” show more disaffected patterns of behavior and emotion in school and experience less social support from their families (Connell, Spencer, & Aber, 1994).

Hospital Diploma Registered Nurse

The Registered Nurse holds a Diploma in Nursing and receives clinical preparation in a hospital-based School of Nursing for 2 to 3 years preparing the student for competent bedside nursing practice (National League for Nursing, 1994).

Interpretive Questions

According to Strauss and Corbin (1998), “central to any research investigation is the asking of questions along with the pursuit of their answers” (p. 76). Moreover, the

researcher could ask many interesting questions, but they can have little or no relevance to the present investigation (Strauss & Corbin, 1998). “Every researcher is concerned about how to ask ‘good’ questions, ones that will take the research to a productive conclusion” (Strauss & Corbin, 1998, p. 74). To stimulate responses from an informant, several types of questions, (hypothetical, ideal, or interpretive), can be asked by the researcher (Merriam, 1998).

For the goal of this study, interpretive questions were utilized to advance tentative interpretation of what the participants shared and questions that ask for a reaction (Merriam, 1998). According to Merriam (1998), “interpretive questions provide a check on what you think you are understanding, as well as provide an opportunity for yet more information, opinions, and feelings to be revealed” (p. 78). Merriam (1998) posed the following example of an interpretive question, “Would you say that returning to school as an adult is different from what you expected?” (p. 78), this interpretive question allowed the investigator to confirm the tentative interpretation of what had been said in an interview.

Motivation

Motivation, which is concerned primarily with activation and persistence of behaviors, also is grounded partly in cognitive activities. Motivation operates through the intervening influences of goal setting and self-evaluative reactions. Self-motivation involves standards against which to evaluate performance (Bandura, 1977).

According to Maehr and Braskamp (1986), “motivation is a process that is embedded in the ongoing stream of behavior” (p. 46). People also exhibit more all-encompassing patterns, such as earning a college degree. At a certain point, decisions

and choices are made relative to continuing these patterns, such as pursuing a college degree, starting a new activity, or revising the pattern. Motivation is necessary to decide the course of these critical junctures (Maehr & Braskamp, 1986).

Personal Investment

Personal investment is described as the collective behavioral patterns associated with motivation. The direction of the behavior is significant for individuals because the focus is on their apparent choices and decisions. Personal investment is determined by the meaning of situations to the individual. The meaning of a situation can be assessed, and the origins can be determined based on the motivation process for individuals. The culmination of the motivational processes is referred to as personal investment (Maehr & Braskamp, 1986).

Phenomenological Approach

Phenomenological studies, in which human experiences are examined through the detailed descriptions of the people being studied, depict phenomenology as a philosophy and a method of research. As a method of research to understand the lived experience, phenomenology is a procedure that involves studying a small number of subjects through extensive and prolonged engagements to develop patterns and relationships of meaning (Creswell, 1994). Little is known as to why these educationally “at-risk” students are academically successful; therefore, it is necessary to understand the views of the participants to capture their attributes for success. The process of phenomenology requires the researcher to “bracket his or her own experiences in order to understand those of the informants” (Nieswiadomy, 1993, p.

12).

Resilience

Resilience can be defined as the capacity to spring back, rebound, successfully adapt in the face of adversity, and develop social and academic competence despite exposure to severe stress or simply the stress of today's world (Henderson & Milstein, 1996). Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances (Masten, Best, & Garmezy, 1990). Resilience is the development of competence despite severe or pervasive adversity (Egeland, Carlson, & Sroufe, 1993).

Summary

In Chapter I, a description of the research problem was advanced and included the concepts that were considered in the research process. A phenomenological case study research approach was selected to capture the perspectives of the participants in "their own words." The significance of the problem was established to create a clear rationale for the importance of the study as it related to the research questions.

Research biases and limitations were identified in order to acknowledge subjectivity and potential weaknesses of the research. Implications were presented to propose a contribution to evolving adult development research. Definitions of terms were included to provide an understanding of the context in which the words were being used or any restricted meaning for the research study (Creswell, 1994).

CHAPTER II

Literature Review

Introduction

In order to frame the issues that informed this research, an extensive literature review was conducted. First, theories of adult development were described. An historical and a contemporary review of the literature describing the concerns of adult women returning to college is presented to provide an understanding of the factors that affect these women's personal lives and educational experiences. Women who succeed despite predictions of academic failure must be motivated to achieve their college goals. By definition, the participants in this study were resilient.

Next, ecological and resilience conceptual frameworks were described. One goal of the research was to discern how these educationally "at-risk" women had been successful despite obstacles and to understand how to assist other "at-risk" adult returning college women. An overview of perspectives on risk and resilience was presented.

Third, theories of adult motivation were described including personal investment theory (Maehr & Braskamp, 1986) and attribution theory (Weiner, 1985). In order to succeed academically, despite predictions of failure, these women must be motivated.

The primary purpose of the research was to construct from "their own words" a comprehensive description of the lived personal and academic experiences of resilient adult women of African descent who had been identified by a standardized academic diagnostic instrument, the Nurse Entrance Test, as educationally "at-risk" for failure to

complete the course requirements necessary to earn a Baccalaureate Degree in Nursing at a Mid-Atlantic Historically Black College/University. However, it should be noted at the outset of this review that there is little research that bears directly on this population of interest, especially, qualitative research that describes these women's lived experiences from their perspectives and in "their own words" is very scarce.

The goal of this chapter is to review the scholarly literature that may have a bearing on the current problem. It was critical to keep in mind that the issues raised by current research and theory in adult development may not be identified as the salient issues for the women in this study. However, to understand how and in what way the factors identified by these women were similar to or different from other populations of adults, a review of the literature may be useful.

Human Development

According to Aiken (1998), research on human development is a cross-disciplinary endeavor, involving contributions from biology, psychology, sociology and other natural and social sciences. The major goal of human development research is to describe the structure and dynamic continuities and changes in people over time, to determine the correlates and causes of those continuities and changes, and to discover ways of controlling, accelerating, or inhibiting them if necessary.

Although most stage theorists did not describe development beyond adolescence, Erik Erikson (1950) was unique in proposing a life span model for human psychosocial development. Erikson's life span model provided a framework to examine the lived personal experiences of the participants in this study.

In *Childhood and Society*, Erikson (1963) advanced a developmental theory

with the *Eight Ages of Man* that outlined progression through eight developmental stages with consideration made for “variations in tempo and intensity” (p. 271).

Erikson (1963) proposed that, “an acceleration or (relative) retardation of progression in an earlier stage is assumed to have a modifying influence on all later stages” (p. 272).

Additionally, these developmental tasks are negotiated on a continuum rather than in an either or manner.

Erikson (1963) maintained that as individuals progress through the eight developmental stages, the resolution of developmental tasks from previous stages continued to impact the experience of subsequent developmental periods. Negative or positive resolutions that occurred at critical periods during each stage of early development influenced adult behavior. In this regard, the assumption is made that earlier psychosocial stages continue to affect adult behavior.

These eight stages delineated opposing resolutions at critical periods of development across the life span that ranged from infancy through old age. According to Erikson (1963), the motivation for behavior during each stage is generated from anxiety to avoid failure and to negotiate the stages of development successfully.

Erikson (1963) proposed that the outcome is essentially the same for each developmental stage in that an individual encounters a crisis, “more or less beset with fumbling and fear, is resolved, in that the child suddenly seems to ‘grow together’ both in person and in body” (p. 255).

Stage 1. Basic Trust versus Basic Mistrust was depicted as the oral-sensory developmental period and ranged from birth to 18 months (infancy).

Stage 2. Autonomy versus Shame and Doubt was depicted as the muscular-anal

developmental period and ranged from 18 months to 3 years (early childhood).

Stage 3. Initiative versus Guilt was depicted as the latency developmental period and ranged from 3 to 5 years (late childhood).

Stage 4. Industry versus Inferiority was depicted as the puberty developmental period and ranged from 6 to 12 years (school age).

Stage 5. Identity versus Role Confusion was depicted as the adolescence developmental period and ranged from 12 to 19 years.

Stage 6. Intimacy versus Isolation was depicted as the young adulthood developmental period and ranged from 20 to 30 years.

Stage 7. Generativity versus Stagnation was depicted as the adulthood developmental period and ranged from 30 to 60 years.

Stage 8. Ego Integrity versus Despair was depicted as the maturity developmental period and ranged from 60 years to death. (p. 273)

Although approximate age ranges were provided for each of the eight stages, a degree of overlap may exist across the developmental stages that span from adolescence through maturity. For example, in American society, an individual is deemed an adult at 21 years of age. However, selected adult privileges, such as voting for elected officials and volunteering for the armed services, are granted to individuals at 18 years of age. Conversely, retirement age is set generally between 62 to 65 years of age, even though countless mature adults continue to maintain careers beyond this arbitrary retirement age. Erikson (1963) stated the following relative to an individual's progression through these eight developmental stages.

The underlying assumption is that the human personality in principle develops

according to steps predetermined in the growing person's readiness to be driven toward, to be aware of, and to interact with, a widening social radius; and that society, in principle, tends to be so constituted as to meet and invite this succession of potentialities for interaction and attempts to safeguard and to encourage the proper rate and the proper sequence of their unfolding. This is the maintenance of the human world. (Erikson, 1963, p. 270)

Therefore, Erikson's (1963) theory of human development served as an appropriate theoretical framework to examine the life span psychosocial development of these participants.

From the personal, focused, semi-structured audiotaped interviews of the participants in this study, it was necessary to understand, "through their own eyes," how they perceived changes in themselves over time and how they envisioned strategies for coping with these changes. Lived personal and academic experiences of adult returning college women who had been identified as educationally "at-risk" for failure of completing the course requirements necessary to complete a Baccalaureate Degree in Nursing were discussed within the context of adult development. Taylor and Marienau (1995) proposed development as the aim of education. The growing literature on adult development was used to understand life stages and cycles, transitions and transformations, and other kinds of developmental changes that adult learners encounter.

Research on adult development has helped educators respond to changes faced by returning students on college campuses. The exploration of the lived personal and academic experiences of the participants in this study revealed whether and how they

made changes or adaptations while pursuing their college degree. If these returning students made changes in their lives, then an account of what they thought and felt about these changes may contribute to adult development research.

Adult Development

Life Stages and Cycles

In addition to personal factors, individuals are affected by the context of their environment as well as by the interactions that occur within their environment. Several models, theories and perspectives have been advanced to explain the outcomes of adult development (Bandura, 1969; Erikson, 1963; Havighurst, 1972). However, the experience of being an adult can be approached from many perspectives, such as, anthropological, sociological, biological, medical, psychological, or economic. Each approach makes its unique contribution to research and to theory. Cavanaugh (1993) advanced that “the task of the psychological perspective on adult development and aging is to explain how behavior becomes organized and, in some cases, how it becomes disorganized” (p. 11).

The discipline of human development recognizes that behavior needs to be understood in its social context (Bronfenbrenner, 1986); and the purpose of this research was to construct from “their own words” a comprehensive description of the lived personal and academic experiences of resilient adult women of African descent. Both past and current social contexts of these women may influence current behavior at multiple levels.

Bronfenbrenner (1986) advanced the chronosystem model to describe the passage of time in human development that takes into account changes over time not

only within the person but also in the environment. More importantly, an analysis of the dynamic relationships between these two forces was critical. Moreover, the chronosystem was proposed as a research model that “makes possible examining the influence on the person’s development of changes (and continuities) over time in the environments in which each person is living” (Bronfenbrenner, 1986, p. 724).

Transitions and Transformations

The simplest form of chronosystem focuses around a life transition. Two types of transitions are distinguished as either normative or nonnormative. Normative transitions are defined as those influences on development that are closely related to a person’s age. Typically, these normative transitions correspond to major time-marker events, which are often ritualized. Normative transitions include school entry, puberty, entering the labor force, marriage or retirement (Bronfenbrenner, 1986; Cavanaugh, 1993).

Nonnormative transitions are defined as those influences on development due to chance or random events. These nonnormative transitions may be important for a specific individual but are not experienced by most people. These transitions may be classified as an accident or a severe illness in the family, divorce, lay-offs or winning the lottery (Bronfenbrenner, 1986; Cavanaugh, 1993). The relative importance of these nonnormative transitions depends on the specific behaviors examined and the particular point in the life span when they occur.

For the objective of this study, a nonnormative transition, such as adult women returning to college, was identified as an impetus for developmental change. Lived personal and academic transitions occur throughout the life span within the social

context of each individual. Whether the experience of returning to college is deemed important to these participants was determined from their case studies.

However, empirical research studies that focus specifically on women college students of African descent are scarce and those of returning women even more rare. Gaining an understanding from women of African descent of their lived experiences “through their own eyes” (Holloway, Fuller, Rambaud, & Eggers-Pierola, 1997) would contribute to the evolving adult development literature.

Developmental Changes in Adulthood

Aging is a lifelong process and human development is not static. Rather, maturation is a continuous process of development, socialization, and adaptation (Cavanaugh, 1993). However, the legal definition of adulthood, which has varied with place and time, is related to the notion of responsibility and economic independence. “An adult is a person who is capable of assuming responsibility for his or her own affairs, an age that has been somewhat arbitrarily set at somewhere between 18 and 21 years” (Aiken, 1998, p. 2). Moreover, human development encompasses the developmental phases of individuals across the life span. Therefore, assuming responsibility for one’s affairs and maintaining economic independence continue across the life span as well.

The participants in this study were women between 40 and 51 years of age. They were employed full-time in professional nursing; and they contributed to the economic welfare of their families. Moreover, they accomplished these duties while concurrently attending college. Time management and role conflict issues could influence their ability to balance these responsibilities successfully.

The study of adult development is fairly new in scientific and social history, having been preceded by the study of development in childhood, adolescence, and later life. Although a bias existed in that adult development studies have focused primarily on middle class Caucasian men, this study investigated Black American, Caribbean and African women within the context of their lived experiences. The data that were derived from the lived experiences of the participants in this study may contribute to the evolving adult development literature.

The participants in this study had to overcome the stigma of being identified as educationally “at-risk” for failure. While matriculating three or more years to fulfill the requirements for a Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program), each returning student had to make the necessary changes or adaptations to meet the academic challenges that were encountered on the college campus.

Returning Women College Students

A national trend of adult women returning to college has existed in the United States for the past two to three decades. Women now account for more than 52 percent of an increasingly diverse college population and nearly half again as many women as men in college today are between the ages of twenty-five and forty-nine years (Maher & Tetreault, 1994). The University in this study typified this national trend as evidenced by the enrollment statistics for adult students. The total female enrollment increased from 62% in Fall 1993 to 66% in Fall 1997; and the enrollment of students 25 years or older increased from 54.1% in Fall 1993 to 59% in Fall 1997 (University Fact Book, 1997-1998).

In this study, adult women returning to college were described as serious learners who have re-entered college after a five to ten plus year absence; were actively seeking a Baccalaureate Degree in Nursing, and were ready to move into new levels of professional employment after graduation (Campaniello, 1988). Taylor and Marienau (1995) suggested that the barriers those returning women learners encountered are clearly not just internal; significant barriers abound within the institutional environment. Adult women learners, in particular, have faced special challenges as they have entered or reentered higher education.

Institutional Effects on Returning Adult Women

Specific institutional barriers, such as, inconvenient course schedules, lack of affordable and quality child care, tuition and other academic costs, attitude of faculty or inflexible college policies (for example, grades dependent on class attendance) have been addressed with varying success in recent years. Additionally, the resources that are needed by these students may only be available between 8:30am to 4:30pm. Students attending classes after 4:30pm may be unable to utilize these resources (Taylor & Marienau, 1995).

Adult women contend with these barriers and others while dealing with accompanying role conflict. As college populations change, it may be necessary to understand and to provide the services that are essential for these students. Universities and colleges may need to change current policies in order to serve a different population. An understanding relative to how the participants in this study faced these challenges and sought supportive remedies was crucial.

For an adult learner, higher education represents change that is usually a major

shift in how they have lived their lives. Moreover, at a more basic level, returning to college represented a change in who they are and who they might become in the future. The ascription of certain roles and tasks may be assigned based solely on age and/or gender. Societal norms govern women's approved roles at certain ages.

Therefore, a glaring concern for adult women learners was the perception of being either a loner or an outcast on the college campus. These students may question whether they can manage the demands of college. Additionally, these adult learners may doubt their academic abilities or demonstrate a lack of self-confidence or self-esteem (Murdock, 1987; Taylor & Marienau, 1994).

However, the desire of adult learners to pursue higher educational goals may prompt feelings of conflict and inadequacy. The lived academic experiences of the participants revealed how they were able to meet the demands of college despite the prediction of a standardized academic diagnostic instrument that identified them as educationally "at-risk" for failure while dealing with accompanying role conflict.

Role Conflict for Adult Returning Women

Acquisition of education is typically age specific also; and returning adult women may be deemed out of step and a disturbance to the ascribed sequential order. Adult women learners may be cast in the nurturing role due to the socialization practices attributed to women as bearers and rearers of children. Society may assign this role as a woman's central task in life. The personal goal of obtaining a college degree may be complicated by economic issues, such as, the cost of college education for themselves and their own children. However, for the increasing number of women returning to

college, motherhood versus personal ambition represents the basis for a very real and gender specific dilemma (Murdock, 1987).

This dilemma is complicated further by the problem of time management experienced by an adult learner. The added requirements of juggling school work into an existing full schedule of family and/or work responsibilities may foster chronic role conflict experienced by the adult learner. The adult learner may question whether nurturing duties are compatible with intellectual pursuits and personal ambition (Murdock, 1987).

According to Suitor (1987), wives' marital relations often become strained when they make commitments that interfere with their performance of traditional family roles. By returning to college, marital satisfaction may be affected and a decrease in marital interaction occurs. Family members do not always realize that their lives will change also when adult women learners return to college (McCubbin & Patterson, 1983). The age of children is an important issue as it relates to the performance of expected societal gender roles. Stuart and Laraia (1998) described gender roles as the cultural role characteristics attributed to one's gender, such as expectations regarding behavior, cognition, occupations, values, and emotional responses.

Due to the fact that the adult learner attempts to maintain traditional functions, household tasks were found to be the most likely reason that kept an adult woman learner from studying. The participants in this study provided additional insight into adult development by discussing how pursuing a college degree affected family and

marital relationships and what adjustments, if any, were required.

Campaniello (1988) stated that women are assuming nontraditional roles within a social and political environment that expects that they continue to fulfill traditional responsibilities. At the same time, women are denied the social services needed to address this double burden. The culture of a society provides the framework within which its members operate and the standards to which they conform. Values, ideology, and images form much of the context in which the socialization process shapes women's lives.

One implication for socialization practices is clear; women need to be encouraged to develop their intellectual capacities as fully as possible. Barriers that evolve from stereotypical norms of passivity need to be replaced with new standards and social policies that allow women the freedom of uninhibited development. By removing these barriers, career decisions can then be made based on interest, challenge and intellectual capability rather than on societal norms of preferred professions for men and women (Campaniello, 1988).

The above barriers, as cited in the research literature, may reinforce the fears of adult learners that college experiences may foster confusion, failure, embarrassment, and possibly dropping out. The conflict faced by adult women students evolved from the fact that they are "adults," many with the responsibilities and status of years of successful adult functioning in the community; but they may not be able to adapt successfully to the role of student. This discrepancy in adult versus student roles should not dictate that a learner is deprived of respect or the right to seek and to achieve educational goals.

Although the participants in this study had been identified as educationally “at-risk” for failure of completing the requirements for a college degree, their view of themselves may have been in contrast to that of the nursing profession relative to an academic diagnostic assessment. Despite the prediction for failure by the Nurse Entrance Test, these resilient adult women succeeded against the odds by graduating with a Baccalaureate Degree in Nursing.

An understanding of how these resilient students perceived their situation and their motivation to earn a Baccalaureate Degree in Nursing in contrast to the views of the nursing profession were critical to this study. Having the participants share their perspectives in “their own words” relative to the achievement of their educational goals rather than making assumptions about their perceptions was also important to this research.

Additionally, the participants in this study are of African descent and the role of an Historically Black College/University (HBCU) in their educational experiences needed to be determined. It was necessary to ascertain from the participants whether or not the academic environment of an HBCU had any impact upon the achievement of their educational goals.

Historically Black Colleges and Universities: Historical and Contemporary Perspective

Historically Black Colleges and Universities (HBCUs) offer an education in a cultural context; serve as a repository of Black American history and teach the unique contributions which Black American ancestors made to the development of the United States. Historically Black Colleges and Universities have high achievement expectations for their students and build self-esteem (Spelman College Fact Book,

1998).

Additionally, HBCUs have proven themselves to be successful in producing Black American professionals. They have provided the undergraduates for 75% of Black American Ph.D.s, 80% of Black American physicians, 95% of Black American federal judges and 75% of all Black American lawyers, librarians, social workers, and certified public accountants (Spelman College Fact Book, 1998).

Moreover, Historically Black Colleges and Universities have played a significant role in the education of the Black American Registered Nurse. Historically, Daniel Hale Williams, a surgeon, established the first hospital school of nursing for Black American women in 1891 at Provident Hospital in Chicago, Illinois. A few years later, in 1894, the Freedmen's Hospital and Nurse Training School began operations in Washington, District of Columbia. Howard University Medical College graduate, Alonzo Clifton McClennan, established the Charleston Training School for Colored Nurses in 1897. By 1920, there were 36 nursing schools for Black American women nationwide (Gray, 1996).

Nursing schools for Black American women were set up in independent academic settings unrelated to hospitals also. The first non-hospital affiliated nursing school for Black American women was established in 1886 at the Atlanta Baptist Seminary, whose name was later changed to Spelman College. In 1892, nursing schools were established also on the campuses of Tuskegee Institute in Alabama and at Hampton Institute in Virginia (Gray, 1996).

The commanding need for nurses during World War II broke down the color barrier somewhat in the nursing profession. The nursing corps in the military was

integrated years in advance of the overall end to segregation in the nation's armed forces. After the war, the demand for Black American nurses remained high. Large numbers of Black American nurses were needed to staff the segregated hospitals in the South. As a result, Black American women were admitted in limited numbers in the North to the nation's predominantly Caucasian nursing schools in academic rather than in hospital settings (Gray, 1996).

Although Black American students were becoming more commonplace in the hospital and in academic nursing schools in the North, the task of educating the vast majority of Black American nurses was essentially entrusted to nursing schools at Historically Black Colleges and Universities in the South. Today, Historically Black Colleges and Universities continue to play a major role in the education of Black Americans for the nursing profession. In 1996, 23 of the 105 Historically Black Colleges and Universities in the United States offered Baccalaureate Degree programs in nursing. Combined, these 23 nursing schools have an enrollment of more than 5,000 students (Gray, 1996).

In Historically Black Colleges and Universities, the largest nursing programs are at Florida A&M University, Winston-Salem State University in North Carolina, and Howard University in Washington, District of Columbia. Howard University is one of the five Historically Black Institutions that also offers a Master's Degree in Nursing. The other nursing schools offering Master's programs are Albany State College in Georgia, Bowie State University in Maryland, Hampton University in Virginia, and Tuskegee University in Alabama. To date, there are no doctoral programs in nursing offered by Historically Black Institutions (Gray, 1996).

With the vision of hindsight, the Associate Degree nursing programs may have been instituted to educate the Licensed Practical Nurse for nursing practice. This would have upgraded practical nursing from 6 months to 1 year of educational preparation; and with the Hospital Diploma programs obsolete; all nursing education would have been at the college level. Instead, registered nursing was splintered into three modes of educational preparation, while practical nursing continues to flourish in vocational and hospital settings (Leddy & Pepper, 1993). An historical perspective was provided to differentiate among the current three levels of registered nursing education. The current status of each of these educational levels also was discussed.

Educational Preparation for Hospital Diploma Nurse Graduates:
Historical and Contemporary Perspective

The first programs for training nurses in hospitals were established in America in 1872-1873 in Boston, New Haven, and in New York City. In 1880 there were 15 programs, and by 1900 there were 432 programs with 3,456 graduates. The early training programs were semiautonomous in relation to their affiliated hospitals. These training programs for nurses lacked financial endowments and independent budgets, and became rapidly dependent on the hospitals for support. Although these early training programs had begun as separate and relatively autonomous, these now had become nursing service departments in hospitals (Leddy & Pepper, 1993).

The hospitals controlled service and education for the students. The hospital-nursing students worked 7 days a week, 50 weeks a year for 1 to 2 years in exchange for on-the-job training, a few lectures, and a small allowance. To ensure financial success of hospitals, it was essential to offer a training school for nurses (Leddy & Pepper, 1993). The number of training schools increased dramatically from 15 schools in 1880

to 2,155 schools in 1926. The quality of the schools varied considerably, as documented by a survey of nursing education published in 1923 (Goldmark, 1923); and a 1925 study conducted by the Committee of the Grading of Nurses (Burgess, 1928).

These studies indicated that 42% of the schools responding did not have a permanent nurse Instructor, and an additional 42% had only one Instructor. Of the nursing Instructors, 42% had less than a high school diploma, only 16% had minimal college education, and 85% did not receive any continuing education after beginning to teach. The varied and generally poor quality of training programs caused widespread concern about the care of the public and the future of nursing (Leddy & Pepper, 1993).

After the Goldmark report of 1923, numerous studies and surveys indicated that the basis for most of the obstacles for nursing schools was the dual purpose of service and education. Since 1910, nursing leaders encouraged research studies that they hoped would lead to improved quality of nursing education (Leddy & Pepper, 1993). However, the studies resulted in limited reform in nursing education. Hospital Diploma schools remained the dominant educational pattern for registered nursing until the early 1970s.

As of 1993, approximately 126 Hospital Diploma programs exist with over half of the programs in 3 states: Ohio, New Jersey and Pennsylvania. This number of Hospital Diploma programs indicates a decline from 944 programs in 1958 to the present. The length of the program is 2 to 3 years; and the cost is a few hundred dollars per semester. The purpose of these programs is to prepare clinically competent bedside nurses (National League for Nursing, 1994). The decline in the number of Hospital Diploma Nursing School programs was prompted principally by societal acceptance of

community college education for nurses.

Educational Preparation for Associate Degree Nurse Graduates:
Historical and Contemporary Perspective

In 1951, Montag published her doctoral dissertation, *The Education of Nursing Technicians*, which proposed education for the technician Registered Nurse (RN) in community colleges. The program was to prepare the nurse completely for immediate employment. After 10 years of research for this new level of education for Registered Nurses, community college nursing flourished in the growing societal emphasis on educational accessibility and mobility.

The community college served as an entry into higher education for the non-traditional college student. In 1962, students from Associate Degree Nursing programs constituted 3.7 percent of the graduating Registered Nurses. By 1972, Associate Degree nurses were 37 percent of the graduating students from nursing programs. However, by 1982, the Associate Degree student marked approximately 52% of all graduating Registered Nurses (Leddy & Pepper, 1993).

Since the inception of the two-year Associate Degree programs, the nursing profession has for all intents and purposes abandoned the original conceptualization of the Associate Degree as being technical and terminal. Although an increasing number of students begin their education in an Associate Degree nursing program, it is the intent of these students to continue on to the baccalaureate level. The professional nursing organizations began to stress the movement of professional registered nursing education into colleges and universities, with the eventual end of technical practical nursing education.

The rapid growth of Associate Degree nursing programs has intensified concern

with issues such as (a) differentiation among levels of registered nurse licensure, (b) determination of appropriate education for professional (registered) nursing, (c) establishment of appropriate expectations of graduates of various levels of education, (d) means of increasing the supply of professional rather than technical nurses, and (e) strategies for facilitating professional education for the Registered Nurse. (Leddy & Pepper, 1993, p. 33)

In 1965, the American Nurses' Association published *Educational Preparation for Nurse Practitioners and Assistants to Nurses: A Position Paper*, which concluded the following.

The education for all of those who are licensed to practice nursing should take place in institutions of higher education; minimum preparation for beginning professional nursing practice should be a Baccalaureate Degree; minimum preparation for beginning technical nursing practice should be an Associate Degree in Nursing; education for assistants in health service occupations should be short, intensive preservice programs in vocational education rather than on-the-job training. (Leddy & Pepper, 1993, p. 34)

Students attend a 2-year community college or 4-year college or university to earn an Associate Degree in Nursing. The length of the program is 2 years. The cost ranges from a few hundred to a few thousand dollars per year. These programs prepare competent technical bedside nurses for secondary care settings, such as, long-term care facilities. Because of accessibility, cost and length of study, these programs have shown an increase from approximately 600 in 1973 to nearly 900 in 1993; but these programs

are approaching a plateau with the emphasis on entry into practice beginning at the baccalaureate level (National League for Nursing, 1994).

The position taken by the American Nurses' Association (1965) to require a Baccalaureate Degree for entry into professional practice intensified the conflict over the future role of Hospital Diploma programs and widened the schism in nursing education. Ultimately, it would take the nursing profession 30 years to implement the position that a Baccalaureate Degree is the entry into practice for the professional nurse.

In 1996, the American Association of Colleges of Nursing (AACN) approved the position statement that "Accordingly, the American Association of Colleges of Nursing (AACN) recognizes the Bachelor of Science Degree in nursing as the minimum educational requirement for professional nursing practice" (p. 1). This position statement ended the 30-year debate among professional nursing organizations to require a Baccalaureate Degree in Nursing as the entry into practice for professional nursing.

Educational Preparation for Baccalaureate Degree Nurse Graduates: Historical and Contemporary Perspective

In nursing, as in many occupations, a college education establishes the foundation for professional achievement and for personal and career satisfaction. The adult women, in this study, who returned to college to earn a Baccalaureate Degree, manifested this perspective. These adult students were willing to persist in their goal to complete a Baccalaureate Degree program successfully.

Moreover, "the first university school to be established on an independent basis with its own dean, a substantial endowment, and all students entered in the degree program, was opened in Yale University in 1923" (Dock & Stewart, 1938, p. 179).

Although collegiate schools were established at Western Reserve University (1923), Vanderbilt University (1930), and the University of Chicago (1925), there was opposition from physicians who argued that “intelligence and sound knowledge of theory were unnecessary and might handicap the prospective nurse” (Kalisch & Kalisch, 1986, p. 381). Nursing education remained associated with the hospital diploma school from a societal perspective, and the number of nurses who graduated from baccalaureate programs remained less than 15% of total nursing graduates until the beginning of the 1950s (Leddy & Pepper, 1993).

However, the real growth and development of baccalaureate nursing education has taken place since 1950, with a dramatic increase after 1967 when nursing began to develop as a scientific discipline. In recognition of expanded opportunities, Registered Nurses (RNs) are returning to college in increasing numbers to earn a Baccalaureate Degree. Between 1975 and 1995, the number of RNs (with Associate Degrees or Hospital Diplomas) graduating from baccalaureate programs rose from approximately 3,700 a year to more than 9,300 annually (American Association of Colleges of Nursing, 1996).

In 1980, almost 55% of Registered Nurses held a Hospital Diploma as their highest educational credential, 22% held a Baccalaureate Degree, and 18% held an Associate Degree. By 1992, a Hospital Diploma was the highest educational credential for only 34% of RNs, while the number with Baccalaureate Degrees increased to 30%, with 28% holding an Associate Degree (Division of Nursing Research, 1992).

By 1994, the nursing Baccalaureate Degree had gained even further prominence, with 31.5% of RNs having earned a Baccalaureate Degree as their highest educational

credential, according to federal estimates (Estimate by Division of Nursing, 1995).

Currently, 27% of Registered Nurses hold a Hospital Diploma as their highest nursing credential; 32% hold an Associate Degree; 31% hold a Baccalaureate Degree; 9.1% hold a Master's Degree; and 0.6% hold a Doctorate (Peterson, 1999).

Students attend a 4-year college or university to earn a Baccalaureate Degree in Nursing. There are more than 500 baccalaureate nursing programs throughout the United States. The length of the program is 4 academic years. The cost of the programs is highly variable and can range from a few thousand to several thousand dollars per year. The goal of the baccalaureate program is to prepare professional nurse generalists for acute care settings (e.g. hospitals), community-based practice (e.g. home health agencies/health departments), and beginning leadership and management positions (National League for Nursing, 1994).

The trend in professional nursing to recognize a Baccalaureate Degree as the entry into professional practice is gaining widespread acceptance. On July 20, 1996, the American Association of Colleges of Nursing (AACN) Board of Directors adopted the Position Statement, *A Baccalaureate Degree in Nursing as Minimal Preparation for Professional Practice*, as follows:

Rapidly expanding clinical knowledge and mounting complexities in health care mandate that professional nurses possess educational preparation commensurate with the diversified responsibilities required of them. As health care shifts from hospital-centered, inpatient care to more primary and preventive care throughout the community, the health system requires registered nurses who not only can practice across multiple settings-both within and beyond hospitals-but can

function with more independence in clinical decision making, case management, provision of direct bedside care, supervision of unlicensed aides and other support personnel, guiding patients through the maze of health care resources, and educating patients on treatment regimens and adoption of healthy lifestyles. In particular, preparation of the entry-level professional nurse requires a greater orientation to community-based primary health care, and an emphasis on health promotion, maintenance, and cost-effective coordinated care. Accordingly, the American Association of Colleges of Nursing (AACN) recognizes the Bachelor of Science degree in nursing as the minimum educational requirement for professional nursing practice. (American Association of Colleges of Nursing, 1996, p. 1)

The AACN maintains that the Baccalaureate Nursing Degree is preferred. Nurse Executives have indicated their desire for the majority of hospital staff nurses to be prepared at the baccalaureate level to meet the more sophisticated demands of today's patient care. Moreover, as sharp declines in inpatient visits and briefer patient stays have become the norm and moved health care delivery more to outpatient settings, the skills of the baccalaureate nurse are essential for practice in other community sites, such as health maintenance organizations, home health services, community clinics, and managed care firms (American Association of Colleges of Nursing, 1996).

In response to these expanded practice opportunities, Registered Nurses are returning to college in increasing numbers to earn a Baccalaureate Degree. Students who complete either level of nursing education must be a graduate of a state-approved school of nursing and must be deemed qualified to practice in the nursing profession.

Licensure Requirements for Registered Nurses

Each of the 50 states and American territories use the National Council Licensure Examination for Registered Nurses (NCLEX-RN) for licensure purposes. Prior to 1993, the examination was given on the same day, at the same time, in numerous sites throughout the country. In 1993, a computerized examination was designed to permit individuals to take the examination at any time at an approved site. Thus, passing the examination not only permits licensure and registration in the state in which the examination is written, but permits later registration also (listing on the official roster) in other states if desired (Leddy & Pepper, 1993).

Though licensure is permanent (unless the license is revoked for illegal or immoral behavior), registration must be renewed periodically (usually every 1 to 2 years) by payment of a fee to each state in which current registration is desired. To become licensed by endorsement in other states, the only requirement is to complete a request for licensure form and to pay the required fee. All 50 states and American territories have mandatory licensure. Anyone who practices nursing according to the legal definition of practice must be licensed, with the exception of students in their course of study, employees of the federal government, and persons performing in an emergency situation (Leddy & Pepper, 1993). The United States government defines licensure as:

The process by which an agency of government grants permission to persons to engage in a given profession or occupation by certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected. (United States

Department of Health Education and Welfare, 1972, p. 7)

Thus, a license is a legal document certifying that minimal standards for qualified practitioners have been met. Requirements for licensure as a Registered Nurse are included in every Nurse Practice Act. The Nurse Practice Act for each of the 50 states and American territories includes the following.

Each Nurse Practice Act contains definition of professional nursing; outlines requirements for licensure and provides for endorsement for persons licensed in other states; specifies exemptions from licensure; lists grounds for revocation of licensure; provides for a board of examiners and outlines its responsibilities; and sets penalties for practicing without a license. (Leddy & Pepper, 1993, pp. 15-16)

To date, only the following states require continuing education units for license renewal, Alabama, Florida, Iowa, Massachusetts, Nevada, New Mexico, and Ohio (American Association of Colleges of Nursing, 1996). Several forces affect the supply of Registered Nurses (RNs). However, the number of RNs who will be available to offer their time in the nurse labor market at some point in the future has other determinants.

Registered Nurses: Supply and Demand

The number of RNs is determined primarily by changes in social preferences for nursing as a career, the size of age cohorts from which prospective nursing students are drawn, the capacity of nursing education programs, the length of time required to earn a nursing degree, and the supply of faculty. Additional determinants also include, the reaction of prospective nursing students to changes in tuition rates, the availability and

interest rates of student loans, increases and decreases in nurse wages in the labor market, and the number of RN deaths and retirements (Buerhaus, 1998).

Throughout the history of nursing in the United States, there have been periods of shortage and over-supply of Registered Nurses (RNs). These shifts in nursing have been reflected by changes in the demand for nursing services, the growth or decline of hospitals and health funding, changing perceptions of nursing as a profession, and widening career opportunities for women (Goodman-Draper, 1995; Peterson, 1999).

According to Peterson (1999), in a 1996 national sample survey, there were 2.6 million Registered Nurses in the United States, of whom 2.1 million were employed in actual practice. The majority, approximately 60%, work in hospitals, and the remaining nurses practice in community or public health care settings, ambulatory care settings, nursing homes, and extended care facilities. Peterson (1999) proposed that two factors would influence the future supply of RNs greatly, the aging of the nursing population as a whole, and the aging of the nursing faculty.

In 1996, the average age of all Registered Nurses was 44.3 years, and the average age of employed nurses was 42.3 years. In the Fall of 1997, the average age of nursing faculty in Undergraduate and Graduate degree programs was 52.1 and 48.5 years, respectively. Doctoral nursing students are older on average as well; in 1996, the average age of a new doctoral recipient in nursing was 45 years, almost 12 years older than the average age of doctoral graduates in all other professions (Peterson, 1999). The demand for Registered Nurses is also influenced by the demographics of the population.

Peterson (1999) indicated that another significant trend affecting the demand for

nurses is the aging of the United States population, particularly as the number of people 85 years old and older increases. An aging population and the consequent increase in chronic illness will increase the demand for nurses, particularly those with Baccalaureate or Master's Degrees, practicing in hospitals, long-term care and community-based settings.

Therefore, the participants in this study, by obtaining a Baccalaureate Degree in Nursing, were preparing themselves to become vital practitioners in a changing health care environment supported by advancing technology. The returning adult women college students, who earn advanced degrees in nursing, can play a vital role in decreasing the predicted shortage for Registered Nurses. The diversity among these returning adult students and their impact upon professional nursing is documented in the literature.

Demographics: Registered Nurse Students

Student demographics are changing also. Ethnic and racial diversity of nursing schools has increased dramatically, thereby, creating a rich cultural environment for learning. Students are entering schools of nursing at an older age and are bringing varying college and work experiences, as well as sophisticated expectations for their education. They are typically employed in full-time careers, and many are raising families, which places constraints on their educational experiences and necessitates greater flexibility in scheduling (Heller, Oros, & Durney-Crowley, 2000).

These non-traditional students could be identified as "at-risk" for academic failure by nursing faculty who utilized a standardized academic diagnostic instrument, such as the Nurse Entrance Test, to make this prediction. According to data from

Educational Resources, Incorporated, (1992), over the past three years, approximately 400,000 students had taken the NET. Approximately 5% of nursing schools utilizing the NET were identified as Historically Black Colleges and Universities (HBCUs). The participants in this study attended an HBCU to obtain a Baccalaureate Degree in Nursing.

Philosophy and Mission of the Historically Black College/University

The philosophy of the Historically Black College/University in this study was congruent with other Historically Black Colleges and Universities (HBCUs) as documented in the literature. The Historically Black University, for this study, identified the following as its primary mission and philosophy.

The primary mission of the university is to provide excellent instruction in a variety of academic programs at the undergraduate and graduate levels. To this end, the University offers programs and courses to meet the needs of all students, from the under prepared to the exceptionally prepared. The university aspires to produce graduates who are leaders among their peers in a global community, who think critically, value diversity, and are committed to the higher moral and ethical good; to serve a regionally, globally, and culturally diverse student population; to expand educational opportunities that empower individuals to be effective citizens; and to become a model of creative leadership for institutions of higher learning that seek to improve quality of life in their communities. (Undergraduate Catalog, 1998-2001, p. 3)

The Department of Nursing in this Historically Black University was in compliance with the mission and philosophy of the university by fostering the goals and objectives

of the University through implementation of its philosophy, goals, and objectives (Department of Nursing Student Handbook, 1998-2000).

Philosophy of the Department of Nursing

The Department of Nursing (DON) in this study maintained that the mission is to provide quality academic programs that offer learners opportunities to expand their knowledge base and to pursue advanced study. The nursing curricula prepare professional nurses who demonstrate excellence in practice, think critically, value diversity, and participate in research and community service. Consistent with the mission of the University, the DON is committed to increasing the number of minority nursing professionals (Department of Nursing Student Handbook, 1998-2000).

The Department of Nursing faculty espoused the following philosophy.

The faculty of the Department of Nursing supports the primary mission of the University as a regional comprehensive institution that provides excellence in teaching at the master's and baccalaureate levels. The uniqueness of the nursing program is derived from individualized student-teacher interactions, acceptance of the learner's personal and professional developmental level and open communication that empowers a learner and facilitates academic success. The nursing curricula were developed and are implemented based on the faculty's beliefs about professional nursing education and professional practice, the nature of the client system, and beliefs about health and the environment and the importance of meeting the needs of under-served populations. Faculty beliefs about nursing education and practice, the nature of clients, health and the environment form the foundation for the Department of Nursing educational

programs. Through the collaborative learning process, a graduate is prepared to practice as a professional nurse who influences the health status of individuals, families, groups, and communities. (Department of Nursing Student Handbook, 1998-2000, pp. 5-6)

These beliefs of the nursing faculty supported the transition of students who return to college to earn a Baccalaureate Degree who may enter the Department with either a Hospital Diploma or an Associate Degree in Nursing. Additionally, the Department of Nursing selected for this study adhered to the guidelines for baccalaureate nursing education as defined by the American Association of Colleges of Nursing (AACN).

Department of Nursing Curriculum

The American Association of Colleges of Nursing (AACN) is comprised of over 500 members who are deans or directors of baccalaureate and graduate nursing education programs. This Association determines the educational criteria for baccalaureate and graduate nursing programs. The *Essentials of Baccalaureate Education for Professional Nursing Practice* (1998) developed by AACN is used to guide curriculum development for baccalaureate nursing programs. These standards include professional values, core competencies, core knowledge and role development. The Department of Nursing (DON) in this study is in compliance with the standards for baccalaureate nursing education as evidenced by the inclusion of the discipline and role criteria defined by AACN. The following criteria are incorporated into the baccalaureate nursing curricula of this Department of Nursing.

The nursing program curricula include professional values, such as, caring, altruism, autonomy, human dignity, integrity, and social justice. The DON includes the

core competencies of critical thinking, communication, assessment, and technical skills. Core knowledge criteria are included, such as, health promotion, risk reduction, disease prevention, illness and disease management, information and health care technologies, ethics, human diversity, global health care, and health care systems and policy (American Association of Colleges of Nursing, 1998).

The Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program) in this study, as mandated by the American Association of Colleges of Nursing, included criteria for role development. These criteria included guidelines for implementation of the roles of provider of care, as well as the designer, manager, or coordinator of care. As a member of professional nursing, the baccalaureate graduate has an understanding of the nurse as a professional, as well as knowledge and experiences that encourage a nurse to embrace life-long learning, incorporate professionalism into practice, and identify with the values of the profession (American Association of Colleges of Nursing, 1998).

The sequence of courses of an RN to BSN Completion Program undergraduate curriculum is provided in Appendix A. A brief description of the upper division courses (Junior and Senior-level nursing courses) beginning with Pathophysiology, a final prerequisite course, also is included in Appendix A. In the first nursing course, Nursing Theories, Concepts and Models, problems with reading comprehension relative to the abstract and theoretical nature of the course content became apparent for students who had scored below the 50th percentile for Reading Comprehension for Science Textbooks on the Nurse Entrance Test. Relative to scholarly literature in the nursing curriculum, reading comprehension became an issue for the retention of students in the

nursing program.

In order to assess whether students will be able to manage the rigors of higher education, schools of nursing may choose to utilize a standardized test to predict whether or not students may be “at-risk” for academic failure.

Standardized Tests

Research studies have been conducted either to support or to refute the validity and reliability of standardized tests, such as the Scholastic Assessment Test (SAT), as a measure of college performance. Initially, the SAT was titled the Scholastic Aptitude Test and was renamed the Scholastic Assessment Test. Now, officially it is named just SAT I because of the uneasiness at the Educational Testing Service (ETS) and the College Board about defining just what the test measures (National Center for Fair & Open Testing, 1997). Also, research studies have examined the biases of standardized tests, such as the SAT I; and have classified these biases as gender gap; bilingual students; and impact on minorities (Powell & Steelman, 1982; Rosser, 1989; Taylor & Lee, 1987).

The utilization of standardized tests by educators to predict academic success in the first year of college performance has been substantially documented in the literature (Beaton, Hilton, & Schrader, 1980; Grandy, 1987; Karmos & Karmos, 1984; Larson & Scontrino, 1976). Moreover, research has been conducted to investigate gender and cultural biases on standardized tests. Research studies indicated that women and minority groups could be unduly penalized with certain test questions that are based on the context of experiences of Caucasian students (Brown, 1980; Clark & Grandy, 1984; Cole, 1981; Powell & Steelman, 1982; Rosser, 1987; Schmitt & Blienstein, 1987).

Based on the concerns about problems with standardized tests, many four year colleges and universities no longer use the SAT I or the American College Test (ACT) to make admission decisions. These changes and trends in admission criteria were supported by research findings that the use of standardized tests limits admissions unduly, and except at the extremes, SAT/ACT scores do not predict grades adequately in college courses or the probability of college graduation (National Center for Fair & Open Testing, 1997).

The SAT I under-predicts the performance of women in college consistently and over-predicts the performance of men. Although women earn higher grades in high school and college, in 1997 their SAT I scores were 40 points lower on average than those of men (36 on the SAT I-Math and 4 on the SAT I-Verbal). The College Board research has shown that both the Verbal and Math sections of the test under-predict women's college performance (National Center for Fair & Open Testing, 1997).

Research studies, reported by the National Center for Fair & Open Testing (1997), for the College Board indicate that Black American, Latino, new Asian immigrants and many other minority test-takers score significantly lower than Caucasian students. The SAT I can be very effective in blocking admissions of academically promising minority and low-income students who may apply to college with strong academic records but relatively low SAT I scores. Colleges, that have made the SAT I optional, report that their applicant pools have more diversity and that there has been no decline in academic quality. Research studies indicate that both gender and cultural biases are inherent in standardized tests (National Center for Fair & Open Testing, 1997).

Rosser (1989) conducted an item analysis of questions on the SAT I with major gender and race differences and found that questions set in a particular context, such as sports journalism, have no relationship to academic abilities.

Rosser (1989) posited that: in a society in which sex stereotypes still have an impact, it is not surprising that words referring to relationships (requite), jewelry (pendant), and fabric (sheen) favor girls; conversely, (mercenary) relating to soldier is a male-loaded term in a society that drafts only men for military service. (p. 32)

In the review of questions showing significant sex differences within each racial/ethnic group, Gross (1988) found that a total of 38 math questions created a gender gap for women of color. The mathematics gender gap was smallest for Black American women, although they scored lower than any other ethnic/gender group on the test. The Black American women had only six math questions with differences of more than 10 percent or large ratio differences compared to Black American men.

Native American women had the largest math gender gap, with 24 questions that had substantial differences. Hispanic women followed with 22 questions, Caucasian women with 18 and Asian American women with 16 questions. It was not the intent of this research to discredit the efficacy of standardized academic instruments; but to suggest that for minority groups completing these assessments, there may be a need to examine other factors in addition to their test scores.

To examine whether these biases existed in the standardized Nurse Entrance Test (NET), Jarvis (1997) conducted a cultural bias study for the NET by utilizing

differential item functioning-the Mantel-Haenszel Procedure. The purpose of the study was the comparison of two groups of examinees that react differently to the same test questions. The researcher indicated that these differences were worth investigating to examine what problems a test question may have in relation to cultural bias and what measures are needed to correct the problem.

Jenks et al. (1989) noted that using the Grade Point Average (GPA) exclusively may place too much time between high school and college performance, e.g. students may have a 20-year break between high school graduation and college admission. The mean age was 46 years for the participants in this study; and the interim between high school graduation and college admission (or readmission) was 18 years approximately.

For admission of in-state students, the University in this study required combined SAT I scores ranging from 900-960 and combined scores ranging from 950-1010 for out-of-state students. However, the University continues to fulfill its historic mission to provide educational opportunities to educationally under-prepared students. The University has established the following programs: Conditional Admissions Program, Summer Emerging Scholars Program, Connect Program, Academy for Collaborative Enhancement of Student Skills and a University College of Excellence for Freshmen and Sophomore students to promote successful college experiences for under-prepared students (Undergraduate Catalog, 1998-2000).

These students are admitted on probational status if their combined SAT I scores are below the minimum score for admission (Undergraduate Catalog, 1998-2001). Because the participants in this study were transfer students into the University, SAT I scores were not required for admission. Moreover, McKinney et al. (1988)

recommended that non-academic predictors such as a student's learning style, attitude, and/or motivation, should be examined, since these investigations would provide a comprehensive approach to the needs of students and improve understanding of a wider range of predictors.

Nurse educators prepare students to become professional practitioners and to pass the National Council Licensure Examination for Registered Nurses successfully. However, retention of nursing students is a major concern for nurse educators. The importance of early identification of students who may be "at-risk" for academic failure or who may experience difficulty in completing the nursing program provides concern also for nursing faculty. Colleges and Schools of Nursing may choose to utilize standardized assessment tests, such as the Nurse Entrance Test (NET), to predict whether or not students are "at-risk" for academic failure.

Nurse Entrance Test

In 1992, The Nurse Entrance Test (NET) was designed by the Educational Resources, Incorporated primarily as:

A diagnostic instrument to assist Nursing Education Programs in evaluating the academic and social skills of new applicants to their programs. Based upon the profile generated by this test, a program can more objectively screen applicants for admission. The NET also provides an academic/social profile of a class already admitted. In both profiles, the educational program will be provided with valuable information helpful in meeting individual student needs. (p. 1)

Thirty-two diagnostic scores are generated for each examinee and the academic program is provided with a group profile consisting of computer-generated means for

the following seven subtest areas: essential math skills; social interaction profile; stress level profile; learning style; reading comprehension for science textbooks; reading rate; and test-taking skills.

Nurse Entrance Test: Standardization

The original standardization of the Computerized-Nurse Entrance Test (C-NET) was based on the testing of 1,385 beginning nurses from health occupation programs. These schools came from all four geographic regions of the United States for each student, complete data were secured for all subtests of the C-NET and ACT. Initial testing was conducted from January 1989 through December 1989. The C-NET is the same as the Paper-Pencil Nurse Entrance Test (Educational Resources, Incorporated, 1992). The Department of Nursing in this study administered the Paper-Pencil Nurse Entrance Test to all students admitted into the RN to BSN Completion Program.

In the development of the Nurse Entrance Test (NET), a series of standardization procedures was followed to assure that the content of the NET was appropriate for entry level nurses and to provide an effective means of interpreting test performance. A description of the procedures that provide evidence of the reliability and validity of the NET follows.

The NET was standardized by equating its Composite Percentile (and the individual Math and Reading Comprehension Scores) with the Scores of the American College Test (ACT) Composite Scores (and its individual Math and Reading Comprehension Scores). The equating method was carried out by associating the projected scores of the NET with the appropriate score achieved by the same test

population on the ACT (Educational Resources, Incorporated, 1995). The ACT is widely used by colleges to determine the skill development of a college applicant for both reading comprehension and math mastery. A correlational study was completed that sought to equate ACT and NET reading and math scores (Educational Resources, Incorporated, 1995).

When two tests are equivalent, they represent parallel forms of each other; that is, they both yield the same information. The validity of the equating method is dependent on this assumption. This assumption was evaluated statistically by examining the correlation of the anchor test (in this case, the NET) with the target test (ACT). Correlations of $+0.80$ or greater are generally considered to represent tests that are parallel. (Educational Resources, Incorporated, 1995, p. 6)

The NET correlated well with the ACT, and also gave more diagnostic information for both the Math and Reading Comprehension skill areas than did the ACT. The average correlation for the NET and ACT ranged from $+0.79$ to $+0.83$ respectively (Educational Resources, Incorporated, 1992). A Composite Score on the ACT may be helpful, but the individual profiles generated by the NET outline specific math deficits and learning style profiles (Educational Resources, Incorporated, 1995). These data provide practical insight for a health occupation program striving to meet individual differences of students.

Nurse Entrance Test: Cultural Bias

Jarvis (1997) found that the Educational Resources Incorporated, the developer of the Nurse Entrance Test, used the simplest form of the Mantel-Haenszel Procedure to

examine test items for cultural bias.

This procedure uses two groups of examinees, the reference group and the focus group. The reference group being the standard against which a comparison is made on the performance of the focus group. The focus group is usually the minority being investigated for cultural bias. Each item of the test is compared between the two groups on the basis of correct and incorrect responses. ...

Current overall studies of the Nurse Entrance Test have concluded that the examination contains no cultural bias. These studies were done on five classifications of cultural groups; Caucasian, African-American, Native-American, Hispanic and Asian. (Jarvis, 1997, p. 26)

Although the Nurse Entrance Test (NET) purports to be free of cultural bias, the students in this study are both bilingual and representative of minority groups. The NET poses examples in the Reading Comprehension for Science Textbooks section, which are based on American experiences and literature, and these excerpts, may not be readily understood by non-American students who are completing the diagnostic assessment. A simple misinterpretation of the meaning of one word in the passage may affect the answers to the questions posed to assess reading comprehension for science textbooks.

Femea, Gaines, Brathwaite, and Abdur-Rahman (1994) conducted a study to compare the sociodemographic and academic characteristics of primary English-speaking nursing students and nursing students who speak English as a Second Language. Also, these researchers are faculty at an Historically Black College/University (HBCU) and the NET is a diagnostic assessment that is required of

all students admitted to the professional program at the College of Nursing. The diagnostic assessment is used to evaluate students' cognitive and non-cognitive abilities, such as basic mathematical skills, reading comprehension for science textbooks, stress level, social interaction, learning styles, and test-taking skills (Femea et al., 1994).

The sample consisted of 137 students' Nurse Entrance Test (NET) scores and semester course grades obtained from four classes admitted to college between Fall 1991 and Spring 1993. The study results indicated that the culturally diverse students had difficulty with reading comprehension for science textbooks, mathematics and test-taking skills. These students were significantly more writing dependent when compared to American born students, and preferred the social mode for learning (Femea et al., 1994). If admission criteria pose gender and cultural barriers for students attempting to enter college, then these students must demonstrate other attributes, such as, resilience and motivation in order to achieve their educational goals.

Resilience

An examination of the concept of resilience from a life span perspective on adult development was advanced to inform an understanding of factors related to resilience in adults. Staudinger, Marsiske, and Baltes (1993) presented an evolving model that attempts to integrate resilience into the framework of life-span development.

Staudinger et al. (1993) suggested that throughout life successful development can be characterized by a strategy of *selective optimization with compensation*.

The processes of selection, optimization, and compensation are coordinated such that the two main overarching goals of human development can be achieved: (a)

movement toward higher level functioning (growth) and (b) avoidance of negative outcomes (maintenance). Again, it is important to under-score that

selection, optimization, and compensation may operate on both a conscious and an unconscious level. (p. 558)

In this evolving model of adult development, selection refers to domains of expertise and life priorities. Domains are selected in which one would like or need to preserve high levels of functioning, often at the expense of functioning in other domains. Optimization includes training and self-efficacy that may become necessary to change the ways by which certain levels of performance are achieved. Compensation includes bodies of knowledge; effective self-management and self-evaluation that are needed under conditions of declining performance levels when new strategies must be adopted (Brandtstadter & Renner, 1990).

The participants in this study assumed the role of returning adult learners with the goal of obtaining a Baccalaureate Degree in Nursing. This goal indicated growth as delineated by the above strategy. Despite their identification of being “at-risk” for academic failure as predicted by the Nurse Entrance Test (NET), through resilience and motivation, they successfully avoided a negative outcome of failure. It was important to ascertain from the participants in this study whether this prediction for failure influenced their perception of their ability to achieve their educational goal and whether this prediction affected their personal and professional identity.

In order to gain an understanding of why students persisted and succeeded to reach their educational goals after being identified as educationally “at-risk” for failure;

an examination of the process of resilience provided insight as to how these students succeeded against the odds. Masten, Best, and Garmezy (1990) discussed resilience from the context of “overcoming the odds.” They further advanced that “resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (p. 426). This description of resilience implies that it is a dynamic process and individuals may display varying levels of functioning ranging from maladaptive to effective. This process view of resilience seemed to provide an appropriate framework to explore the experiences of returning college women in this study.

Cicchetti and Garmezy (1993) posited that it is important to recognize that resilience is not a static trait. Individuals may experience new obstacles that require new coping abilities; and these transitions may emerge during developmental phases throughout the life cycle; as well as during periods of acute stress. “Specifically, the effect of a stressful major life event on positive or negative adaptation could be examined. Similarly, functioning during a life period generally considered to be stressful (e.g., adolescence) could provide important information on functioning” (Cicchetti & Garmezy, 1993, p. 499).

The adult returning college women in this study faced the stressful event of pursuing a Baccalaureate Degree in Nursing after being identified as educationally “at-risk” for failure. However, it was imperative that they knew how to access support and to seek academic assistance appropriately. An understanding as to whether these students utilized these supportive strategies was necessary as a forecaster of their successful completion of a Baccalaureate Degree in Nursing.

This perspective for researching resilience coincides with the stress that is related to returning to college for adult women who have the additional burden of being identified as educationally “at-risk” for failure. The stress related to maintaining a Grade Point Average (GPA) of 2.0 for both the University and the Department of Nursing may compound the educational problems for these returning students.

Additionally, participants in this study cannot earn a grade less than C in nursing courses. A student can only repeat a nursing course once. If a student earns a grade less than C in two nursing courses, it becomes cause for academic dismissal. To avoid failing a course, students, who receive a mid-semester academic warning of unsatisfactory academic achievement, may opt to withdraw from the nursing program. These students may apply for readmission to the nursing program in the subsequent semester (Department of Nursing Student Handbook, 1998-2000).

In order to understand the multiple contexts for the manifestation of resilient behaviors, information must be obtained concerning specific adaptational efforts of children, adolescents, and adults to meet the challenge of cumulative adversities in their lives.

Close examination of resilience patterns is needed to understand the effects of adversity on different aspects of development and to understand the relations of development to adaptation. Developmental level, individual differences, relationships, the nature of challenges, and the qualities of the recovery environment will influence the adaptation of children exposed to adverse experiences. (Masten, Best, & Garmezy, 1990, p. 440)

Masten, Best, and Garmezy (1990) identified minority status as a risk factor that

prompts the necessity for demonstrating resilient behaviors. The concept of resilience that originated directly from risk research refers to successful adaptation despite the odds against positive development. The resilient students in this study must overcome the odds of having minority status and of being returning adult non-traditional college students in order to achieve their educational goals.

This identification of minority status may stem from prior educational experiences that may have under-prepared these students to manage the rigors of higher education. Segregation and poor academic standards in urban schools have resulted in minority students entering college with poor academic preparation (Starke, 1993). Moreover, Black American women, specifically and women of African descent, generally may be especially plagued by educational under-preparation.

Although research on resilience has been conducted primarily on children and adolescents, adult development research is beginning to focus on the process of resilience across the lifespan. Masten, Best, and Garmezy (1990) indicated that the study of resilience has restored important and once neglected pieces to the puzzle of human adaptation. “The greatest gains, however, will come from integrating these pieces into the full context of human development and the diversity of environments in which such development inevitably must proceed” (p. 440). The information gained from the lived personal and academic experiences of these participants contributed information concerning the neglected piece of the puzzle relative to human adaptation.

Staudinger, Marsiske, and Baltes (1993) proposed that older adults (over 70 years of age) seem to be more flexible in adapting their coping response to the characteristics of the situation than were younger adults. Such evidence is congruent

with findings that, in comparison to younger adults, older individuals have been found to demonstrate an accommodative coping style in the face of adversity or failure. This accommodative coping style suggests that older adults are goal flexible, demonstrate greater versatility and are better able to adjust their objectives to changed circumstances than were young adults (Brandtstadter & Renner, 1990).

Adult women of African descent have a history of adversity that fosters acquisition of coping strategies and coping competence. Their circumstances may parallel with these elderly adults. By having to overcome adversity throughout their lives, almost by definition, Black Americans who are successful also are resilient.

As resilience research indicates, the returning students in this study illustrated the life span perspective of resilience. These students supported the premise that resilient behaviors can be employed throughout the life span to overcome obstacles, such as, returning to college to earn a Baccalaureate Degree in Nursing. The resilience exhibited by these students has an historical origin that is unique to Americans of African descent, generally and to women of African descent, specifically.

Resilience and Black Americans: Historical Perspective

From the sixteenth to the nineteenth centuries, more than 10 million Africans were brought to the United States and bonded into slavery. In 1661, the Virginia House of Burgesses formally recognized the institution of Black American slavery. By 1667, Virginia had written into its statutes “that even purifying the African American soul through baptism could not alter the condition of the Black American regarding bondage or freedom” (Ploski & Williams, 1989, p. 167).

Slaves were introduced to Christianity by their owners and were allowed to

worship freely. This practice of Christianity became the precursor for what is identified today as the Black American Church. Because of these historical accounts, the perception held by most Americans is that Black Americans may be the only cultural and ethnic group who reside in the United States today who did not immigrate to this country voluntarily (Ploski & Williams, 1989). Despite the institution of slavery, Black Americans have persevered despite modern day obstacles. The inception of slavery in the United States precipitated the beginning of the destruction of the transplanted African culture and family.

Culture and the Black American Family

The destruction of the African family began with the capture of slaves for transplantation to the New World, which began in 1619. As slaves were captured, men, women and children were separated without regard for family unity, tribe, or kinship. Most slave owners sold husbands, wives, and children without consideration for family ties. In Africa, Africans had been accustomed to a strictly regulated family life with rigidly enforced moral codes. The family unit was closely knit, well organized, connected with kin and community, and highly functional for the economic, social, psychological, and spiritual well-being of the people (Jones, 1966).

Attitudes, beliefs, values, and morals are the basic structural units of any culture. Culture is an outward manifestation of a way of life; it is dynamic, fluid and ever evolving. The family is the basic social unit of most cultures and is the means by which culture is transmitted from one generation to the next (Cherry & Giger, 1995). However, the impact and aftermath of slavery are still evident today on the Black American family.

The Black American family in the United States during slavery lacked autonomy because the family members were someone else's property. The parents were unable to provide security or protection for their children. Husbands were unable to protect their wives. Under the system of slavery in the United States, the role of the Black American man as husband and father was obliterated. The Black American man was not the head of the household, nor was he the provider or the protector of his family (Cherry & Giger, 1995).

Under the system of slavery, the Black American woman became the dominant force in the family. The inception of slavery, the subordinate role of the Black American man, the division of the African family and subsequently the Black American family, all played a significant part in the establishment of the female-dominated Black American household that exists even today in the United States (Cherry & Giger, 1995).

In the United States (U.S.), there are basically two types of family structures: the male-headed (patriarchal) family structure and the female-headed (matriarchal) family structure (Cherry & Giger, 1995). The number of female-headed households doubled between 1950 and 1991. Today, such families constitute 46% of Black American families (U. S. Department of Commerce, Bureau of Census, 1992). Cherry and Giger (1995) suggested the fact that approximately half of the Black American families in the United States are female-headed is due in part to factors related to and carried over from slavery.

Typically, the returning adult women learners, in this Department of Nursing, have dependent children and are heads of their households. These women remained connected to their family, extended family, and community through an affiliation with

the Black American Church. The Black American Church offers spiritual and social support from which these women can draw upon to cope with their daily life experiences.

Religion: Spiritual and Social Support for Black American Women

According to Andrews and Boyle (1995), religion refers to an organized system of beliefs concerning the cause, nature, and purpose of the universe, especially belief in or worship of God or gods; spirituality is born out of each person's unique life experience and his or her personal effort to find purpose and meaning in life.

Some people use religion to help them cope when faced with a crisis. In times of stress, some people find religion to be of help rather than a hindrance. Religion for Black Americans has functioned primarily as an escape mechanism from the harsh realities of life dating back to the condition of slavery. Also, the Black American Church acts as a curator for maintaining the culture of many Black Americans. The Black American Church serves to promote self-esteem among its membership (Poole, Davidhizar, & Giger, 1995).

The promotion of self-esteem is of significance to anyone who has been labeled as "at-risk" for failure, such as the case with the participants in this study. Today, the Black American Church is viewed as both a spiritual and social institution that offers support to Black Americans who endeavor to cope with life events. The social support that is provided to participants in the Black American Church may serve as an incentive that motivates individuals to achieve personal and academic goals, such as earning a

college degree.

Motivation and Achievement

Theories of adult motivation and achievement are described briefly. Motivation, which is primarily concerned with activation and persistence of behaviors, is grounded also in cognitive activities. Motivation operates through the intervening influences of goal setting and self-evaluative reactions. Self-motivation involves standards against which to evaluate performance (Bandura, 1977).

Each person has his or her own personal history, and this history is reflected in a person's motivational patterns. In particular, people's beliefs about their adequacy to perform tasks are critical, especially in terms of achievement. Acquired beliefs about what is valuable are important also. These basic individual motivational orientations may be formed early in life and remain across the life span. Further, these motivational orientations may generalize across a wide variety of situations and sometimes may be difficult to change (Maehr & Braskamp, 1986). The participants in this study believed in their ability to complete college successfully despite being identified as "at-risk" for academic failure. The motivation that has sustained these women throughout their life span may be an impetus for them to persevere despite these barriers.

According to McClelland (1985), it is not difficult to accept the idea that a person's behavior typically exhibits consistency over time and that individuals characteristically approach each new situation with an orientation or a bias based on their past experiences. Moreover, it is obvious that individuals differ in such orientations and biases. McClelland (1985) indicated,

These and other factors give rise to the basic notion that motivation can be

properly viewed as an enduring, perhaps unique, trait of the person-that there is something about individuals that allows us to predict what they will do in certain

situations and this something is defined as an acquired, affectively based, and largely unconscious drive. (p. 814)

McClelland (1985) advanced further that each person brings a package of motivational predispositions, predilections, and biases to each new situation, which is formed through past experiences and thus is different for each person. It was important to learn whether the observations of participants in this study paralleled existing adult motivation theory as they discussed their lived personal and academic experiences. This perception of motivation as proposed by McClelland (1985) was rejected because for this study, motivation was perceived as a dynamic process rather than a static trait as evidenced by the resilience demonstrated by these participants to persevere in the achievement of their educational goals.

Maehr and Braskamp (1986) advanced the possibility that achievement motivation is associated with social status in a group with profound implications that motivational patterns are not irrevocably set in childhood. "Motivation can be subject to modification as the person joins new groups, changes positions, and attempts new tasks" (p. 31). They suggested further that the emphasis on cognitive processes as the immediate antecedent of motivation necessarily involves taking account of both personality and situational determinants.

Weiner (1985) proposed that achievement motivation in particular could be

understood in terms of causal judgments made by the person. Moreover, this perspective on achievement motivation can be viewed as a perception of task difficulty and therefore, as a function of the situation; it is evidence of a judgment one will make about oneself. A sense that one can do something if one tries has been characteristically associated with motivational patterns.

According to Maehr and Braskamp (1986), achievement is usually thought of in terms of successes and failures in accomplishing goals that society deems valuable and this value becomes accepted individually. Academic achievement is advanced as a case in point, as is achievement in career mobility. Further, achievement is something accomplished by a person or group; it is not something that happens to persons or groups. In the case of achievement, the issue of responsibility is crucial. The outcome is labeled as achievement when a person is thought to be responsible for the accomplishment. Moreover, achievement involves a personal accomplishment, something that is attributed to one's ability and to one's effort; but it is an accomplishment that is not only valued by the person; it has social significance also.

Attribution Theory

Initially, much of attribution theory evolved in the context of negative life events, as theorists speculated how perceived causes for personal, academic, and social failures might explain an individual's reaction to those events. The research on attribution theory also indicated that individuals are most likely to search for causal explanations in the aftermath of negative, unexpected, and sudden changes (Weiner, 1985).

The participants in this study may have perceived the below passing scores for Reading Comprehension for Science Textbooks on the Nurse Entrance Test (NET) as a negative and an unexpected change in their educational career. The below passing scores (below the 50th percentile) were used as an indicator to identify each participant as educationally “at-risk” for failure; and with each having to decide either to persist and succeed or to concede and withdraw from the nursing program.

In the investigation of how good teachers may communicate low ability in the classroom for particular students, Graham (1990) stated:

Of all the perceived causes of success and failure, ability and effort appear to be the most dominant. When explaining achievement outcomes, we tend to attach the most importance to what our perceived competencies are and how we try. Recognizing the import of these two prevalent self-ascriptions, much of the applied attribution research in achievement-related contexts has been concerned with ability and effort, particularly the role they play in coping with academic failure. (p. 17)

Graham (1990) implied that students who experience academic failure might attribute it either to a lack of ability or to a lack of effort. However, the perception of students may determine whether ability or effort is the mediating factor.

Heckhausen, Schmalt, and Schneider (1985) posited the following relative to success and failure.

Success was said to be attributed by success-motivated subjects to internal factors (primarily effort), while failure-motivated subjects attributed success to external factors. In contrast, failure was said to be attributed by success-

motivated subjects to lack of effort and by failure-motivated subjects to lack of ability. (p. 145)

Personal Investment Theory

Although motivation and achievement are crucial when goal attainment is at stake, the level of effort that a person is willing to exert becomes the benchmark for accomplishments. This level of effort can be characterized as personal investment (Maehr & Braskamp, 1986) for individuals.

Personal investment as posited by Maehr and Braskamp (1986) “is most readily defined as a course of action rather than as a psychological state” (p. 9). The term personal investment appears to serve well in labeling the behavioral patterns that are at the heart of social motivation. According to Maehr and Braskamp (1986), motivation and personal investment are inextricably linked because personal investment provides the impetus for motivation and is a part of a larger process.

Maehr and Braskamp (1986) advanced that the use of the term personal investment suggests that more be involved than simply the observation of investment choices. The authors suggested also that personal investment must be viewed as part of a chain of events, and the theory of personal investment must specify this process as well as the factors that initiate and modify this investment.

The interrelationship of personal investment and motivation is evidenced by Maehr and Braskamp (1986) who cited that recent research on motivation “has focused especially on how certain thoughts, perceptions, and meanings of the situation to the person affect how or whether the person will invest time and talent” (p. 34). However, present thoughts about situations are critical, but previous experiences are the

precursors of present thoughts. Therefore, research on cognition and motivation is suggested as particularly desirable as a background to the theory of personal investment (Maehr & Braskamp, 1986).

Personal investment occurs as part of a continuous course of ever-changing events. No value judgment on how a person uses his or her time, talent, and energy is placed on personal investment. The use of the term investment prompts thoughts about outcomes or results. Moreover, different investments have different effects, on us and on others and they are likely to have differential values (Maehr & Braskamp, 1986). Maehr and Braskamp (1986) suggested “thus, it is important not only to describe when, how, and under what conditions individuals invest themselves but also to determine the effects of different investment patterns” (p. 12).

Personal investment can lead to an enhancement of one’s ability, skill, or competence. Tasks are not necessarily freely chosen by children or adults to enhance their competence. Individuals are more or less likely to invest themselves in activities and tasks that enhance their ability, and certain situations may encourage or discourage such investment. However, the result that a person has in mind from personal investment in an activity is termed achievement (Maehr & Braskamp, 1986).

Achievement, personal growth, and life satisfaction are possible outcomes of personal investment patterns. Further, the personal investment one makes in one’s work and career can be understood only in the broader context of adult development (Maehr & Braskamp, 1986). Therefore, the women of African descent in this study illuminated the role of personal investment as a motivational impetus for the achievement of earning a college degree. Their thoughts and feelings about personal

investment and their utilization of motivational behaviors extended the generalizability of personal investment theory to a new population and extended our understanding of adult development theory.

Despite being identified as educationally “at-risk” for failure, the participants in this study completed the nursing program successfully and earned a Baccalaureate Degree in Nursing. How they accounted for their success emerged from their audiotaped interviews within the context of a phenomenological and case study approach.

Phenomenological Approach

Qualitative research draws from the philosophy of phenomenology in its emphasis on experience and interpretation. Phenomenology is a school of philosophical thought that underpins all of qualitative research (Merriam, 1998). To this end, a phenomenological investigation of the lived personal and academic experiences of returning adult women allowed the researcher to become involved in the interpretation of the “text” of these experiences.

According to Manen (1990), phenomenological research always begins in the lifeworld. He further advanced that:

Phenomenology is a research approach that aims at being presuppositionless, in other words, that is a methodology that tries to ward off any tendency toward constructing a predetermined set of fixed procedures, techniques and concepts that would rule-govern the research project. And yet, it is not entirely wrong to say that phenomenology has a certain method-a way.... However, the paths (methods) cannot be determined by fixed signposts. They need to be discovered

or invented as a response to the question at hand. (p. 29)

Manen (1990) suggested further that the problem of phenomenology inquiry is not always that we know too little about the phenomenon we wish to investigate, but that we know too much. “Or, more accurately, the problem is that our ‘common sense’ pre-understandings, our suppositions, assumptions, and the existing bodies of scientific knowledge, predispose us to interpret the nature of the phenomenon before we have even come to grips with the significance of the phenomenological question” (p. 46).

Constructivism asserts that people do not discover reality, we invent it. A person’s experience does not directly reflect the objective, physical world but its ordering and organizing of the external factors impinging upon them (Von Glaserfield, 1984). The person actively constructs meanings that frame and organize perceptions and experiences (Creswell, 1994). Behar (1990) advanced that a life story can be perceived as a self-representation of the individual, which enables the readers to understand the subjective mapping of his or her experiences. Denzin (1988) distinguished between complete and topical life histories. The participants in this study provided lived personal and academic experiences that constituted topical histories.

The emerging account of an individual’s experiences combines to form a map of the world (Bronfenbrenner, 1979; Garbarino, 1992). “The cognitive maps we carry around in our heads are the reality we live by and act upon... A microsystem should be a gateway to the world, not a locked room” (Garbarino, 1992, p. 39).

By utilizing a case study approach, data were collected from the participants in the natural habitat or customary environment of the participants. Case studies can be quantitative as well as qualitative, such as, field studies and ethnographies; they may

take place either in naturalistic settings or in artificial laboratory-like settings. Both case studies and field studies may involve researcher-initiated manipulation or participants, or natural experiments-accidental occurrences interrupting the normal flow of events-that can be studied as if they were experiments (LeCompte & Preissle, 1993).

Case Studies

Phenomenology research that utilizes an interview approach is a qualitative methodology that allows the ability to inductively study participants holistically with sensitivity to the participants' own frame of reference (Ho, 1992). Also, this research method provided the opportunity to interact with participants in a natural and an unobstructive manner, for example, by stimulating normal conversation in the interviews, rather than a formal question-and-answer exchange. Since a qualitative method is geared toward studying "life in the world," and allows the researcher to stay close to the empirical world (Blumer, 1969), it is impossible to achieve perfect reliability as real-life is ever changing and unreplicable.

Instead, internal validity of the qualitative research is emphasized. It was critical to be aware that what insures the scientific detachment of the researcher lies not in acting as a complete stranger to the participants, but to develop trust and rapport through non-judgmental interactions with the participants. Behavior will be understood in the context of meaning structures developed by particular individuals in particular circumstances, influenced by particular social factors (Creswell, 1994).

Creswell (1994) posited that case studies provide the researcher an opportunity to explore a single entity of phenomenon ("the case") that is bounded by time and activity (program, event, process, institution, or social group) and to collect detailed

information by using a variety of data collection procedures during a sustained period of time. The detailed information for this study was collected from the participants utilizing focused, personal and semi-structured audiotaped interviews.

Bromley (1986) stated that case studies by definition, “get as close to the subject of interest as they possibly can, partly by means of direct observation in natural settings, partly by their access to subjective factors (thoughts, feelings, and desires) ...” (p. 32).

Case studies share the essential characteristics of qualitative research, “the goal of eliciting understanding and meaning, the researcher as primary instrument of data collection and analysis, the use of fieldwork, an inductive orientation to analysis, and findings are richly descriptive” (Merriam, 1998, p. 11). The case study was utilized for this study because of the researcher’s interest in insight, discovery, and interpretation rather than hypothesis testing. The investigator in qualitative research spends a substantial amount of time in the natural setting of the study, often in intense contact with participants who are purposefully selected.

Sampling. Nonprobability sampling is the method of choice for most qualitative research; and the most common form of which is called purposive (Chein, 1981) or purposeful (Patton, 1990). “Purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned” (Merriam, 1998, p. 61).

A distinction has been made among different types of purposeful sampling. However, for the goal of this study, a unique sample type was utilized. “A unique sample is based on unique, atypical, perhaps rare attributes or occurrences of the phenomenon of interest” (Merriam, 1998, p. 62). The researcher was interested in the

participants because they were either unique or atypical. For example, despite being identified as educationally “at-risk” and being predicted to fail college courses, the

participants in this study who graduated from college represented an atypical occurrence.

Psychosocial Framework. Holloway, Fuller, Rambaud, and Eggers-Pierola (1997) utilized *cultural models* to frame their research of 14 low-income mothers, titled *Through My Own Eyes: Single Mothers and the Cultures of Poverty*. A similar approach was utilized in this research. Quinn and Holland (1987) indicated that cultural models are defined as “presupposed, taken-for-granted models of the world that are widely shared (although not necessarily to the exclusion of other, alternative models) by members of a society and that play an enormous role in their understanding of that world and their behavior in it” (p. 4).

Cultural models “frame experience, supplying interpretations of that experience and inferences about it, and goals for action” (Quinn & Holland, 1987, p. 4). Cultural models are acquired or formulated by individuals within their immediate social contexts. Holloway et al. (1997) examined how these fourteen women’s models of belief and behavior guide their lives in two crucial domains, work and child rearing. Parenting involves cultural processes and the perceptions of the women in their study were used to utilize cultural models to capture their findings.

Attaining a college degree also involves cultural processes. The adult returning college women in this study, through focused, personal, semi-structured audiotaped

interviews, identified whether their beliefs about earning a college degree guided their behavior in the attainment of their educational goal. By allowing the participants in this study to relate their lived personal and academic experiences in “their own words” and “through their own eyes” framed an understanding of their individual actions.

The existing theories and perspectives presented were not intended to serve the goal of developing hypotheses prior to conducting the research. They merely served as a frame of reference that guided the organization of the data collected. When viewed collectively, these theories and perspectives emphasized the importance of examining each individual’s situation fully in order to understand each participant’s perceptions, meanings, and development.

Summary

In Chapter II, theories of adult development (Bandura, 1969; Cavanaugh, 1993; Erikson, 1963; Havighurst, 1972) were reviewed. An historical and a contemporary review of the literature describing the perceptions of adult women of African descent returning to college were outlined. Ecological (Bronfenbrenner, 1979) and resilience (Masten, Best, & Garmezy, 1990) conceptual frameworks were discussed. An overview of perspectives on risk and resilience were presented. Theories of motivation of adults (Maehr & Braskamp, 1986) were described including personal investment theory (Maehr & Braskamp, 1986) and attribution theory (Weiner, 1985). The use of cultural models to frame case studies was addressed (Holloway, Fuller, Rambaud, & Eggers-Pierola, 1997).

Chapter III

Method

This was a descriptive and an exploratory study and the primary purpose of this research was to construct from “their own words” a comprehensive description of the lived personal and academic experiences of resilient adult women of African descent who had been identified by a diagnostic instrument, the Nurse Entrance Test (NET), as educationally “at-risk” for failure to complete the course requirements necessary to earn a Baccalaureate Degree in Nursing at a Mid-Atlantic Historically Black College/University. It was essential for this research to acquire the perspectives of the participants in “their own words” relative to their lived personal and academic experiences in a Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program). To attain this goal, a phenomenological approach using individual case studies was appropriate to ascertain these women’s understanding of the factors that mediated their successful attainment of a Baccalaureate Degree in Nursing.

Johnson-Bailey and Cervero (1996) indicated in their study of returning Black American college women that, “racism and sexism as societal forces negatively impact the lives of Black women and are directly visible in Black women’s lives as evidenced by their economic standing, their high mortality rate, and their low rate of educational attainment” (p. 142). Therefore, it became imperative that when the lives of Black American women, specifically and women of African descent, generally, are studied that racism and sexism be addressed. American colleges have experienced a dramatic

influx of non-traditional students, many of whom are Black American women (Maher & Tetreault, 1994).

It has been noted that women of African descent as a group have gone unnoticed and have not been studied, and their specific and individual needs remain unaddressed by academia (Johnson-Bailey & Cervero, 1996). It was also important to recognize that students of African descent in the RN to BSN Completion Program were not necessarily a homogeneous group. Therefore, this study of adult returning nursing students included representatives of three subgroups: Black American students; students of African descent born in the Caribbean; and international students from African countries.

Participants

Previously, the researcher had discussed her interest in students' perceptions of the RN to BSN Completion Program, and the nursing students indicated that they were eager to share their experiences. Once students had been identified, who met the selection criteria, they were contacted by telephone and invited to participate in the study. All of the former students who were contacted agreed to participate.

The confidentiality procedure for the participants was included in the research consent form (Appendix C). The privacy of the women participating in this study was protected by the use of pseudonyms. Each participant selected her own pseudonym. LeCompte and Preissle (1993) indicated, "confidentiality is withholding participants' real names and other identifying characteristics from others, such as, from published and unpublished reports as well as from casual conversations and formal and informal talks" (p. 106). According to LeCompte and Preissle (1993), "investigators customarily

use pseudonyms for all proper names of people, groups, communities, and such. In some cases personal characteristics are not only withheld, but may be disguised to further protect participant identity” (p. 106).

The participants were selected purposefully from “at-risk” RN to BSN nursing students at a Mid-Atlantic Historically Black College/University. The emphasis was placed on the resilient graduates who had been identified as “at-risk” but who had succeeded to complete the RN to BSN Program. To understand, in “their own words,” how these women overcame adversity and how they persisted to attain their goal could help more “at-risk” students to succeed and then help to modify the current nursing program in a meaningful way.

It is inevitable (but extremely desirable) that the selection of cases in a qualitative study is biased and non-randomized (Creswell, 1994). Creswell (1994) advanced that, “the idea of qualitative research is to purposefully select informants who will best answer the research question. No attempt is made to randomly select informants” (p. 148). Since students of African descent are not a homogeneous group, Black American students, students of African descent who were born in the Caribbean, and international students from African countries were selected as informants.

Patton (1990) indicated that, “the logic and power of purposeful sampling lies in selecting *information-rich cases* for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term *purposeful sampling*” (p. 61). The criteria that were established for purposeful sampling directly reflected the goals of the study and guided in the identification of information-rich cases. Six women, returning nursing students

of African descent, were selected for the intent of this research. The participants were selected on the basis of the following criteria: a) enrolled in an RN to BSN Completion Program; b) aged 25 years or older; c) scored at the 50th percentile or below for Reading Comprehension for Science Textbooks on the Nurse Entrance Test (Educational Resources, Incorporated, 1992); and d) ability to communicate fluently in English. The participants met these criteria and completed course requirements necessary to obtain a Bachelor of Science Degree in Nursing.

In order to gain an understanding of the lived personal and academic experiences of adult returning undergraduate nursing students of African descent enrolled in an RN to BSN Completion Program, this research explored, retrospectively, through case studies, the women's lived personal and academic experiences using focused, personal, semi-structured audiotaped interviews and archival records. Archival data including college transcripts, faculty advisement notes, and standardized test scores also were utilized. Allowing the participants to reveal their experiences in "their own words" and "through their own eyes" (Holloway et al., 1997) provided rich descriptions of their perspectives. The ultimate goal was to discover from focused, personal, semi-structured audiotaped interviews how these resilient adults transcended the stigma of being identified as educationally "at-risk" for failure of completing the course requirements necessary to earn a Baccalaureate Degree in Nursing. Personal and focused interviews allowed the researcher to pay attention to selected educational experiences and their effects upon the participants who knew in advance what topics or questions were to be covered (Miller, 1991).

Following Merriam (1998), a rationale for sample size is advanced as follows.

Sample size in phenomenological studies varies and depends on the questions being asked, the data being collected, the analysis in progress or the resources available to support the study. However, for the goal of this study, the size of the sample was determined by informational considerations. The aim of the research was to maximize information and the interviews were terminated when no new information was forthcoming and redundancy was encountered. If at any time a participant had withdrawn from the study prior to completion, the selection process would have begun again with the same purposeful sampling. However, all of the participants completed the study.

Usually, data collection in case study research involves all three strategies of interviewing, observing, and analyzing. In this study, multiple sources of information were sought and used to provide a comprehensive perspective. By using a combination of observations, interviewing, and document analysis, different data sources were used that validated and cross checked findings (Merriam, 1998).

Instruments

A Personal Background Survey (Appendix B) was mailed to each participant prior to conducting the audiotaped interviews. The information that was provided on the Personal Background Survey (Appendix B) was reviewed with each participant at the time of the audiotaped interviews. For each participant, follow-up questions were asked to clarify understanding about background data, personal experiences, and academic experiences.

In addition, interpretive questions were asked to obtain more specific information about something revealed by the participant or to initiate discussion of an

unaddressed topic. For example, if a participant had not made any mention of experiences related to utilizing the church as a social support, then this area was explored. Interpretive questions provided a check on what the researcher thought was being understood, as well as rendered an opportunity for additional information, opinions and feelings revealed by the participants (Merriam, 1998). The interview process remained flexible and was guided by the participant's discussion.

Archival data including participants' college transcripts, faculty advisement notes, and standardized test scores also were utilized to construct a comprehensive personal and academic profile of each of the participants in this study. The technique of utilizing documents in qualitative research offered several advantages for the researcher. According to Merriam (1998), documentary material "often meet Dexter's (1970) criteria for selecting a particular data collection strategy, that is documents should be used when it appears that they will yield *better* data or *more* data ... than other tactics" (p. 125).

Additionally, data found in documents were used in the same manner as data from interviews or observations that provided additional descriptive information. Also, these data were used to support emerging findings from interviews and observations. However, one of the greatest advantages in using documentary material is its stability. Documentary data are objective sources of data compared to other forms of data collection (Merriam, 1998).

In qualitative case studies, the three data collection techniques of conducting interviews, observing, and analyzing documents are used frequently (Merriam, 1998). The researcher analyzed the following documents: the NET scores; college transcripts;

and faculty advisement notes for each participant to collect data. “While each technique can be studied and practiced by itself, in the real world of case study research, interviewing, observing, and examining documents merge in the process of understanding and describing the phenomenon of interest” (Merriam, 1998, p. 149).

Interview

Each participant was asked to identify convenient dates, times, and location for the interviews where each would feel most comfortable and relaxed. A brief description of the research study and the agreed upon dates, times and location of the interviews were included in the consent form (Appendix C). Also, a description of the “member check” (Creswell, 1994, p. 158) was included in the consent form (Appendix C). Participants were asked to review their interview interpretive summary for accuracy.

After verbal confirmation of participation in the research study was established, two consent forms (Appendix C) {participant’s copy and researcher’s copy} were mailed to each with a return self-addressed stamped envelope. Participants were instructed to sign both copies of the consent form (Appendix C) and to keep one copy for their records. After the consent forms (Appendix C) were signed and the researcher’s copy returned, the audiotaped interviews were conducted at a time and location in which the participants had specified.

Interviewing is a common means of collecting qualitative data. The most common form of interview is the person-to-person encounter in which one person elicits information from another. Interviewing is necessary when an investigator is not able to observe behavior, feelings or how participants interpret the world around them.

Also, it is necessary to interview when there is an interest in past events that are impossible to replicate. For the most part, however, interviewing in qualitative investigations is more open-ended and less structured (Merriam, 1998).

Being open and trying to learn from the participants in a casual setting did not prevent this researcher from steering the interview along the issues of interest or from taking notes or taping the ‘conversation’ (Bernard, 1988). In each session, the interview began with the more general scope of the RN to BSN Completion Program and proceeded to elicit the elaboration of participants’ responses. The way in which questions were worded was a crucial consideration to elicit information about the RN to BSN Completion Program and the social context pertinent to participants’ experiences (Merriam, 1998). Issues of racism and sexism were not addressed explicitly rather it was hoped that participants would raise these issues if they perceived them as concerns.

Interview questions needed to be understood in familiar language. The researcher made sure that what was being asked was clear to the person being interviewed. Participants were encouraged to give as free-flowing responses as possible within a related topic area. To that end, the researcher posed open-ended questions and guarded against asking yes-or-no questions. Yes-or-no responses give the researcher almost no information (Merriam, 1998). For this study, all interviews were audiotaped with the permission of the participants. The most common way to record interviews is tape recording; this practice ensured that everything said was preserved for analysis (Merriam, 1998).

Procedure

According to Bernard (1988), the unstructured but focused in-depth interview

was characterized by a minimum of control over the participants' responses but sought to facilitate their "opening up" (Bernard, 1988, p. 207) and expressing themselves in "their own words." For the researcher, the rule was to get a participant "onto a topic of interest and get out of the way" (Bernard, 1988, p. 207).

Topics were initiated starting with the highest level of generality based on data collected on the Personal Background Survey (Appendix B) in order to seek further elaboration and development of perceptions of participants' lived personal and academic experiences. The focused, personal, and semi-structured interview was guided by a set of questions and issues that were explored; but neither the exact wording nor the order of questions was predetermined (Merriam, 1998). The interviews consisted of open-ended questions that were geared specifically toward the participants' lived personal and academic experiences.

Probes, such as 'silent probes', which consisted of just remaining quiet and waiting for participants to continue, were used especially at the beginning of an interview to avoid participants' expectation for guidance as to whether they were giving the researcher what was wanted. Neutral probes in the form of 'uh-huh' or repeating the last thing participants have said as a probe for additional information on the topic also were used (Bernard, 1988).

The number of meetings required to complete the interview process was anticipated to vary depending upon the individual participant. It was estimated that at least 3 to 4 ninety-minute interviews were necessary. The interviews were completed within a six-month period. The interviews were terminated when the point of saturation was achieved. Saturation referred to the point when no additional information was

being obtained (Strauss & Corbin, 1998). Each woman was asked to participate in a “member check” (Creswell, 1994, p. 158) by reviewing an interpretive summary of her audiotaped interviews after transcriptions were completed.

Member Check

After the audiotaped interviews were transcribed, each participant was asked to review the interpretive summary of “her own words” to ascertain the accuracy and completeness of the data that were provided. Also, the participants were asked to identify a second reader for the member check who was able to provide content validity of “their own words.” The participant selected a second reader with whom her lived academic experiences and life events were shared.

This technique gave participants an opportunity to verify that their perspectives were captured fully by the researcher. According to Creswell (1994), it was recommended that the researcher “discuss plans to receive feedback from informants (also called member checks) and take the categories or themes back to the informants and ask whether the conclusions are accurate” (p. 158).

Additionally, upon the completion of each case study interpretive summary, each participant was mailed a copy and was requested to review the interpretive summary for accuracy. Moreover, participants were requested to consider whether the information in the interpretive summary precluded their anonymity. Each participant was requested to contact the researcher via Electronic-mail or telephone to reconcile any issues related to the accuracy of the interpretive summary and/or her anonymity.

Four of the participants informed the researcher by telephone that the case study interpretive summary was accurate and that their anonymity was maintained. Of the

two remaining participants, one participant informed the researcher by telephone that one minor point about the adoption of her girls needed to be clarified. The other participant informed the researcher by Electronic mail that several minor points required clarification.

Next, another faculty member was selected to review two of the cases to determine if she were able to identify either of the students from the interpretive summary of their lived academic experiences and life events. This faculty member had taught these two students in the RN to BSN Completion Program. The faculty member was requested to submit written verification to the researcher, in the self-addressed stamped envelope provided, as to whether she was able to identify either one or both students. The faculty member sent written verification to the researcher that revealed her inability to determine the identity of either research participant. The faculty member indicated that she had read through the case study interpretive summaries several times before deciding that she could not ascertain the identity of either participant.

Data Analysis and Interpretation

Generally, the strategy of analyzing and interpreting the qualitative data transcribed from the audiotaped interviews was to perceive them as a continuing revelation of the experiences shared by the participants themselves. Therefore, the analysis described the lived personal and academic experiences constructed by each returning nursing student “within a particular configuration of social factors and context” (Behar, 1990, p. 227).

According to Merriam (1998), “data collection and analysis is a simultaneous

activity in qualitative research. Analysis begins with the first interview, the first observation, the first document read.... It is an interactive process throughout that allows the investigator to produce believable and trustworthy findings” (p. 150).

Data Analysis. In qualitative research, data analysis is an ongoing process. Throughout the interview period, this researcher read the transcripts, monitored emerging themes, and developed categories and concepts to begin to make sense out of the data. Intensive analysis and interpretation were made only when all data were transcribed (Erickson, 1985).

Personal impressions, ideas, and interpretations were noted in brackets to differentiate them from the participants’ own words. While reading the transcripts, the researcher grasped a more in-depth understanding of the words and phrases in the participants’ vocabularies that seemed to best capture the meaning of what they said or did. In order to assist the extensive process of analyzing the data, Erickson (1985) suggested making at least one photocopy of the complete transcript. It was then possible to use different colored inks to mark the categories, or to cut the transcript into pieces in order to be able to move the statements into and out of specific categories with more ease.

Narrative Analysis

According to Connelly and Clandinin (1990), at the heart of narrative analysis is “the ways humans experience the world” (p. 2). According to Riessman (1993) and Merriam (1998), the study of experience, as a research technique, is through stories. The emphasis is on the stories that people tell and on how these stories are communicated, that is, on the language used to tell the stories. First person accounts of

lived personal and academic experiences formed the narrative ‘text’ of this research approach.

Whether the account was in the form of life history or interview, the text was analyzed using the technique of a particular discipline or perspective (Merriam, 1998). The perspective that was used by Holloway et al. (1997) in their research, *Through My Own Eyes: Single Mothers and the Cultures of Poverty*, was appropriate for this study. Their research provided a cultural perspective for narrative analysis that emphasized the structure of the narrative and its relationship to the social context. Also, this analysis included “the process of understanding, recalling and summarizing stories” (Merriam, 1998, p. 158).

Within Case Analysis. The initial step of analysis was analytic induction, which involved scanning the data for categories of phenomena and for relationships among such categories, developing working typologies and themes. Analytic induction included both open and axial coding (LeCompte & Preissle, 1993; Strauss & Corbin, 1998). Open coding divided data into themes (categories) and axial coding provided the means for putting the data back together by making connections between a theme, its subcategories, and properties (Strauss & Corbin, 1998).

The process of open coding incorporates 6 components: a) conceptualizing, b) categorizing, c) coding by statement, d) identifying properties, e) completing an explanatory effects matrix (Miles & Huberman, 1994), and f) identifying subcategories and properties. Conceptualizing refers to breaking down and examining the meaning of

the transcripts by identifying each observation or statement as representing a discrete idea or concept. This concept then is named in the process. Categorizing involves forming groups of concepts that are related; and these groups are named also (Strauss & Corbin, 1998).

Erickson (1985) referred to these relationships within cases as key linkages. In addition to identifying the particular concept of each observation and statement, each also was coded based on the other participants or other sources of information described in the scenario by the participant. After classifying emerging themes (categories), the characteristics or attributes of each theme were identified to form the properties (Appendix D).

The actual themes (categories) and properties were developed directly from the transcripts in response to the five research questions. After the statements were coded, and the themes and properties were identified, an explanatory effects matrix (Appendix E) was completed (Miles & Huberman, 1994).

The next level of coding was axial coding which guided the process of putting the data back together. By examining themes (categories) and how they related to the statements, the connection between the themes and the phenomenon became apparent. It is from understanding this relationship that the researcher began to formulate themes based on the available data. Once the themes were identified, they were verified through comparison against actual data.

This approach highlighted variation and depth of understanding. Throughout this process, there was an ongoing search for the properties of themes (categories) and subcategories. In addition to verifying the themes, the researcher looked for evidence

to support the research questions and for alternative explanations.

The process of constant comparison is a critical aspect of axial coding (LeCompte & Preissle, 1993; Strauss & Corbin, 1998). Constant comparison combines inductively coding themes (categories) while simultaneously comparing all documented transcriptions and codes. In order to follow up the information that was discovered inductively, procedures were developed in order to verify the themes more deductively. There was an ongoing exchange between proposing and checking, as well as between inductive and deductive thinking.

The coding of themes (categories) provided an opportunity to explore and to explain contradictions that were identified within a case and to identify areas to be explored further in future interviews with the participants. Erickson (1985) indicated that “to test the evidentiary warrant for an assertion the researcher conducts a systematic search of the entire data corpus, looking for disconfirming and confirming evidence, keeping in mind the need to reframe the assertions as the analysis proceeds” (p. 92).

Strauss and Corbin (1998) stated that, “closely examining data for both differences and similarities allows for fine discrimination and differentiation among and within categories” (p. 102). The goal was to identify, alter, and confirm the assertions based on the data, and not to make the data fit an existing assertion. The within case analysis provided a framework for understanding the participants’ responses.

Cross Case Analysis. By using the explanatory effects matrix (Appendix E) as a framework, comparisons among the six cases were made one cell at a time. For example, the data were compared that related to lived personal and academic

experiences of the participants. Both similarities and differences were identified. Although there were several themes to identify, it was of particular interest to examine similarities and differences in information related to perceptions of situations and the strategies used to process the meaning of the situations. From these comparisons, themes (categories) that were representative of the information gathered from each participant were developed.

Selective coding is referred to as the process of identifying the core theme (category) or central phenomenon that provide a framework for all the themes (categories) and understanding its relationship to the other themes (Strauss & Corbin, 1998). This process involved many of the characteristics of axial coding. Themes were identified based on relationships among categories and properties that were repeated.

In addition to the themes, it is the discrepancies that can highlight the possibility of other explanations for relationships (Erickson, 1985). It is then possible to form an evolving theory that indicates, “under these conditions, ... this happens, whereas under these conditions, ... this is what occurs” (Strauss & Corbin, 1998, p. 68). Throughout this process of analytic induction, the goal was to develop an understanding of what explained each of the cases and not just one of the cases (LeCompte & Preissle, 1993).

As in axial coding, there was an ongoing process of inductive and deductive reasoning with respect to the themes that were identified. The ability to validate the researcher’s interpretations that were based on the data was the most critical aspect of developing and understanding the data. When there were situations that could not be explained or validated, the contributing conditions were identified as a means to identify alternative explanations (Strauss & Corbin, 1998).

Interpretation. The interpretation of the data served three objectives: to develop initial impressions following the first reading of the transcripts; to develop emerging themes; and to provide explanations following the identification of emerging themes (LeCompte & Preissle, 1993). The interpretive process takes on different emphases at each point.

Interpreting qualitative data requires the willingness to set aside one's own assumptions and presuppositions to allow for active listening and creativity. Also, interpretation demands an ability to turn ideas around in order to facilitate exploration of new themes and relationships of the data. However, the researcher did not interpret the data in a vacuum. The data for this study were interpreted within a cultural perspective (Holloway et al., 1997) referred to previously. The importance of this process was the awareness and the ability to differentiate personal interpretations from the actual data (Strauss & Corbin, 1998).

Interpreting qualitative data requires creativity and intuition, drawing on one's own theoretical assumptions and cultural knowledge to make sense out of the data with critical self-reflection, and willingness to set the same assumptions and presuppositions aside. Also, interpretation requires the ability to turn ideas around in order to explore new relationships, to stand back from the problem in order to gain perspective, and to utilize diverse frameworks to make sense of the data from the participants' perspectives (Strauss & Corbin, 1998). This researcher allowed herself to view the world "through the participants' eyes" rather than through her own eyes.

There was the risk of allowing insight and values to interfere with the interpretation. It was better for the researcher to recognize and to acknowledge her own

views and influences, rather than to try to deny their existence (Strauss & Corbin, 1998). The process of problem selection, methodological choice, and the theoretical orientation readily reflected the personal and professional experiences and perspectives of the researcher. However, these experiences and perspectives contributed to the theoretical sensitivity of the researcher, which referred to the ability to have insight, to give meaning to data, and to identify pertinent information (Strauss & Corbin, 1998).

Since research studies capture or represent the social relationships and interactions within a particular time or space of the participants during the study and interfere with the social context of the participants, the researcher inevitably became part of this social context. It was important to examine the process critically, rather than to pretend that the researcher's interpretation and subjectivity did not exist, as a more appropriate approach to contend with the researcher's subjectivity and bias (Strauss & Corbin, 1998).

Presentation of Findings

In order for the research findings to be understandable, meaningful, and interesting, it was important to develop a balance between providing useful information about the RN to BSN Completion Program and contributing information to advance research in achievement motivation and adult development. Additionally, data were presented to highlight the fascinating aspect of the participant's perspective that was one of the primary benefits of this research method. The final report described the concrete facts and the participants' subjective interpretations of their experiences as well as the theoretical interpretation that the researcher constructed from the lived personal and academic experiences of these returning nursing students (Erickson,

1985).

According to Merriam (1998), “there is no standard format for reporting qualitative research” (p. 227). Nevertheless, all reports for case studies discuss the nature of the problem investigated, the way the investigation is conducted, and the findings that resulted. In forms of qualitative research in which interviewing is the major or only source of data, a general description of the sample as a whole also is included. Case studies, which have as their goal to convey understanding, must contain enough description to provide a vicarious experience for the reader. Moreover, it is necessary for the reader to assess the evidence upon which the researcher’s analysis was based.

There were three components to the presentation of the findings: a) demographics and descriptions of the participants; b) descriptions of individual’s lived personal and academic experiences; and c) descriptions of emerging and common themes of participants’ lived personal and academic experiences. Within each identified theme (category), particular descriptions and interpretive commentary were presented. “Practitioners can learn from a case study even if the circumstances of the case do not match those of their own situation” (Erickson, 1985, p. 116). However, this is accomplished only if the cases are clearly and specifically described in the report.

The interpretive summaries identified connections among the research questions, themes (categories) developed, and several quotes. The interpretive summaries were presented in three ways: a) preceding and following particular descriptions in the text, as was already described; b) theoretical discussion highlighting the significance of identified emerging and common themes as they related to

categories, and c) a report of how this researcher's observations and interpretations changed over the course of the study (Erickson, 1985).

CHAPTER IV

Results

This Chapter presents the six individual case studies. The case studies are organized around developmental stages, paying special attention to Havighurst (1972) developmental and educational tasks. The developmental stages were utilized to emphasize an orderly progression for human development while allowing for flexibility and overlap across the life span.

Each of the individual case studies is presented first. Emerging themes for each case study were identified. Second, the individual case studies were examined to identify common themes.

Lived Personal Experiences: Henrietta Edwards

Demographics. Henrietta Edwards (Henrietta) is a 50-year-old divorced Black American woman who is the second born child of four siblings with one older brother and two younger brothers. Henrietta was born in 1950 into a two-parent household. She grew up in an urban community that had a Black American racial composition.

Henrietta has been divorced three times. She has a 31-year-old daughter from her first marriage and a 22-year-old son from her second marriage. She raised both children as a single parent because she ended both marriages before age three for each child.

Lived Personal Experiences: 1950-1955

Infancy-Early Childhood (Ages 1-5). Henrietta recalled that her early family life was filled with traumatic memories. As a child, "I experienced violence, domestic violence at home. My father was very abusive to my mother and so that was traumatic

for myself and two brothers.” By the time she entered first grade, her parents were in the process of getting a divorce. Her father gained custody of her older and one younger brother and herself and moved the family to another urban community. The fourth sibling and youngest brother remained with Henrietta’s mother. Henrietta recalled that her father disowned and denied paternity for her youngest brother. She noted that her youngest brother was in fact her father’s son.

“Robert, we called him Robbie was with my mother. He stayed with her the entire time and I found out later in life that my father had disowned him and in fact said that Robbie was not his child when in fact he absolutely was. So, Robbie was adopted by my stepfather. My mother married, I don’t know exactly what year but it wasn’t a long time after she got divorced from my father and she is currently married to the same person and he adopted Robbie.”

Henrietta noted that she did not know how her biological parents met; but both parents were from North Carolina, “I don’t know how they got hooked up.” She remembered that her mother worked outside the home for a short period while she was growing up and that her father was self-employed.

“My mother has been a homemaker most of her life. She did work for a brief period at the Washington Post cleaning offices. My father was a shoe repairman and he learned the trade when he was... he started learning shoe repair when he was about fifteen years old and he did that until he expired. He expired in 1985. He was fifty-eight years old and he had lung cancer. I think that he had been a heavy smoker.”

When asked how her father gained custody of her two brothers and herself, she answered as follows.

“I often wondered about that. I remember when I was fifteen years old and began experiencing these accusations from my grandmother and began to want to be with my mother and I used to think that maybe I was adopted or something and she (Henrietta’s mother) didn’t love me and that’s why I ended up, we ended up not being with her. But later I found out that my mother was so afraid that my father would do harm to her or maybe even to all of us if she got custody. She (Henrietta’s mother) decided that she would let him (Henrietta’s father) go ahead and have custody as not to have to fight with him or to have him threaten her (Henrietta’s mother) life in the future.”

Henrietta described these early years as difficult because “her father abused alcohol and he was a compulsive gambler.”

“Because when we (Henrietta and her brothers) were staying with my father, there were times when we didn’t have gas or electric. So we did our homework kind of huddled on the steps of this huge house (at least it seemed huge back then). It was dark without light and we would use a candle to do homework. Because the gas was off, we would have eggs but no way to cook eggs and we would use... he bought canned sterno. We would put the sterno in the oven and put a pan on top of the sterno to fry the eggs. I can still remember the taste of the sterno eggs. But we made it.”

Henrietta’s mother would “visit periodically and she would actually pay bills to turn our lights back on sometimes and to turn the gas back on sometimes.” These experiences

had a profound effect on the participant in her early years.

Henrietta suffered the trauma of witnessing physical and emotional abuse of her mother by her father. She experienced the divorce of her parents and the subsequent separation from her mother. This separation occurred during a crucial developmental period of maternal attachment, such that her mother was unable to provide nurturing and security for Henrietta; thus prompting feelings of abandonment.

By the time Henrietta was six years old, her father retained custody of her and two brothers and their family income was impacted by his (Henrietta's father) alcoholism and compulsive gambling. Henrietta experienced living conditions that were without the basic needs, such as food, utilities and clothing. When retelling her story of her early years, she describes vivid memories of this time in her life. She demonstrated a very emotional reaction as she recalled the sights, sounds and smells from that time in her life.

Henrietta exhibited remarkable adaptive skills with her brothers as they used candlelight to complete homework and placed sterno cans in the stove oven to prepare food. Despite her parents' divorce and the separation from her mother, living without the basic human needs at times and an uncertain future, Henrietta remained hopeful. Even at this early age, her survival instincts were apparent and she thought of herself as a survivor. She seemed to have resolved at an early age that she could endure these deprivations by punctuating these experiences when she stated, "but we made it."

Lived Personal Experiences: 1956-1962

Middle Childhood (Ages 6-12). Henrietta noted that by the age of 11, "I moved

with my grandmother because my father had been incarcerated and that was somewhat traumatic.”

“He (Henrietta’s father) was incarcerated for at least a year because his girlfriend who’s Caucasian and I remember her vaguely because she would come over to visit from time to time but she didn’t live with us. He explained to us that she had gotten angry with him because he wouldn’t give her money or something and she hollered rape. So they of course incarcerated him. But in time he was released without a felony charge but he was pretty hurt.”

While Henrietta’s father was incarcerated, her brothers were sent to a different urban community to live with a married paternal aunt and she was sent to live with her paternal grandmother. After their father was released from prison, her paternal aunt continued to raise her two brothers. She noted that her father lived with her paternal grandmother sporadically in her basement apartment after being released from prison. Henrietta’s father did not pay rent nor provide any financial support to his mother while living in her home. She noted that her father abused her grandmother (Henrietta’s paternal grandmother) verbally when she would not give him money for his drinking and compulsive gambling habits.

“During that time when he (Henrietta’s father) was living with my grandmother, there were moments when I had some uneasiness about his drinking. He would drink and get into arguments with someone away from the house. And I remember one time, he came running home and someone was after him. I guess they had gotten into a crap game or something and maybe there was some disagreement. When my father didn’t have money to gamble, he would bother

my grandmother about loaning him money. That did cause some chaos with him and my grandmother and that bothered me. Because he would sometimes use profanity to my grandmother and she would cry. And that hurt me a lot. That was the worse experience I had during that period with problems with him getting along with my grandmother because she would get upset when he bothered her for money.”

Henrietta maintained these living arrangements with her grandmother and with her father being present periodically until age sixteen. Despite the chaos that she described when her father and grandmother argued, she recalled that the move to her grandmother’s home was an inevitable consequence of her father’s incarceration. She accepted this living arrangement and made the necessary adaptive responses to adjust to another home environment.

“And so that move with my grandmother was not something that I had wanted to do but it was necessary. And I was raised by my grandmother from age 11 until 16 and I had a relatively what I would consider a decent experience as a child and as a young teenager.”

When asked what was meant by ‘a decent experience’, she described a decent experience as “my basic needs were met.” She recalled that her life with her grandmother had both positive and negative experiences.

“I lived in a house with my grandmother and it was well kept and we had heat and we had food, I guess enough food. She was a good housekeeper and she was a church-going lady and she expected excellent expectations of me. She

instilled some of her values in me as a child. One was going to church and being honest.”

Henrietta remembered that she got her first experience with nursing when she experienced the following.

“I got my first experience in trying to give a little nursing care because I was always interested in trying to make her (Henrietta’s grandmother) feel better and I would rub her legs and applied some kind of ointment she had for her legs.”

Henrietta and her grandmother had a good relationship but “there did come a time when we had some difficulty.”

Despite Henrietta’s need and desire to live with her biological mother, she resigned herself to make the best of her living arrangement with her paternal grandmother.

“I really loved her so. I didn’t really feel bitter towards her but I would experience a lot of emotional pain just from being accused of something I hadn’t done. There was another cousin that lived with us and I think I felt bad because that cousin was not suspected of doing these things. And then as I remember it, I didn’t ever believe that that cousin had done those things either. I believe that my grandmother in some way, her thinking was off because things that she thought were damaged had actually been damaged by wear and tear or maybe too much bleaching in the bedspread or whatever. So like I said all and all my growing up experience was... I describe it as decent. I know that it could have been worse. I still did not feel bitter towards my grandmother.”

During this developmental stage, Henrietta developed a sense of morality and fairness

and she was deeply affected by what she perceived as unfair accusations from her paternal grandmother. Also, Henrietta was affected adversely by the negative treatment that her grandmother received from her father. She mastered skills necessary to get along with age-mates and developed “fundamental skills for everyday living” (Havighurst, 1972, p. 27), such as, performing household chores assigned by her grandmother.

During middle childhood, a child shows a preference for the same gender parent. Henrietta grew up during this phase without her mother due to her parents’ divorce and Henrietta’s father retained custody of her and two of his three sons. Also, she entered pre-puberty with the advent of body changes and the development of secondary gender characteristics. The need for her same gender parent during this time in her life cycle was particularly salient.

Henrietta was sent to live with her grandmother unexpectedly when her father was incarcerated. This move resulted in being her third home by the age of eleven. When describing the separation from her mother, Henrietta rationalized the separation by fantasizing that she had been adopted rather than abandoned by her mother “who did not love her.” When Henrietta moved to the home of her paternal grandmother, she adapted quickly to the stable home environment that her grandmother provided. Although she and her grandmother experienced some friction in their relationship, she perceived herself as being a ‘good girl’ who followed her grandmother’s strict rules for conduct.

In the absence of her biological mother, Henrietta bonded with her paternal aunt from whom she received encouragement and affection. She admired this aunt and

referred to her as a “role model and mentor” during her formative years. The relationship with this aunt provided a positive interaction that counterbalanced the occasionally less than positive interaction with her paternal grandmother. In the absence of her biological mother, Henrietta’s relationship with her paternal aunt allowed her “to learn an appropriate female social role” (Havighurst, 1972, p. 23).

Henrietta’s adaptability and resilience were apparent as she bonded with her paternal aunt to receive the love and affection that her mother was unable to provide due to their separate living arrangements. She described this time in her life as routine in that she attended school, made friends and participated in school activities. She thought of herself as being friendly even though she perceived herself as not being very outgoing. She made and maintained friendships. Henrietta noted that she felt that she was more of a “tomboy” because she grew up with brothers through the age of eleven. She appeared as an easygoing child who accepted her life as it came along. Henrietta did not think of herself as being an unhappy child despite her living conditions. Henrietta adapted to whatever situation in which she was placed and she demonstrated an ability to cope and to make the best of her circumstances.

Lived Personal Experiences: 1963-1968

Adolescence (Ages 13-18). During Henrietta early teenage years, she continued to live with her paternal grandmother. According to Havighurst (1972), during this developmental phase, individuals “acquire a set of values and an ethical system as a guide to behavior” (p. 69) and “desire and achieve socially responsible behavior”

(p. 75). Henrietta noted that her paternal aunt influenced her growth and development positively during this time of her life.

Henrietta remembered that her father's youngest sister "was very supportive during the time I lived with my grandmother... She spoke very well. She expressed herself very well and she was always even tempered, she listened. She was very good from what I understand on her job." She perceived her paternal aunt as a professional person who was "very thorough and honest."

"I trusted her (Henrietta's paternal aunt), she would always be encouraging us as children and she would listen when I had concerns. I remember I have always been interested in music. She (Henrietta's paternal aunt) never told me that I shouldn't be interested in music and that I shouldn't sing.... She (Henrietta's paternal aunt) and my grandmother were my first audience when I sung and the first time I ever experienced getting an applause for an accomplishment.... I had put together a little singing group of some of my neighborhood friends and we performed for them. And so I just feel that her support gave me more inspiration to do whatever it is I thought that I wanted to do. I believed that I could do it."

Henrietta noted that her aunt nurtured her emotionally while she lived with her grandmother and she provided crucial maternal support in the absence of her biological mother.

Moreover, during this developmental phase, individuals "achieve new and more mature relations with age mates of both sexes" (Havighurst, 1972, p. 45). The daughter of Henrietta's paternal aunt provided her with a relationship with an age mate female.

Henrietta's paternal cousin lived with their grandmother from Monday through Friday and Henrietta's paternal aunt would pick up her daughter on Friday evening.

Henrietta's cousin lived at home with her mother during weekends.

“She (Henrietta's paternal aunt) would allow me to come over and stay with her on the weekends and she did a lot of activities with me and her daughter. She (Henrietta's cousin) and I are about the same age or I am maybe eleven months older than her (Henrietta's paternal aunt) daughter.”

When remembering these middle childhood and adolescent experiences, Henrietta believed that her paternal aunt validated her sense of achievement and accomplishment especially her musical talents.

Henrietta's mother continued to live in a nearby urban community and she recalled that her mother tried to remain in the lives of her children.

“She (Henrietta's mother) stayed in contact with us to make sure that we were doing okay. She would visit periodically. We had visits during the summer time and I would usually stay for a few weeks and I would also go to visit my brothers at my aunt's house and sometimes I would stay maybe about a week. My mother provided support for us as much as she could. I remember her buying a lot of school clothing during the summer so I was ready for school when I came back. When I was living with my father, she would come and get the lights and the gas turned back on.”

When Henrietta was about 13 years old, she began to develop platonic relationships with boys her own age. However, her grandmother had strict rules about dating and developing relationships with males at this early age. By the time it was

decided that Henrietta would move back with her biological mother, she was beginning to experience “emotional independence” (Havighurst, 1972, p. 55) from her paternal grandmother, which is age appropriate for this developmental phase.

Before Henrietta was reunited with her mother, she noted the following. “There were arrangements made for me to go back to live with my mother, which I did. I was very happy about that. I moved with my mother when I was sixteen.”

“It was nice being with my mother. It was just nice being with my biological mother and I was at a point when growing up at sixteen years old I was interested in boys. I wasn’t fast but when I moved from my grandmother’s house I had a boyfriend who was my first boyfriend and we had been boyfriend and girlfriend for three years but it was not real serious. We didn’t do anything but hold hands and stuff... I just felt that growing up I needed my... It was necessary for me to be with my mother because she would not be quite as old-fashioned as my grandmother. Because my grandmother was very tight she watched everything we did because she was very old-fashioned and I just thought it would be different with my mother and I could talk to her and she would be more open-minded.”

Although Henrietta expressed happiness about the reunion with her biological mother, it was in fact another move for her. She had to adjust to another community, school, and family relationships. By the time Henrietta moved in with her mother, her mother was remarried. Her mother and stepfather had one son and two daughters, who were half siblings to Henrietta. Also, her youngest brother, Robbie, from her mother’s first marriage was living with Henrietta’s mother and stepfather. Henrietta’s stepfather

adopted her youngest brother after he married her mother. Her two other brothers remained with their paternal aunt during this time; but there was some interaction between the two sets of siblings.

“They (Henrietta’s brothers) would come over occasionally. But my older brother, he stayed pretty busy because he was getting close to high school and he also had a job after school. He worked in the summer time so he didn’t have as much time to come over and visit. My younger brother did come over more frequently than he (Henrietta’s older brother) did and I believe he (Henrietta’s younger brother) felt pretty comfortable as far as I could tell and we all got along real good.”

Henrietta indicated that her stepfather was a career Air Force officer and he provided a home that was both emotionally and financially stable. She noted that this was the first time that she had experienced a positive two-parent home environment.

“It was a loving home environment. My mother and my stepfather, they showed... they demonstrated that they were in love with each other and they would take time to be together usually on a Friday evening. We could look forward to them going out... and just spending time away from all the children. And I had a very good relationship with my half brother and sisters. As a matter of fact, I never felt that they were half siblings; they just felt like true biological siblings. I babysat them a lot whenever my mother had to go somewhere. My mother prepared nice big breakfasts and I also had to participate in preparing meals and keeping the house. It was just a good relationship and environment. I

got along very well with my stepfather. He was a good provider and we knew he loved my mother. It was just good.”

Henrietta adjusted to her new living environment and settled into the family dynamics with her usual adaptive abilities. She had encountered many previous experiences that necessitated her being able to demonstrate resilience while coping with change and transition. She continued to engage in developmental tasks related to this phase. Competence was developed as she remained engaged in everyday living skills, dating relationships and future planning for a career beyond high school (Havighurst, 1972).

During the last year of senior high school, Henrietta began dating a younger brother of her stepfather. Henrietta indicated that there was some concern within her family because she was dating the brother of her stepfather.

“He (Henrietta’s stepfather’s brother) actually came up to visit our family. This is probably a strange situation and it is strange that I’m going to tell you. My father that I refer to, as my father is my stepfather and my biological father is deceased. And he was a younger brother of my stepfather. So, my mother and myself, we married brothers. And he had come to visit them and somehow we just started... we were attracted to one another I guess and so that is how it started. And it is kind of strange because everybody was like, what? What is she doing? ... We weren’t related. There was no blood but it was like... so that is how it got started. But I did love him and but like I said it was just one thing after another.”

By the time Henrietta turned 18 and graduated from senior high school, she had become pregnant by her boyfriend (stepfather's brother). The father of Henrietta's child had graduated from high school and was attending college in another state. Henrietta married when she was three months pregnant.

By the age of 18, Henrietta was faced with the challenges of marriage and motherhood at a time when her peers may have been engaged in other developmental tasks, such as, living in a new environment, making career choices, seeking a significant other, or exploring behaviors to find an identity (Havighurst, 1972).

Henrietta was able to employ successful coping strategies from past experiences in order to meet these new challenges in her life. She remained hopeful that life would work out for herself and her new family. Henrietta's mother and stepfather had provided her with a positive outlook for marriage and family and she believed that she could emulate their behaviors.

Henrietta raised her daughter alone, during her first two years, because her husband was attending college out of state. However, Henrietta lived with her parents during this phase in her life and she utilized the social support provided by her family to persevere as she adopted parental and adult roles required to sustain her family and marriage. Despite these challenges, Henrietta persisted and remained encouraged that her life would work out because of her faith in God, her family support and her resolve to continue to improve herself through education.

Havighurst (1972) identified Early Adulthood as between the ages of 19 to 30 and Middle Age as between 30 to 60 years of age. However, for the purpose of this

study the early adulthood and middle age developmental stages were discussed in increments of five to six years.

Lived Personal Experiences: 1969-1974

Early Adulthood (Ages 19-24). When Henrietta had her daughter, she was 19 years old and remained at home with her mother, stepfather and siblings. She noted the following about her circumstances.

“I had my daughter when I was 19. I got married when I was three months pregnant with my daughter. And my baby’s father was in college out of state. Therefore, I raised her in her first year mostly without him around; but I was at home with my parents. So, I had assistance from my parents and family members.”

Henrietta maintained these living arrangements with her family until her husband finished his college degree. She noted that her husband had an extramarital affair while away at college. Before one of her visits to him at college, Henrietta confronted her husband about his infidelity and he admitted that he had been unfaithful to her.

“And so I still went down there because I loved him very much and I was determined that I wasn’t going to let that stop me from going, so I went. And when I got down there, actually before I got down there, he told me that he had been seeing someone.... He was trying to be honest with me. It was just a kind of shock that that happened. The way I found out made it a little tougher. I was pregnant when I found out. I was five months pregnant with my daughter.”

Henrietta remained married to her husband even after learning of his infidelity. She

stated that she just had a “storybook kind of way of thinking about how marriage was supposed to be and I was young and had never been through that.” She noted that she believed when you got married “your husband is your husband and that you are his; he’s yours, especially as far as the intimate part of your lives.” Henrietta believed that their marriage could work out despite these problems.

“And when my daughter, just before she turned two, my husband completed college and he went into the military as a second lieutenant in the army. And we left the area at a time when our marriage was somewhat troubled because of infidelity on his part and so it was a very tense situation when we did leave but I wanted to make the marriage work. So we went overseas where he was assigned and I stayed overseas with him for approximately one year.”

Henrietta had observed the happy marriage that her mother and stepfather shared and she wanted to develop a similar loving union with her husband. She noted that she wanted the “Cinderella fairy tale marriage.” Henrietta noted that she did not work outside the home during her marriage and she attempted to establish a loving home for her husband and daughter. However, she continued to have some difficulty forgetting about and moving beyond her husband’s infidelity.

“When we went overseas, it was a good experience but the marriage was still troubled. I think it maybe had to do with me being young and not able to accept what had happened with the infidelity piece. Therefore, I was very angry at him and very bitter and we had just one incident there. He got very upset with me.... We had company over and we were playing cards, which I didn’t know how to play cards that well. And I think he was already uptight because we weren’t

really being close like husband and wife should be. And we were kind of going through the motions and he got upset at something I said and he slapped me.” Henrietta witnessed the physical and verbal abuse that her father directed toward her mother while growing up and she indicated that she would not accept this behavior or continue to live with an abusive spouse.

“And I had always believed that if you ever get hit once; you leave. You don’t wait for it to happen again. Because I always thought that if a person would hit you once; they would hit you again. I was raised in a situation where there was domestic violence. My father was very violent with my mother and so I decided to leave. And that’s when I separated from him. And my daughter and I came back to the States in 1971.”

Again, this change and transition for Henrietta necessitated that she gain access to her inner strength and past coping ability in order to deal with this life-altering situation. Henrietta faced this challenge with her usual self-confidence and she noted the following, “I got a job and worked and just continued on.” Henrietta began life as a single parent with her daughter.

“I came back to the same area where I lived before going overseas with my husband. I got an apartment which I shared with another young lady who also had a couple of children and we roomed together for probably a year and a half or so. That didn’t work out... so we eventually stopped rooming together... Before I stopped rooming with her, my daughter moved to Florida with my mother.... While my daughter was with my parents, I was working. I started working with temporary agencies when I first got back from overseas.”

Henrietta continued to work as a clerical secretary until 1974; and at that time she decided that she did not like this type of work, such as, “typing papers and answering phones.”

“And I was like, this is not going to work. I am tired of this typewriter. I’m tired of looking at that blue wall and I knew that I had a desire to work with people; to be free to move around and to talk to people... it was then I began to get this little antsy-ness about wanting to work directly with people as opposed to working with papers and typewriters and telephones.”

At this point in time, Henrietta made plans to change careers. Her former husband provided financial support for their daughter and that helped to minimize concern for their financial welfare. As a career officer in the Army, Henrietta’s first husband continued to support their daughter financially and emotionally. Henrietta recalled that she and her husband remained in contact after their divorce and their daughter had access to both parents.

“He was very supportive. I had a military stipend for child support monthly which was adequate. And he also stayed in contact with us by phone. We were not enemies at all; we were still friends. We were just on a different level.”

Henrietta noted that her first husband wanted to reconcile their marriage after she returned to the States with their daughter. She indicated the following.

“Yes, he did want a reconciliation. He came back to visit several times and I just didn’t want it. I was even more bitter. At first it was infidelity. Then I had gotten hit. That was my first time ever getting... having any physical violence

towards myself from him or anybody else. And so by then, I was still bitter. I was bitter.”

According to Havighurst (1972), developmental tasks, such as, “selecting a mate; learning to live with a marriage partner; starting a family; rearing children; and managing a home” (pp. 85-89) are achieved during Early Adulthood. Moreover, these tasks were consistent with the roles that Henrietta aspired to accomplish and to maintain in her first marriage; but she was unable to master several of these tasks successfully due to her divorce.

Henrietta noted that she remained separated from her first husband during 1971; and she finalized her divorce in 1972 after three years of marriage. Henrietta thought of herself as a survivor and she was willing to go it alone rather than to remain in an abusive marriage. The failure of Henrietta’s marriage was perceived as another setback in a long list of challenges.

Despite yet another negative event in her life, Henrietta coped with her circumstances by demonstrating self-reliance and tenacity. She had taken clerical courses in high school and she used these skills to find employment as a clerk typist. After separating from her husband, she worked as a clerk typist from 1971 to 1974 to support herself and her daughter. However, in 1974, she was promoted to a clerical secretary just prior to making her decision to change careers.

Henrietta utilized her family support system by sending her daughter to live with her parents while she was changing careers and educating herself for a nursing career. She wanted her daughter to live in a stable home environment while she attended school

and worked to support herself. Henrietta's daughter remained with her parents until she completed training as a Licensed Practical Nurse. Her daughter returned to live with Henrietta when she was almost five-years-old.

“And then she (Henrietta's daughter) came back to stay with me. She began school and she remained on the honor roll from elementary through high school. She never gave me any real problems growing up until she was thirteen. Then she began to realize that she was at a different stage in her life but she still wasn't a problem. She was just really a wonderful child to deal with.”

Throughout all of the changes and transition in her life, Henrietta perceived herself as a “good” person who had an abiding faith in God. “I believe that I can do all things through God; God has really helped me to persevere even when I felt that I couldn't.” Henrietta surrendered her challenges to a Higher Power; “I had to let go and let God.” During times of struggle and challenge, Henrietta noted, “I prayed a lot and believed that God would not give me any more that I could handle.”

Lived Personal Experiences: 1975-1980

Early Adulthood (Ages 25-30). During this period in her life, Henrietta was promoted from a clerk typist to a clerical secretary after filing a complaint that her inability to get promoted on the job was racially motivated. Her case was reviewed and it was deemed that she had in fact been discriminated against relative to promotions. Ironically, after getting the promotion, she discovered that she preferred having personal interactions rather than performing paperwork tasks everyday. She thanked her supervisor for assisting with her promotion and she resigned her job as a clerical secretary and returned to nursing school.

Henrietta received training to become a Licensed Practical Nurse from 1975 to 1976. She worked as a Licensed Practical Nurse to support herself and her daughter. She enjoyed this aspect of working with people in the nursing profession. Henrietta's career in nursing fulfilled her childhood dream to be a part of a helping profession. Two years after completing nursing school, Henrietta met and married her second husband.

When Henrietta remarried in 1978, her daughter was nine years old. She noted that her daughter's reaction to her second pregnancy was as follows.

“We were all living together when he (Henrietta's son) was born. And she (Henrietta's daughter) had been the only child for ten years and this was a difficult adjustment for her to make after he was born. I'm sure that she recognized that I was pregnant. But after he (Henrietta's son) was born I think she resented that she was no longer the only child and more focus was going to him. I think that she resented her brother for a good while and then as he got a little older she (Henrietta's daughter) began to accept it more maybe when he was three out of the terrible twos.”

A son was born to Henrietta and her second husband in 1979. While she was on maternity leave from her job, she decided to enter into business with her older brother who was self-employed.

“In fact the two of us started working together in 1980. We tried different things.... We did vending and we vended together and we did very, very well in the vending business. My brother is very business minded. We worked together for about three years.”

Although Henrietta was doing well financially with her business ventures with her brother, her marriage was not working out. Henrietta noted that her second husband “left us just after our son turned one-year old.” This failed marriage posed another challenge for Henrietta. She found herself alone again; but at this point, she had become a single parent with two children.

Henrietta continued to respond to this adversity as she had with previous setbacks. She used previous coping strategies; family support, and faith and she believed that her life would work out for the best. She mirrored what has been indicated in the literature about Black American adult women generally and was accurate for Henrietta specifically. Black American adult women have a history of adversity that affects acquisition of coping strategies and coping competence.

She worked hard to support herself and her children. She demonstrated competence in her roles as a parent and an employee. Henrietta did not spend time lamenting about the negative aspects of her life instead she invested in herself by continuing her education in order to improve her overall living situation.

She invested in her children’s lives by remaining involved in their educational and spiritual development. She made financial sacrifices in order to provide her daughter with a private school education. Henrietta fostered the value of education in her children as a means to gain success in life. She gave them messages that “they could accomplishment anything if they applied themselves to attain their goals.” Also, Henrietta told her children that there was “a double standard and that often times Blacks have to be twice as good to compete with a ‘white’ to be selected for a particular job position.”

Lived Personal Experiences: 1981-1985

Middle Age (Ages 31-35). By 1981, Henrietta had been separated from her second husband for over a year and she noted the following.

“My son’s dad left him, left us when he was, just after he turned one-year old. So, my son has not had any relationship with his father and I often thought that throughout his life that there were times when that bothered him a lot and he would always deny it but it was just my gut feeling that it bothered him a lot and he stayed busy.”

Henrietta shared a similar experience with her second husband as her mother had in that, her second husband attempted to deny paternity for their son. Henrietta’s biological father disowned his youngest son and denied paternity when he divorced Henrietta’s mother.

“I (Henrietta) saw my son’s biological father when my son was about five-years old when I was working for myself as a vendor. And I just looked at him and I asked him why he had not made any attempt to be a part of our son’s life. Because at the time, back then we had been living in the same place where we were living when the two of us were together. And he (Henrietta’s second husband) was a tremendous liar; he was not a very truthful person and he said that he wasn’t sure that our son was his.... At any rate, he kind of played with our son a little bit and talked to him.... He promised that he was going to come and pick up our son and just spend a little time with him. He never showed up again.”

Henrietta noted that her son did not have any interaction with his father until he became

a teenager. She learned that her son's father was living with his mother (Henrietta's former mother-in-law) and Henrietta would take her son to their home during the holidays. Henrietta would just show up unannounced because she knew that the family would be together. These visits gave her son an opportunity to interact with his biological father and family.

“And so as a teenager, my son was able to see his father. Let's say, like around the Christmas holidays, I would just pop in and I knew everybody should be around the mother, they were a pretty close family. We would pop in unannounced and they would welcome us in. And my son's father promised that he was going to try to establish a relationship and spend time with our son and it never happened. And we did that for many years up until our son went to college. And it never happened.”

Henrietta divorced her second husband in 1983 after a two-year separation. She remained self-employed through 1987 before returning to work as a Licensed Practical Nurse.

Lived Personal Experiences: 1986-1990

Middle Age (Ages 36-40). Henrietta married her third husband in 1989 while she was a part-time student in an Associate Degree Nursing program. She continued to work full-time as a Licensed Practical Nurse to support herself and her children while she attended Community College.

Henrietta's son was ten-years-old and her daughter was a sophomore in college when she married her third husband. She believed that her husband would provide a “father figure” for her son. When asked about the relationship between her son and his

stepfather, Henrietta noted the following.

“I want to say the relationship was fair. My son enjoyed having a father figure. They didn’t spend a lot of time together, just the two of them. Very little. Most of the time it would be the three of us going places together or take vacations together.”

Henrietta noted that her son was having problems with bullies at school and she believed that the environment was not very safe for him.

“The elementary school was public school. But anyway it was in a bad area, what I called bad because he once got attacked on his way home by a young boy that said he was, used the term, gritting on him and my son had all of his books on him. He came home with a fat lip. So I wanted to get him out of that environment and give him a chance because I always felt that he was “at-risk”. I felt that he had the potential to do well in life. But I also thought that he had the potential to be swayed in the wrong direction.”

After this incident, she and her husband decided to enroll her son into private school. However, this decision led to a financial strain on the family and Henrietta’s husband had a change of heart about the decision.

“He (Henrietta’s husband) agreed that we would get him into a Catholic school and out of the public school system. Well things began to go bad between the two of us and then he decided that, no we don’t need to spend money for my son to go to private school; he could go to a public school. And I wasn’t comfortable with that.... A lot of terrible things were happening over there with youth and violence.”

Henrietta's third marriage began to disintegrate during this time of financial difficulty that was related primarily to the expense of her son's private school education.

Henrietta described the climate of their household as follows.

“My husband at that time had become very verbally abusive towards me and I mean it was really bad. He called me horrible names. He did not physically abuse me; but it was just so ugly. It was frightful to hear him holler so loud and use the words that he used. So, my son and his relationship changed because he became somewhat resentful of the closeness of my son and myself. My son got to the point where he did not particularly care for him.”

Henrietta separated from her third husband and she moved to the community where her son attended private school. Her son was able to use public transportation to get to school and he could participate in after school activities without having to be carpooled. “It would free me up and would take some of the load off me. And it did help.”

Henrietta believed that the separation from her husband might have affected her son adversely. She noted that her son slept with a golf club during the time that his mother was being verbally abused.

“He (Henrietta's son) said why do you think that I left those golf clubs by my bed? He said because I was going to have to protect you if he put his hands on you. So, anyway that was a bad experience. Like I said, my son wanted a father figure but it just never happened. I always thought that had some influence on his behavior, as he got older. I don't know. It was like it was something missing, a void.”

Henrietta separated from her third husband before her son completed high school. After the separation, Henrietta took on an additional responsibility when her son's best friend became a part of their family lives.

Henrietta became the guardian of her son's best friend upon the death of his mother. This young man's (Reginald) mother had died from complications related to long-term substance abuse. Reginald had grown up without the structure of a family due to his mother's drug use and the death of his father. The young man did not adjust very well to the structure provided by Henrietta in her home.

"I had a lot of problems with Reginald because he was very undisciplined and he was used to being independent, staying out late, coming in at 12 midnight and 1:00am. And emotionally I was drained from trying to mother him when he didn't want to be mothered. But he needed guidance and he needed some limits set and it was just emotionally draining. I was running back and forth to his school, talking to his counselor, checking on him almost daily to see if he was in school. When Reginald lived with his mother, she allowed him to live and move about as he pleased. So, he just was not used to being managed or having limits set."

Despite the time and energy required to cope with two adolescent boys, Henrietta continued to work hard and to provide a stable home environment. She noted that "an attorney held a trust fund of about \$50,000 for Reginald" from which his living expenses were taken and used for his basic needs. Henrietta believed that Reginald's behavior may have influenced her son negatively and she noted the following.

"So, it was just very difficult trying to treat him (Reginald) the same way that I

treated my son and then that caused some dissention because my son was a year older than Reginald and didn't understand why Reginald was allowed to come in late and to do things that he wasn't able to do. And like I said it was affecting my son, his grades started failing and I just noticed a difference in his personality. I just started seeing this different behavior and difference in attitude in his character.”

On the other hand, Henrietta indicated that during this time, her daughter completed high school successfully in 1987 and she made plans to attend college.

“She (Henrietta's daughter) maintained her honor roll status in high school. She was very sociable. She had several close girlfriends in high school. She was in the band. She played the flute and she did quite well. She was actually in competitions.... Well, all throughout her high school experience, we talked about college. That was not something we talked about as if there was a choice to be made. It was just like this was what you do when you finish. We were just in that college mode mentality. The high school that she went to definitely was preparing the students for college.... She did well on her SATs and always knew what she wanted to do. She decided that she was going to college and she chose the college. She did all the preparation. I didn't have to coach her to do the application and find out all the particulars about what she needed to do. In everything, she's very organized and very self-motivating. She's a planner. She's a lot of things that I wish that I was. She made it very easy for me.”

Henrietta believed that the separation from her third husband did not have an adverse affect on her daughter, as it had on her son, because her daughter maintained a

positive relationship with her biological father throughout her growth and development. Henrietta indicated, “I admire her (Henrietta’s daughter). She’s been, like I said, very independent, self-sufficient, and self-motivated. She actually listened, I think, more to her dad than she did to me as far as advice and other things.” Henrietta’s daughter received scholarships for her college education as well as financial support from her biological father. Although these circumstances eased Henrietta’s financial obligations somewhat, she still faced financial challenges.

Henrietta kept her son in private school and the expense remained a significant financial burden. Henrietta turned to her parents and brother for financial support; and she received both financial and emotional support from family members. Henrietta continued to trust in God to see her through the bad times.

“At this point, my husband and I were not having a good relationship. He was very abusive verbally and called me horrible names. He wasn’t physically abusive though he shoved me once and at that point I knew that I had to get out of the situation. So, financially he was not helping me. My family, my mother and stepfather and one of my brothers were able to give money to me from time to time. But I met the financial responsibility primarily by taking out loans to pay for my son’s tuition, the rent and other household bills. I also trusted in God that He would see us through and He wouldn’t give me any more burdens than I could handle. And I prayed a lot.”

Lived Personal Experiences: 1991-1995

Middle Age (Ages 41-45). In 1991, Henrietta’s daughter graduated from college with a degree in finance. Henrietta noted that her daughter finished her college

degree before she completed her Associate Degree in Nursing (ADN). She earned an ADN in 1992 and began working as a Registered Nurse. Although her income increased with her change from a Licensed Practical Nurse to a Registered Nurse, Henrietta continued to have financial problems related primarily to her son's private high school education. Henrietta noted that she and her son always planned that he would attend college; but his behavior in the last two years of high school placed this goal in jeopardy.

“I always felt that my son was, even though he was a pleasant young man in general, never hung out in the neighborhood or tried to bring other kids in the house. I never had to worry when I wasn't home; I didn't have problems with him in that way and even girls. Only in his last year in high school did he get a few calls from girls, from a girl, and he said that they were just friends. But still his grades had deteriorated and I was just so afraid that he was not going to graduate. We were paying all of that money for him to get a good education. And I even in his last year of high school, I even borrowed money. I put him in the Kaplan program because I could see that he was deficient by his grades. I said that if I could get him into that program and maybe it would help him to have a better chance to graduate, get out of high school.”

Henrietta attempted to continue her “personal investment” (Maehr & Braskamp, 1986, p. 6) by making plans to return to college to earn a Bachelor of Science in Nursing Degree. Although Henrietta returned to college in 1994 to earn a Baccalaureate Degree in Nursing, she withdrew after one course. She noted that she wanted to provide more supervision of her son in order to guarantee his graduation from high school.

“I didn’t plan to take a break. I was just so overwhelmed by what was going on and I just felt that I needed to do that. I didn’t feel like I could make it in school and try to keep up with what was going on with Reginald. I just thought that I needed to be home to see what was going on. I was very concerned with my son finishing school successfully so that he could go on to college. I wanted to monitor what was going on in the house, to try to keep both of the boys in school.”

The perseverance and supervision that Henrietta maintained resulted in her son’s successful completion of high school. She used these two years to get her son and his best friend through high school. However, despite her efforts, Reginald dropped out of high school in 10th grade. Reginald remained in Henrietta’s home after dropping out of school. Reginald was unemployed and Henrietta believed that “he spent his time just hanging out with his girlfriend who had dropped out of school also.” Henrietta noted that on the day before her son left for college, Reginald left her home and moved out on his own.

Henrietta demonstrated unyielding persistence as she accomplished the goal of getting her son graduated from high school and into college. She was willing to get into debt, to delay her own educational aspirations and to persist in maintaining structure and guidance for her children and her son’s best friend.

Despite all the odds, she overcame many barriers for herself and her family to achieve the educational goals that she believed would promote success for them in future experiences. Henrietta did not give up; she accepted social support from her family and she actualized her faith in God to avoid failure. She made a “personal

investment” (Maehr & Braskamp, 1986, p. 6) in order to achieve the educational goals that had been set for her son very early in his academic development.

Lived Personal Experiences: 1996-2001

Middle Age (Ages 46-51). Henrietta indicated that her son was “unable to get into the military academy of his choice because his SAT scores were not high enough.” Her son was admitted to another military college despite his low SAT scores.

“My son played trombone and he had done quite well in music and band and he was accepted at the military college even with his SAT score. I think that it was like an average SAT score. It was good enough for him to get in there. But I think that they were also interested in his playing in the band because they drafted him immediately into the regimental band. I think that they were trying to fill some slots in that area.”

Henrietta’s son began college in Fall 1997. Henrietta extended her financial responsibilities by applying for school loans because her son did not receive academic scholarships. She continued to have financial problems and she made several lifestyle changes to cope with these constraints.

“By then, I was divorced. I was living alone. I had moved out of the apartment, the two-bedroom apartment that had been near the high school that my son attended. I moved into a very small home that belonged to my parents and was unoccupied. And the reason for the move was to help me financially because I didn’t have to pay as much for rent. I had been putting out a lot, going into debt, trying to get my son in school, keeping him in high school.”

Henrietta's son did not adjust to college successfully. He withdrew from his military college program rather than receive a dishonorable dismissal because he violated their "zero drug tolerance code." Henrietta's son did not return home after leaving college, instead he remained out of state. He (Henrietta's son) has an 8-month-old son with his girlfriend and he is self-employed in the landscaping business. Henrietta indicated that he seems happy with his life.

Henrietta's daughter has worked with the same employer since graduating from college for the past 11 years. Her daughter lives independently, is unmarried and she has no children. Henrietta noted that her daughter is considering a change in employment and is re-establishing a relationship with a significant other.

Henrietta indicated that her daughter did not pose the parenting challenges that she experienced with her son. However, she noted that her children have a very close relationship and that pleases her. Henrietta indicated the following. "I believe that if something was to happen to me I wouldn't worry about whether or not she would be there for him or if he would be there for her because they love each other."

By May 2000, Henrietta had graduated from an RN to BSN Completion Program and earned a Baccalaureate Degree in Nursing. Henrietta is employed full-time and she received a promotion after earning a BSN Degree. To date, she has completed her first year of graduate school. Henrietta is engaged in several middle age developmental tasks, such as, involvement with grandchildren; experiencing empty nest syndrome; menopause; coping with divorce; "adjusting to aging parents" (Havighurst, 1972, p. 104); and "reaching and maintaining satisfactory performance in one's occupational career" (p. 99).

Henrietta continues to live in the house that belongs to her parents. She has an intimate relationship with a significant other. She noted that her anxiety and stress levels are decreased. She continues to receive social support from her family and her significant other. She and her 30-year-old daughter have become closer and spend quality time together. Her son continues to live in another state; but they have resumed communicating more frequently.

Lived Academic Experiences: Henrietta Edwards

Lived Academic Experiences: Primary Education

1956-1962: Elementary School/1st-6th Grades. Henrietta began her education in first grade while living with both parents. By the time she entered second grade, she had moved from a two-parent home to another urban community with her father who had custody of her and two brothers. She attended a public co-educational elementary school that had a racial composition of Black American students. Henrietta completed 2nd through 5th grade at a public co-educational primary school.

Henrietta changed school for 6th grade when she was sent to live with her grandmother due to her father's incarceration. She described herself as an average student and she did not remember failing any of her classes.

Lived Academic Experiences: Secondary Education

1962-1965: Middle School/7th-9th Grades. Henrietta did note that she remembered being an average student who had "trouble with learning and not being focused on school." Her difficulty with focusing on academic tasks became more apparent during her middle school years. She was never tested for a learning disability and a definitive diagnosis was never established.

1965-1968: Senior High School/10th-12th Grades. Henrietta was still living with her paternal grandmother when she began senior high school in the 10th grade. Henrietta attended a public co-educational high school whose racial composition was Black American. She described herself as friendly and sociable in high school. During this period in her life, she recalled the following.

“There was not much said, in fact I can’t remember anything said at home when I was with my grandmother as far as the importance of continuing education after high school. And so I basically would go to school and come home and do my homework and that was enough.”

Henrietta completed clerical courses in senior high school and she was very proficient with clerical skills, especially typing. She graduated from high school in 1968.

Lived Academic Experiences: Post High School Education

1969-1974. From 1970 to 1971, Henrietta lived overseas with her first husband and daughter. When she returned to the States in 1971, she began working as a clerk typist. She noted that the skills that she had gained from her high school courses prepared her for this employment. In 1974, Henrietta made the decision to return to school to become a Licensed Practical Nurse (LPN). She received certification as a Nursing Assistant through a course taken in high school. She continued to make steps toward her goal of becoming a nurse.

1975-1987. Henrietta began training for an LPN in 1975 and became licensed in 1976. She worked as an LPN for several years before she entered in partnership with her brother in several business ventures. In August 1987, Henrietta returned to the

nursing profession and continued employment as an LPN.

Lived Academic Experiences: 2-Year Community College: Associate Degree in Nursing

1988-1993. Henrietta continued her “personal investment” (Maehr & Braskamp, 1986) in her educational goals by enrolling in an Associate Degree Nursing program. She attended the nursing program part-time and continued to work as an LPN to finance her education and livelihood. Henrietta graduated with an Associate Degree in Nursing in 1992.

After a few years, she decided to return to college to earn a Bachelor of Science in Nursing degree because she believed that a distinction was made between Registered Nurses (RNs) with an Associate Degree versus RNs with a Baccalaureate Degree.

Henrietta noted the following.

“I wanted to assume all the responsibilities that a Professional RN was allowed to perform. I just felt inadequate.... I thought I was well prepared as an Associate nurse... I had learned that the Associate Degree would not get the same respect as the four-year degree in the future. That was a motivational factor for me.”

Henrietta returned to a 4-year university to begin her pursuit of a BSN Degree. When she began her return to college, she continued to work full-time and to maintain responsibility for her son and his best friend. Henrietta took in her son’s best friend after the death of his mother; his father had died several years earlier.

Lived Academic Experiences: 4-Year University: Bachelor of Science in Nursing

Curriculum for an RN to BSN Completion Program: Background Data. The curriculum is logically organized, internally consistent and reflects the mission and/or

beliefs of the nursing unit. The majority of course work in nursing is at the upper division level (Junior and Senior courses) for the Registered Nurse returning to college to earn a Bachelor of Science in Nursing degree.

Henrietta began the Registered Nurse to Bachelor of Science in Nursing Completion Program (RN to BSN Completion Program) in 1994 by completing prerequisite courses required to apply for admission into the nursing program.

Due to the nature of the science course, Pathophysiology, in the RN to BSN curriculum, the lived academic experiences for the case studies began with this course. The level of the content and the amount of reading could provide an educational barrier for returning adult learners. This science course is the final prerequisite required before starting the RN to BSN nursing curriculum. It was important to have the research participants share their perceptions about this required course.

1995-2000: Registered Nurse to Bachelor of Science in Nursing Completion Program

Fall 1995. Henrietta initiated admission into a 4-year university and subsequent admission to an RN to BSN Completion Program in 1994. Henrietta completed the final prerequisite course for an RN to BSN Completion Program in Fall 1995. During this course, Henrietta coped with multiple stressors and challenges that prompted her to withdraw from the nursing program upon completion of this course.

Henrietta completed Pathophysiology, a 3-credit course, which was scheduled one evening per week from 6:00pm to 8:30pm. Henrietta earned a grade of B. She indicated that the Instructor for the course presented the content in a very comprehensive and an interesting manner. Even with her interest in Pathophysiology, she found the course very challenging; “it required a lot of studying and a lot of focus.”

She found the course very beneficial and she learned a lot. She noted that she experienced a lot of stress in the course. Henrietta noted the following.

“The reading was quite a lot. Sometimes I had problems with the comprehension and retention of the content. Sometimes I just didn’t get the content. It was hard. The tests were challenging. I had to push myself to study.... Also, I spent too much time with extracurricular activities, such as singing with my church group, and may have sacrificed study time. Since I was in early elementary, I think I sometimes had trouble comprehending content... As the class progressed I gained more confidence in my learning ability and I felt better about learning in the end of the course.”

In addition to the stress that Henrietta was experiencing during the course, she was struggling with multiple life events.

Henrietta worked full-time while pursuing her BSN Degree and she indicated the following.

“There was a lot of tension and stress related to the increase documentation and preparing for the job to close; they were closing the facility... Well part of the problem was that my employer was not very supportive of me going to school and sometimes made it difficult for me to get off work on time to get to class on time. So I was always rushing trying to get there and sometimes I would get to class I’d just be so stressed out for part of the class; I just couldn’t concentrate.”

These issues affected her study habits due to feeling emotionally drained and overwhelmed. The problems with her marriage were escalating as well during this semester. Henrietta noted the following.

“I was still separated and I was in the process of getting a divorce.... At this point, my husband and I were not having a good relationship. He was very abusive verbally and called me horrible names. He wasn’t physically abusive though he shoved me once and at that point I knew that I had to get out of the situation.”

Her financial stability was affected by these problems in their relationship. Henrietta described her financial situation as follows.

“So, financially he was not helping me; my family, my mother and stepfather and one of my brothers were able to give money to me from time to time. But I met my financial responsibility primarily by taking out the loans to pay for my son’s tuition, the rent and other household bills. I also just trusted in God that He would see us through and that He wouldn’t give me any more burdens than I could handle and I prayed a lot.”

It was during the Pathophysiology class that Henrietta realized that the problems her son was having with school and with his peers were escalating.

“And that’s when after the Pathophysiology class I realized that several things were going on with my son that I didn’t like and I might have to take a break from school and get him through high school and stay at home and monitor him more closely. Because his grades were slipping and he was barely passing and I wasn’t really sure if he were going to graduate from high school and be able to go to college. It was our goal that he would go to college but it was clear to me that the boys he was hanging out with and some activities of skipping school

and not doing his work was affecting his grades and performance in high school and I was getting concerned about that.”

After completing the Pathophysiology course, Henrietta made the decision to interrupt her college education between Spring 1996 to Spring 1998. She wanted to spend time with her son and to ensure his graduation from high school by monitoring his academics and extracurricular activities.

Spring 1998. Henrietta resumed the pursuit of her BSN Degree in Spring 1998 after she had enrolled her son in college in Fall 1997.

Henrietta completed Nursing Theories, Concepts and Models, a 4-credit course, which was scheduled one evening per week from 5:00pm to 9:00pm. She earned a grade of A. Henrietta looked forward to going to this class. She believed that the Instructor was very supportive and interested in both the content and the students. “It just made me feel like I could make it because I felt that she would be there if I need her.”

Henrietta believed that the writing assignments were more challenging. The APA format that was used as the guide to write scholarly papers for the nursing department seemed “nick picking to me and it made the writing more difficult for me.” She struggled with writing scholarly papers throughout the course.

“And at that point I wondered if I could ever get to the point where I could produce a really good paper. And I think that was during the time when we would get the papers back and they would be corrected; and it would be writing all over the paper. And I guess at times I felt I just wasn’t cut out to write and I didn’t find that part so enjoyable. I wasn’t looking forward to ever writing the

papers. I was just trying to do what was required.”

When asked to describe a typical day before coming to class, Henrietta indicated that she worked the night before this evening class.

“I worked at night from 11:15pm to 7:15am and then I usually would not get home until 8:30am between 8:30am and 9:00am. Then I would come in sometime; I would not get to bed until maybe 10:30am and sometimes maybe not even until 11:00am. And I would try to sleep until about 2:00pm and then try to get up then and do work on assignments for my class. And then I would have to say that the whole time that I was in school most of the time, I had been stressed out in the traffic trying to get to school. It takes about a half an hour for me to get from where I live at to school. It was like I was always trying to complete an assignment and then I would have to just run and jump in my car and try to drive as fast as I could to get to class and sometimes I got to class late.”

With this class ending at 9:00pm, Henrietta stated that she went to the library after class occasionally. She arrived home by 10:00pm, slept one hour and left for work on the same evening as her class. Henrietta had every other Friday off work after attending class on Thursday evenings. “I often went to work tired and prayed that I would not have a busy night because I worked in an emergency room setting with a very unpredictable caseload.”

Also in Spring 1998, Henrietta completed a Physical Assessment course. This 4-credit course was taken one evening per week also from 5:00pm to 8:00pm. Henrietta earned a grade of B in this class. Henrietta noted that her experience with this class was

very good and she “looked forward to attending this class because the Instructor was very good.” She enjoyed the hands-on aspect of the class. Henrietta noted that the Instructor was “very knowledgeable about the content area and she was very patient with the class as we learned the physical assessment skills.”

Henrietta stated that the reading assignments “were not overwhelming; but I continued to lag behind and not give the needed time to reading assignments.” “I was always playing catch up most of the time.” She believed that this behavior had an effect on her grades and confidence. Henrietta experienced a lot of anxiety and noted the following. “I was worried when taking tests because I had not read the material.” Henrietta attributed the lack of time for reading to “over-extending myself in other activities, such as singing in programs that took time away from studying.” Sometimes she was too tired to read, as she noted, “I wasn’t keeping up and I was always catching up.”

Concurrently with returning to college and taking two courses, Henrietta experienced life events that impacted her educational goals also. During this semester, Spring 1998, she learned that her “favorite younger brother, Robbie, was using drugs;” and this was a tremendous stressor for her. Henrietta recalled that she and Robbie were “very close as children and his drug abuse bothered me a lot.”

Financial concerns remained a problem relative to household bills and her son’s tuition for a private high school. Henrietta encountered stressors on her job and working full-time while attending college was difficult. “Sometimes it got to be a little bit too much; I was determined still to get through it.”

Additionally, Henrietta continued to be concerned about her son who was away

at college because he was not remaining in contact with her. Henrietta was not sure what was going on with him. Her son was doing poorly in college and he was not seeking the academic support that he needed. Henrietta had some suspicions that he may have gotten involved with drugs.

Fall 1998. Henrietta completed Adult Health Theory and the Adult Health Clinical Component, a 4-credit course, in Fall 1998. The Clinical Component of this course was scheduled one day per week from 9:00am to 12noon; and a Post Clinical Conference was held immediately after the clinical experience from 12:00noon to 1:00pm. Students were recommended to bring lunch to the Post Clinical Conference. The Theory Component for this course was scheduled on the same weekday from 1:00pm to 4:00pm. Henrietta earned a grade of B.

The scheduling of this first clinical course for an RN to BSN Completion Program necessitated that Henrietta obtain an off day from her job. Occasionally, students encountered barriers from their employers when a day off was needed to attend classes during the day. Generally, students opted to work evenings in exchange for a day off, work weekends only or change jobs altogether. Henrietta noted that working the night shift (11:15pm to 7:15am) made it easier for her to attend the clinical course during the day.

Henrietta noted that the Instructor for this class was very helpful and very patient; but “I felt she (Henrietta’s Instructor) had high expectations.” Again, Henrietta found that the reading assignments were reasonable; but “I was not reading as I should or retaining the information.” Henrietta noted that the writing assignments were difficult for her because of the APA format used by the Department of Nursing as a

guide for writing scholarly papers. Henrietta stated, “I was anxious about oral presentations in the course; but I improved with each presentation and became more confident.”

Henrietta indicated that she was apprehensive about being effective in the community-based clinical experience because her previous nursing experience was in the hospital setting. Henrietta noted, “I learned how to use therapeutic communication effectively. This course led me to believe that I was beginning to learn how to function autonomously in nursing.” Henrietta enjoyed teaching and noted that, “I gained a better appreciation for teaching clients in the clinical setting.”

Henrietta completed two courses in Fall 1998. She selected one of the required Nursing Electives, Health and Wellness: Alternative Interventions, which was a 3-credit course, scheduled one evening per week from 5:00pm to 7:30pm. Henrietta took both courses, Adult Health Theory and Clinical and the Nursing Elective, on the same day, which meant that she attended classes from 9:00am to 7:30pm. She had a one-hour break between 4:00pm to 5:00pm. Henrietta earned a grade of B for the Nursing Elective.

Initially, Henrietta noted that, “I had negative feelings about the class because I thought it would involve more writing.” Although Henrietta indicated that, “I did not want to prejudge the Instructor.” “I had heard many negative things about her and this added to my stress.”

Henrietta enjoyed this class because “it taught beneficial relaxation techniques.” “The class helped me to realize the importance of taking time away from everything for myself.” Henrietta indicated that, “I wished that this class had been offered at the

beginning of the curriculum and I could have practiced the stress-reducing techniques as I progressed through the program.”

Henrietta continued to experience multiple stressors as she progressed through an RN to BSN Completion Program. She learned that the suspicions that she had felt about her son’s involvement with drugs proved to be true when he tested positive for marijuana. At the beginning of her son’s second year in college in Fall 1998, Henrietta’s son withdrew from his military program because he violated the ‘zero tolerance for drugs policy.’ Henrietta was disappointed when her son decided not to return home and to remain living out of state.

Henrietta attributed some difficulty with her performance in college to the frequent weekend trips that she made to visit her son while he was away at college. She noted that, “I took my reading assignments with me; but I never got a chance to complete my work on these visits.” Henrietta acknowledged that these visits compromised her study time; but her son’s welfare was her priority.

Henrietta continued to have financial problems because she was receiving college loans for both herself and her son. Although she had moved into a small home owned by her parents in order to save money, the home was crammed and cluttered with her belongings as well as those of her parents. Henrietta noted the following.

“Because I’d moved into a house that already was furnished and I still had my belongings and the place was cluttered. And I sometimes just felt, I almost felt disoriented because I had to deal with all of the papers and books. And I was always juggling trying to keep everything in order and that was a real challenge for me being in a smaller place. There were times when I just wanted to stop

working on my schoolwork and just clean the house. And that was very frustrating for me because I just believed I would do better if the place was not so disorganized and it just made me feel just even more disorganized.

Sometimes, I would go to the library when I could, to just not be in the house.”

Henrietta’s job remained stressful and she continued having problems adjusting to working the night shift. She was often ‘sleep deprived’ because she could not get used to sleeping during the day after working at night. Henrietta was able to schedule the night before her full day of classes as her established day off from work.

Prior to beginning the senior level courses for a BSN Degree, Henrietta acknowledged the following about her learning abilities.

“And yes, even with myself I have wondered if there is a reason why I don’t... why sometimes I might kind of lose my focus a little bit. And if it was, I guess I never thought about Attention Deficit Disorder (ADD) for myself. But I do know that I don’t read as fast as I probably should read. I don’t comprehend sometimes the way that I should. And I have always thought of myself as being maybe slower than I should be. But I guess I prided myself on being thorough. When I learn something, I’ve learned it. I’ve got it. So, quite possibly, I may have somewhat of a deficit.”

Henrietta seemed to have mastered these adaptive behaviors, such as increased thoroughness, in order to succeed in both educational and employment settings.

Spring 1999. Henrietta completed Research, a 3-credit course, in Spring 1999. This course was scheduled one day per week from 2:00pm to 4:30pm and Henrietta earned a grade of C for this class. She noted that when she remembers this course, she

thinks about a lot of anxiety.

“And it just seemed so overwhelming; and it just seemed of all of the courses I had had before, it just seemed bigger than life. It was just a lot of frustration.

There was a time when I felt that the Instructor was insensitive and even arrogant.”

At this point in the curriculum, Henrietta believed that, “I might have gone as far as I could with my educational goals.”

“We were in the process of analyzing data and then we had to do a presentation. And I can remember, I knew before I got up there that I was not ready and I just felt so, so inadequate. It was that particular course that made me feel like maybe I had reached a point where this stuff was too... that maybe this was it, you can't go any further. Your brain is not going to go any higher than what it's gone, this is it.”

In addition to the Nursing Research course, Henrietta completed Nursing Management and Leadership and the Clinical Component, which was a 5-credit course, in Spring 1999. Henrietta earned a grade of C for this class.

The Theory Component was scheduled one day per week from 9:00am to 1:00pm. Students were allowed to schedule the Clinical Component in their workplace on a day when they were not scheduled to work. The Clinical Component required six hours of contact time at the clinical location. Each student was required to have a preceptor in the employment facility that was chosen to complete the clinical experience.

Henrietta scheduled her clinical experience at her employment facility on her day off with a preceptor in her hospital during the day shift. “I liked the management content and believed that I was being taken to another level in nursing.” Henrietta noted that her preceptor for the Clinical Component was “cooperative and supportive.” The preceptor allowed her to complete her clinical independently and provided guidance to Henrietta as needed.

Henrietta indicated that she had anxiety throughout this course because one of the assignments involved statistics. Henrietta described the Instructor as “matter-of-fact” and she was not sure what to expect from the Instructor.

“And I don’t know what I really expected from her; but it just didn’t seem like there was genuine caring. She always seem kind of I don’t know, seemed kind of rushed and maybe impatient with clarification of things maybe you didn’t understand.”

Although Henrietta acknowledged that the class projects were reasonable; she had trouble keeping up with the written assignments. Henrietta demonstrated a similar pattern as from other courses in that she did not complete reading assignments thoroughly. “And I seemed to be just trying again at a point where I was just trying to keep up.”

While taking two courses in Spring 1999, Henrietta divorced her third husband. She continued to work the night shift; and she continued to sleep poorly and complained of chronic fatigue. Henrietta experienced prolonged “empty nest syndrome” coupled with the welfare of her son. Henrietta’s son had opted to remain out-of-state after he withdrew from college and he was not communicating with her

during this period of time.

Finances continued to be a concern for Henrietta because her son's college loans were due since he had dropped out of school. Since Henrietta was attending college, she was able to get a deferment on her son's college loans. Henrietta provided the following perceptions about her experiences during the Spring 1999 semester.

“I got through that semester and what I do now and what I learned to do was to remember the hard times, the difficult times that you experienced previously and you thought you couldn't make it out of there. And you wanted to throw in the towel and quit. And you made it and you passed. So now, even though it gets difficult and still overwhelming, it was overwhelming. I just keep remembering that I made it in the past and if I just keep moving, just keep moving, the end of the semester would come and it always did. I just was able to do enough to make it.”

Henrietta collaborated with classmates to help with studying and understanding the content of the courses. She noted that she prayed a lot; and she attended church when her schedule permitted. Henrietta's significant other provided encouragement and support. Also, she received ongoing support from her mother who used the mantra, “to stay focused and to keep your eye on the prize,” throughout Henrietta's educational experience.

Fall 1999. Henrietta completed Family and Community Nursing and the Clinical Component, which was a 7-credit course, in Fall 1999. The Clinical Component for this course was scheduled one day per week from 8:00am to 4:00pm and the Post Clinical Conference was held from 4:00pm to 5:00pm. The Theory

Component was scheduled on the same day from 5:00pm to 9:00pm. Henrietta earned a grade of A for this course. Due to the seven credits required for this course, Henrietta took only one course in the Fall 1999 semester. This course required attendance from 8:00am to 9:00pm, which added to the chronic fatigue suffered by Henrietta.

Henrietta indicated that she enjoyed the Instructor whom she found to be “energetic, supportive, motivational and very patient.” Also, Henrietta enjoyed the Clinical Component of the course and the relationship with her preceptor. “It was a great experience.”

Henrietta noted that the writing assignment for the course included an assessment of the community aggregate with which she worked. She presented the results of the assessment in an oral presentation. “The presentation went very well. I was nervous. And by the time I got midway through the presentation, I was comfortable and I felt good about it.”

During this semester, Henrietta continued to work full-time on the night shift (11:15pm-7:15am). She remained under stress with the ongoing problem of not being able to sleep in the daytime. She stated, “I never got used to working nights.”

Henrietta accepted her son’s decisions for his life and began to focus more on her educational plans. Henrietta recalled that,

“I was able to let go of some of my worries especially related to my son. Some of the heaviness of the concerns about my son was lifting because I was kind of letting it go and just letting the Lord just take care of that. And then I knew I was moving closer to graduation.”

Henrietta continued to have computer problems at home and she did not have a

printer and continued to use the computer lab at the university. She noted that her new supervisor remained supportive of her educational goals. Henrietta increased her attendance at church. As an outlet for her tension, she sang occasionally with a group and began to exercise more frequently. Additionally, Henrietta noted that, “finances were not a problem at that time.”

Spring 2000. Henrietta completed, Professional Nursing Issues and Trends, a 3-credit course, that was scheduled one evening per week from 5:00pm to 7:30pm. She earned a grade of B for this course. This course was taken in the graduating semester for Henrietta.

Henrietta noted that she felt frustrated in this class. She noted the following.

“But there were some times when the class and myself felt a little frustrated because the Instructor seemed not to know some things. She didn’t have answers to some of the questions that we wanted to know about certain issues. I can’t remember what they were but I just remember her saying a lot, I don’t know, I don’t know. I’m not sure.”

Despite this frustration, Henrietta indicated that, “the course gave me insight about the importance of being well informed about professional nursing issues.”

“And it was a good experience because it helped to develop, to improve and develop critical thinking about certain issues and to be able to articulate my views and opinions. And to just learn more about how nurses can make a difference to improve nursing itself. It was good. Of course, I enjoyed it because I knew that was the last class.”

Henrietta indicated that the class consisted of panel discussions and debates and “I don’t think that there was a major paper in that class.”

Relative to her life events during this semester, Henrietta noted the following.

“And at that time, I was still living alone at home in the small house and working full-time nights. My supervisor is still being supportive. My friend was just edging me on telling me that well you know graduation is coming soon. And my mother, she was excited. And the anxiety decreased. The stress began to decrease.”

Henrietta began an RN to BSN Completion Program in Fall 1995; but she withdrew after one semester to provide supervision to her son, who was completing high school.

Henrietta resumed her college education in Spring 1998. She earned a BSN Degree in 3 years.

Lived Academic Experiences: Graduate School

Fall 2000-present. Henrietta began graduate school, focusing on advanced nursing practice, in Fall 2000. She offered the following relative to her preparation for graduate school and her perceptions about herself.

“I believe that my preparation was very good that I received in the BSN program. Graduate school requires more writing, more research and use of the APA format. And it (graduate school) just builds on what you already learned from the past. And it (BSN content) doesn’t leave you; it’s still there. And so it (BSN Degree) has definitely made the process easier than it would be if I had not been prepared with what I received in the BSN program.”

However, at the conclusion of an RN to BSN Completion Program, Henrietta

was able to reflect objectively on her lived academic experiences. Moreover, Henrietta provided recommendations for changes in the nursing program. Henrietta believed that these changes might have minimized her anxiety regarding under-preparation for college as an adult learner when she entered the RN to BSN Completion Program. As a case in point, Henrietta shared from her lived academic experiences that she had been educated in a segregated urban school system with poor academic standards. She believed that these circumstances may have attributed to her poor academic preparation as she entered a Baccalaureate Nursing program.

Henrietta addressed the perception about the difficulty encountered by herself and other classmates in an Historically Black University RN to BSN Completion Program.

“It may be that the curriculum is designed, I don’t know if it’s purposely designed to be harder. But comparing notes with other people that have gone to the other schools that are not Historically Black; they seem to think that the curriculum at my nursing program sounded like it was much more difficult than what they went through.”

To offset the perceived differences relative to difficulty of her nursing program, Henrietta made suggestions that an RN to BSN Completion Program faculty should take into consideration. She believed that academic support services were not provided during convenient times of the day for students who attended classes in the evenings only. Henrietta recalled that she did not take advantage of the academic support services because she was too tired from working the night shift (11:15pm-7:15am) to return to the college campus for daytime academic support sessions.

“I would suggest that an evening class be available at least once a week for working students who either work days or they work nights and really can’t attend the skill improvement classes during the daytime. I probably could have gone to a class if it had started at 5pm on a day I did not have to go to my other classes. I could have made that a part of my studies.”

Henrietta recommended that tutoring be provided to students to assist with reading comprehension and particularly research statistics, “maybe a tutor could be available to go through the research statistics to clarify the process.” Despite it all, Henrietta noted that she would recommend that other Registered Nurse adult learners attend her nursing program to earn a BSN Degree.

Although Henrietta indicated that her nursing knowledge base was expanded, in addition, she identified specific areas of improvement relative to her professional development.

“Yes, the program definitely helped me with my writing skills, my presentation skills; and primarily realizing the importance of improving my critical thinking skills and to be able to be inquisitive and to question things. I began to not just take things at face value; but to look into things before making decisions. Also, I improved communication skills and that has been a tremendous help for me in every part of my life, even with my family and on the job. Many times I felt it was just an awesome challenge for me. But all and all, I know that I have grown so much from my experience. And I just believe that it (RN to BSN experience) can only help me to grow or to be better.”

Henrietta shared the impact of educational challenges while earning a college degree. However, despite these academic impediments, Henrietta noted that she would encourage other Hospital Diploma or Associate Degree Registered Nurses to return to college to earn a BSN Degree.

“First of all, I would encourage them (all non-BSN nurses), by all means to go back to school to get their BSN. Yes, I would encourage them (non-BSN Registered Nurses) to go to a Historically Black College. I have heard other nurses that attended colleges that were not Historically Black Colleges and they have expressed that they didn’t have to go through all that I was going through to get their degree. But I think it’s important to not look for the easiest way to get the degree; but to get quality while you’re getting it so that when you go through that like with my experience. So yes, I would encourage someone looking to get into a BSN program to go to a Historically Black College.”

Despite experiencing academic challenges, Henrietta indicated that her desire to obtain a college degree outweighed the barriers that she encountered.

“Well, I would like to say that through all the anxiety, stress, tears, sleepless nights and just overcoming what seem to be impossible, it was worth it. And I’m just ... I’m very proud to have accomplished making it through the BSN program. And if anybody could have told me that I would be in a Master’s program, I would have never believed it and I believe that I can make it through this (graduate school).”

On a final note, Henrietta had kept her “eye on the prize” and transcended academic obstacles and personal challenges to achieve her educational goal of a college degree.

Lived Personal Experiences: Rebecca Keesley

Demographics. Rebecca Keesley (Rebecca) is a 41-year-old married Black American woman who is the youngest of three siblings with an older brother and an older sister. Rebecca's brother is 8 years older and her sister is 7 years older. She was born into a two-parent household. Both parents worked outside the home. Rebecca grew up in an urban community that had a Black American racial composition.

Due to the wide age gap between Rebecca and her older siblings, she felt like an only child growing up in her family. Rebecca's mother had the strongest influence on their family. Her mother was the family disciplinarian though she was "spoiled" as the youngest child in the family. Rebecca's father remained in the background; and he was not very involved in childrearing. Rebecca noted that her father was "very quiet and low-key" and he did not have frequent interactions with his children during their growth and development. Rebecca's father completed school through grade seven; and her mother graduated from college and holds a Bachelor of Science Degree.

Rebecca has been married to her high school sweetheart for 20 years. She has three sons whose ages are 21, 18, and 10 years respectively; and she has a 7-year-old daughter. Rebecca noted that she, her husband, and her sons "spoil" her daughter and she is reminded of her own childhood with their indulgence.

Lived Personal Experiences: 1960-1965

Infancy-Early Childhood (Ages 1-5). Rebecca recalled that her early family life was similar to growing up as an only child. She noted the following.

"Well, I had one brother and one sister and my sister is seven years older than me and my brother was eight years. So, I always felt like I was the only child.

They were older than me and really didn't have much time for me as far as playing and talking or whatever. My sister had a little bit more time than my brother though."

Rebecca recalled that both parents worked. Her father worked at night. "He was more quiet and laid back and of course if any one got into trouble he would always speak up and my mother did more of the discipline."

Although Rebecca's mother was the primary disciplinarian, she remembered being "spoiled." "I guess I was kind of spoiled I would say. My mother kind of catered to me a lot, whatever I wanted, I almost got, not all of the time, but to be truthful, I did."

Despite this sense of being catered to by her family, Rebecca experienced the results of alcoholism, drug abuse, incarceration, a dominant matriarchal household, an almost 'invisible father' influence and isolation within her own home. During this developmental phase, Rebecca demonstrated an "attachment with a caregiver" (Havighurst, 1972, p. 14). Rebecca indicated a close relationship with her mother; but her older sister spent a majority of time caring for her while her mother worked.

Rebecca's mother drank alcohol heavily during weekends; and her sister was given the responsibility of caring for her baby sister. Rebecca may not have been able to understand fully all of the family dynamics; but she did have "a sense of self and became alert to social cues" (Havighurst, 1972, p. 14), such as, arguing, drinking alcohol to excess, and trouble with the law, that impacted her family.

Lived Personal Experiences: 1966-1972

Middle Childhood (Ages 6-12). By age six, Rebecca became aware of her

mother's problem with alcohol and she remembers that her sister spent a lot of time with her.

“My sister was like a role model. She (Rebecca's sister) really spent most of her time with me, actually, even more than my mother. She (Rebecca's mother) still worked but she drank back then too. So, she used to drink a lot and you know I was always quiet basically. So, my sister really did more taking me out and things like that.”

Although her mother drank heavily, Rebecca noted that it did not prevent her from holding down her job. Rebecca remembered that her mother did not socialize much and when she was not working; she stayed home. Rebecca made the following acknowledgement.

“She (Rebecca's mother) didn't really go out. She stayed home. But her drinking... she was able to work. It wasn't really like everyday; but like every weekend. But I know when I was young; I would say that I would never drink from the way she acts. And right to this day I don't. And that's one of the reasons because to me it was always causing arguments. They (Rebecca's parents) were always arguing all the time.”

Rebecca noted that her father was a social drinker. “He (Rebecca's father) drank occasionally, like if it's a holiday or we are having a party or something. But very rarely.”

Also during this developmental stage, Rebecca recalled that, “my brother stayed in trouble off and on.” Her brother's behavior caused problems between her parents.

“He (Rebecca's father) was upset but he was really more concerned with my

mother because she took it really hard and my father would always say to put him out. His main thing was to put him out but she (Rebecca's mother) would always say no, I just can't put him out."

When asked to describe what was meant by the "trouble" her brother experienced, Rebecca noted the following.

"Like in high school, as far as stealing and things like that; trouble with the law. He was like in and out of trouble with the law backwards and forwards, stealing from the family. And that would stop for a little while and it would really break my mother's heart. So, that part was kind of sad. Lots of crying and drama and I was really kind of young then. He was on drugs. He never did really do a long time as far as in jail. He would do a month or two and get out. He would always get out and just do the same thing over and over and over."

Rebecca noted that, "my sister was the opposite." Rebecca recalled that, "my sister was an excellent student in primary and secondary school." "She (Rebecca's sister) completed college and dental school. She specializes in children's dentistry. She remains in the area where we grew up and has her practice here. She is unmarried and has no children."

Although Rebecca described her home as having a "lot of crying and drama" in her early years, she seemed to have distanced herself from it psychologically. Due to the 7 to 8 year age difference between herself and her brother and sister, she was not old enough to understand fully the complete scope of the "drama." However, she recalled

the family arguments that arose from her brother's "trouble with the police" and her "mother's drinking."

After experiencing these negative family dynamics, Rebecca resolved to never drink alcohol. Moreover, during this stage of development in Middle Childhood, "a child begins to learn to distinguish right and wrong and to develop a conscience" (Havighurst, 1972, p. 29). Rebecca may have used her interactions with friends outside the home as an escape from her "household drama." Rebecca noted, "I had a lot of friends and I always felt that I was an only child."

Rebecca described herself as a friendly and an easygoing child with the ability to make friends very easily. During this developmental phase, several skills, such as, "enlarging her social circle, developing same sex relationships and friendships, prepuberty body changes and developing concepts necessary for everyday living" (Havighurst, 1972, pp. 22-29) were being mastered by Rebecca. She noted that she was an independent and a serious child who did not need a lot of directions from her parents to complete educational or household tasks.

Lived Personal Experiences: 1973-1978

Adolescence (Ages 13-18). Rebecca recalled that during her early teens, a neighbor took all the neighborhood children to her church. Rebecca noted that her parents belonged to different churches but the same denomination. They (Rebecca's family members) did not worship together as a family.

"My mother belonged to one church and my father belonged to another church. And I used to go with the neighborhood, one of my girlfriends; her mother was really into church. So, I used to always go with her because my mother wasn't

really active. She would go here and there; but my father was active; but I never went to church with him.”

When asked why she did not attend church with her parents and attended with her neighbor instead, Rebecca recalled the following.

“It was weird but I did. She (Rebecca’s neighbor) was the type; she would take all of the neighborhood kids. I remember she had no more than eight or nine. She had a station wagon and we would all just fit in there. And she would take us every Sunday and during the week. And during the summer, we would go to Bible School.”

Rebecca noted that she continued to attend church with her neighbor until she entered high school. “I went to church with my neighbor until about maybe high school. Because once I started high school; there was a neighborhood church I used to just go on my own, me and my girlfriend.” Also, Rebecca recalled that her family celebrated holidays together with special dinners that were prepared by her mother. Some years Rebecca’s family traveled out of state to share the holidays with Rebecca’s maternal grandparents and family.

Rebecca noted that she participated in outside activities, such as, holiday celebrations and attending holiday church services, with her friends and their families. She attributed her reasons for interacting with persons outside her family as follows.

“Probably because my mother was drinking mainly and my father worked nights and he mainly would sleep during the day. My mother would always push for

me to go to church. So, I had a way to do it, so she would push that. But I think that it was mainly because of her drinking.”

When asked whether her mother’s drinking interfered with routine family management, Rebecca indicated, “I guess, let me think. It really didn’t because she would still cook. We always had our meals. She would still always cook, make sure that the clothes were always clean.”

Since Rebecca’s mother drank heavily during weekends, she may have been reluctant to bring friends to her home for visits. However, during Adolescence, “dating relationships and relationships with the opposite gender are established” (Havighurst, 1972, p. 45). Rebecca may have mastered these skills while visiting the homes of her friends or while participating in activities outside her home.

Rebecca met her husband in high school and they continued to date even after he graduated high school and left for college out of state. “I was in 11th grade and he was in the 12th grade. He graduated and I was in the 12th grade and we were still dating.” Immediately, after high school graduation in 1978, Rebecca began working as a typist. “I didn’t go directly to college. I worked for maybe a semester because I was a good typist.” By the time Rebecca decided to stop working in order to apply for college in January 1979, she learned that she was pregnant by her boyfriend.

According to Havighurst (1972), “Adolescence is a time for achieving emotional independence of parents and other adults” (p. 55), “preparing for an economic career” (p. 62), “preparing for marriage and family life” (p. 59), and “achieving socially responsible behavior” (p. 75). Rebecca had made plans to attend college immediately after high school; but she needed to earn money for college prior to enrolling. She

worked for one semester before starting college and became pregnant during that time. By becoming a teenage mother and starting a family, Rebecca moved beyond the behaviors ascribed to adolescence and participated in behaviors ascribed to the “Early Adulthood developmental phase” (Havighurst, 1972, p. 83).

Rebecca described herself as a self-motivated and dependable adolescent. She perceived herself as being very sociable and was able to make friends and develop relationships easily as evidenced by the amount of time she spent outside of her home in the company of friends. Rebecca did not allow her ‘negative family dynamics’ to impact her adversely.

Rebecca sought an escape from the “excessive crying and drama” at home by involving herself with social and school activities. The interactions with her friends and their families provided an opportunity for Rebecca to participate in positive activities relevant for this stage of her development. For example, Rebecca was able to form “dating relationships, relationships with the opposite gender, as well as same gender peer relationships” (Havighurst, 1972, p. 45) within these social activities. Also, Rebecca demonstrated ongoing mastery of “everyday living skills” (Havighurst, 1972, p. 27), such as, driving and working as she approached high school graduation. Rebecca did not allow her home environment either to prevent her from developing a positive sense of self or to dissuade her from the pursuit of her future plans.

Lived Personal Experiences: 1979-1984

Early Adulthood (Ages 19-24). Rebecca’s plans for attending college were interrupted when she learned of her pregnancy. Her boyfriend had begun his second year of college out of state when Rebecca told him about the pending birth of their

child. Rebecca indicated that her boyfriend remained by her side and provided both emotional and financial support. Rebecca's boyfriend withdrew from college and returned home to assist Rebecca. "He (Rebecca's boyfriend) was very supportive with the baby and started working to help support him."

Rebecca continued to live with her parents after having the baby in September 1979. She noted that her family provided social support to her during this time. Rebecca's parents provided childcare while Rebecca worked and attended nursing school. Rebecca indicated the following about her family's involvement and support.

"I think it worked well. They were supportive. They helped me. I was young then and wanting to go to school. I guess part of the time I was in school. My family helped me a lot. Back then I guess more emotionally. Back when I was in diploma school, mainly emotionally. Financially my mother helped a lot."

Rebecca married her boyfriend when their son was 18 months old. She and her husband moved into their own apartment after getting married. Rebecca indicated that they received negative feedback from their families and friends that the marriage would fail and she would not complete her college education.

"And when I got married early, family members and mainly friends said it is not going to be a success, and it was always in my head that I was going to prove that not to be true. And I have. We will be married 20 years in June 2001"

In 1982, a second son was born to Rebecca and her husband. She noted that she managed the multiple roles of parent, spouse, employee and adult learner with tremendous support from her husband who is "effective and very organized."

Rebecca's

husband cooked meals and participated fully in the care and childrearing of their two children.

At this point in Rebecca's Early Adulthood development, she had "selected a mate and was learning to live with a marriage partner" (Havighurst, 1972, pp. 85-86). She had started her family and was involved in "rearing children, managing a home and had gotten started in an occupation" (pp. 89-90). Although Rebecca indicated that she did not plan to have a baby and marry at such an early age, she made the best of her current situation. She and her husband entered into a full parenting partnership and shared the responsibilities of "the child bearing stage, as well as learning to parent" (pp. 86-89).

Rebecca stated that she has been self-motivating, focused and determined since she was young. She did not allow the challenges in her life deter her from achieving goals that she established for herself. When others predicted that she would fail, Rebecca noted that she used their doubt as motivation to succeed. "I like to prove them wrong." This 'confident' attitude prompted Rebecca to achieve the personal and academic goals that she established for herself and her family.

Lived Personal Experiences: 1985-1990

Early Adulthood (Ages 25-30). During the next several years, Rebecca completed a 3-year Hospital Diploma Nursing Program. She gave birth to her third son in 1990. Her older sons were ages 11 and 8 respectively. Rebecca noted that she and her husband planned their social life around the extracurricular activities of their children. Her older sons became involved in sports at an early age and each

participated in organized sports throughout their elementary and secondary education years.

Rebecca indicated that she coordinated the family calendar and she and her husband attended all sports events in which their children participated. Rebecca shared the following about the involvement with their children.

“I had in my mind that when I had kids, to have more interactions with the kids. I’m really involved with them as far as sports. They do a lot of sports even though they run me to death at times. I can’t let them know that. I wanted more... I guess togetherness then, that I didn’t have as far as my family and that’s what our main goal is.”

Rebecca noted that she and her husband made a financial sacrifice to provide a private school education for their children. By the time their third son was born in 1990, Rebecca and her husband had moved from their apartment and bought a home. She noted that with the arrival of the third child, “as far as financially we were better off then with just two, two kids.” Rebecca worked outside the home while raising her family; and she made a financial commitment to educate her children in private school.

“So, I just always said I was going to let them go private. I kind of started it with the oldest and it was just hard for me to switch. I really was... even now I go backwards and forwards on whether I should take them out of the school because I wasn’t happy; but it’s okay now.”

Rebecca and her husband adjusted their work schedules to ensure that at least one parent was home with their children after school to supervise their educational and extracurricular activities.

Despite the responsibility of parenting three children, Rebecca earned a Hospital Diploma in Nursing successfully and achieved her lifelong dream of becoming a nurse. “I worked for not even a year after graduating high school. But I didn’t like what I was doing and it was just in mind that I wanted to be a nurse and I wanted to go to school.”

Rebecca managed her multiple roles and maintained a positive home environment for her children with two loving parents. Although Rebecca’s upbringing included negative family dynamics, she was determined to create a home environment for her children that was filled with caring, love and open communication. Rebecca provided a spiritual foundation for her children similar to the one she was affiliated with during her youth.

Rebecca perceived herself as a ‘good’ parent and wife. She went to great lengths to ensure that her home was free of substance abuse, alcoholism, criminal activity or excessive arguing, by establishing an open and affirming environment to solve family problems and to generate decisions. Rebecca has a deep and an abiding faith in God and she believes that God will help her to overcome all challenges that are placed in her path.

Lived Personal Experiences: 1991-1995

Middle Age (Ages 31-35). Rebecca raised her children in a Christian non-denominational congregation. Rebecca’s husband is a practicing Muslim who converted to this religion while in college. Rebecca noted that she and her husband respect their different religious affiliation.

“We were not affiliated with a church as a family. This gets weird because my husband is Muslim and I’m Baptist but now non-denominational. We really

have never shared the same religious affiliation and people really can't understand why you all are still together. He grew up Baptist. He decided to be Muslim when he went to college. But it never intervened with our relationship because I never would get into his and he never got into mine. I never downed his and vice versa. If I would invite him to church, he would come. As far as the kids, they would always follow me because I would say come to church and he never objected to it."

Rebecca noted that she acquiesced to her husband's religious dietary restriction about "eating pork."

"In the first three years of marriage, I still cooked pork and gave it to the kids. It kind of caused conflict and I saw that so I switched. I stopped and we don't eat any pork at all now. I changed that and of course I don't buy anything with pork in it."

Despite her decision for their family to refrain from eating pork, Rebecca noted that when her children visited her parents, her mother gave pork to them.

"At one point, several years ago there was a little conflict with my husband saying that she's (Rebecca's mother) giving the kids pork. And then when we sat down and talked about it and how he was always Baptist during childhood. He made that decision and my thing was they are kids and we are going to focus on some type of church. But let that be their decision also which way they want to go later on in life as long as they are directed in a path and know all the paths are good because they are in Catholic school too. I guess that is what helped because we sat down and talked about it."

Rebecca discussed another difference in religious beliefs that she and her husband dealt with as follows.

“The other thing, way back in the relationship, was Christmas. We had to sit down and talk about that because Muslims don’t celebrate Christmas. But then I am Baptist and I brought to him too that was your decision when you became grown to do that. You were always Baptist. So now, as far as that, that’s been straight now, for seventeen years, we have been celebrating Christmas.”

Rebecca indicated that she supports her husband during his observance of Ramadan.

“When he does Ramadan, he fasts. He does do that and I support that. He’s fasting all day and of course, we don’t eat around him. I cook later for him so that his food is hot. He’ll get up early to cook for himself because I’ll be asleep. He has to fast all day.”

Rebecca believes that their ability to communicate openly and honestly has helped their marriage to survive despite some philosophical differences. She noted that her husband believes that the family is brought closer together when meals are shared.

“I (Rebecca) tend to get my plate and go right to the computer. And he (Rebecca’s husband) would stress... eat as a family, so I would always have to go okay. So, I am always guilty of that. But he’s really strong on doing that... eat as a family.”

In 1993, Rebecca and her husband had added a fourth child, a daughter, to their

family. By 1994, they were raising children ranging in ages from 15, 12, 4, and 1 respectively. Rebecca indicated that she and her husband continued to work as a team to provide a nurturing home for their children. “The boys are still involved in sports. Running around... it was really catered around them and our schedule was really focused on how their schedule was.” Also, Rebecca arranged her employment schedule to fit the needs of her family.

“When I had only two children, I worked mainly days (7:00am-3:00pm) and nights (11:00pm-7:00am) and some evenings (3:00pm-11:00pm). I tried not to work any evenings because of school and I wanted to be home with them, so mainly days and nights with them.”

By the time her third son was born, “I ended up on a weekend alternative program so it was a lot easier. So, I only worked Saturdays and Sundays and I was off during the week with him.” When Rebecca’s daughter was born, she continued to work the weekend alternative for two more years. In 1995, Rebecca began working for a Health Maintenance Organization (HMO) and she was scheduled to work from 9:00am to 5:00pm, Monday through Friday; she did not work on weekends. Also, Rebecca noted that the new job provided a benefit of \$1,300 dollars in tuition reimbursement. To date, Rebecca remains employed by this agency and she has been offered a management position since obtaining a Bachelor of Science Degree in Nursing.

Rebecca’s husband maintained a work schedule that made it possible for him to participate in the management of the household.

“He’s (Rebecca’s husband) always been with the fire department so he works eight days out the month. He works three days and off four days in a row. So

that's helpful especially as far as babysitting and childcare. He was always available."

Rebecca noted that her husband has a positive relationship with their children, especially their sons. She noted that it is unlike the fractious relationship that her brother had with their father. "They (Rebecca's husband and sons) are real close. They talk a lot and interact a lot. He's (Rebecca's husband) really been there a lot for them." Rebecca and her husband promoted family values that each learned in their own family of origin.

Rebecca and her husband emphasized the importance of education and hard work for their children. They placed a great emphasis on parental involvement with their children's education and extracurricular activities. Rebecca and her husband modeled a supportive partnership for their children and the entire family shared household tasks. Rebecca indicated that the following work ethic was emphasized to her children.

"If you are able to work; you should work and not lay around. I don't think anyone should just be at home not doing anything. I think it's important to work, to exercise your mind, and to make money. You need to work and strive to do your best."

During this stage of Rebecca's development, she was involved actively in "assisting her teenage children to become responsible adults" (Havighurst, 1972, p. 96); "reaching and maintaining satisfactory performance in her career" (p. 99); and

“adjusting to aging parents” (p. 104). Rebecca recalled that she and her husband were blessed that their boys did not get into trouble or were influenced by peers to “do the wrong thing.” Rebecca recalled one of many instances that supported her perception of her sons’ behavior.

When describing her oldest son during this stage, Rebecca noted, “I guess of all his peers, they have been basically positive all into college. He never really hung with the kids that had more negative thoughts.” Rebecca noted the following about her second oldest son,

“He (Rebecca’s second oldest son) was a bit more quiet, never been in any trouble, no problems with him at all. I guess, I just thank God he (Rebecca’s second oldest son) has not let peers influence him.”

Rebecca recalled concerns about raising Black males in the current societal climate.

“Well, we (Rebecca and her husband) really stressed in them that they have to do their best and they can do their best and how I guess the public look at Black males, mainly Whites that they are not going to do good or be anything and basically to prove them wrong. I basically let them know that they are their own obstacles if they think they can’t do it, then they won’t do it.”

Rebecca continued to instill in her children that challenges could be overcome with hard work and determination. The personal and academic success demonstrated by her children reinforced her beliefs that goals can be achieved despite what appear to be insurmountable odds.

Lived Personal Experiences: 1996-2001

Middle Age (Ages 36-41). As Rebecca continued her development in this stage,

she and her husband were raising children who ranged in ages from 17, 14, 6, and 3 respectively. They were in the process of getting their oldest son ready to enter college, while the second oldest son was negotiating high school. Their youngest children were mastering skills of Early and Middle Childhood. Rebecca and her husband were employed full-time outside the home.

By 1996, Rebecca recalled that her parents were retired and provided after school care for their younger children as needed. Also, Rebecca was monitoring the health status of her parents. Her mother suffered a broken hip and contracted pneumonia that necessitated two hospitalizations. Rebecca's father had open-heart surgery in September 1997. Although he recovered very well, Rebecca spent time assisting him with his care.

According to Havighurst (1972), during the developmental stage of Middle Age, parents "provide educational opportunities for children" (p. 96). Rebecca and her husband continue to provide financial support for their older sons who are attending college. Their second oldest son was able to earn an athletic and academic scholarship.

"Well, I believe it was just faith in God. And I knew deep down in my heart that he was going to get a school and I didn't have to pay tuition. The athletic recruiters brought him in; they could not believe he wasn't recruited. They offered him a scholarship. So that's how he got his scholarship."

Rebecca and her husband continue to maintain their younger children in private school and remain involved actively in their social and academic lives. Rebecca recalled that the younger children were involved in sports activities and again the family calendar was scheduled around their events.

Overall, Rebecca is pleased with her life and continues to set goals for herself and her family. She maintains a positive outlook and believes that she is able to succeed in all endeavors.

“God is always first; but believing in yourself. And I always feel that you throw your own obstacles in your way, and if you feel like you really can do it, you can achieve and be successful. And I always say that.”

Rebecca demonstrated an ability to adapt to situations as presented; but she was able to turn potentially negative circumstances into positive outcomes.

Lived Academic Experiences: Rebecca Keesley

Lived Academic Experiences: Primary Education

1965-1972: Elementary School/Kindergarten-6th Grades. Rebecca began her primary education in Kindergarten; she attended a public, co-educational elementary school located in an urban community. Rebecca indicated that the racial composition was “all Black American.” From the very beginning, Rebecca recalled that she loved school. She described herself, as a self-starter and she did not need a “lot of coaxing to complete her school assignments.” “My mother never really would have to tell me to do my homework.” Rebecca indicated that, “my brother and sister were responsible for getting me to elementary school.”

“In elementary school, my brother and sister always had to take me to school and again, I was a spoiled brat and I would make them walk me to the door.

They used to say I would tell everything, so they didn’t do anything in front of me or I would go back and tell it.”

While attending elementary school, Rebecca “developed and mastered fundamental skills in reading, writing and calculating” (Havighurst, 1972, p. 25), “learned to get along with age mates” (p. 22), “began to enlarge her social circle” (p. 23), and “learned physical skills necessary for ordinary games” (p. 19). Rebecca developed a positive attitude about herself that was related to the educational success that she experienced in her primary grades. “It was positive as far as elementary.” Rebecca was able to transcend the “negative experiences” that were occurring at home in order to achieve positive educational outcomes for herself.

Lived Academic Experiences: Secondary Education

1972-1975: Junior High School/7th-9th Grades. Rebecca continued to attend public school for her Junior High experience. Again, she attended Junior High in an urban community with an “all Black American” racial composition. At this point in her education, Rebecca recalled that she had a strong sense of accomplishment and was able to motivate herself to succeed in social and academic conditions. Rebecca noted that, “Junior High was positive too because I loved schoolwork and so I would always do my work.”

Rebecca noted that, “I did not participate in any competitive athletic activities in Junior High School.” “My primary aim was to develop as a competent student.” According to Havighurst (1972), during the developmental stage of Adolescence, Rebecca demonstrated “independence in study skills” (p. 75). “I (Rebecca) was really independent as far as homework; my mother never really helped me with my work.” At this point in her educational development, Rebecca recalled having future plans for continuing her education after high school.

1975-1978: Senior High School/10th-12th Grades. In Senior High School, Rebecca continued her strong academic performance in a public, coeducational secondary school. She noted that her urban community high school had an all Black American racial composition. Rebecca noted that she enjoyed her high school experience; and it was similar to her earlier education. “My high school experience was still positive.”

At this stage of development, the advent of “peer pressure” (Havighurst, 1972, p. 75) can impact teens in either a negative or positive manner. Rebecca recalled that, “I was a reliable teenager and I could be counted upon to do the right thing.” She noted the following about peer pressure. “But as far as going to school, I had friends that would go to school and leave, you know, school. I never really did that. I was always against that.” Rebecca demonstrated mastery of “acquiring a set of values and an ethical system as a guide to behavior” (Havighurst, 1972, p. 69). She indicated through her actions that she had the “desire to achieve socially responsible behavior”(p. 75).

During the developmental stage of Adolescence, “physical development” (Havighurst, 1972, p. 51) is mastered. “Acceptance of one’s physique and using the body effectively”(p. 51) is integral to maintaining a positive sense of self. To this end, Rebecca recalled that she was involved in competitive sports through high school track and she served as the track team manager. She noted, “and that was it, really nothing else other than track.”

Rebecca recalled that her family members did provide messages to her about education and college while she attended high school.

“Always getting a high school diploma was always first. Whatever you start,

you must finish. That was always drilled in our heads. I had an uncle, that was a doctor, and he always talked more about going to college. It wasn't a whole lot but definitely, my mother... we had to go to school. She was really with that and completing school and good grades.”

Rebecca noted that despite her brother's substance abuse and trouble with the law, he did graduate from high school. “He (Rebecca's brother) graduated from high school. Now, he is a bus driver. He's doing good. He has been drug free about ten years now.” Rebecca's sister graduated high school and completed college and dental school. “My sister is doing really well too. She was always goal oriented.” Rebecca stated that her sister served as a role model for her and she mirrored the positive behaviors that her sister demonstrated, such as being a good student and goal oriented. Moreover, Rebecca noted that she and her siblings were able to accomplish the minimum educational requirement that their mother established for them.

Rebecca perceived herself as a reliable and social student in high school. She continued to achieve emotional independence of her parents and other adults. She made decisions for her life that promoted her continuing educational goals, such as attending college. Despite her belief that she may have been under-prepared educationally to attend college, she made plans to enroll into college anyway. In 1978, Rebecca graduated from high school.

Lived Academic Experiences: Post High School Education

1978-1980: Undergraduate Education. Although Rebecca had planned to attend college immediately after graduating from high school, she recalled the following.

“Actually, I worked. I didn't go directly to college. I worked for maybe a

semester because I was a good typist. And I worked for a bank for not even

quite a year. But I didn't like what I was doing. That's what did it. And I was like I have to change and go to school."

Rebecca indicated that she did not give up her goals for college that she had established for herself. "As far as college that was the really number one thing I really wanted to go to college but then I got pregnant early also. I had just graduated out of high school and I ended up pregnant with my son." Rebecca enrolled into college in the 1979 Spring semester. She noted that she learned of her pregnancy soon after enrolling into college. Rebecca was determined not to allow her pregnancy to deter her plans for continuing her education and she recalled the following.

"I always said that I was going to finish school. But I always got negative feedback especially when I was pregnant that I wouldn't go to college. In the Spring semester, I was pregnant in January. I stayed in school. I think that I dropped a class or two and then I had my son. I think that I waited another year and then I went to nursing school."

Rebecca established her goal for a college education and she pursued this goal despite her pregnancy and the subsequent birth of her child. Rebecca chose to decrease her college course schedule rather than to withdraw from school altogether. Rebecca continued to demonstrate mastery of skills that are relevant to the stage of Early Adulthood, such as, making career choices, utilizing her support system, and learning to parent (Havighurst, 1972).

1980-1983: Hospital Diploma School of Nursing. In 1980, Rebecca entered a

Hospital Diploma School of Nursing Program. At this point in time, she was the mother of a one-year-old son and she continued to live with her parents. Rebecca noted that her boyfriend withdrew from college out of state and returned home in order to work and to provide financial support for their son. Rebecca recalled that entering nursing school posed a “big adjustment for me.” She described the adjustment as follows.

“And the adjustment was because there were three Blacks in the school and I was one of the Blacks. I guess they (Caucasian students) really intimidated me because at that point I really honestly felt that Whites were smarter than Blacks until I finished, I think the first semester. And we would compare grades and I was gosh, they are not smart. So that was a big adjustment because I had only gone to school all my life with Blacks. So, that was kind of a rude awakening, and I realized that I was really smarter than they were. At least that was in my head, you can do it.”

When Rebecca was asked where did she get the notion that Whites might be smarter, she responded by relating the following.

“That’s a good question. I really don’t know. I don’t remember why I felt that way. But I know all the way through school I did. I am trying to think why I thought that because I did. I may have gotten this idea from my public school education because I had only gone to school with Blacks. And that was because of the way I was brought up, I guess, going through grade school, junior high and high school was all Black. I always felt that way, that they (Caucasians) were smarter.”

Rebecca described another instance in which she overcame challenges while pursuing her diploma in nursing.

“When I first started nursing school, I had one child, my oldest son. And then while in nursing school, I became pregnant and I had my second child. I remember my due date was the same day as my final in OB/GYN, and they (Rebecca’s Instructors) didn’t think I was going to make it. They were planning for me to take the test afterwards. And I really was very nonchalant, saying to myself, I’m going to make it, which I did. I took the test.”

Rebecca was an excellent student in her Hospital Diploma Nursing Program and she was able to dispel her beliefs that Caucasian students were smarter than herself. Based on her success with the nursing program, she indicated that, “I was just as smart or smarter.” Rebecca believed that her confidence in herself and her willingness to work hard attributed to her achievement and accomplishments.

1984-1989. After completing the Hospital Diploma in Nursing Program, Rebecca began her occupational career as a Registered Nurse. She did not hold a college degree; but she considered herself educated as a professional. She maintained this attitude until she found that she could not achieve the professional career mobility that she desired. Rebecca recalled that her belief that it was not necessary to obtain a college degree was challenged as follows.

“As far as education, I feel that is of greater importance. You definitely need that, especially higher education. At one point, I didn’t believe that, especially once I got my Diploma in Nursing. I didn’t really think it was necessary to get a Bachelor’s. And then I saw that not to be true as far as advancement, getting

hired and making more money. To me, the higher your education, this is what I

feel, the more opportunities you will have to make more money. And that is basically how I feel.”

Rebecca was prompted to return to college because of the career advancement barriers she encountered. However, she approached these challenges in her usual fashion. She took the necessary steps required to prepare herself for entering a four-year university to obtain a Bachelor of Science Degree in Nursing.

1990-1995. During these intervening years, Rebecca completed the prerequisite course requirements necessary to enter a Registered Nurse to Bachelor of Science in Nursing (RN to BSN) Completion Program while she remained employed as a Hospital Diploma Registered Nurse. Also, relevant to this stage in her adult development, Rebecca examined her limitations within her career choice and she made the deliberate decision to change her future occupational path.

Rebecca decided to return to college to earn a BSN Degree when she wanted to change jobs. The minimal requirement for the job was a BSN Degree. “I had the perception that all things being equal, the employer will hire the nurse who has the highest credentials, such as hiring a BSN nurse rather than a Diploma nurse.” Rebecca became willing “to reach and to maintain satisfactory performance in her occupational career” (Havighurst, 1972, p. 99) by returning to college to earn a BSN Degree.

Lived Academic Experiences: 4-Year University: Bachelor of Science in Nursing

1995-2000: Registered Nurse to Bachelor of Science in Nursing Completion Program

Spring 1995. Rebecca completed the final prerequisite course, Pathophysiology, before gaining admission into the Department of Nursing in Spring 1995.

Pathophysiology was a 3-credit course that was scheduled one evening per week from 6:00pm to 8:30pm. Rebecca earned a grade of B for this course.

Rebecca recalled that this course required a lot of reading; but the class was “interesting and a good learning experience.” She enjoyed the class especially the absence of “busy work, such as, projects and presentations.” Rebecca liked the teaching style of the Instructor because “he wrote a lot on the board as he was explaining the content.” She noted that the Instructor clarified content that students did not understand.

Rebecca recalled that her life events during the Spring 1995 semester offered several challenges. Rebecca’s daughter was born prematurely in 1993 and her family had experienced a great deal of stress during the early weeks and months of her daughter’s development. By 1995, Rebecca’s daughter was 17 months old and Rebecca was beginning to relax from the stress of her premature birth because her daughter was improving steadily and developing well. She remembered that her focus was diverted from class during this time and believed that it may have affected her grade for the course.

Rebecca noted that her three sons kept her busy; they were involved in organized sports. She stated that even though she was in college, she “could not neglect them.” Rebecca remained involved in their education and extracurricular activities. She worked weekends only (Saturday and Sunday from 7:00pm to 7:00am) and was off during the week. This schedule made it easier to juggle educational and family

responsibilities.

At the end of this semester, Rebecca changed nursing jobs. The interruption in her college progression between Spring 1995 and Fall 1997 was due to employment on her new job. Rebecca assumed a position in a Health Maintenance Organization (HMO) that offered Monday through Friday employment from 9:00am to 5:00pm. She did not have to work on the weekends in this position.

After working for two years in this position, Rebecca realized that she was in jeopardy of losing her previously earned college credits. In Fall 1997, she resumed an RN to BSN Completion Program to avoid having to repeat courses. Rebecca stated that, "I almost missed the deadline because it was a last minute decision to return to the nursing program." Rebecca felt that she would not have returned to college at all if she had not decided to resume her studies at that point in time.

Fall 1997. Rebecca completed Nursing Theories, Concepts and Models, a 4-credit course, that was scheduled one evening per week from 5:00pm-9:00pm. She earned a grade of B for this course. Rebecca noted that she was "happy about restarting school, but fast I became overwhelmed when I started looking at the curriculum and the requirements for the different projects."

Rebecca recalled that she learned a lot from the course. She was bothered by the grade on her first paper; but she made a goal to become a better writer. Rebecca noted the following about her writing skills.

"And the first paper was really marked up, and it really bothered me. But I realized I had to improve my writing skills. And when the Instructor marked the paper up, she basically explained why, and I could see the mistakes. But from

there, my goal was to become a better writer.”

Rebecca noted that the “style of the Instructor was very good, very informative and she clarified the content as needed.” She recalled that the oral presentations caused some fear for her because it was the first time that she had presented in front of an audience. During this semester, Rebecca set goals for herself to improve both her writing skills and oral presentations.

During this semester, Rebecca’s father had open-heart surgery in September 1997. Although her father recovered very well, Rebecca spent a great deal of time assisting her mother with his care. Rebecca and her husband drove her mother to the hospital in the evenings to visit her father because her mother did not drive at night. With her parents’ situation, Rebecca had to change after-school childcare arrangements because her parents were not available to pick up the children after school during her father’s recovery.

Rebecca indicated that her daughter was doing well and she had turned four years old; she did not have any developmental problems related to her premature birth. Rebecca’s second oldest son changed his high school because he believed that the coach for the varsity basketball team was treating him unfairly. Rebecca and her husband worried over this decision to switch schools but indicated that it was a good decision for their son in the long run because of the excellent academics and sports at the new high school.

Rebecca continued to juggle multiple roles, such as, spousal, parental and occupational. She worked full-time from 9:00am to 5:00pm Monday through Friday. In order to get to class on time, she was allowed to leave one hour early. Often times,

Rebecca was unable to leave early because there was no replacement for her and she could not leave the facility before the relief nurse arrived. The scheduling became “nerve wracking especially if there was an exam or a presentation and I had to be on time.” “In the end, it all worked out.”

Spring 1998. Rebecca completed Physical Assessment, a 4-credit course, that was scheduled one evening per week from 5:00pm-9:00pm. Rebecca earned a grade of A for this course. She recalled that she really enjoyed this class. “The teaching style was excellent and included a lot of hands-on demonstration.” Rebecca remembered that she was motivated to become a Family Nurse Practitioner after taking this course.

Rebecca noted that students worked in pairs to learn the physical assessment skills. “The exams were not hard; they followed the content from the textbook as taught. The Instructor explained the content thoroughly.” Rebecca recalled that, “the written assignment for this course was a write-up of the physical assessment performed either on a lab partner or a person selected by the student.”

Relative to her life events, Rebecca noted that she was still working on the same job at the HMO. She recalled that, “I was still arriving to class late because I was unable to leave work early as had been previously arranged.” The problem that Rebecca faced with this issue was that the “Instructor for this course did not like for students to arrive late.” Rebecca discussed the situation with the Instructor and it worked out because “she knew that I was late due to the nature of my work because she worked for an HMO also.”

During this semester, Rebecca’s mother was hospitalized for pneumonia.

Rebecca attempted to negotiate one day off per week from her job in preparation for the clinical course that she would take in the next semester. Rebecca noted that her supervisors responded negatively to this request. She indicated that she thought that she would have to drop out of college or change jobs. After persisting in her goal to get the day off, Rebecca was able to work out this schedule before the beginning of the next semester. The first clinical class required that she have time off during the day.

Fall 1998. Rebecca completed the 4-credit course, Adult Health Theory and the Adult Health Clinical Component, in Fall 1998. The Clinical Component was scheduled one day per week from 9:00am to 12:00noon; and a Post Clinical Conference was held immediately after the clinical experience from 12:00noon to 1:00pm. Students were recommended to bring lunch to the Post Clinical Conference. The Theory Component for the course was scheduled on the same day of the week from 1:00pm to 4:00pm. Rebecca earned a grade of A for this course.

Rebecca noted that she enjoyed this class because the Instructor was “very organized.” “The exams were very straightforward without surprises.” Rebecca noted that her writing had improved and she did very well on the scholarly paper. She recalled that she did very well on the oral presentation also. “I still had that initial fear. And I think any presentation, getting up, initially you are nervous a little. But still I believe that each one was better than the other. There was some progression there.”

Rebecca stated that she enjoyed the clinical experience because she had not worked with elderly clients previously in her nursing practice. She recalled that she enjoyed the teaching/learning activity that she designed for her client in this community-based setting. “It was a learning experience. I enjoyed it, actually. I really

didn't think I would in the beginning of the semester. This was just me thinking I wouldn't, but I enjoyed the class."

Rebecca indicated that her life consisted of juggling multiple activities while attending college and she noted the following.

"My second oldest son was in the 11th grade, still into basketball, so I still had to attend the games. My eight-year-old son was now playing a lot of basketball too, so again, attending games also with him. And my daughter now was in kindergarten, and she started playing basketball also, at school. Her games are mainly on Saturdays, though. But with this class, I was able to do, basically, because I was off for one day, again. My oldest son was attending college also, at this point. My husband was doing well and still assisting me as needed with school. He's always been, really for me, when going to school. Very, very supportive."

Rebecca noted that her college attendance has inspired her husband to return to college. Since he completed two years of college over 20 years ago, he plans to attend a Community College to earn an Associate Degree.

Spring 1999. Rebecca completed one of the required Nursing Electives, Gerontological Nursing, which was a 3-credit course scheduled one evening per week from 5:00pm to 7:30pm. Rebecca earned a grade of B for this course.

Rebecca recalled that the Instructor intimidated her at first because she chaired the Department of Nursing.

"I guess knowing that she was the Director of the program, I just felt she would be harder, which she really wasn't. I really did. I thought that she would expect

more out of us than the other Instructors.”

She recalled that class was very informative and she really enjoyed the course. Rebecca noted that she completed a scholarly paper and an oral presentation for this course. She maintained that she did not have an interest in Gerontology; but she had a change in attitude as evidenced by the following.

“But in the beginning I really didn’t think, again, I had any interest in Gerontology, even though I just took the Adult Health class, but I was still OB/GYN oriented, I guess. But it really changed the way I looked at Gerontology, it really did. So, I learned a lot from that class.”

Rebecca remembered that “there was a lot of reading. At one point... some of it was boring, I guess, because I wasn’t really interested, basically.” Despite the fact that Gerontology was not a practice area that she enjoyed particularly, Rebecca produced quality work for the course and improved both her writing and presentation skills.

Rebecca noted that her life events did not present many challenges for her family during this semester.

“As far as life events, nothing really changed other than the kids, still with the sports. Nothing, I don’t remember anything, hospitalizations or any trauma or bad experiences. My oldest son was in his second year of college.”

Rebecca recalled that her daughter enjoyed very positive interactions with her older brothers and they are very protective of her as described in the following.

“Very supportive, very particular. She (Rebecca’s daughter) still acts like the mother, like she’s in charge, and that’s when they (Rebecca’s sons) get angry at her, when she tries to tell them what to do. They are a lot older. My oldest son

has more patience with her. He would play with her. The second son will play with her when he wants to play. They (Rebecca's sons) are both very supportive. Both already are saying she's not going to get married, and she's not having any boyfriends. My youngest son is a different story between them, too. They're (Rebecca's youngest son and daughter) always fussing and there's always a problem between the two. But one can't be without the other."

Fall 1999. Rebecca completed Nursing Research, a 3-credit course, which was scheduled one day per week from 2:00pm to 4:30pm. She earned a grade of C for this course. Rebecca recalled that this class was very challenging for her.

"Prior to attending this class, I heard a lot of things mainly about the Instructor and about the class.... The class instructions at times to me were not clear. I felt that you were kind of on your own, basically, as far as how to do the research.... We had to do a research paper and it appeared very hard."

Rebecca noted that she did not perform well on the tests for this course; she believed that it was due to the class instruction. "But I think it was, really, the way the tests were laid out... it wasn't clear basically." Rebecca enjoyed the oral presentation that she gave for her research study because she enjoyed her chosen research topic.

Rebecca completed Nursing Management and Leadership and the Clinical Component, which was a 5-credit course, in the same semester, Fall 1999 as the Nursing Research course. Rebecca earned a grade of B for this course.

The Theory Component of the course was scheduled one day per week from 9:00am to 1:00pm. Rebecca was required to complete six hours in her clinical experience with a management preceptor from her place of employment. Rebecca had

the flexibility to set the hours for her clinical; but the clinical experience could not be scheduled during her normal working hours. In order to fulfill the clinical hours for the course, Rebecca completed two hours (5:00pm to 7:00pm) segments over a three-day period after her regular work shift ended. Rebecca did not have a favorable experience with this course as noted.

“And the Instructor, her style was okay. She seemed more laid back to me. The tests were tricky, actually. At some point in the class, I was kind of disappointed. I guess her style of teaching and the test to me did not relate at all. From what I remember, there was a lot of reading. I guess I could have spent a little bit more time than what I did. That was probably part of the problem also.”

Despite Rebecca’s feelings about this course, she did note that the content was interesting and “I enjoyed the class because I like management, you know. So, I did learn a lot from the class.” She noted that she was not pleased with her overall performance in the Management course.

“At some point in the class I was kind of disappointed. What I remember, there was a lot of reading. I guess I could have spent a little bit more time than what I did. That was probably part of the problem also. But it was interesting. But I did well. I guess with the extra credit, it brought my grades up a lot higher.”

Since both classes were held on the same day, Rebecca used her off day from work to attend those classes. Prior to this semester, Rebecca had taken only one nursing class per semester. However, in an attempt to obtain a Baccalaureate Degree sooner, she took two nursing courses for her last year in an RN to BSN Completion Program.

Rebecca noted the following about her lived personal experiences during this semester.

“As far as life events at this time, I remember my son, the second oldest one, was in the 12th grade. So, we’re still looking at colleges, and he still... he played basketball in high school, but still really didn’t have a school that was really looking at him as far as a scholarship. So, that was kind of nerve-wracking. And his coach really was not cooperating, really letting us know colleges were calling about him. So, it was kind of disappointing off and on with that. But at the end it turned out to be a positive experience.”

Rebecca recalled that her daughter was “in the first grade and she was doing okay.” Her oldest son was continuing his college education and he was performing well. She noted that her husband was doing well. “At this point, everything was fine. Yeah, it was fine. No sickness or problems, really.”

Spring 2000. Rebecca completed Family and Community Nursing and the Clinical Component, which was a 7-credit course, in Spring 2000. The Clinical Component of the course was scheduled one day per week from 9:00am to 3:00pm and the Post Clinical Conference was held from 4:00pm to 5:00pm. The clinical experience included a community-based assignment, such as, health departments, high schools, parish nursing or home health agencies. Additionally, each student interacted with a family throughout the semester to promote or enhance positive family dynamics. The Theory Component of the course was held on the same weekday from 5:00pm to 9:00pm. Rebecca earned a grade of B for this course.

Rebecca recalled that she enjoyed the class and she liked the teaching style of

the Instructor. She remembered that the reading assignments were not too much; “it really wasn’t a whole lot of reading, that I can remember.” Despite her positive attitude toward the class, Rebecca noted the following.

“As far as the clinical portion, it was a lot of busy work and time consuming; but I did it. It was a lot. Then we had to write up each visit with the family each time also. And along with that, for each visit I did at the community-based site, I had to write up my interactions with the clients that I had. I had to do a presentation at the site and write that up too.”

Additionally, Rebecca noted that she completed a scholarly paper, which was an assessment of her clinical site, and made an oral presentation on this assessment. “But at this point, I didn’t mind it.” She noted that a teaching/learning activity was required and she presented this activity to the clients in her clinical site. By now, Rebecca indicated that she had become accustomed to completing the writing assignments because scholarly papers were required for each course. “You knew what to expect.”

In the same semester, Spring 2000, Rebecca completed Professional Nursing Issues and Trends, a 3-credit course, that was scheduled one day per week from 5:00pm to 7:30pm. Rebecca earned a grade of A for this course. Rebecca recalled that the one positive aspect of this course was that it was the last course in her graduating semester. However, she presented a different opinion of the course itself as evidenced by the following.

“This class, I am not going to tell you a story, I did not enjoy it. I did not like the teaching style. I felt like I didn’t learn anything. It was more of a seminar basis and, you know, which the student presented. And of course you read the

chapters and you had to be able to present what you had to for your group. But with the other groups, I really didn't pay attention. I wasn't interested in it, I really wasn't. And it wasn't explained. I didn't understand really how to do the paper. But I didn't like it. I felt that it was very unorganized. The midterm wasn't graded, and I spent a lot of time on it. But still you expect a grade from it, which we didn't. And then at the end, I still was disappointed.”

Rebecca indicated that an exit exam for the nursing department was given in this course; she described a frustrating experience as follows.

“I took the exit exam and failed it by a half a point. I was determined that I was not going to take it over, which I did not. I fussed enough. One of the Instructors was on my side. The Instructor said that it did not make any sense. So, they (Rebecca's Instructors) looked over it again, and then I did pass.”

Rebecca completed the requirements necessary to earn a Bachelor of Science in Nursing Degree and prepared for her graduation in May 2000.

During this semester, Rebecca experienced several challenges that affected her family.

“I found out my son was graduating the same day that I was graduating from college, so I couldn't participate in my graduation. So it wasn't too good near the end. Then I was hospitalized also for one week with gastroenteritis. Part of it was more nerves, actually, for one week. But I still was trying to get my son into college, that was still a problem at that point, and he still didn't have a school to go to, right towards the end.”

Initially, Rebecca stated that she was disappointed that she would not be able to

participate in her graduation. She recalled that it was an easy decision to choose to attend her son's high school graduation, especially since she had experienced a graduation from her Hospital School of Nursing when she earned a nursing diploma.

Rebecca recalled that while she and her husband were waiting to hear from colleges that would offer their son a scholarship, they received some disturbing news. The high school coach for their son had withheld information from them about colleges that wanted to offer their son a scholarship. By the time these colleges were contacted by Rebecca and her husband, they had filled their scholarship quota. Rebecca noted that this negative situation was turned into a positive outcome for her family as evidenced by the following.

“We talked to the principal, who was just floored, he could not believe it, what was going on with my son's coach. This was the end of the season and my son was not informed that he was one of the kids that was chosen by two college recruiters. But then another time, God still was on our side, because another time he was playing somewhere and another kid saw him and said you're not recruited yet. This friend called his coach and the coach agreed to look at him. They (the coaches) brought him in, and they could not believe he wasn't recruited and offered him a scholarship. So, that's how he got his scholarship.”

Rebecca indicated that she knew that her son would get into a college that would offer him a scholarship. She believed that it was God's plan for her son to end up where he is now and he was able to play varsity basketball as a Freshman in college. She attributed this success to “God being on our side.” Moreover, Rebecca attributed the success of graduating from an RN to BSN Completion Program to the following. “I believe it is

just faith in God. I knew I could finish. I was at the end; I was determined that nothing was going to stop me.”

Rebecca began an RN to BSN Completion Program in Spring 1995; but she withdrew after one semester because of challenging life events. She returned to college in Fall 1997. Rebecca earned a BSN Degree in three and a half years.

Lived Academic Experiences: Graduate School

Fall 2000-present. During academic year 2000-2001, Rebecca completed the first year of graduate school at a majority university. She is focusing on Information Management, which combines her preference for computers and management. Since entering graduate school, Rebecca has found she can negotiate the courses because of her preparation from an RN to BSN nursing program. Rebecca made several observations regarding her academic journey toward attainment of a BSN Degree.

When looking back on her BSN educational experience, Rebecca summed up her ability to juggle the multiple roles and to achieve her goals as follows.

“People always ask me, how do you do it (attend college) with four kids? Of course, you have to juggle it, and it can be done. It really can. I strongly believe that. And I always tell them when they ask that; well you could do it too. But if you keep thinking that you can’t, then you won’t do it. I really do. I mean, you put your own obstacles there.”

Despite educational challenges while earning a college degree, Rebecca provided recommendations for an RN to BSN Completion Program that could benefit returning adult learners.

“One recommendation would be tutoring with the papers, particularly grasping the APA format. I think if there was a little bit more explanation or teaching on the APA format, it would have been a little easier. Also, with oral presentations, a little bit more instruction on how to do the presentations would help too because I struggled with that.”

Relative to additional career changes noted by Rebecca since earning a BSN Degree, she identified improvement in several clinical practice areas.

“The way that I interact with patients and provide patient care has improved. My critical thinking, the way I was thinking has changed a lot. I guess resolving, where there is a problem, I could handle it better, resolve any problems a lot better than I could before earning the BSN Degree. And even talking to patients, I have always thought that I had good communication skills, but I could see progression there once I finished the program.”

After completing a Baccalaureate Degree, Rebecca indicated that she was offered a promotion to a supervisory position from the same supervisor who used to be non-supportive about her return to college. Rebecca accepted the promotion for clinical coordinator that also included an increase in salary. Rebecca shared her observations as to why she may have been offered the promotion in her job.

“Earning the BSN Degree made a lot of difference, even with my supervisor. I am doing a lot of writing. The position that I am in now is a Lead Nurse. As a Lead Nurse, my salary did go up a little. Prior to getting my Bachelor’s I wasn’t a Lead Nurse. Prior to earning a BSN Degree, I never really had a Lead Nurse

position or was offered one. So once I got the Bachelor's, it was like they offered it to me immediately. And then within that, since I got my Bachelor's, it was like they offered the promotion to me immediately. I think they (Rebecca's supervisors) saw growth, too, with different times I have to write things to the supervisor. If there was a problem in the department, I would write it up. And from that, my administrator always said that she liked my writing style and I was management material. So, it was a big difference. I believe, I know that my RN to BSN Completion Program has strengthened me a lot. It really has."

Rebecca noted that earning a BSN Degree has made additional differences in her nursing career. She indicated that she has improved critical thinking and communication skills since earning a BSN Degree. She is writing more on her job; and she stated that prior to receiving a BSN Degree, she was not asked to report orally on her job. Since earning a BSN Degree, Rebecca is given opportunities to make oral presentations. Rebecca believed that the requirement for oral presentations in each course helped to prepare her for this new job assignment.

As a tribute to her resilience and perseverance in pursuit of her educational goals and professional development, Rebecca was offered and she accepted a second promotion on her job that placed her in charge of her department. She believed that her career success was attributed directly to earning a BSN Degree.

Rebecca demonstrated the transition that Registered Nurses often make after earning a BSN Degree in that they shift their attitude from a technical nurse to that of a professional nurse perspective. Since earning a BSN degree, Rebecca acknowledged that she would encourage Registered Nurses who held either an Associate Degree or a

Hospital Diploma in Nursing to return to college to earn a BSN Degree. She indicated that if nurses want to advance, then a BSN Degree is necessary. “You really need it; I

feel now, a Bachelor’s Degree is needed especially if you want to continue in nursing to move up higher.”

Rebecca noted that she would recommend an RN to BSN Completion Program to other Registered Nurses with the following admonition.

“Well, I will say it is a good learning experience. It is not easy. Nothing is, you know, really easy. And that there is a lot of reading and presenting; but it still builds your skills up. Even with presenting, it really helped me with what I am doing now when I present new OB orientation classes. So, I would also mention that to the person. So, it builds more confidence, it gives you more confidence.”

Rebecca maintained that she encouraged nurses to return to college because “I felt that people helped me along the way, and I want to do that too.” Rebecca overcame innumerable odds on her educational journey; but she did not lose sight of her goal as she completed her BSN Degree successfully.

Additionally, Rebecca indicated that she would encourage other Registered Nurses to return to college to earn a Baccalaureate Degree at her HBCU nursing program without reservation.

“Yeah, I would definitely recommend that nurses earn a BSN and I would recommend my nursing program at a Historically Black University. I would tell them basically that you really need it. I feel now a Bachelor’s Degree is needed,

especially if you want to continue in nursing, to move up higher. If you want to advance and go further, I think a BSN is necessary.”

Although Rebecca believed initially that a college degree would not make a difference in her personal or professional development, she remained determined to achieve a life-long educational goal despite academic challenges. After earning a Baccalaureate Degree, Rebecca embraced the concept of life long learning as evidenced by her current enrollment into graduate school. The competence and confidence that she gained in an RN to BSN Completion Program has strengthened her resolve to overcome any obstacles in future educational endeavors.

Lived Personal Experiences: Ellen Joseph

Demographics. Ellen Joseph (Ellen) is a 48-year-old Caribbean American woman who is the oldest of ten siblings. She was born on a West Indian Island into a two-parent family. She described themselves as a “very close-knit family.” Ellen grew up in an urban community that had an African-Caribbean racial composition.

Ellen’s mother is an indigenous Caribbean Indian. Ellen indicated that the Caribbean Indians were the first inhabitants of their country and are known as Caribs. Ellen’s mother was raised on the Carib Reserve and was living with her parents when Ellen’s father met her mother and moved her to his home in the city. Ellen noted that her mother is very quiet and reserved; she believed that this was due to her mother’s cultural background.

Ellen’s mother was a homemaker and Ellen’s father did not allow her mother to work outside the home because her job was to raise the family of 10 children. Ellen recalled that the children in her family were born every 18 months. “That was pretty much the norm. She had to stay home and take care of all of us kids.” Ellen’s mother completed school through the elementary level; “she didn’t get into high school; she stopped at grade seven.”

Ellen’s father is of mixed heritage that includes African and Caucasian cultures. Ellen’s father was a shoemaker by trade. Her father finished school at the elementary level; he stopped school at grade seven and he did not attend high school. Ellen noted that,

“My father was a strict disciplinarian; nothing was gotten away with. His focus

was on education. He wanted us to be educated as best we could because that was all he felt he could offer us was a good education.”

Her parents remained married and stayed together for 36 years until her father’s death in 1995.

Ellen has been married for 19 years to the same man whom she met while attending nursing school. Ellen and her husband had their first son in 1980 prior to getting married. They were married in 1982 and their second son was born in 1983. Ellen is the stepmother to her husband’s son from a previous relationship; this son was born in 1979. Ellen’s husband was not married to his son’s mother. Ellen and her family moved to the United States from England in 1986.

Lived Personal Experiences: 1953-1958

Infancy-Early Childhood (Ages 1-5). Ellen recalled that her parents lived together for almost ten years and had four children before they were married. An additional six children were born after they were married in 1959. Ellen noted that having children before marriage is accepted within her culture. Ellen provided the following as an example of the cultural acceptance of unmarried couple having children.

“They (Ellen’s parents) had four of us before they were married. Because Mom and Dad had been living together and it must have been about ten years before they got married. They had a Catholic ceremony. It was a very quiet ceremony. It was just one morning they woke up and decided that they were getting married. Went to the church and came back married.”

Ellen acknowledged that her parents began living together in 1951. Ellen shared that

she was born in 1953 prematurely. She recalled that she was six-years-old when her parents were married.

Ellen reported that she was close to her mother; but it was not the same as with her father. She expressed that she had a very close relationship with her father. Ellen was born weighing less than five pounds and her father feared that she would not survive. She believed that this circumstance of her birth brought them closer together because she was his first-born child. “So, I grew up loving him very much and being close to him.”

Ellen noted that, “my Mom and I are close; but the relationship was different from what I had with Dad. Mom doesn’t say very much; she is very quiet. So, it took me a long time to get to know her.” However, Ellen acknowledged that she has grown closer to her mother since the death of her father in 1995; “I understand my mother better now than when I was growing up. I got to know who she is and where she is coming from and that has brought us much closer.”

In the developmental stage of Infancy-Early Childhood, Ellen developed an attachment to her father rather than to her mother who was her primary caregiver. Ellen mastered the skills necessary for this stage of development. Subsequently, she was “alert to social cues” (Havighurst, 1972, p. 14) surrounding her in that she was aware of the family violence. “Although I was small, I remember they were always having fights. They (Ellen’s parents) would have verbal fighting and actually hitting.”

Lived Personal Experiences: 1959-1965

Middle Childhood (Ages 6-12). Ellen remembered that her father was a social

drinker with visiting company and he did not abuse alcohol. Ellen's mother abstained from drinking alcohol. She noted that her parents argued and fought a lot and her father abused her mother physically. Ellen remembered that the fighting stopped after six children had been born. "He (Ellen's father) would hit her (Ellen's mother) but then after they had about six of us that sort of resolved itself." She remembers having lots of extended family either visiting or staying in their home while growing up; "our family home was an open house."

"We (Ellen and her family) had aunts and cousins. See my mother's family came from the Carib Reserve, as I said, and that's about 20 to 30 miles from our home. So, it is in the country area. So, when they (Ellen's relatives) came down to town to go to school.... When they were attending school or they came to work, they usually stayed at our house because we were central in the city. So, they all came down and stayed with us. That's how we always had different aunts, uncles, cousins staying with us."

Ellen recalled that as the oldest child, she became independent early on and had the responsibility of helping her mother with the younger children. She noted that her parents kept them together as a family unit and she described their interactions as follows.

"The only thing I know that my father did was to make us stay together as brothers and sisters. We (Ellen and her siblings) did not frequent a lot of neighbors or play with a lot of the neighbors because we had enough of us to keep us together. But when we got older and I left home and went up to

England, I carried on with where I was from him. I didn't really stray too much from that upbringing.”

Ellen acknowledged that her parents instilled the values of honesty, respect, especially for older individuals, and caring for each other in their family. Her family practiced Catholicism and celebrated the traditional holy days and holidays.

Ellen did not identify any restrictions related to food or social activities. Ellen's family did not have a great deal of material wealth and she recalled that,

“We ate pretty much everything that was available, we ate. It wasn't always easy so they (Ellen's parents) didn't really have much choice as to what we ate. We just went on with what was given. Socially, we were not really banned or prohibited from anything.”

Ellen mastered the skills of Middle Childhood successfully, such as, “developing concepts necessary for everyday living” (Havighurst, 1972, p. 27), “achieving personal independence” (p. 31), “learning to get along with age-mates” (p. 22), primarily her siblings, and “learning an appropriate feminine social role” (p. 23). As the oldest sibling, Ellen took her responsibilities for her younger siblings very seriously and to this day, she continues to assist them emotionally, personally and financially as evidenced by the following.

“For the first six children, we (Ellen and her siblings) were always together. Those were the ones who grew up with me. The other three children came after I left for England. But the first six, we were always together so I feel I had a sense of responsibility for them because whenever my parents were out of the

house, I was the one taking care of the ones at home. So, we grew up together, we slept together and we had a bond and still maintain that bond. I have always sent money home. I have sent clothes. I have always sent whatever they needed they would call and ask me and they would get it.”

Ellen entered her adolescence with a strong sense of family responsibility as she developed loving and caring relationships with her parents and siblings.

Lived Personal Experiences: 1966-1971

Adolescence (Ages 13-18). Ellen described herself as a “sociable but troublesome teenager.” When asked what being “troublesome” meant, Ellen shared the following.

“I would get into a lot of trouble. I was always into something in school. I would probably be in fights. I was always in a fight with someone. I was always into something that didn’t concern me. I guess I am still that way. That was what I meant by saying I was troublesome.”

Ellen indicated that her father was very strict with his children and the entire community shared in monitoring their behavior as noted by the following.

“My community was sort of like an extended family. Whatever you were not supposed to do at home; you were not supposed to do outside because you came home and it would be told already and then you would be in trouble. They (Ellen’s neighbors) looked out for us. We were sort of well known in the neighborhood because there were so many of us. And my father was pretty well known because of his shoemaking trade. We were scolded at home and anything

we were not supposed to do, if it was noticed outside, my Dad would hear about it.”

Ellen shared the following about her relationship with her Dad and his structure of discipline. “I was always the one getting in trouble so I was always the one being spanked. Although he (Ellen’s father) was very strict it was still, I figured, in my best interest because I was a troublesome child and I needed that discipline.”

Ellen “acquired a set of values and an ethical system that guided her behavior” (Havighurst, 1972, p. 69) that she carried with her when she left home for the first time to study nursing in England. She made future plans for her personal and career goals and she “achieved emotional independence of her parents and other adults” (p. 55).

After completing her secondary education, Ellen worked for one year in an office in the accounting department. When Ellen turned 19-years-old, she left home for England.

Lived Personal Experiences: 1972-1977

Early Adulthood (Ages 19-24). Ellen described her arrival to a new country as being both exciting and frightening as follows.

“All on my own. Never been away from home before. The first time I was getting away from home and I was off. That was an experience in itself. It was exciting; but frightening. It was scary because I was going to be on my own and that was frightening.”

Ellen noted that she maintained contact with her family back home and her

homesickness was diminished somewhat.

Ellen recalled that the “general make up of her nursing class was a lot of West Indian students.” “That’s where the West Indian students went to train in England.”

When asked if the nursing classes were segregated, Ellen indicated as follows.

“The nursing students were all makes but the proportion of the students were people from the West Indies, the Caribbean. The nursing profession was not what white British women entered predominantly. There probably were more White students; but they would have been up in the city itself, in the London hospitals, which were the more prestigious hospitals. That’s where more of the White nurses were in the London hospitals. But in the suburban hospitals, where we were, it was mostly Black nurses that made the staff and school. While I was in training, the patients were more Whites, more Caucasians, because they outnumbered Blacks there.”

Additionally, Ellen indicated that the majority of the West Indian nurses, who train in England, do not return home; but remain in England to take advantage of the better career opportunities.

Ellen began her career path and completed her nursing program successfully. In 1975, Ellen began her nursing career and she shared an apartment with a fellow classmate. She maintained this living arrangement until her roommate moved.

“I left the nursing home (for students) after I qualified and I moved into an apartment with a nurse friend of mine. We called them flats, not apartments. We had a two bedroom flat and we were sharing the rent and the utilities. We could stay in the nursing home; but by that time, you wanted a little more

freedom. So, we were restricted being there, so we moved out. We (Ellen and her roommate) stayed together for a while and I think she met her husband-to-be; then she moved in with him. She left me and went to move in with him.

And I took a smaller place then because I was on my own and the rent was too high. I got into a smaller place.”

Ellen worked as a Registered Nurse for the next several years in a variety of positions and clinical placements. At this point in her adult development, Ellen demonstrated mastery of skills that were expected in Early Adulthood.

Ellen moved away from her parents, made a career choice, lived in a new environment; established relationships with friends with common goals, and she “got started in an occupation” (Havighurst, 1972, p. 90). Ellen was able to make appropriate changes in order to adapt to these new challenges successfully. By remaining goal-directed while demonstrating independence, as well as, being guided by values not based on peers, Ellen maintained her motivation and achieved her personal and educational goals.

Lived Personal Experiences: 1978-1983

Early Adulthood (Ages 25-30). In the intervening years between 1978 and 1981, Ellen continued her employment in nursing. However, by 1982, Ellen recalled that she wanted a change in her life. Soon after her roommate moved out, Ellen described the change that she made. “And then I branched off from the hospital where I was. I decided that I needed a change. I went to work for the Telephone Company as an international operator.”

After working in this job for less than a year, Ellen acknowledged, “I couldn’t

stand the sitting down business, so I left that and went right back into nursing. I did a lot of agency nursing then.” Ellen worked “as an agency nurse for several years” and she described how she met her husband-to-be again after several years as follows.

“And then my husband and I had known each other from nursing school. And out of the blue one day, while I was driving along the road, I saw him walking. And I say my God, what is he doing right here because he had gone to Saudia Arabia and St. Lucia for a while. So, I didn’t think he was back in the United Kingdom. And I stopped to ask him what was he doing back in the country. He came home with me and we got to know each other and what had been going on with us in the past years.”

Ellen noted that even though they (Ellen and her husband) were getting reacquainted and becoming more than friends, a complication existed for them.

“We had not seen each other and then started a friendship again. But in the meantime he had been married. So, he was married. His wife was still alive. And we just remained sort of friends. I think a year or eighteen months after we met, his wife passed away. So, he grieved for a year and then I moved in with him.”

Ellen recalled that her husband’s first wife died after suffering a miscarriage. Ellen indicated the following.

“She had had five miscarriages and on the fifth, four miscarriages and on the fifth one, they put her on strict bed rest. And I think she developed a pulmonary embolus and she had a brain hemorrhage and she died.”

Ellen remained with her future husband in England after the death of his wife. While

Ellen and her future husband were living together, their first son was born in 1980.

Ellen recalled that she and her future husband went to meet her family.

“In 1981, we went down to meet my family. We took a trip together to meet my parents, my brothers and sisters, and to meet his family and he wanted to ask my Dad to marry me. He (Ellen’s future husband) wanted to do it the right way. So, we went down for that.”

Ellen remembered that both families were very accepting of their relationship as evidenced by the following.

“My family (Ellen’s family) thought he was lovely. They love him to death. My Mom adores him, you know they got on very well and my brothers and sisters, they all love him very much. They (Ellen’s family) took him in and figure that as long as I was happy to be with him that was the most important thing. So, they (Ellen’s family and husband) have a good relationship. I went to meet his mother who thinks that everything I do is right. She and I have the same birthday and almost similar in the things we do, the way we are, you know. So, we get on very well, she and I. I get on well with her. My husband’s father was also a dear. And I have good relationships with his brothers and sisters. We came back up to England.”

In 1979, Ellen’s future husband had a son with a woman to whom he was not married. This son’s mother gave him to his father when he was about 13 months old to be raised by him and his first wife in England. This son was living with him and his first wife at the time of her death. While Ellen’s future husband was grieving for his wife, he had difficulty caring for his son and working shift hours as a Registered Nurse.

Ellen observed the hardship that he was experiencing and made the following recommendations.

“Being a friend of his, I said it is very difficult for you to have this little boy here with you working and he is from babysitter to babysitter. Why don’t you just let him go back to his grandmother (paternal) and let her look after him until you can get yourself in a position where you can send for him. So, he (Ellen’s future husband) sent his son back to St. Lucia and his son stayed there about three years with his grandmother. He (Ellen’s future stepson) did not go with his biological mother. He stayed with his grandmother.”

Ellen recalled that after her future stepson got settled with his grandmother; she and her husband were married in 1982. “We were married in 1982. I had my second son in 1983.” Ellen’s stepson returned to live with them in England when he was five years old.

During Early Adulthood, several developmental tasks are mastered as individuals negotiate adult development changes and transitions. At this point in her life, Ellen engaged in and achieved mastery of the following tasks. Ellen “made the choice to marry and to have children, selected a mate, learned to live with a marriage partner, started a family and began to rear children and she managed a home with her husband” (Havighurst, 1972, pp. 85-90).

Lived Personal Experiences: 1984-1989

Middle Age (Ages 31-36). In 1984, Ellen was a wife and the mother to three

young boys. She noted that life style changes were made to accommodate her family responsibilities.

“Then I went to work in a geriatric hospital because then I had the children and I had to work nights. So, I worked in a geriatric hospital; then I left that and went into social work. I was working with mentally handicapped kids. I did that for a year because it was different. I wanted to do something different.”

Ellen remained in this occupation for about two years before she and her husband made another decision that would affect her family.

Ellen noted that her husband had a brother who lived in the United States during this time. While Ellen maintained employment in this social work position, her husband visited his brother in the United States. Ellen recalled the following about this trip.

“And while I was doing that, my husband had taken a trip over to the United States. That was in 1986 when my husband came to visit his brother. That was the first time that my husband had come across to the States. And while he was here, being the person he is, he went looking to see if he could get a job and see what was happening. He was offered a job as a nursing assistant in a nursing facility here and they wanted to do his sponsoring for his permanent residency and everything. He called me and said you know, I think this is an opportunity that I am getting, why don't we think of moving over here.”

Ellen recalled that upon her husband's return to England, he indicated to her that he would like to stay and work in the United States. Ellen told her husband that the decision to move was fine with her. "I said, okay, fine. Let's give it a go and see what happens. And that is how we came over to the United States. So, I packed up the house and we moved here in August 1986."

When Ellen and her family arrived to the United States, they met unexpected challenges that they were not prepared for initially.

"We came over on vacation and we stayed with my brother-in-law for the first month that we were in the United States. But the intention was for us to get our own place. We were in for a rough time because when we came here we had the three children and I was not working. My husband was trying to get himself organized. And after we got to this country, then the nursing home he was going for, said instead of the salary they had offered which was for nine dollars an hour, they had cut down to four dollars and fifty cents an hour after he (Ellen's husband) had come back here and everything. So, that put a jolt on everything because it was not what we had anticipated. And then we had to get legality to work, so I couldn't work at that time. I wasn't able to work. So, that was a hassle. He (Ellen's husband) was always struggling to get work and to get things moving."

Ellen recalled that her brother-in-law and his family began to have issues with Ellen's family while they stayed with them. Ellen described the experience as follows.

"And then my brother-in-law wasn't ... his wife wasn't very happy which I

understand with this whole big family in her home. Then one night, they had a big argument and they told us to get out and find our own place. So, my husband picked us all up and we went to a hotel. We stayed there for two days and then another friend of ours found out we were in a hotel. And she took us into her place and we stayed with her for about two months. We were in the process of buying a house. When we got our house, we moved into our home in October. So, it was hard. I wasn't working. I didn't work that year at all."

Despite these setbacks, Ellen shared that she was determined that her family would succeed. When she began working the following year, her supervisor helped with her sponsorship and she was able to get a green card. "So, I got to stay." She recalled that in the beginning they only had the house and beds.

"It was hard because we had this big old house and just all we had were beds; but at least we had beds and we stuck together. I worked nights and my husband was on days, so there was always someone home with the kids."

Also, Ellen attributed her ability to cope with these life's challenges to her faith.

"I have a very strong faith. I have a really strong faith that in the end God will always come through for me. My husband tells me it is a simple faith; but it is what I believe. It keeps me going. And I am also a very determined person. And I am not going to let odds, if I can help it take over."

Ellen's resolve to succeed against the odds were demonstrated further as she noted.

"I knew that we were in a different country and I knew things were going to be hard but I was determined that it was not going to put me under. We were going to survive. We love each other very much. My husband is a very hard working

person also. So, we decided between the two of us whatever we had to do for us to succeed, we were going to succeed. If it meant he could not work and I had to work three shifts to make it for a pay period, then that is what we ended up doing. And I carried the brunt of the family for about three years until he got a reasonably paying job. So, we took that on and we decided that's how we would do it and that's what kept us going."

Ellen and her husband established a loving home for their children and included them in the family communication and decision-making.

"The children were involved in all of the decisions. Although they were small, they were involved. They were told that things were different, we were in a different country and I needed them to help in the house as best they could and so we had that family teamwork and that kept us going."

As Ellen and her family were getting adjusted to living in the United States and making the most out of their circumstances, Ellen noted that, "my brother-in-law eventually came round and was a frequent visitor in our home." Ellen was able to re-establish her relationship with extended family members and friends. However, Ellen noted,

"I always felt he (Ellen's brother-in-law) had a little bit of resentment against my husband, coming from a foreign country and getting a house and move his family in and get on with his life. I always think there is a resentment and that's probably why their relationship is a little bit strained."

Ellen recalled that, "her brother-in-law told their real estate agent not to sell the house to us." Ellen and her husband pulled together as if it were her family against the world.

As disappointing as the strained relationship was between the two brothers, Ellen found social support within her nuclear family.

“But mostly my husband and I stuck to each other and supported each other until we got to know other people and got to build a network of friends. My husband is a very friendly person; but he is not attached to friends. His main concern is his wife and his children. I am more outgoing than he is and so I have more of an outside network than he has.”

Ellen maintained a positive attitude during the “hard times” and she believed that, “life would work out for her family.” She was able to demonstrate mastery of skills that are associated with Middle Age, such as, raising children, providing educational opportunities for her children, “reaching and maintaining satisfactory performance in her occupational career” (Havighurst, 1972, p. 99), and coping with goals that have been met or not met during the Middle Age developmental stage.

Ellen addressed the adjustment of finding childcare and arranging for the education of her children. At this point, Ellen and her husband were raising three boys whose ages were seven, six and three years respectively. Due to their immigration status, the older boys were not eligible to attend public school. Ellen enrolled both boys into Catholic school until they moved into their own home and were able to transfer the boys into public school. The youngest son was enrolled into a neighborhood daycare center until he was old enough to start kindergarten. Ellen and her husband were active participants in the education of their sons.

Ellen recalled that her sons were “good students, but they could have done better if they had put more of themselves into it.” “They just reported at the top just enough to

get by. Didn't really apply themselves as much as I wanted them to." As the boys continued through school, Ellen acknowledged that her stepson was "a much better student; he maintained A's throughout his schooling, made the honor rolls and he came out with a reasonable 3 point something average." Ellen noted the following about her older biological son.

"He was more into sports. Academics, he wasn't too much into, but sports. He made the honor roll a couple of times but that was about it. I think he came out with his average just about 3.0."

She noted that her younger son "is persevering and is finishing high school." Ellen instilled in each child that "education was important."

In addition to emphasizing the value of education, Ellen maintained similar family values that her parents had instilled in her and her siblings.

"My father used the Bible a lot to emphasize family values, such as, honesty. You don't lie, you had to be honest about things whether you were going to get into trouble or not. You had to say what happened and whether you said the truth or didn't say the truth, it was two smacks so it didn't make no difference. We were taught to respect the older people and back home, anybody older than you were grownups was a Mister or a Miss. So, we respected adults and we learned to be together as a family because that is how we were."

Ellen recalled that concern and caring for family were foremost for us. "Everyone was responsible for each other and everyone had to look out for each other." Ellen's husband shared these values in his family of origin as well.

“And so I tried to do that in my family and I have made the boys aware that they are not the only people in the house. They are responsible for each other. When they are out, they look out for each other. If someone needs help, then they are the ones able to give help and they help each other out that way. I tell them to be honest and also show respect for older people. I have drilled that into them. You always address people respectfully. So, they have always had that from me.”

While raising their family, Ellen and her husband espoused these same values with their children. She identified such values as love, togetherness, and honesty as being essential for them to possess.

Additionally, Ellen encouraged her children to show charity for those who were less fortunate.

“Try and help people that are probably not as well off as you or able to have the things that you have. Try and have some charity and help the under-privileged because in the end the more you give, the more the Lord will provide for you.”

Ellen acknowledged that she is proud to observe how her sons “have embraced these values in the way that they do things and how they help each other in everyday interactions.”

Lived Personal Experiences: 1990-1995

Middle Age (Ages 37-42). As Ellen and her husband were negotiating and mastering the skills necessary for the developmental stage of Middle Age, their sons were entering adolescence that presented several challenges for their family. Ellen described the relationship that each son had with his father.

“My husband has a distant relationship especially with his first son. It has been rough from the beginning. But then this son is a boy that was determined to have his own way, so we had to be real severe on him. And so his Dad disciplined him a lot. He got spanked a lot and he grew up not liking that and he resented the fact. He thought his father beat him too much and so he is at a distance. But my husband says you know that is how he thinks it is. I have done the best I can with him. And they are just at loggerheads pretty much most of the time. So, now to avoid confrontation they don't say much to each other just a little bit of chit chat to keep things respectable and respectful. With his second son, he has a much closer relationship in that he can talk a lot with him. Our second son loves to talk, so they are able to talk a lot. Our youngest son is the much more quieter of the three boys and he is more democratic. He will go along pretty much with everything just not to have a controversy. So, my husband has different relationships with each one of them.”

Ellen shared that at one point when the oldest son was younger, he did not believe that his father was his biological father because his father has very dark skin and the son is very fair-skinned. Ellen dispelled this belief; but believed that her son had doubts because she was his stepmother. Ellen's stepson was not entirely sure where he belonged. Ellen attributed his (Ellen's stepson) feelings to the following.

“His (Ellen's stepson) father's color was an issue also and knowing that I wasn't his mother. The problem is that his mother is still alive. His (Ellen's stepson) mother was not my husband's first wife. His (Ellen's stepson) mother was someone else that my husband had a child with while he (Ellen's husband) was

in the Caribbean. When he came to live with his father and me, he was four years old. So, I know in the back of his mind, he is very angry towards his

natural mother. He (Ellen's stepson) met her for the first time when he was seventeen years old."

Lived Personal Experiences: 1996-2001

Middle Age (Ages 43-48). In 1996, Ellen took the family for "a vacation back home to meet both sets of family." While visiting the paternal side of the family, Ellen's stepson "met his natural mother." Ellen asked her stepson about the meeting with his biological mother and he shared the following.

"I (Ellen's stepson) don't have anything to do with her. She had other children after me. She never bothered to find out if I was alive or dead. I really don't want to know anything about that lady. As far as I am concerned, you are the only mother I have and the only Mom I know. That is all I am interested in."

Ellen indicated that her relationship with her stepson has been positive and loving. However, she believes that he holds in a lot of his emotions overall. Ellen shared the following example.

"I know he (Ellen's stepson) has a lot of anger in him; but he is a boy and he doesn't really say a lot. I have to really probe and probe and probe to get information out of him. But like I said, he loves me a lot, even though he doesn't always show it. But he always says he loves me a lot; and he says even if I don't come and hug you and all this and tell you everyday that I love you. I

don't know anybody else and you are the one that has done everything for me and made me who I am today.”

Ellen recalled that she did not show any favoritism toward either child by sharing,

“You know, I said you (Ellen's stepson) may have anger at us because I don't know if you expected to be treated differently. But I brought the three of you up the same way. There was no difference. You were part of my family. I took you in as my son. I raised you up like my two other sons in the same way.”

Before Ellen and her family returned to the United States, she recalled that her stepson's biological mother requested to meet with her. During the meeting with the biological mother of Ellen's stepson, Ellen shared the following interaction.

“I (stepson's biological mother) want to thank you for having my son turn out into such a decent young man. Thank you for raising him up to be the boy he was and I appreciated it.”

Upon returning home, Ellen's stepson continued to have ambivalent feelings about his biological mother. “My son said that the meeting with his mother had been okay.” However, Ellen's stepson made the following observation about his biological mother.

“She had other children after me. It is not like I was the last. She had others, so she could have at least have been in touch with me all these years. She used to visit family in the United States and she never called or even asked how I was doing.”

However, Ellen did acknowledge that there might have been another underlying reason for the absence of her stepson's biological mother in his life. Ellen noted that the

relationship between her husband and his son's mother "was dead for a long time."

"Since she (stepson's mother) had the baby, I guess she thought she would have been married to the baby's father. My husband did not marry her. He ended up marrying me, a complete stranger. So, that put her off a bit and she was not very nice about the whole issue. She just figured that since she had a child with him; she would have been his wife when his first wife passed. But my husband did not think that this was the lady he wanted to be married to."

However, Ellen did acknowledge that some of the problems might have been avoided if her stepson had been provided with information about his mother's family or involved with them at an earlier age.

Ellen recognized that blending their nuclear family and extended families presented challenges that she was willing to meet and to overcome. Ellen believed that the well-being for all family members exceeded the welfare of only one member. To that end, Ellen encouraged her stepson to initiate a relationship with his half brothers and sisters.

"Those are your family, your brothers and sisters, you don't need to abandon them. Whatever happened, it is not your fault. You need to remain friends with your brothers and sisters because I am close to my brothers and sisters whether they were half or not, step or whatever. They are family and you need to keep in touch with them. So, he said, well he will see. We will go from there."

Ellen persevered in her goal to maintain a loving and an affirming home environment for her sons. She is pleased with the overall development as each son enters Young Adulthood. The two older sons are attending college and making career plans for the

future. The youngest son is completing high school and is applying to colleges as well.

While assisting their sons to master skills appropriate for Adolescence and Young Adulthood, Ellen and her husband continued to cope with issues related to their own developmental phase of Middle Age. Ellen and her husband assisted in the “caring for aging parents” (Havighurst, 1972, p. 104) and dealing with the subsequent death of parents. Ellen’s father died in 1995 and her husband’s father died in 1996. Ellen and her husband “assisted their teen age sons to become responsible and happy adults” (p. 96). Ellen “reached and maintained satisfactory performance in her occupational career” (p. 99).

Ellen noted that she and her husband have not experienced “empty nest syndrome” (Havighurst, 1972, p. 96) because all three sons live with them while attending either college or high school. With their family still intact, Ellen noted that everyone continued to enjoy participation in social and holiday celebrations. Also, Ellen has siblings who have moved to the United States and everyone gets together for holidays, birthdays and other celebrations. Ellen continued to maintain the role of family organizer for social and educational activities.

Lived Academic Experiences: Ellen Joseph

Lived Academic Experiences: Primary Education

1959-1965: Elementary (British Educational System: Ages 5-10). Ellen recalled that, “my father’s focus was on education.”

“He (Ellen’s father) wanted us to be educated as best we could because that was all he felt that he could offer us, was a good education. Because he did not have the financial support that would later on get us anywhere we wanted to.”

To that end, Ellen indicated that, “he started off with sending us to Catholic school.” Ellen attended a Catholic school “which was the convent high school” and she “started there from kindergarten and graduated in the Sixth Form.” Ellen noted that secondary education begins at First Form beginning at age eleven through Sixth Form at age seventeen or eighteen. Ellen completed her elementary and secondary education in the same Catholic convent school.

Ellen indicated that she was educated under the British Educational System because she grew up on an island that was governed as a British Colony. The British Educational System was divided into an elementary and a secondary level. Ellen indicated that the elementary level included students who were starting kindergarten at age five and continuing through age ten.

Ellen admitted that she was characterized as “troublesome” from the very beginning of her education. She recalled that the nuns in the school would report her behavior to her father and she would receive a “whipping from him.”

Ellen recalled that, “I talked in class, disturbed other students, caused fights and participated in fighting, and I asked too many questions of the teachers.” These infractions were the cause of her frequent disciplinary encounters with her father. “My father was very strict. He was a strict disciplinarian. Nothing much was gotten away with.”

Ellen indicated that the school was in the urban community in which her family lived and she and her siblings were able to walk to and from school. She also noted that they received an hour for lunch and they walked home to eat lunch each day. The convent school was a day school that did not board students.

Despite Ellen's reputation as being a "troublesome student," she excelled academically. "I was always up in the first ten with my grade. I always maintained an A average. I was always on the Honor Roll." Ellen made friends easily and was friendly to everyone. During this stage of development, Ellen mastered the "fundamental skills in reading, writing and calculating" (Havighurst, 1972, p. 25). Also, Ellen "learned to get along with age mates" (p. 22), "learned physical skills necessary for ordinary games" (p. 19), and "developed a conscience, morality, and a scale of values" (p. 29) to guide her behavior.

Lived Academic Experiences: Secondary Education

1964-1971: First to Sixth Form (British Educational System: Ages 11-18).

Ellen described the secondary level as consisting of Six Forms under the British System. "The First Form begins at age eleven; Second Form at age twelve; Third Form at age thirteen; Fourth Form at age fourteen; Fifth Form at age fifteen and Sixth Form at age sixteen." Ellen noted that students can continue their secondary education by completing level and subject examinations as preparation to attend college.

Ellen provided the following information relative to the secondary level for her educational system. "At the secondary level, the highest qualification is the General Certificate of Education (GCE). The maximum GCEs that can be earned are nine approximately. These GCEs are distinguished as ordinary level or excellent level." Ellen indicated that, "students need to complete a minimum of three ordinary level examinations to be considered for college admission." Ellen completed her secondary education with five GCEs; she noted that these GCEs are comparable to completing the ACT or SAT in the American educational system.

Ellen acknowledged that she continued with her excellent academic achievements through the Third Form at age thirteen. She recalled that her “troublesome behavior” caused her to repeat Third Form at age fourteen.

“The only difficulty was when I reached Third Form; I had one hard year. And that was my only problem and I had to be retained that year. But that was because my aunt had said that she was sending for me to come to the States. And I figured I was getting to the States and didn’t bother with school then.”

As Ellen entered Adolescence, her sociable personality coupled with her ability to make friends easily affected attention to her schoolwork. At this point in Ellen’s development, she “achieved new and more mature relations with age mates of both genders” (Havighurst, 1972, p. 45), “achieved a feminine social role” (p. 49), “began dating relationships and relationships with the opposite gender, and established same gender peer relationships” (p. 45). Additionally, the influences stemming from “status symbols, clubs, activities and peer pressure” (p. 69) might have posed challenges for Ellen as a developing adolescent.

Ellen recalled that she was aware of the poverty experienced by her family. Her father sent his children to a private school at a great expense to his family. Ellen remembered that children from all socioeconomic levels attended the same Catholic convent school. She recalled being very much aware of the disparate income levels among the students. Ellen recalled that it was a stressor for her to be identified as “one of the poorer families in the school.” Despite her family’s economic status, Ellen shared that she was able to make friends with students from all socioeconomic levels. She remembered that her financial standing did not seem to matter to the students with

whom she associated.

When Ellen entered the Sixth Form, she was seventeen years old. During this school year, Ellen recalled that, “I did not receive the grades required for promotion to the next level.” Ellen repeated the Sixth Form and graduated at age eighteen in 1971. She did not begin college or other post secondary education programs upon graduation. Instead, Ellen began working in an office in the accounts department. She remained employed in this position for one year before moving to England to study nursing in a Hospital Diploma Program.

Lived Academic Experiences: Post Secondary Education

1972-1975: Hospital Diploma School of Nursing. Ellen began her nursing program on a less than positive note, specifically because she was on her own for the very first time. Ellen described her arrival in England as follows.

“And then I arrived in England, got into the nurses’ home and found out the little bedroom I was getting and I sat and cried for two whole days and two whole nights because it was just so lonely. It was just so lonesome until I met friends. But that was the first impression I had of England that it was just very lonely, a lonely existence then.”

Ellen completed the Hospital Diploma in Nursing Program in three years. She described her program and her training as noted.

“It was a diploma program. It was three years. We did six weeks in school and then two weeks on the floor. We were in block sessions. Most of our training was done on the floors, on the units, on the wards rather than in class. We just came to class for theory and went back out and did practical nursing or bedside

nursing.”

At the end of her training, it was Ellen’s intent to remain in England. “I planned to stay as a Registered Nurse in England. I didn’t think anything else at the time. It was to get my Registered Nurse degree and work as a Registered Staff Nurse.”

When asked why she did not consider returning home to work as a Registered Nurse, Ellen recalled the following reason.

“No, not really, I did not want to return home. I felt that I was young then and I wanted to stay out you know and get the opportunities that were available out there rather than going back home. And then my sister is a nurse back home and we talked. When she talked to me about the situation and everything at home, I figured that I didn’t really want to go back and work there. That was the plan.”

Ellen described her work experiences after completing the Hospital Diploma in Nursing Program as follows.

“Well, I finished school and worked in the hospital where I trained as a staff nurse for about six or seven years. I stayed on the staff working the night shift and day shift alternating. I had a lot of friends then, so I had a social outlet. I went to parties and just enjoyed life pretty much. I was on my own. I had no obligations to anyone, you know. I just enjoyed being a professional and being myself.”

Ellen did not allow obstacles to interfere with the attainment of her personal and educational goals. She approached each challenge with a determination to succeed against all odds. She believed that, “God would always come through for me” and she never lost her faith despite insurmountable circumstances.

1976-1994. In these intervening years, Ellen began her professional career as a Registered Nurse, detouring from time to time to engage in other employment, such as a telephone operator and a social worker. She did not identify any aspirations for continuing her education in a university until 1995.

Ellen was motivated to return to college because she had promised her father before he died that she would “return to a university to continue my education.” When she returned from burying her father in 1995, she initiated plans to enroll in a university to complete prerequisite courses in preparation for applying to an RN to BSN Completion Program. Ellen began her prerequisite courses in the 1996 Spring semester. She applied for admission into an RN to BSN Completion Program in Spring 1997 after completing the last prerequisite course.

Lived Academic Experiences: 4-Year University: Bachelor of Science in Nursing

1997-2000: Registered Nurse to Bachelor of Science in Nursing Completion Program

Spring 1997. Ellen completed Pathophysiology, a 3-credit course, which was the last prerequisite course. This course was scheduled one evening per week from 6:00pm to 8:30pm. Ellen earned a grade of B for this course. She indicated that Pathophysiology was “a nice course.” Ellen believed that the teaching style was easy to follow and to understand. She noted that the examinations were easy to understand also.

She recalled that the Instructor was “very precise about the course content.” The class size was very large (about 40 students); but Ellen noted that she was not accustomed to large classes. In comparison to her previous nursing classes, which consisted of approximately 10 to 12 students, she made the adjustment. She

remembered thinking that the Instructor “could not handle such a large class; but he did.” Ellen did not have any noticeable problems with the reading assignments for the course.

Ellen did not identify any conflicts with her work schedule in order to attend class because the class was held on her scheduled day off. When asked about how she would describe a typical day before arriving to class, Ellen shared the following.

“The class was scheduled on a day off. So, in the morning I would get the children off to school, probably do some laundry and do some cooking. Then if I had homework or studying, probably fit that in between the hours of getting back to class. Sometimes I would probably, if I had a lot of work, just get myself to the library at school and spend the day in the library until class.”

Ellen did not identify any particular challenges or problems while juggling her multiple roles as parent, employee, spouse and adult learner during this semester.

Fall 1998. Ellen completed Nursing Theories, Concepts and Models, a 4-credit course, which was scheduled one day per week from 9:00am to 1:00pm. She earned a grade of A for this course. Ellen had very positive memories for this course. “That class was one of my best classes; that was a good class.”

Ellen recalled that the class consisted of lots of discussions and opinions being shared by the students. “I just know I enjoyed that class.” She noted that other assignments included the following.

“We had to do papers, we had one major presentation. We had group presentations. That’s where I learned to speak, actually, because I was scared to death of standing in front of any class. It was from getting up in that class that I

feel I got a little more courage to be able to get up and do presentations in the following courses.”

Ellen stated that the reading assignments “were good.” “The reading assignments were not bad because we had to find journal articles and get the paper that we were working on out of these journal articles.”

Ellen did indicate some challenges with writing the scholarly paper that was required in this course as noted by the following.

“My problem was the APA format, even though getting on the computer and typing the paper was the initial problem. Well, it was trying to get everything you put down, you had to have a reference for that. You couldn’t just copy what was there, you had to form it into your own words, paraphrase it, and then put down where you got the information from. There is a certain way that it had to be written that, words that were sort of familiar words that were used in everyday speech or whatever, you couldn’t really apply it in the APA format, so that was my problem.”

Ellen did acknowledge, “once I started getting into it, it became easier.” She noted that her writing improved as she progressed through the course.

“I think my first paper, I got a C in that class. But I think at the end of the course I had gotten up somewhere I think I had a B on one paper. So, I think over a period in that class, my writing improved. But it was through constructive help with indications of where I needed to improve, especially with the grammar.”

Ellen remarked on the teaching strategies utilized by the Instructor for the course as follows.

“I thought it was a good way to teach students. There was a lot of interaction. The Instructor was always available to the students if, you know, help was needed. And we always had, there was always good feedback from the Instructor about papers or the assignments, so that we were always told how the assignments were expected to be done. So, you had a clear idea of what was expected and we just had to do it. That class was pretty good in that way.”

Ellen remarked that this teaching approach might have caused problems for her later in the progression. “I think that is what gave us more problems in the other classes because we had no idea what was expected after that class, so it made it more difficult later on.”

Also in the 1998 Fall semester, Ellen completed Physical Assessment, a 4-credit course, which was scheduled one day a week from 9:00am to 1:00pm; she took each course of the two courses for this semester on consecutive days. “I had the two consecutive days off for class.” Ellen earned a grade of A for this course. Ellen stated that, “the class was interesting.”

“Although I had been doing physical assessments throughout my nursing career, when I got into that class then I really knew what a physical assessment was all about. The depth which we had to study, the whole body head to toe, it was different to what we were accustomed to doing on the nursing units.”

Ellen recalled that the Instructor was “laid back and her teaching style was good.” She described the teaching strategy as follows.

“We were given assignments and once the assignments were done, there was no hassle. She explained the sort of things, what was needed; she explained and followed the book concepts. We learned according to the book; so we had instructions we could follow, it was in the book. Our exams were also based on what was in the book. The Instructor had a good interaction with the class. She lectured in the front and there was class participation. We were able to give our own feedback or input into things that affected us on the units.”

Ellen remembered that a physical assessment was completed on a volunteer participant or fellow classmate and the findings were written up in a scholarly paper using the APA writing format. Ellen did not identify any problems with this writing assignment.

Ellen completed both courses in the same semester. She noted that her Nurse Manager was very supportive of her returning to college and allowed her to have the time off to attend classes. Ellen informed her Nurse Manager of the days that she needed off each semester and the manager accommodated her schedule.

Also, during this semester, Ellen had three sons in high school and her husband was attending college as well. She indicated that it became hectic at times when everyone needed to use the same computer to complete school assignments. Ellen described a family scenario related to everyone trying to complete schoolwork.

“Well, it started off with, my husband couldn’t type. So, when he had his work to type from school, he (Ellen’s husband) would call our youngest son to do his typing. And my son had his own work to do, so it was always confusion. Well, I’ve got to get my work done, Daddy, before yours. And my husband would go, well I need mine by that date. But it was always last minute. So, on top of my

own work, I had to be helping him, trying to get my son and my husband sort of at a stable place where they could do their work together. Using the one computer was also a problem because everybody had to be on that one computer getting their work in.”

Ellen indicated that it was “just a constant to and fro house of activity, especially on the days when I was going to school and some days my husband had class the same day as I did.” One of her sons usually had football practice too, “so it was just constant movement for me.”

Ellen recalled that her mother came to visit her during this 1998 Fall semester. Occasionally, her mother helped with the cooking; but Ellen noted the following. “She was on holiday and she wasn’t doing much, not if she didn’t have to. Her main idea was that she was on a vacation and that was it.” Ellen noted that her mother was willing to help her out by starting dinner, especially on her school days.

Ellen noted that she organized her time to juggle the multiple roles for which she was responsible. She described her time management as follows.

“I studied at home most of the times. I tried to fit everything in because I was working 12-hour shifts. I had four days off a week, so, for class two days, and then the other two days were my days off. I would probably spend a day at home studying and then I would do my papers, work on my projects and my papers probably when I came home after a 12-hour shift. And if it got too much, where I couldn’t concentrate or just had too much to do, I would just pick myself up and go to the library. I would, pretty much on the whole, I’m the one that sort of organized everything at home, so when I was at school, or I was off,

it was still up to me.”

Ellen recalled that she took the responsibility for all her family holiday and social celebrations. “I just make the decisions and relayed them. That’s all. That is how we did it.”

Spring 1999. Ellen completed Adult Health and the Clinical Component, a 4-credit course, in Spring 1999. The Clinical Component of this course was scheduled one day per week from 9:00am to 12:00noon; and a Post Clinical Conference was held immediately after the clinical experience from 12:00noon to 1:00pm. Students were recommended to bring lunch to the Post Clinical Conference. The Theory Component for the course was scheduled on the same weekday from 1:00pm to 4:00pm. Ellen earned a grade of A for this course.

Ellen remembered that this first clinical course was a lot of work; but she organized her time in order to get the assignments completed. She indicated that the Instructor facilitated her critical thinking, written and oral communication skills. Ellen stated that “the interactions between the students and the Instructor were good.”

“The teaching strategies were to get us to think for ourselves. We (Ellen and her classmates) were given the opportunity to find information and then come back and discuss it. There were discussions, there were group discussions and there were presentations. The paper had to be presented and we had to be in business attire to present. We had to be organized and look presentable. Interaction was again good in that, of the discussions and the relationship with the Instructor and the students.”

Ellen noted that she had improved her writing skills for the scholarly paper that was

required for this course.

“I had gotten a little better then, with finding out my literature, so it was a little bit easier for me to get on the computer and pull up the information I needed, or go to the library and copy materials, and then put the paper together. It had

gotten a little bit easier by then. I had gotten better at researching topics for the paper.”

Ellen completed the clinical experience in an assisted living facility; she enjoyed the Gerontology component of the class.

“It was interesting in that we got to meet those people and we were able to get into their life history, and find out about themselves and then do a presentation on that. I liked the clinical class. It was sort of, it wasn’t like school. It was like a day out kind of thing. It wasn’t in a set classroom, so it was different.”

Also in Spring 1999, Ellen completed one of the required Nursing Electives for an RN to BSN Completion Program. She completed Gerontological Nursing, a 3-credit course, which was scheduled one evening per week from 5:00pm to 7:30pm. Ellen earned a grade of B for this course.

Ellen recalled that, “this Elective was a different class.” The requirements for this class included two presentations, one scholarly paper and two examinations. Ellen indicated that, “the Instructor was not very directive. The students had to research a lot of the information for the course.” Ellen noted that the Gerontological Nursing Elective provided important content on aging. However, she offered the following observations about studying older individuals.

“Because then I wasn’t sure what we were trying to get in that class until probably half way through the semester when it suddenly occurred to me what the whole idea of the class was. It was working on the elderly, the elderly community and looking at them from a different point of view. That just because they were older than us wasn’t a reason to just put them on the side and forget about them. They were still responsible citizens. They still had a lot to offer. It was just up to us to get out there and find out more information about the senior population.”

Despite this insight on the elderly population, Ellen thought, “there was a lot of reading that was required for an Elective course.”

Relative to the teaching strategies, Ellen noted the following. “The Instructor wasn’t very forthcoming in that we got a lot of information. We (Ellen and her classmates) had to go look for that information, so that was a much harder class for me to handle.” With both courses being scheduled on the same day and evening, Ellen was in class from 9:00am to 7:30pm. She noted that this schedule did affect her family somewhat.

Ellen recalled that her life events during this semester were very challenging. She illustrated by reporting as follows.

“I felt that I sort of, probably somewhere along the line, my family felt neglected. But that was the price I had to pay, somewhere along that line. Because I know my husband kept saying, well, all you do is think about school. What about me, sort of thing? What about me? My children never really voiced that they were being sort of forgotten while I was in school, because I kept

asking, do you think I don't spend enough time with you? And as usual, I was told, oh Mommy, that's fine. You're in school. It is not forever, and when you finish, we know it will be better. So, it was more grief from my husband than from the children. So, I think I juggled everything."

Ellen noted that the one concession that she made during this semester was to miss a few family activities because of course assignments. Again, Ellen acknowledged that her level of organization helped her to manage the household even though her family perceived being neglected by her due to her schoolwork.

Fall 1999. Ellen completed Research, a 3-credit course, which was scheduled one day per week from 2:00pm to 4:30pm. She earned a grade of C for this course.

Ellen recalled that,

"This class actually was one of the hardest classes I did throughout the whole program, mainly or probably because of hearing other rumors from other students about the Instructor. And then also having had her for two previous classes, I knew she wasn't a very easy Instructor."

Ellen remembered that she had a "lot of trepidation with the Research class." The research paper posed a stumbling block because "the Instructor did not provide a lot of direction" as stated by Ellen. Ellen indicated that she developed her own relationship with the Instructor by meeting with her weekly to get feedback on the research paper.

"So, every week, I was in there with her and worked on the paper until I got to the stage where I felt comfortable working on it. The whole assignment in that class was mostly the research paper. That's where we spent most of our time." When discussing the examinations for the course, Ellen noted the following.

“We had about three or four exams, which I didn’t do very well, at all, and I flunked all those exams.” Ellen believed that her research paper and the presentation on her research study allowed her to pass the course with a C; she was determined not to repeat this course.

Ellen indicated that the course required “a lot of reading.” “It was a lot of reading. And the reading had to be journals that were within a certain time frame and pertinent to the material we were going to talk about.” Due to the overwhelming challenges in this course, Ellen considered withdrawing from the nursing program and described her feelings as follows.

“I think this was the course (Research) where I really felt like just leaving school altogether. That was the course. I just felt like packing it up and that was it. Didn’t want to do no more school, couldn’t be bothered with graduation. I just wanted to get out of there. But with support from my husband and also support from some of the students, they were real good. Some of the students, we were together, we kept saying, oh we have already come so far, you know, let’s hang in there. It won’t be that bad, let’s just hang in there. I think the crucial point for me where I really wanted to give up was I couldn’t get my graphs on the computer.... I finally got the graphs on. We got in on the computer just in time for the presentation. And at the end of the presentation, I breathed a sigh of relief because that was done.”

Ellen remembered that she got an A for her presentation and noted that, “the reason I got a C was because I had failed the three exams. I think that’s why I ended up with a C. But I just worked past it, so I was satisfied with that.”

In the same 1999 Fall semester, Ellen completed Nursing Management and Leadership and the Clinical Component, which was a 5-credit course. Ellen earned a grade of C for the course.

The Theory Component of the course was scheduled one day per week from 9:00am to 1:00pm. Ellen was required to complete six hours in her clinical experience with a management preceptor in her place of employment. Ellen had the flexibility to set the hours for her clinical; but the clinical experience could not be scheduled during her normal working hours. She noted the following about her clinical experience.

“The only thing I liked about that class was the clinical because then I was on my unit at the hospital doing my clinical part of the class. And I enjoyed that part because I was on familiar ground and I was getting into the management/leadership with my nurse manager. The clinical part was good because it was on my unit and I chose the days. I think I did it on my days off, so it varied with whatever day off I had. I spent a lot of time with the nurse manager in her office going through material that I needed to find. So, that was interesting.”

Ellen had a different attitude toward the Theory Component of the course; she identified issues that she had with the Instructor for the course as well.

“The management/leadership class was something else. First of all, the Instructor and I were not very good friends. We didn’t have a very good relationship. We banged heads often; and I just felt that there was a lot of favoritism in that class. I didn’t feel that the work I was doing was getting the grade that I think I should have gotten. So, that wasn’t a real happy class.”

Ellen recalled that a written account of the clinical experience was required as one of the assignments for the course. She noted some challenges with this written assignment.

“And then we had another paper to do referring with the clinical experience. We had to get the background on leadership in a hospital. So, we had to do a lot of interviews, and a lot of material had to be looked for, and that was presented also as a paper. But I just felt at that time, the Instructor was going for a lot. I think she had her own family obligations. And I felt like we (Ellen and her classmates) were just sort of in the background. The class attention was not being focused on us. That’s how I felt and a few other students that I know voiced that feeling also. You didn’t really get feedback for your work. And it was sort of like well; it wasn’t done the way I asked for it. And then you would ask, what way do you want it done? The Instructor told us, you have it written down, just look and find out how it is supposed to be done. So, I didn’t bother going back anymore. I just struggled along with my paper and struggled along with this class until it was over.”

When asked what may have helped her to negotiate the written requirements for the class more effectively, Ellen responded as follows.

“I think if I had examples of what the Instructor expected, it would have probably made more of a difference. There were not many examples as to what she (Ellen’s Instructor) was really looking for. Because I am a person, if I see something, then I get an idea of what’s needed and I will follow and work it out that way. But if I don’t have any idea and I don’t know what on earth I’m going

to give, you know, to get where she (Ellen's Instructor) wants it to be. So, I think that would have made a difference. Probably seeing some past papers or a clinical book that had been done and shown to us would have probably made more of a difference."

However, Ellen did indicate that the "teacher's style was easy to follow in the leadership class in the theoretical part. We (Ellen and her classmates) were given exams based on the course and the book. We had papers to do. We had a presentation to do." Ellen did not find the reading assignments difficult for this course.

Ellen indicated that the 1999 Fall semester was the most difficult and the least satisfactory. She noted the following about the experiences from both the Research and Management courses.

"Even though I was dissatisfied and not very happy with both classes, I still was much happier in the Research class than the Management class. Because of the interaction with the Instructor in the Research class, I was able to see her a little more often and communicated with her a bit more than the other Instructor in Management. And I think if there was more interaction, if we could call on the Instructor for Management a little more, just for guidance. Not really for help, but just guidance as to really what she was looking for, I think that would have probably made a difference. And the availability of the Management Instructor would have made a little more difference. That was the hardest semester, Fall 1999. That was the hardest semester."

Ellen noted that her life events during this semester were "pretty much the same as during the previous semester. The same family things were going on." She noted that

her family “took a back seat during this semester” because she was overwhelmed by all the assignments. Ellen recalled that she was constantly on the computer or studying with other students. She spent her entire off day in the library.

Ellen recalled that her two older sons were attending college. Her husband was “very supportive and helped a little with household chores, e.g. cooking.” Ellen acknowledged that “her mother was still visiting during this semester though she was more company than a helper because she was on vacation.” Ellen continued to receive support from her supervisor who gave her the required days off from her job to attend classes.

Spring 2000. Ellen entered her graduating semester in Spring 2000 and she completed the last two courses that were required for an RN to BSN Completion Program. Ellen completed Family and Community Nursing and the Clinical Component, a 7-credit course, which had both a community-based and family Clinical Component. She earned a grade of A for this course.

The Clinical Component of the course was scheduled one day per week from 9:00am to 3:00pm and the Post Clinical Conference was held from 4:00pm to 5:00pm. Ellen completed her community-based clinical experience in a high school setting. The Theory Component of the course was scheduled on the same weekday and was held from 5:00pm to 9:00pm. Additionally, Ellen interacted with a family throughout the semester in order to promote or to enhance positive family dynamics.

When discussing this course, Ellen identified this graduation semester, Spring 2000, as being a different experience from the previous 1999 Fall semester. She noted that the “Instructor was laid-back and more approachable.” “You were able to

communicate better with her and you had feedback from her, so that helped with that class.”

Ellen recalled that she failed the first examination along with other classmates.

“The only thing that started off in the beginning that was a problem was the first exam. We (Ellen and her classmates) had been told to study so many chapters.

And then when the first test came, nothing we had studied was on the exam.”

She remembered that the class discussed the discrepancy with the Instructor and requested that she base future exams on course content. Ellen noted this positive outcome as follows.

“So, I think the whole class came together and asked the Instructor to please do the test based on what she had asked us to study. And the other tests were all based that way. So, that worked out pretty good. But she (Ellen’s Instructor) was very open to taking the feedback from the students as to why we had done so poorly on this first exam. And she was able to go on and redo the exam based on our studying in the books.”

Ellen indicated that the “reading assignments were interesting and were related to the Clinical Component.” She did not think that the “reading assignments were very heavy for this course.”

“The Instructor did not expect us to get a lot of journals as long as we were referencing from a few journals as to what we were doing. That was enough to work with.”

Ellen noted that during the family component of the clinical experience, “I spent a lot of time working with the clinical family.” Ellen remembered that this component required researching information on family dynamics and spending time in the home of

the family to conduct interviews.

Ellen remarked that additional course requirements included a scholarly paper that was based on the clinical experiences; and the results were discussed in an oral presentation. She recalled that each family visit was documented in writing and submitted to the Instructor.

In that same 2000 Spring semester, Ellen completed the final course for an RN to BSN Completion Program. Professional Nursing Issues and Trends was a 3-credit course, which was scheduled one day per week from 5:00pm to 7:30pm. Ellen earned a grade of B for this course.

Ellen recalled the following about this course. “I thought I wasted my time in that class because I don’t feel we were getting anywhere. I don’t think we were achieving anything. I don’t know what I was looking for, but I just didn’t learn anything.” She noted that the class was divided into groups and presentations were given from topics in the textbook. “Group presentations were required and individuals received the group grade.”

Ellen reported that, “the required scholarly paper entailed a summary of an RN to BSN Completion Program curriculum and experiences from the student’s perspective; the paper included my personal philosophy of nursing as well.” Additionally, Ellen noted that she was required to develop a resume with an accompanying cover letter. Ellen maintained an overall dissatisfaction with this course as she related the following.

“Usually, debates or talks would be arranged. We (Ellen and her classmates) would have to have a speaker come in. And then we would get told that the

speaker had been cancelled because of other commitments. And so we had to redo the schedule, the syllabus, to do something, to get something else in. So, although I thought it probably wasn't that difficult, it should not have been as difficult as it was. I still found that class was time wasting. I didn't get anything out of that class."

Ellen offered final thoughts about her experiences with the seminar course as follows.

"You know, I don't even remember what the goal of the course was. I think the goal of the class was that we are all here. We are all graduating in May, so we are going to get out of here. I don't think that we had a goal for that class. The goal was just to get out."

Ellen was not pleased with the overall grading criteria for the course and related the following.

"I just don't think we (Ellen and her classmates) were getting grades that we probably should have. I don't think the Instructor was willing to give many A's, so there were not many A's in that class, if any. There were a lot of B's and some of us ended up with C's, if I remember correctly."

Ellen was willing to concede that,

"Although there were difficult times through it, I think overall it sort of broadened me out as a person. I learned to sort of view things with a different perspective, see it from a different angle and get input from others."

Ellen noted that her life events during this time offered a few challenges.

During her graduating semester, Spring 2000, her husband started a new job and he was frustrated with his heavy workload and he complained to her a lot. Her two older sons

continued their college education and her youngest son completed 11th grade. The family was still trying to “stay together as a family and trying to balance everything that was going on in the household.” Because Ellen’s graduation was pending, her mother remained on her visit in order to attend Ellen’s graduation.

Ellen sent money and goods, such as food and clothing, to her siblings back home while her mother was visiting Ellen’s family. Ellen indicated that her mother usually took care of everyone both emotionally and financially; but she assists their mother with the financial welfare of her siblings a lot. Although this financial assistance to her family caused problems with her marriage early on, Ellen explained to her husband that she felt an obligation to help her siblings because of the poverty in her country. She noted that her husband does not interfere with the assistance that she provides to her siblings at this time.

By the time Ellen was completing her courses in this final semester, she noted that the mood in her household was changed measurably.

“Everybody was sort of relieved it was coming to an end. And also, I was planning to have a party. So, I was making preparations for that. When I finished school, I was going to have a nice big old party. So, the whole place was just sort of relieved. My children began a countdown, it is only two more months; it is one more month, you know. And it was sort of counting down to that time frame.”

Ellen began matriculation in an RN to BSN Completion Program in Spring 1997. She earned a BSN Degree in three and a half years.

Upon completion of a BSN Degree, Ellen shared her concerns about challenges

encountered while pursuing her academic goals. Ellen believed that the workload for selected courses was overwhelming and her primary recommendation for the nursing program centered on time management. She wanted faculty members to show sensitivity to the needs of adult learners who were juggling multiple roles while attending college.

Additionally, she recalled that some Instructors seemed to interact with selected students differently. For one particular class, Ellen recalled the following.

“First of all, the Instructor and I were not very good friends. We did not have a very good relationship. We banged heads often and I just felt there was a lot of favoritism in that class. I did not feel that the work I was doing was getting the grade that I think I should have gotten. So that was not a real happy class.”

However, despite selected negative experiences during the pursuit of a college degree, Ellen was able to review her educational journey retrospectively and to identify meaningful experiences.

“Every semester I saw myself developing, growing, using my own brain actually, my own thoughts to get information. Although there were difficult times through the nursing program, I think overall it sort of broadened me out as a person. I learned to view things with a different perspective, see it from a different angle and get input from others. I think I learned a lot. I developed as a person. My outlook on life widened.”

Ellen indicated that she had grown quite a bit by the time of graduation. “I developed, grew and used my own brain, my own thoughts to get information and became less dependent on my Instructors.” By becoming an independent learner, Ellen stated that,

“it helped me at work, it made a difference.”

Additionally, Ellen identified specific areas of professional development that she acquired while earning a BSN Degree, especially using nursing research to apply theoretical rationale to nursing interventions.

“I was able to document my nursing practice with my colleagues by using resources that I learned about in my nursing program. I looked up material and information to back up my nursing interventions. And so the nursing program helped in that. When I was at work, it made a difference with me because I was able to go back and say this is what I have learned and this is where it is written down (in the research literature). The Nurse Practice Act was especially helpful because it gave me all the rules and regulation for my nursing practice.”

Moreover, Ellen acknowledged that since earning a BSN Degree, she uses research in her practice and she gives presentations that are documented by the research literature. Ellen stated that she uses critical thinking skills in decision-making related to her nursing practice. She noted that it is because of the completion of a BSN Degree that she developed a personal philosophy for nursing that she uses in her practice currently.

Ellen indicated that she has received acknowledgement from her supervisors on completing her degree despite several challenges from her multiple roles. Since earning a BSN Degree, Ellen indicated that her nursing supervisors have encouraged her to continue on to graduate school. Ellen shared that she has been thinking about “going on to do my graduate studies;” but to date she has not decided when or where she will return to earn a graduate degree.

Ellen noted that she would encourage nurses who held either an Associate Degree or a Hospital Diploma in Nursing to return to college to earn a BSN Degree. “I would say, yeah go ahead. It is a good thing to earn a BSN Degree. You will learn a lot.”

Conversely, she was not sure as to whether she would recommend to students to attend an Historically Black College to earn a BSN Degree.

“Well, I don’t know if I would recommend an Historically Black College because I somehow feel that probably I could have gotten more out of my nursing program in a Black College. So, I would just recommend to someone if they wanted to go to school and do the BSN, to get it where they feel they would be more comfortable.”

Ellen recalled that, “I was not sure what I missed at an HBCU;” but when Ellen compared her education with friends at non-HBCU programs, she noted the following.

“I don’t know if I would recommend an Historically Black College because I somehow feel that probably I could have gotten more out of my nursing program. In listening to what other students who left my nursing program and went somewhere else said, they seem to be getting more out of their program.”

Ellen shared her perceptions on how majority schools differed from her nursing program, in an Historically Black College/University (HBCU).

“The comment I got was because my nursing program is a Black College, more is expected of its students. You are expected to achieve higher. Whereas, at the majority White university, everyone was sort of at the same level, and it was up to each individual to achieve what they were capable of.”

Despite Ellen's attitude about her education from an HBCU, she reiterated the following.

"I enjoyed going to school. It was a learning experience. I made new friends and built some good friendships. My family was still together, so we hung in

there. And everybody was relieved at graduation to have it all over with. It was a good experience."

After a retrospective assessment of her academic achievement, Ellen was proudest that she had accomplished her educational goals and that she had kept her family together throughout these lived academic experiences.

However in the final analysis, Ellen acknowledged that she attributed her success in all her lived academic experiences and life events to God.

"I have a very strong faith. I have a really strong faith that in the end God will always come through for me. My faith keeps me going and I am also a very determined person and I am not going to let odds, if I can help it, take over."

It appeared that an abiding faith and a determination to achieve her educational and personal goals allowed Ellen to succeed against the odds. Ellen remained optimistic that she would return to college to earn a graduate degree.

The success that she experienced in an RN to BSN Completion Program has motivated her to continue her education beyond a Baccalaureate Degree.

Lived Personal Experiences: Wanda Lewis

Demographics. Wanda Lewis (Wanda) is a 45-year-old Caribbean American woman who is the fourth child of five siblings. She is the youngest daughter, and she has two older sisters and one older and one younger brother from the same mother and father. Wanda and her siblings are the second set of children by her father. She has 8 half-siblings from her father's first marriage, five sisters and three brothers. These half-siblings are several years older than the second set and the family interactions and relationships varied among siblings.

The children from the first marriage were sent to live with different family members after the death of their mother. When Wanda's father married her mother, there was a great deal of resentment towards Wanda's mother from the children of the first marriage. The second set of siblings is not very close to the first set. Only one brother from the first family continued to live with Wanda and her siblings after his father remarried. Also, an older sister from the first set of children spent about three years with them.

Wanda was born and raised in a small rural town that was located in a Spanish-speaking Caribbean country. Although her parents spoke English, they spoke only Spanish in their household. While growing up in their community, Wanda and her siblings were not taught to read and write English. She attended primary and secondary schools that taught the curriculum in Spanish only. Wanda did not learn to read and write English until she moved to the United States at the age of eighteen. While growing up, Wanda recalled that members of her extended family lived with them.

Wanda's father completed his education through high school. While growing

up, Wanda noted that her father was “a self-employed small businessman.” Later in Wanda’s life, she noted that, “the United States government employed my father and he worked his way up to manager of the local commissary.” Wanda’s mother was college educated as a bookkeeper. Also, Wanda’s mother was very active in church activities by developing programs and raising money for the community. When Wanda was nine years old, her mother moved to the United States and left her family with her husband and under the care of her sister.

Wanda and her husband have been married for 22 years. They have an 18 year-old daughter, a 13 year-old son and a 12 year-old daughter. Wanda’s husband is originally from another Caribbean country; but his family migrated to Canada when he was two years old. Wanda’s husband considers himself as a Canadian. Wanda and her husband met while both were attending the same undergraduate college.

Lived Personal Experiences: 1956-1961

Infancy-Early Childhood (Ages 1-5). Wanda recalled at an early age the following about her mother.

“My mother was very involved in church, she did a lot of things. She (Wanda’s mother) used to do a lot of programs and raising money. She loved making plays, and so she was always involved and very busy.”

Wanda remembers spending a lot of time with her maternal aunt during this time in her life.

“I used to love to go with my aunt, and she lived more in the country. She raised chickens and things. I just had so much fun being there. My Mom used to put us on the train, and we used to go up there and sometimes stayed for a

long time. And I think that was one of my most fondest memory, is going up to my aunt.”

At this developmental stage, Wanda showed an attachment with her caregiver and she became “alert to social cues” (Havighurst, 1972, p. 14).

“That aunt was my mother’s sister, and I spent a lot of time with her. So, she was like my second Mom. At one time, my Mom said I thought she (Wanda’s aunt) was my mother.”

Due to the close relationship that Wanda developed with her maternal aunt, she recalled that her mother stopped her from spending so much time with her aunt for a while and Wanda was saddened by this separation. “My mother got jealous and warned my aunt not to be around me for a while. But I mean, it was such a joy always to be around her.”

Wanda might not have fully understood the reason that she was sent to her maternal aunt for extended visits; but she seemed to sense a correlation between these visits to her aunt and with her mother’s increased involvement with community activities outside the home.

At the beginning of Wanda’s parents’ marriage, she recalled that her father allowed his sisters to decide what would happen to his children from his first marriage in terms of which relatives would assume the responsibility for their care and upbringing. “All the kids kind of went different places.” Wanda recalled that her mother wanted to keep the youngest child, a daughter, with her; but her husband’s sisters did not allow it.

“My Mom wanted to keep her because she was about three years old, the

youngest one. But for some reason, one of my father's sisters wanted her. My father allowed his sister to take her, even though my Mom wanted to keep her, because she said, 'well, she is young enough.' 'I can bring her up as my own.' I don't know; it became sad because that sister resented my Mom and us ever since that. It could have been prevented if my Mom was able to keep her."

Wanda noted that the undue influence that her father's sisters had on him, "at one time almost separated my parents." Her father allowed his sisters to make the decisions for him about his children. Wanda indicated that her mother's sisters-in-law "treated her like the second hand and my father allowed it." Due to these family dynamics, Wanda acknowledged that, "because of the resentment between the families, the first set and the second set of kids have never really grown up together and so we are not very close at all."

Wanda recalled being raised in a Spanish-speaking household even though both parents spoke English. Wanda remembered that her community had a "Spanish and Black racial composition and that Spanish was the language spoken by everyone."

Lived Personal Experiences: 1962-1968

Middle Childhood (Ages 6-12). Wanda recalled that her father was "very busy in his work," also. She described the relationship that she and her siblings shared with her father as follows.

"I knew he loved us (Wanda and her siblings); but he was not one of those people that, you know, picked us up, hugged us, and things like that. But he had a business and he had a little office; the store was on the bottom floor and then you go upstairs and there is a little office and from there you can go up into our

house. We used to love to go in his office because there was always money all over the floor, sometimes. I found out later on that he used to just throw the coins on the floor because he knew that we used to like to come down there everyday to find the money all over the floor.”

Wanda recalled that her father maintained several business ventures in their community.

“We lived in a very, very small town and we had the only gasoline station with a little restaurant. My father used to bottle these ice creams. You know, those that come in the cups, and he used to do it and sell it around. We had this ice machine place and he (Wanda’s father) also sold ice.”

Wanda recalled that her father drank alcohol socially when she was really young; but he stopped drinking after being diagnosed with diabetes.

“My father at one point was drinking beer. They diagnosed him with diabetes and he totally stopped. If my father sets his mind to do something, he does it religiously. He is very compliant. He lost all the weight and he eats high fiber; he has always done it.”

Wanda recalled that “it was nice” growing up. “We had lots of animals, cats, dogs, parrots; you name it; we had it.” However, even at this early age, Wanda was aware of problems in the community where they lived.

“There were some problems, I guess with where we lived. I guess my father was not the most popular man. My father is a very proper man. He believes in the truth. I mean, he says what he has to say, and a lot of people did not like it. He made enemies that way. He built a school to help kids and because people didn’t like him, they did not go and they used to break it up. So, he lost a lot of

money. He tried to fix it up to help, and I think eventually it got to the point that my Mom told him that we needed to move because they just were not liking him.”

Wanda remembered that her family moved from the country to the city when she was about seven years old. She recalled that it was an adjustment for her with “school and everything.” “Coming from the country, you know how they kind of say, they are country people. So, that was an adjustment.”

Wanda noted that she and her siblings were very close in age and she is very close to her second older sister. She noted the following about the first-born child and older sister in her family.

“My oldest sister, for some reason, she never really lived a whole lot with us. I really did not have much experience coming up with her, as an older sister. She went to a private school away from home and every once and a while she would come home.”

Wanda indicated that she had a close relationship with her older brother, who was next to her in age. However, she noted the following about her baby brother and youngest in the family.

“He (Wanda’s youngest brother) was different from us, I guess.” “We (Wanda and her siblings) used to tease him as the black sheep in the family. He (Wanda’s baby brother) would do the opposite of whatever you wanted him to do. So, he never got along with any of us.”

During this stage of her development, in Middle Childhood, Wanda was

“learning an appropriate feminine social role” (Havighurst, 1972. p. 23) when she experienced a disruption in her life.

“When I was nine, my Mom left to come to the States and I think my brother got worse, my youngest brother. I guess he (Wanda’s baby brother) felt she was abandoning him. He was not doing good in school, and he just really... I think that her leaving affected his behavior, even to this day. He has never really been the same because he was very, very close to my Mom. He was just always hanging around her.”

Wanda confirmed what she believed was a long-range effect that her mother’s departure had on her baby brother by sharing that, “he ended up going into the Army.” “He actually kind of messed up himself in there. While he was there, he got into drugs.” Currently, Wanda’s brother remains on drugs and he has not sought rehabilitative treatment.

Before Wanda’s mother left for the States, she made childcare arrangements for her children. “Before my Mom left, my Mom asked her sister to take care of us. So, my maternal aunt actually left her home and moved in with us, and took care of us until we left there after high school.” Wanda was able to “develop concepts necessary for everyday living” (Havighurst, 1972, p. 27), “learn to get along with age-mates” (p. 22), which also included siblings close in age to her, and “achieve personal independence” (p. 31).

Wanda acknowledged that her mother left her family and moved to the United States for several reasons as noted by the following.

“When my mother left to come over to the States, my father had put in so much money with the school and all of this thing. We lost a lot of money. So, when they (Wanda’s parents) built the house for us in the city after moving from the country, I guess my Mom had finally decided that she would come up to the States. And partly too, she wanted us to come up together, you know, I guess for a better life or whatever.”

Wanda remembered that her mother returned to visit them at least once a year; but Wanda’s mother did not return to live with her family in their native country after settling in the United States.

Wanda’s mother moved to the United States during a critical developmental stage in Wanda’s life. At this time, Wanda experienced prepuberty, body changes, and the development of secondary sex characteristics. During this stage of development, Middle Childhood, the child shows a “preference for the same sex parent” (Havighurst, 1972, p. 23). Despite the close relationship that Wanda shared with her maternal aunt, she did acknowledge that, “things may have been different for me if my Mom had been around.”

Lived Personal Experiences: 1969-1974

Adolescence (Ages 13-18). During the developmental stage of Adolescence, Wanda began to “achieve new and more mature relations with age mates of both sexes” (Havighurst, 1972, p. 45), “acquire a set of values and an ethical system as a guide to behavior” (p. 69), and “desire and achieve socially responsible behavior” (p. 75).

Wanda recalled that her father was very strict and did not allow her to develop relationships with the opposite gender. However, Wanda believed that if her mother

had been living with her during adolescence; things may have been different for her as noted by the following.

“When I turned 18, my father did not want a boy around. He did not want me looking at boys. Boys were not even allowed at the house. I know if my Mom was there, it would have been different. My Mom was not that way; but she wasn’t there. So, my father brought us up and my aunt. I think she suspected. She did. She suspected that I had boyfriends; but she didn’t... she figured that if she didn’t ask, she would not have to tell my father if he asked.”

Wanda remembered that her father did not place similar restrictions about dating and girls on her brothers. She recalled only that, “my father did not want her brothers to come in late.”

“But my father never told them not to have girlfriends, and he didn’t tell them to have them either. Because my brothers had girlfriends; they came over to the house; but my father did not know. Nobody told him anything. But I could not... my father did not like not even for my brother’s friends coming over.”

During her teen years, Wanda described herself as being “sociable, but I was very naïve.”

“I was introverted; I don’t know how to describe this. I was shy. I had my friends, you know, you can be sociable with certain people, but in a group of people, it was different. I would be more quiet, the quiet type. But if it takes two or three people, we can interact. I was not allowed to date when I was in high school; but I did anyway.”

Wanda indicated that she developed a very close and affirming relationship with her maternal aunt during a critical developmental stage in her life. Wanda identified her maternal aunt as a mentor and a role model for her during her childhood and adolescent years.

As Wanda prepared to leave home for the first time, she was coping with challenging developmental tasks, such as, “achieving emotional independence of parents and other adults” (Havighurst, 1972, p. 55), moving away from parents, making career choices, dealing with the choice not to marry or to have children and seeking a significant other (Havighurst, 1972).

Lived Personal Experiences: 1975-1980

Early Adulthood (Ages 19-24). Immediately after graduating high school, Wanda recalled that she had received several marriage proposals before leaving her native country; as she shared the following. “But I did not want to marry; I wasn’t ready. I knew myself. I had a goal in mind. I wanted to go to college, and marriage was not in that.” Wanda moved to the United States in August 1975; where she lived with her mother in New York. At the age of 18, Wanda began to learn and to speak English after her arrival to the United States.

However, Wanda recalled that she arrived to the States too late to begin college in the 1975 Fall semester. “By the time I came over to the States, it was too late. I could not get into college the same year. So, I ended up working at some factory, making lamps for that year.” Wanda enrolled in college the following 1976 Spring semester.

Wanda was raised in the Seventh Day Adventist (SDA) faith and she enrolled in

one of the SDA colleges located in Massachusetts. She acknowledged that she enjoyed the social activities and she “dated around and had fun.” She was in a long-term relationship with an American boyfriend when she met her husband-to-be, who had been raised in Canada, but his family of origin was from the West Indies. Wanda recalled the following about her husband-to-be. “I guess I did see my husband before. Then he did look attractive to me, but he was not paying me any attention then. He was too busy looking at other girls.”

Wanda continued to date her boyfriend; but she did have an interest in her husband-to-be as well; and she shared the following about how she and her husband got together.

“It was a little miniature soap opera. So, anyway, then from there, I guess when we (Wanda and her boyfriend) broke up, I started dating my husband, and that is another soap opera. I dated him for a week, and then we didn’t go anywhere else. So, then he went with somebody, I went with somebody else, and then we came back about a year later and started dating again.”

In 1978, Wanda withdrew from college in order to take English courses so that she could improve her reading and writing skills in English. The faculty in her nursing program indicated to her that her proficiency in English was not good enough to continue in the Associate Nursing Degree Program. Wanda returned to college one year later to complete the nursing program after attending classes to improve her proficiency in English. Upon graduation in 1979, Wanda “got married September 2nd in that same year.” Wanda’s husband graduated as an accountant in 1979 as well. After they were married, Wanda’s husband entered graduate school a few years later to study

law. Wanda worked as a Registered Nurse while her husband completed graduate school.

During this developmental stage, Wanda and her husband were “living in a new environment, learning to live with a marriage partner, starting a family, and making career choices” (Havighurst, 1972, pp. 86-90).

Lived Personal Experiences: 1981-1986

Early Adulthood: (Ages 25-30). In the ensuing years, Wanda and her husband worked together to achieve their personal and educational goals. Wanda shared the plans that she and her husband had made for their family while he completed law school.

“We had one child (daughter) before my husband started law school, and then, the year before he graduated, I had a second one (son), and then after he graduated I had the third one (daughter). The funny thing about it, we were supposed to... we were thinking, both of us, which one was supposed to go (attend graduate school) first. And now I regret I did not go first, because I think at one point I was considering medical school, go to nursing, finish up my Bachelor’s, and go to medical school. But after all the kids and things, it just got hard. Just getting my Bachelor’s was hard enough.”

In the ensuing years, Wanda established a loving and an affirming home environment for her family. She raised her children in the same faith that she and her husband shared as Seventh Day Adventists.

At this point in their lives, Wanda and her husband were mastering several developmental tasks, such as, “budgeting, seeking friends with common goals, rearing

children, managing a home, getting started in their occupations and learning to parent” (Havighurst, 1972, pp. 85-93).

Lived Personal Experiences: 1987-1991

Middle Age (Ages 31-35). Wanda indicated that her family of origin identified the following values for themselves, abstinence from smoking or drinking, church attendance and the pursuit of education. While Wanda and her husband were raising their family, they incorporated these values in addition to “being good to others, always helping others in need and hard work.” Wanda indicated that their values are reinforced through the practice of their faith.

“Church has been a big part of us, definitely church. We don’t smoke and drink. We are very much into education, you know. They (Wanda’s children) see us (Wanda and her husband) helping out, giving money to the poor. We take them to help give out the food to the poor. Sometimes I am coming, and there is someone out there begging for money and sometimes I take my last \$10 and I give it to them. And my children see things like that. So, they will say, ‘Ma, do you have any money?’ As soon as they see a poor person, you know that sort of thing.”

Wanda believed that she and her husband “have a good relationship with their kids.” However, she noted that her first-born daughter has some challenges with her father as observed by Wanda with the following.

“My oldest one and my husband, I think because she had been the first one, he

has a lot of expectations of her, a lot more than I do, and she is such a strong person as a child. She was like him; she is him. And so there has been a lot of friction with the two of them, a lot of friction. Sometimes, I feel like I am the referee in the midst, and I think it has probably hurt their relationship somewhat. Because I don't know, sometimes I don't know if he sees things that I don't see, but as I say, she is a very strong child."

Wanda acknowledged that she has not been "happy about that part" when serving as a referee between her husband and daughter. Wanda reported the following about the relationship between her husband and the two younger children.

"But my husband has been mellowed with the other two, and I guess maybe that happens, the expectation. There are five years between my daughter and the other kids, and my husband is tougher on our son than the younger daughter."

Both Wanda and her husband grew up in households that stressed the value of education for its members. Similarly, Wanda and her husband have emphasized the value of education with their children.

"Their father is very much into education and he likes the stock market. He has gotten our son his own stock already; you know things like that, and working to earn your own money. So, right now, all my kids know they have to work, and they only get a certain amount, a portion of their money to spend for themselves. And most of it is either going to the stock or it is going for their education. And basically that is what we try to teach them."

Wanda and her husband shared a participatory marriage in that each engaged in household tasks that supported positive growth and development for their children.

Wanda and her husband sought to master developmental tasks, such as, providing educational opportunities for their children, taking on civic responsibility, making career choices, and reaching and maintaining satisfactory performance in their occupational careers (Havighurst, 1972).

Lived Personal Experiences: 1992-1996

Middle Age (Ages 36-40). Wanda and her husband have raised their family in the Seventh Day Adventist (SDA) faith and they taught their children to adhere to the religious tenets of their faith.

“My husband is also SDA; but he is not as involved. Maybe, I am the strongest one in that. He would help the kids study their lessons and things like that. He participated in certain aspects of the church. But when it comes to religious, you know, religiously, he is not as strong as I am.”

Wanda shared the following about her religious affiliation in terms of how activities are regulated in observance of their Sabbath.

“Well, most of the things that happen from sundown Friday to Saturday at sundown, we cannot participate in things like sports, and you know working, except for nurses and doctors who are really taking care of people. So, that is why doctors and nurses are really the only professions that are allowed to work on the Sabbath. And taking care of people, we can do things like volunteer. We go out and we feed the poor, and all those things can be done in the Sabbath. But it has to be something where you are helping someone.”

Wanda indicated that her family “celebrates Christmas as usual; but I try to discourage the Santa Claus thing.” Wanda noted the following example.

“I tried to stop this Santa Claus thing. I mean, sometimes my husband gets into it, and I always try to tell him, listen, you know that this is not true, right? So, you can look at the pictures, but just know where this stops. But my husband likes thinking it is fun stuff.”

Wanda indicated that they do not participate in Halloween; and she provided the following perspective for her decision.

“So, to me, Halloween is not good. If it has to do with the devil, it can’t be good. Halloween is not something that will teach them anything good about it. So, I just don’t let them participate. I read them a book and I told them everything. The only one that does get upset is my younger daughter. But we try to be sociable and buy candies. And I make my younger daughter put together the candies, so when kids come, she gives out the candy, and she feels a little better.”

When referring to their celebration of Easter, Wanda offered the following.

“I told them (Wanda’s children) that Easter should be every day. It should not be just one time a year. You know, we should be celebrating God every day, and so we don’t really get into Easter. We have Good Friday and things. We eat fish, but we don’t really get into it.”

Wanda described several dietary restrictions that her family adheres to as part of the Seventh Day Adventist religious tenets.

“We don’t eat pork. We don’t eat shrimps. We don’t eat clams. Anything that is considered unclean, and scavengers, and the lobsters, all those things are considered unclean. They are scavengers, so we don’t eat them for health

reasons, you know, fish without scales. We are allowed to eat meat, but really they try to discourage it. But we are allowed to eat chicken and beef and lamb. We are not allowed to eat any bird that has webbed feet; because they are considered unclean. The preferred diet is vegetarian; they (SDA) are really pushing vegetarianism.”

Wanda noted that that she maintains a vegetarian household; though occasionally she selected meat for dinner in the hospital cafeteria when she was at work.

“I don’t cook meat at all. As a matter of fact, I don’t really buy meat. If we go out, and it is there, we might eat meat. We eat fish more than anything. My older daughter is more vegetarian than I am; she would not touch meat at all.”

Wanda indicated that she allowed her children to attend public elementary schools. However, she maintained that her children would attend an SDA high school because she wants them grounded in their faith, particularly during their adolescent years.

“Only because for reasons, you know, because in Adventist schools, it is more of a moral thing. We don’t feel we want our children out there with the things that are going on in public high schools. We just figure it is best to get them out of public schools at that time when it is crucial. They are attending school with their peers who share their faith and similar beliefs and values and it is not as hard for them.”

Wanda indicated that her children were not ridiculed by non-SDA children while attending public schools. She shared the following example about their interactions with other children.

“Thank God, the ridicule has not happened. Sometimes, we have had where my kids wanted to go to a Friday night party or something at school. And then I tell them no, you know you cannot go. But they have never had their friends laugh at them because they could not go. I mean, it was not an issue because they don’t go. They did not have to tell them that they could not go. So, anything except Friday nights, they just did not go. So, they have never had a problem with kids being around them because they are Seventh Day Adventist.”

While Wanda and her husband continued to provide a loving home for their children, they faced the parental responsibilities of rearing two children who were mastering the skills of Middle Childhood and an older child who was entering the stage of Adolescence.

Both Wanda and her husband coped with the challenges of aging parents. Wanda’s husband dealt with the divorce of his parents and the subsequent care of his mother, who died of cancer after a short illness. Wanda’s father experienced a series of strokes that left him in a physically disabled condition, which necessitated assistance and supervision from health care providers. Wanda and her husband met the responsibility necessary to “adjust to the needs of aging parents” (Havighurst, 1972, p. 104) which was an appropriate developmental task for Middle Age.

Lived Personal Experiences: 1997-2001

Middle Age (Ages 41-45). During these ensuing years, Wanda and her family experienced a series of traumatic events that had a profound effect on their family dynamics. Wanda described the emotional and financial strain that her family experienced with the death of her mother-in-law. She noted that her husband paid for

two funerals for his mother, one in Canada and the other in the West Indies. Wanda indicated that her husband has three sisters who did not share in financial expenses related to the funerals. Wanda's sisters-in-law relied heavily on her husband for emotional support after the death of their mother.

Also, during this time, Wanda's father continued to decline in health. "My father experienced lots of series of strokes, and that was getting worse and worse. And we actually did not expect him to live."

Currently, Wanda shared that her father is "92 years old and still living."

"He is in a private home. It is too much for my Mom. She cannot provide the care for him with her being older. We did not like the nursing homes and all those things, so we chose a private home. My father's caretaker is doing a good job. My Mom visits him there at all times of day, and my father is always clean and looking fine."

Wanda's parents are living out of state; but one of her older sisters "lives there too, so my mother has support."

Wanda recalled during this time in their lives, her husband experienced a tragic event. Wanda's sister-in-law, who is her husband's youngest sister, has struggled with drug addiction for many years. When she bought and abused drugs, she left her two children alone with her boyfriend for long periods of time. After having a "terrible fight over her drug use," Wanda's sister-in-law murdered her boyfriend. Subsequently, in an attempt to hide the murder, Wanda's sister-in-law hid his body in a closet in her home for several weeks. When the neighbors began to complain about the awful odor, Wanda's sister-in-law set her house on fire in an attempt to dispose of her boyfriend's

body.

Wanda's sister-in-law intended to commit suicide in the fire and to have her two children die along with her. Wanda's sister-in-law survived the fire along with Wanda's nephew. However, Wanda's niece was consumed by smoke and she died in the fire. At this point, Wanda's sister-in-law is incarcerated and is serving a life sentence without parole. Wanda's nephew lives with his biological father and he spends most weekends with Wanda and her family.

Wanda acknowledged that these events have devastated her husband and he has refused to seek counseling to deal with the stress and trauma that he is experiencing. Wanda noted that her children have been affected adversely as evidenced by the following.

“When I saw my sister-in-law for the first time in jail; I just cried. I just broke down. And it was very hard on me because I was the one going. And my husband was so angry; he just didn't even want to see her, nothing. Wouldn't do anything. I know he loved his sister. That was his favorite sister. But he just couldn't take it. He just couldn't even get close. He did things from afar, like getting the lawyers and things, but he just couldn't see her. So, for a whole year, I would go every two weeks. It was really bad, a bad situation.”

Also, Wanda shared how this family tragedy affected her children as she and her husband tried to cope with the ramifications.

“I think, a lot of times, I will see my husband take his anger out on the children, especially my oldest daughter, because she really got it. He will just get angry for something, you know, teenagers are teenagers. And I guess she became a

teenager in the wrong time, with attitude and everything. Sometimes, he will just get so angry toward her, he will just attack her. And I had to be the middle person. So, we (Wanda and her husband) had a lot of fights. I mean, we had some terrible fights because I feel like I have to protect the kids. And I knew the anger... he needed to see someone; but he didn't go. He didn't think he needed to see someone. He would say, 'no, I am fine.' I know he did need counseling. And he still needs to see someone because this has been an ongoing problem for so long. It is not like it stops."

Wanda acknowledged that her husband has remained under sustained stress since the death of his mother in 1996, followed by the death of his niece, and the subsequent imprisonment of his sister.

Although Wanda and her family have resumed their 'normal routines,' she believes that her family will not return to their 'old way of being and doing' until her husband seeks counseling and reconciles some of the feelings about the tragic events that he has experienced.

Despite these challenges, Wanda and her husband continue to "assist teen-age children to become responsible and happy adults" (Havighurst, 1972, p. 96), experience early empty nest syndrome as their oldest child leaves for college, provide educational opportunities for their children, cope with goals met and not met, "achieve adult social and civic responsibility" (p. 98), and care for and "adjust to aging parents" (p. 104).

Lived Academic Experiences: Wanda Lewis

Lived Academic Experiences: Primary Education

1962-1970: Elementary School/1st-8th Grades. Wanda recalled from a very early

age that her father was “all education.” She shared the following about her father’s value about education. “It seemed like everything he ever talked about to us about was education. Nothing else. He was never into telling us what to do, teaching us, or anything; but he wanted to make sure that we get an education.”

Wanda began her primary education in first grade. She attended a co-educational public elementary school for her primary education that had a racial composition of Black and Spanish students. She noted the curriculum was taught in Spanish only. She was not taught the English language in elementary school. Wanda described herself as “a good student who was friendly and who made friends easily.”

During the developmental stage of Middle Childhood, Wanda was expected to master skills, such as, “developing fundamental skills in reading, writing and calculating, learning to get along with age-mates, enlarging her social circle, beginning abstract thinking, learning physical skills necessary for ordinary games and gaining confidence through motor development by engaging in competitive sports” (Havighurst, 1972, pp. 19-27).

In the absence of Wanda’s mother, her maternal aunt was able to serve as her “same parent preference” (Havighurst, 1972, p. 23). Wanda believed that she was able to “develop concepts for everyday living, build wholesome attitudes toward herself, learn an appropriate feminine social role and develop a scale of values, morality and conscience and achieve personal independence” (pp. 29-31) due to the guidance and influence of her maternal aunt who lived with her family and assisted her father in her childrearing after her mother moved to the United States.

Lived Academic Experiences: Secondary Education

1970-1974: High School/9th-12th Grades. Wanda indicated that the high school system in her country was established differently from the American high school system, “you only have two choices.” Wanda expanded on the high school system as follows.

“When you enter high school, it is called Bachelor of Science or Bachelor of Art. If you are in the science curriculum, there are all these prerequisites, just like if you go to college. I was in the science curriculum and part of the prerequisites was for me to take three years of Chemistry, Zoology, Trigonometry, Calculus and all of these things.”

Wanda noted that this intense curriculum required that, “I always had to study a lot.” She recalled that her father had not taken any of these courses and “he could not really help me; but he continued to stress education for all of his children.”

“So, with him, everything was education, everything. So, very early, we (Wanda and her siblings) knew that we were going to go to college. I mean, there was no if, and, or but, that you would not go to college, as well as to work after high school. We always knew we were going to college. So everyone went to college except my youngest brother.”

Wanda attended a co-educational public high school with a racial composition of Black and Spanish students. In high school, Wanda acknowledged that, “I was an excellent student and I received grades of A most often.” She noted that, “I liked science especially; and I had a high aptitude for science courses.” She believed that, “my excellent preparation in high school, especially in the sciences, enabled me to plan for a future goal of attending medical school.”

As a high school student, Wanda described herself as “friendly and sociable; albeit somewhat introverted and naïve.” During this stage in her development, she mastered skills, such as, “achieving new and more mature relations with age-mates of both genders” (Havighurst, 1972, p. 45), engaging in dating relationships and relationships with the opposite gender, demonstrating independence in study skills and everyday living skills, such as driving and holding down a job; and establishing future plans for her education and a career (Havighurst, 1972).

Wanda graduated from high school in 1974; she worked for one year before moving to the United States in order to live with her mother and to attend college. Wanda acknowledged that her high school education with a science-focused curriculum prepared her for the rigors of college. However, Wanda arrived in the United States with a limited ability and proficiency in speaking, writing and reading in the English language. Wanda’s limited language skills in English proved to be an early barrier to the advancement of her college educational goals.

Lived Academic Experiences: Post High School Education

1975-1976. By the end of summer 1975, Wanda arrived in New York and moved in with her mother. Although she had planned to begin college in the Fall semester. She learned that she had missed the admission deadlines and was unable to begin her college education during the 1975 Fall semester. Wanda recalled the following about the experience. “By the time I arrived in New York, it was too late. I could not get into college the same year. So, I ended up working at some factory, making lamps for that year.” Wanda completed the required admission procedures and began college the following 1976 Spring semester.

1976-1979: Middleburg Union College: Associate Degree in Nursing. Wanda

described her entry into higher education with great detail as follows.

“I started college in Spring 1976. It was so different. It was so nerve-wracking. I remember the first day I went. I was in Massachusetts; it was a private Seventh Day Adventist school. My mother did not come up with me. My Mom sent me up to my sister, who was living in Massachusetts. She was a sister from the first group of my father’s children. So, my Mom sent me up there to her; and my sister brought me over to the school, and just kind of dropped me off and left me there. So, I was on my own to find everything. I had never been to the school before, you know; school in the United States is not the same. I did not know where to go, what to do. I was so lost. I was so scared. I think I was just trembling the whole time. I did not know what to do. I mean, I had no idea about registration, nothing. Nothing came to mind, I didn’t know. So, I just had to ask, ask, and ask what to do. And so people were just kind of leading me until I finally got to the registration office, went through that, found my way to the dormitory, just asked, ask until you know what to do. Thank God, there were some students that said I looked so nervous and frightened that they took me in and showed me places. They were kind of just friendly right away. That was good. So, I started to feel at home in no time because I really had students who supported me there.”

After one year in college, Wanda noted that she had not become proficient in speaking, reading and writing in English as evidenced by the following.

“I know I was having problems with my English; but over the summer I really

tried to do a lot of reading and I took around a dictionary. It was my Bible. I really had students who supported me in school and friends helped me, and things like that. So, when I applied to the nursing program in 1977, I got in because my grades were good.”

Although Wanda was admitted to the Associate Degree in Nursing program, she faced the challenge of being an international student with English as a second language and she had the following result.

“So, I went into nursing, and I made an A on my first test; and on my second test I earned a B. But the nursing faculty told me that since I could not read and write very well in English, I had to drop out. So, I had to drop out for a whole year and start again the following year, and take English courses and things like that. So, they did not give me a chance to stay. I thought that if I made As and Bs, I figured I could complete the program. But I guess they figured that I could not. So, I dropped out and so that is why I ended up staying there one extra year.”

Wanda shared her perspectives about her lack of English proficiency as evidenced by the following.

“I never got grammar and English and that while attending primary and secondary schools. It made a big difference when I came to this country. When I went to college for my Associate, I had to take some English courses; but it was not grammar. As long as I was doing well grade-wise... you see, I can take a test and can do fairly well, but it does not mean I know grammar.”

Since Wanda was not required to complete numerous writing assignments in her

Associate Degree Nursing Program, her poor writing skills did not pose a problem for her. She recalled that she did not realize that she was under-prepared for scholarly writing assignments until she began an RN to BSN Completion Program, which included a scholarly paper requirement for each course.

“I was totally unprepared for the English and I really did not do well, or as well as I could have. I did take some classes at the Community College to kind of help me along; but no, I was not prepared for passing all these things. Even though I speak English and someone else speaks English, but the way that person interprets English is different than the way I do. I am going to interpret it very differently from that person maybe because of the way that person was taught and the way I was taught is different.”

Wanda followed a similar pattern throughout her college matriculation in that consistently she sought improvement in areas that posed limits on her personal development and achievement of her educational goals.

Wanda recalled that it had been her intent to earn a Bachelor’s Degree when asked about completing the Associate Degree in Nursing.

“The college had promised to start a BS before we graduated, and that was one of the reasons why I chose the school too, because they promised to start the Bachelor’s and they never did. It started about five years after I left.”

Wanda experienced the additional stressors of adjusting to a new country and becoming proficient in a second language when she began her college education. Additionally, she was expected to master developmental skills required for Early Adulthood, such as, “selecting a mate” (Havighurst, 1972, p. 85), “learning to live with

a marriage partner” (p. 86), “starting a family” (p. 86), “rearing children” (p. 89), “managing a home” (p. 89), and “getting started in an occupation” (p. 90).

Wanda acknowledged that almost 20 years would pass before she decided to return to college to earn a Bachelor of Science in Nursing Degree. She admitted readily that her family became her priority and she was willing to delay her educational goals in order to establish and to maintain a well-rounded lifestyle for her children that encompassed educational, religious, personal and social activities.

Wanda noted that she and her husband were willing to make any financial sacrifice that was necessary to ensure the successful development of their children. She maintained a loving relationship with her husband and has provided him with essential comfort and support as he continued to cope with family and work-related stressors.

Lived Academic Experiences: 4-Year University: Bachelor of Science in Nursing
1995-1999: Registered Nurse to Bachelor of Science in Nursing Completion Program

Fall 1995. Wanda completed the final prerequisite course, Pathophysiology, a 3-credit course, which was scheduled one evening per week from 6:00pm to 8:30pm. Wanda completed only one nursing course during this semester. Wanda earned a grade of A for this course.

Wanda acknowledged that, “I enjoyed this class very much.” Despite the amount of reading for the course, Wanda presented the following response. “There was a lot to read. But I enjoyed the course so much that, even though there was a lot, I enjoyed the reading, so it made it a little easier.”

She liked the lecture style of the Instructor because she was accustomed to this teaching style. “That’s the way I was used to being taught, anyway.” Wanda noted that

she learned a great deal and she did not have any negative feedback about this course. She recalled that, “the examinations were fine and were not difficult for me.”

In this 1995 Fall semester, Wanda recalled that she worked full-time on the night shift (11:00pm to 7:00am). She had three school-aged children ranging from 12, 7, and 6 years respectively. Wanda indicated that her husband was experiencing a very stressful period during this semester.

“My husband was going through a very stressful period. His parents were getting a divorce after 38 years of marriage and they were communicating through him. So, anything they wanted for each other, they had to go through him. So, it made it really difficult for him because they were not talking to the other girls (Wanda’s sisters-in-law); they were just talking to him. So it was a very difficult period.”

Wanda remembered that she tried to offset some of the stress on her husband by providing him with unconditional emotional support as he weathered his parents’ divorce.

Spring 1996. Due to the amount of content covered in this course, Nursing Theories, Concepts and Models, the credits were increased from 3 to 4 credits in 1997. Wanda is one of two case studies who completed this class when it was a 3-credit course; four case studies completed Nursing Theories, Concepts and Models as a 4-credit course.

Wanda completed Nursing Theories, Concepts and Models, which was a 3-credit course that was scheduled one evening per week from 5:00pm to 7:30pm. She earned a grade of A for this course. Wanda completed two nursing courses in this

semester.

Wanda acknowledged that, “this course was a little more difficult because I had to adapt to a new way of teaching.” Wanda shared her reactions to the new teaching style of the Instructor as follows.

“It was different and I had to adapt to it. I think the difference between that style versus the other style in Pathophysiology was that the students had to participate more and do their own self-study. It was not lecture style. So, that was different. It took getting used to.”

Also, Wanda recalled that her previous course used a multiple-choice format for the examinations and she found that she had to adjust to a different examination format in this course as noted. “The kind of testing was different. The essay tests were hard for me because I wasn’t good at the English language.” Wanda noted that she did not enjoy learning about the organizing framework for the curriculum in this course. “I did not like the Neuman Systems at all. And that was throughout the whole course. But other than that, I think it was fine.”

Wanda indicated that there were other assignments in the course that she did not enjoy as well, such as, the scholarly papers and the oral presentations.

“Yeah, there were papers. There were assignments. We had to talk. That part, I didn’t really like too much because I am not very good at speaking, public speaking. But it was a good experience. I think by the end of the class, I think I was much better.”

Wanda was unable to recall too much about the reading assignments for this course.

“The reading assignments, I can’t remember very much about it.”

Also, in this 1996 Spring semester, Wanda completed Physical Assessment, a 4-credit course that was scheduled one day per week from 9:00am to 1:00pm. Wanda earned a grade of A for this course.

Wanda recalled that she liked this course as evidenced by the following.

“I liked it. It was nice. I think maybe I liked it because it was the first time I had learned how to complete an assessment. Some of the things, I could have learned more. But overall, I think it was a nice class and I enjoyed it.”

Wanda remembered that, “there was a big paper.” After completing the head to toe physical assessment on a volunteer participant, the results were presented in a scholarly paper. Wanda indicated that her preference would have been to learn more skills related to the assessment.

“There are certain things I wished we had a follow-up on with the assessment. I think it would be nice to continue one course of it to make us a little more proficient, instead of one semester. Because after a while, you just kind of don’t use it much anymore. So, this would have been a nice follow-up.”

Wanda acknowledged the following about the reading assignments.

“The reading was okay, I think. I can’t remember it being overwhelming, except for what was going on, anyway. I don’t think the reading was overwhelming; it was just finding the time to read. So, I think it was fine.”

Wanda completed each of the two courses taken during this semester on successive days. She worked the night shift (11:00pm to 7:00am) on the same day that she

completed the Physical Assessment course. On the following day, she attended the

evening course and occasionally worked the night shift after that class; but she noted that this was her night off generally.

Wanda did remember that the assignments in the Nursing Theories, Concepts and Models evening course affected her home and work life. She described what her life was like during this semester with the following.

“Most of the times, I worked Wednesday night through the Thursday. I always found it difficult to find time to read. It wasn’t easy to read at night. I didn’t have a whole lot of time to do a lot of reading. Basically, it was because I also had kids who were doing their homework. By the time I put them to sleep, it was time to go to work. Actually, I was working some 12 hours shifts (7:00pm to 7:00am) and some eight hours (11:00pm to 7:00am). They were all nights. I would get off on Thursday morning and try and get some sleep, then try and get up. I’d pick up my kids and after my kids would come home and finish their homework. And then I would try to do some kind of reading before I came to class, which was very difficult.”

Wanda recalled that her work schedule and evening classes took a toll on her both physically and mentally. “I was chronically tired, all the time. I was just mentally... sometimes I was just drained. It was very draining.” To help with her schedule, Wanda “would take the Thursday night off.” She noted that, “sometimes there was difficulty getting Wednesday off; sometimes I did.”

Wanda's husband continued to mediate between his parents after their divorce. "Well, I guess it was the same old thing, with the difficulty with the parents." Soon after the divorce of her in-laws, Wanda's husband learned that his mother was terminally ill and Wanda shared the following.

"My mother-in-law became sick and she didn't tell us. She became very sick. She got cancer, so my husband traveled several times out of the country. I couldn't go, a lot of times. I was with the kids. Sometimes he was gone a week at a time."

Wanda faced additional challenges during this semester that placed a great deal of stress on her family. After her in-laws were divorced, her husband spent time out of the country to be with his mother.

The absence of Wanda's husband from the family placed additional responsibility on her. Wanda's children were too young to remain home alone. She needed to arrange for childcare on the evenings that she attended classes. She recalled that she had problems with childcare at this time. "Oh, yeah, because people are working so much; working people, working friends. So, I was dependent on friends that I didn't want to because, you know, I am imposing on them." Wanda remarked that she did not have any extended family members in the area who may have been available to help with babysitting. She stated that she tried to call on her friends on a very limited basis.

Her family suffered a family death during this semester and Wanda noted.

"At the beginning of the New Year, my husband's mother died two days after

New Year. And that was unexpected. We didn't expect her to just go. So, all the funeral arrangements had to be made by my husband. His sisters didn't have any money, so they didn't even try to get any. So, we had to get the money and we had so little ourselves. The life savings were eaten up. She was also from the West Indies and one of her desires was to go back and be buried beside her mother. So, we had two funerals because she had lots of friends and things in Canada, because she had been there for many years. So, having one in Canada... I left after the first funeral. I mean I had to come back. Then I came back home with the kids and then my husband went on back to getting the body ready to go to the West Indies and bury her over there. And I think it took him about a couple of weeks away. So, it was very difficult.”

Wanda recalled that this semester was difficult particularly due to the stressors that her husband encountered with his family. She acknowledged that, “having two courses at night was rough. It was pretty rough.”

Fall 1996. Wanda completed Adult Health and the Clinical Component in Fall 1996. The Clinical Component was scheduled one day per week from 9:00am to 12:00noon; and a Post Clinical Conference was held immediately after the clinical experience from 12:00noon to 1:00pm. Students were encouraged to bring their lunch to the Clinical Conference. The Theory Component for the course was scheduled on the same day of the week from 1:00pm to 4:00pm. Wanda completed only one nursing course during this semester. Wanda earned a grade of A for the course.

Wanda acknowledged that this clinical course presented her with challenges that she had not experienced previously as noted.

“This class was very uncomfortable for me because it was teaching me something that we didn’t use in the hospital as much, you know, sitting there and trying to know someone. I think it was more geared towards a lot of psychiatry, also. As I say, it became a little easier. But I just never knew what to say to the patients in the clinical experience.”

Despite Wanda’s uneasiness with this new experience, she enjoyed the Clinical Component of the course.

“I enjoyed planning activities for the residents. That was nice. I liked that. This was also, I think an important course. It was just that we needed more community-based help. You have to keep practicing and probing, over and over, until you get it and you feel comfortable. And, by the time I started to feel sort of comfortable, it was over.”

Wanda recalled that, “the Theory Component helped me to understand the clinical part.”

“If I had any questions, it helped me. And it helped me through the Neuman Systems because, as I said, the Neuman Systems was very hard. I didn’t really enjoy it that much. But this part was needed to clarify and to help me with the book.”

When asked what made her dislike the Neuman Systems, Wanda indicated the following.

“Well, it just didn’t seem to make sense in real life, I guess. I don’t know. It just seemed like it was something you just go through because it’s part of the clinical. I wanted a more life-based thing; that when you are going to the

hospital, I can see it and I can work with it. I was not finding... the Model couldn't work with the staff in my hospital in my setting. So, the assessment and the other things, I could always use and understand. But I just couldn't... I didn't find that it (Neuman Systems Model) was helpful for me.”

Wanda did remember that weekly clinical journals were required and they were based on the Neuman Systems Model and she cited the following.

“The clinical journals had to be based in the Neuman Systems. So, I didn't think I did very well. But I guess, as I went through it, my grades started to improve. But in the beginning; it wasn't easy. And, as I said, it was just because I could not get in there to bring it out.”

Wanda recalled that the other writing assignment for the course was a scholarly paper. Wanda noted that the APA writing format presented problems for her by sharing the following.

“Oh, the APA format was pretty tough. It took a lot of my grade. I think that the Instructor wrote that I had a good paper; but I didn't follow the APA format, so I ended up getting a C on it. So, it just turned me off to the APA. At the beginning, when I thought I was using the APA manual and I thought I understood it, I guess I never did because it was still bad. I'm not sure but the first few papers had so many mistakes in it. Then, all of a sudden, it just kind of clicked.”

Despite the challenges that Wanda faced with this first clinical course, she indicated that she did improve her oral presentations skills. Additionally, the teaching style was more familiar because she had the same Instructor for two consecutive

courses; but she preferred lecture style still for teaching. Wanda admitted that, “I felt that this course should have had a Part I and a Part II because by the time I got comfortable with the course, the semester was over.”

Wanda noted that, “the entire year of 1996 was very difficult for my family.” Her mother-in-law died at the beginning of the year and her death affected their finances negatively as evidenced by the following.

“That 1996 was a terrible year. It was a terrible year. And, of course, I could not slow down from working because of all the financial... the money that we had spent from us. That year, we spent about, between 15 to maybe close to \$20,000. That’s a lot of money.”

Wanda continued to have difficulty juggling her full-time work schedule, attending college and carpooling her children to all their extracurricular activities.

Wanda indicated that it was important to her to keep their children involved in a variety of activities that each enjoyed. She did not believe that they should miss out on their activities “just because the family was experiencing some financial strain from the money that had been spent with the funerals earlier in the year.”

Spring 1997. In the 1997 Spring semester, Wanda took an approved Leave of Absence from an RN to BSN Completion Program because her father was very ill and he was expected to die within a few months. Wanda spent extended periods of time out of state in order to assist her mother with the care of her father. Presently, Wanda’s father is alive, though severely incapacitated as a result of several strokes, and he resides in an assisted living facility out of state. Wanda acknowledged that her mother lives in the same area as her father and visits him everyday.

Fall 1997. Wanda completed Nursing Research, a 3-credit course, which was scheduled one day per week from 2:00pm to 4:00pm. She completed only one nursing course during this semester. Wanda earned a grade of C for this course.

Wanda noted that this course presented several challenges and she considered withdrawing from the nursing program while completing this class. “If I wasn’t where I was in the program, I probably would have left.” Wanda gave the following account to describe her reactions to the written Research assignment for the course.

“The course was pretty rushed and it was creating a lot of unnecessary stress. I don’t think she took time to really teach us, you know, step-by-step. Because we had to get into this paper which I don’t think we had any right doing because we just didn’t have the time. The things that she wanted us to do was calling people and getting their permission to use this and that. That took forever. As of matter of fact, I didn’t even get mine (Research tool). The person I was using was in England, somewhere and I never got the person. I had to make up something. So, it took forever, trying to get them on the Internet, calling numbers. And of course, they were not at the university anymore. It was just a mess. And you can’t do that in one semester. It was just too much.”

Additionally, Wanda recalled having difficulty with the written research paper for the course. She did not believe that enough guidance was provided to assist students with the research assignment.

“When I was trying to write the paper, everything I wrote was wrong. And you have to keep doing it over and over and over. It was just too much. I think it would have been better if one semester, we had the course and were taught how

to do the paper, then the next semester, we do the paper. I think that would have worked.”

Upon completion of the written research paper, Wanda indicated that an oral presentation was required. She noted that,

“I remember that day; I was so totally stressed. The first group who did it, they were not ready. So, we ended up being the first group. And just to even get to that point, I tell you, I thought I was going to fail.”

Wanda acknowledged that she could have learned a lot from the Research course if it had been presented more effectively. She suggested the following to support her beliefs about the course.

“Research, itself, I think I would have loved it if it had been something I think I could use, something I would think I wouldn’t mind getting into. But because of the way it was done, I don’t think I learned a lot.”

Wanda believed that a better foundation in the research process would have allowed her to apply research in her clinical practice more effectively.

Wanda noted that the course ended just before the Christmas holidays and she was anxious to learn whether she had passed the course.

“I went through Christmas, just terribly sad. I already had all the family problems and dealing with this made it worse. I really did not have a good Christmas that year because I did not know what grade I was going to get. They (Nursing Department) wouldn’t tell me before. They wouldn’t even give me an idea. I thought it was a lot of unnecessary stress.”

Wanda recalled that the stress that she experienced while waiting for her grades affected

the entire family. She acknowledged that, “I remained in a sad mood and endured a lot of unnecessary stress while I waited for the course grade to arrive in the mail after the Christmas holidays.”

Spring 1998. Wanda completed one of the required Nursing Electives during this semester. She completed Health and Wellness: Alternative Interventions, a 3-credit course, which was scheduled one evening per week from 5:00pm to 7:30pm. She earned a grade of B for this course. A graduate student, who interacted with the students throughout the semester, assisted the Instructor.

Wanda recalled that, “I enjoyed this course.” “It was different. It was really nice. I mean, I loved the different people that came and talked about different things.” Wanda indicated that group assignments were required in this class; but challenges emerged with this approach as well.

“It was hard getting together with people. I think that is the hardest thing to do. It is not very easy to get adults together because everybody has a busy life with working, school, and kids, just like I was. And it was more stressful. So, we ended up... I think two of us ended up doing all the work and the others got the credit. It was not as good as it should. But we ended up getting a good grade, thank God. Considering, I didn’t get an A; but I got a B.”

Wanda reported the following about the reading assignments.

“There wasn’t a lot of reading, as much as we had to research journals about whatever the topic was going to be for the next time. And you had to put them on these little cards; 3 by 5 cards.”

Wanda recalled that the graduate student, who assisted the Instructor in the course,

assigned a journal writing assignment for the students. The journal was kept electronically and the graduate student responded with her comments to the students' entries by return E-mailing. Wanda recalled that, "we had to speak about the different classes, how they were, and how they affected us." Wanda noted that the Graduate Assistant expected the students to document their life events that they were experiencing during the semester.

Wanda recalled that her life and family dynamics were not getting any easier as she progressed through the curriculum. She described an event that required increased juggling of her multiple roles.

"My husband went and took on a very stressful job. Now that was crazy stuff. That was really crazy when he did that. I mean, it was an opportunity that, I guess, for his profession, is supposed to be very big. But it was also a lot of work and he had to travel. He stayed on the job for over a year; but it wasn't working for us. It was too much. I think it was my last semester when he left the job. I had to take 11 credits, I said, you know, this can't work out. So, he left it. And he realized the mistake he made. At that time, it was just not a good time."

During the year that her husband worked on his new job, Wanda continued to maintain the family, work full-time and attend college. Although her husband assisted with the family when he was not traveling, Wanda recalled that the new job did not allow him to help out consistently.

Fall 1998. Wanda completed Nursing Management and Leadership and the Clinical Component, which was a 5-credit course. This was the only nursing course

taken by Wanda during this semester. Wanda earned a grade of B for this course.

The Theory Component for the course was scheduled one day per week from 9:00am to 1:00pm. Wanda was required to complete six hours in her clinical experience with a management preceptor from her place of employment. Wanda had the flexibility to set the hours for the clinical; but the clinical experience could not be scheduled during her normal working hours. Wanda recalled that this course gave her a better understanding of the role of a nursing manager as noted.

“I worked very closely with my manager. What I liked about it is that it gave me a chance to understand her role and how tough it was for her and the things that she had to focus on. So, it gave me some respect for managers. Because, sometimes you see people, they make rules and things in development and you really don’t know much about them, what they do. She took me to her meetings and things like that. She made me see a lot of things that other people do not get to see. I liked this clinical part of it.”

Wanda recalled that she scheduled her clinical hours according to her preceptor’s schedule during the day shift (7:00am to 3:00pm). The preceptor was very cooperative and she assisted Wanda with her clinical assignments as needed.

“Then I had to talk to some other people who did quality assurance and speak to the people on my unit and things like that. So, they (Clinical Preceptor and staff) were very cooperative with me, you know, filling out paperwork for me and things like that. It was helpful.”

Wanda expressed a different reaction to the Theory Component of the course relative to the teaching style and the performance of the Instructor.

“The Instructor’s teaching style was more a traditional type of teaching, which I enjoy that kind of teaching anyway. So, the teaching, I guess, was okay. The class started at 9:00 in the morning and before I could go to class, I had to make sure the kids were getting to school. So, it was very hard to get there for 9:00am. And I had told the Instructor from the beginning, that I was going to be about 15 minutes late because it was very hard trying to get the kids off to school. But it seemed if a student tells you that she’s having problems, and that is from the beginning, you don’t expect the Instructor to start all the tests right at 9:00am sharp. The Instructor would give some extra credit starting at 9:00am in the morning before giving the actual tests. By the time I got there, it was all finished. So, I missed a lot of the extra credit. I am not sure; but I think... I feel other students told her too. But the Instructor, it seemed that her favorite students are there, so she’s doing it. She does not care.”

Wanda believed that the Instructor should have tried to help those students who had difficulty arriving to class at 9:00am sharp, especially the students who had school-aged children.

Additionally, Wanda shared another concern that she had about the course and she believed that other students shared the same concern about what was perceived as some students receiving preferential treatment.

“Another feeling I always got is, only certain people the Instructor was listening to, and others... I remember, one nurse got so mad, that she lashed out on her. She was saying, ‘every time I put my arms up, you look over me and pick the person who you are going to get.’ And she did that to other people, too. I just

never lashed out, like her. So, we kind of secretly clapped for her. But I just think that sometimes it can ruin your feelings for the class. It really does. It can ruin your feelings overall, too; to even want to do the classes if you have the perception that the teacher does not care about you.”

Wanda shared another example related to the Instructor’s treatment of her when she needed assistance with scholarly paper assignments.

“There were a few times, with the papers, that she said, ‘okay, come upstairs to her office if there was a problem, if you don’t understand it.’ And when I went there, she said that she didn’t have the time to be with me, right now. So it was, like, why are you saying that, and then, when I go up there. And that wasn’t just once, not having the time to sit with me. I am not sure if it was just because I have an accent. At first, I thought it was a Black thing, but maybe it is more my accent. I don’t know. I am not sure. But, then again, the girl that lashed out was a Black American. So, I think it might have been both. From the beginning, she told us that she was not prejudice. Don’t tell me, if you are not prejudiced, it wouldn’t even come to your mind. You just wouldn’t even think about it or talk about it. To me, once you say that you are not, then you are prejudiced. So, I feel very funny if you have to tell me that you’re not prejudiced. Thank you. I will find out. You don’t have to tell me.”

Wanda maintained the perception that the Instructor did not care about some of the students. “I was not sure if the Instructor, who was Caucasian, had a bias toward students with accents or toward Black students in general.”

Wanda believed that the requirements for the course were excessive and she

made the following observation about the writing assignments.

“There were three written paper assignments. But I think it was just too much.

I really think three papers were too much. Plus you have to study, read and you

have tests and all this. It was just too much for an adult learner that had to do so many other things.”

Wanda recalled that the life events and stressors were ongoing as identified in the previous 1998 Spring semester.

“It was a tough point. It was a lot of work. Same strain and stressors. I had to end up doing mainly weekends at work. So, I had to go a lot of Fridays,

Saturdays, Sundays and Mondays, so I could have some time during the week to study because there was so much paper. There were a lot of paper assignments.

I think it was three of them. So, I set it up that way. I hated taking that from my weekend; but it worked out; that was better.”

Although Wanda completed the course successfully with a grade of B, she acknowledged that, “believe me, that B was well earned; it was because I was pushing so hard.” The perseverance that Wanda demonstrated for this course has served her well as she achieved her educational goals. While earning a BSN Degree, Wanda and her family experienced numerous setbacks; but she never gave up. As she noted, it was important to her to set a high standard of achievement for her children.

Spring 1999. Wanda entered her graduating semester and completed the final two required courses for an RN to BSN Completion Program. She completed Community and Family Nursing and the Clinical Component, a 7-credit course, which

had both a community-based and family Clinical Component. Wanda earned a grade of B for this class.

The Clinical Component of the course was scheduled one day per week from 9:00am to 3:00pm. Wanda completed her community-based clinical experience in a parish nursing setting. Wanda attended a Post Clinical Conference from 4:00pm to 5:00pm. The Theory Component of the course was scheduled on the same weekday and was held from 5:00pm to 9:00pm. Additionally, Wanda interacted with a family throughout the semester in order to promote and/or enhance positive family dynamics.

Wanda indicated that she enjoyed the clinical experience; she was paired with another student from her class.

“I did enjoy the clinical part of it, the parish nursing, that was very interesting. I really liked that. And the preceptor was very, very open for us to learn. She invited us to a lot of things. We attended parish nursing activities at her church. We also attended some of the classes that the church offered. We did teaching at a community center; that was very nice. It was a lot of work; but it was a very enjoyable work.”

Wanda shared her observations about the family component of the clinical as well.

“Then we also had the family that we had to interview and do a paper on. That was a little tougher because I had to go with their schedule, so sometimes it was night, some days. So, it was a lot of switching around. But that was fine.”

Wanda did not share the same positive feelings about the Theory Component of the course. She believed that the Theory Component of the class was disorganized. Also, she recalled that there were too many assignments, such as, a lot of reading, two papers

and an oral presentation.

“I think the Instructor used to jump around too many things. I mean, and she never really came up to the subject. Sometimes, the class was finished and we didn’t really cover the subject. And then we had all these tests in this subject that we didn’t cover. So, I really didn’t enjoy the class, as much. I thought it was a waste of time. And that was from 4:00pm to 9:00pm, so it was pretty long.”

In that same semester, Spring 1999, Wanda completed the final course for an RN to BSN Completion Program. Professional Nursing Issues and Trends was a 3-credit course, which was scheduled one day per week from 5:00pm to 7:30pm. Wanda earned a grade of B for this course.

Wanda noted that she could not get too excited about graduation because she had to complete this course and she knew that she had a lot of work to do. However, she recalled the following about the course.

“I enjoyed this class. I enjoyed this class; but I did not have enough time or find enough time to prepare all the time. By the time I was finished with one assigned reading and trying to find the time to prepare was very hard. So, I never really felt totally prepared, coming to the class, even when I had to talk.”

When Wanda was asked what did she get out of the class overall, she acknowledged the following.

“This class was great. I liked the speakers, the various speakers on the different things of nursing that was available to nursing that I didn’t even... never thought about. You know, I didn’t see much, other than hospital and maybe I

knew a little community nursing. But I really did enjoy knowing that there was so much more I could do. So, this class really opened my eyes. I did enjoy this.”

Wanda recalled that one of the written assignments was a resume with an accompanying cover letter.

“The only thing I didn’t like was the resume, having to spell everything out the way it was designed. I wasn’t sure of that, what the resume is really supposed to be. When I had to spell out my skill set, I felt like, sometimes I was fabricating. It almost seemed like that when you write it out that way. I asked myself, do I really do that?”

Although Wanda admitted that she did not like the resume assignment, she had other positive reactions to the course that she shared.

“The good thing about this course is, when I came out, I felt like, ‘boy I can do this and do that.’ Unfortunately, you know, if you don’t start doing it right away, you just go back into your same routine. But it did open my eyes. And I still have the book and I always keep thinking I am going to go back into it and start sitting down and reading it.”

With graduation ahead of her, Wanda continued to remain focused on completing her courses successfully as evidenced by the following.

“You know what? It is funny. I did not get excited until the end, after it was over. Because all I saw in front of me was work, and I had to finish all this

work and try to get a good grade. One thing, too, I could not afford to get C's. I could not tell my daughter to go and get A's and B's when I am getting C's. So, trying to work and I was pushing to get A's; but I guess I just did not, I guess I could

not get it. Because I know I was close to an A with the Community and Family course, but I got a B. So, it was kind of upsetting.”

Wanda completed two courses during her graduating semester. However, she recalled that she was able to work part-time in order to be able to complete the BSN program successfully. Wanda indicated that her sister-in-law was incarcerated during this time. She was unable to celebrate her happiness of this accomplishment because of the family tragedy. Also, Wanda remembered that her husband was under a great deal of stress because of the publicity that his sister's case received. Wanda was proud that she was able to keep her family intact despite the major obstacles and adversities that her family experienced.

Wanda began an RN to BSN Completion Program in Fall 1995. Wanda requested and received an approved leave of absence in Spring 1997 to assist in the care of her father who was severely ill. Wanda returned to college in Fall 1997. She earned a BSN Degree in three and a half years.

Wanda admitted readily that she began her college journey at a disadvantage because she did not communicate fluently in English; she spoke Spanish as her native language. When Wanda entered an RN to BSN Completion Program, she was aware

that speaking English as a second language could impact her educational goals. Wanda persisted in her pursuit of a college degree despite these challenges. However, upon completion of a BSN Degree, she was able to review her educational journey and make inferences about her academic experiences.

Based on her perceptions as an international student, Wanda detailed several recommendations that would facilitate academic success for adult learners returning to college.

“Well, for one thing, it would be nice for faculty to know where you are coming from and how do you best learn. The nursing program needs to look at their courses and see what they can do, and why are people (students) not wanting to go and why are people (students) feeling overly stressed and why are students leaving the program. My program needs to be competitive with other nursing programs like ours.”

Additionally, Wanda identified areas of concerns related to students who did not speak English as their first language.

“Consideration needs to be given to students of English as a second language. Even though different people come from different places, their first language is English. They do learn English as a first language but a certain way that they learn is different from the American way. So it is going to be even more difficult for them.”

Wanda recommended that courses could be offered to assist with writing skills. She suggested that a variety of examination styles could be implemented to give

students an opportunity to select a testing format that would be most successful for them.

Also, relative to the needs of adult learners, Wanda noted that students need to be heard by faculty members.

“Sometimes, to just feel like somebody is listening helps. Sometimes, if I might say something to a teacher and she goes, well, you know, you just need to be able to do that. That is not what I want to hear. I want the teacher to sit down with me, and say, well, okay, let’s see now. Let’s go through this.”

Wanda shared her perceptions about her academic experience while earning a BSN Degree and proposed strategies for adult learner and faculty collaboration.

“I think faculty members need to realize as adults going back to school, there must be another easier way to go through the courses with all the extra added stress. I mean school is stressful, going through it. I don’t find that faculty is working with us, working at our level. So, like I said, we were going back to school; but I did not feel like I was being supported. I did not feel any support at all. It was just all this work and we had to get it over with, and if you sank, you sank.”

Wanda recommended that changes in the curriculum should be considered to provide more choices for students, such as offering several classes that students can select from according to their interest.

“If you get those choices, then you maybe make it easier on you. This is still learning, you’re still doing, but you are just doing it in a different way. I definitely think because we have such different study habits and different ways

of learning, just knowing where we are and getting us there, might make us feel less stressful and make it easier.”

Wanda attributed her successful completion of a Baccalaureate Degree in part to the utilization of the academic support resources. Additionally, she sought help for her writing from tutors in the writing lab. Wanda completed two English classes at a community college as well. Over time, she noted improvement with her critical thinking, written, and oral communication skills as she progressed through the curriculum.

Upon completion of a BSN Degree, Wanda remained on the same job. Wanda indicated that her goal was not to change jobs but rather to continue on to graduate school. She acknowledged that career mobility was limited in her facility; and she did not want to transition into the two nursing positions available to Registered Nurses who held a BSN Degree.

“The only promotions available at my hospital for nurses with a BSN were either a nurse manager or a case manager. I did not want either of these positions. But my goal was not to be promoted in the hospital. My goal was to continue on to my Master’s. I really wanted to be a Nurse Anesthetist and I still do. I am just waiting for when my kids are more independent, so that I can go back to school.”

Wanda stated that commitment and determination motivated her to juggle her multiple roles while completing a BSN Degree. She did not want her children to see her give up; she wanted to teach them the importance of working hard in order to achieve their goals. Wanda noted that she used a lot of faith and praying to reach her

educational goals. She stated that, “God made me get through the final semester along with persistence.”

Due to her academic success, Wanda remarked that, “I would encourage nurses to earn a BSN Degree; but I would not recommend a Black college specifically.” She believed that, “some things have to be corrected before I would recommend anyone to attend my HBCU nursing program.” Wanda recalled that she has had a lot of prejudice as a Black foreigner, “I am not sure if it is based on being a Black woman or a foreigner.” She noted that other individuals from her country have shared similar experiences. At any rate, Wanda did not allow either race or ethnicity to deter her from achieving her educational goals.

Again, despite numerous academic challenges, Wanda indicated a willingness to recommend to other Registered Nurses the benefits of earning a BSN Degree. However, she stated that she would not dissuade students from attending a Black College.

“I would definitely encourage everybody for the BSN. Definitely, I want nursing to be a profession, to be considered a profession. So, yes, definitely, encourage everybody to go back. Whether it is a Black College, it really did not matter to me where they go. I think some things need to be ironed out before I could even tell them to go to my program. I would never tell people not to go to my program though; but I would not encourage them to do so.”

With her closing thoughts, Wanda remarked that, “I did not select my program because it was an HBCU; it was chosen for convenience.” However, after she began her nursing program, she acknowledged that, “I liked having so many Black faculty

members and I was glad that I had selected this particular HBCU to earn a Baccalaureate Degree.”

Wanda remained motivated about earning a graduate degree in the near future. Wanda is determined to become an advanced practitioner in nursing even though she is delaying the decision to return to college until the two younger children are older. Currently, Wanda believes that parental and spousal roles are her priority. Wanda wants to return to college for a graduate degree when those roles are less prominent in her life.

Lived Personal Experiences: Nancy Edgar

Demographics. Nancy Edgar (Nancy) is a 50-year-old African woman who is the first born of nine children. She was born into a two-parent household. Nancy grew up in an urban community that had an African racial composition. She has four younger brothers and four younger sisters, one of whom is deceased. Nancy recalled that Emily was the fourth born child and she died of seizures at age six when Nancy was twelve years old. Nancy grew up with many extended family members living in their home.

Nancy's mother provided "lots of nurturing." Her mother was a homemaker and she did not work outside the home. Her father had been a soldier in the army and worked as a storekeeper. Nancy's father maintained a "good and loving relationship with all of his children." Her father died in 1988. Nancy's mother is alive and continues to live in her native country in Africa.

Nancy and her husband have been married for 22 years. She and her husband moved from their native African country to the United States in 1979. Nancy and her husband have three sons ranging in ages from 21, 17, and 14 years respectively. Nancy and her husband have adopted two girls and they are 17 and 13 years respectively. Nancy noted that her husband "runs a very traditional authoritative African household and I respect our tradition." In her home, Nancy assumes the role of a traditional African wife.

Lived Personal Experiences: 1951-1956

Infancy-Early Childhood (Ages 1-5). Nancy recalled that her earliest memories are those of growing up in a very large family.

“We did not live in the house by ourselves. We lived with grandmothers, a great grandmother, aunts, nieces and nephews. And it was just a competition among all the children where everybody (the parents) is looking to see who is doing the best.”

Nancy remembered that she was given responsibility for her siblings at an early age.

She recalled that her mother told her the following.

“Therefore, I remember my mother telling me once, when I was a little child, that I called myself a missus somebody and then I got married. And that gave me the idea that, oh, me being the oldest child, I guess I have to be married, so that all of the other brothers and sisters will also follow that.”

Nancy remembered that her parents shared a “loving relationship and rarely were they separated from each other.” Nancy recalled that she had a close and loving relationship with both parents and she shared the following.

“I had a very close relationship with both of them (Nancy’s parents); but I was very scared of my father. But my mother is so small and she can talk to us and everything. But my father is what we call a soldier; he went to the Army and everything and he was very strict. You have to do it or you don’t do it. My mother is a mother where when anything happened, she would try to settle it and talk to my father. Although my father is too strict; but I think that is how we see him. We (Nancy and her siblings) saw him as being very strict until I grew up and I realized what he wanted for us and that is why he was that strict. He was also loving. He would sit down and do things with us that we never saw his sisters and brothers doing with their families. He would get up in the morning

and make breakfast. He would get up in the mornings and make hot water for us to shower before we ate and went to school.”

Also during this developmental stage of Early Childhood, Nancy demonstrated mastery of a “sense of self” (Havighurst, 1972, p. 14) as the oldest child and was “alert to social cues” (p. 14) stemming from the expectations that her parents had for her. Additionally, Nancy mastered developmental skills, such as, “forming concepts and learning language to describe social and physical reality and attachment with a caregiver” (p. 14).

Nancy noted, “I have to set a good example in my family for everybody (Nancy’s siblings) to do the right thing.” Even in Early Childhood, Nancy was beginning to master skills that were appropriate for Middle Childhood, such as, “learning to distinguish right and wrong and beginning to develop a conscience, morality, and a scale of values” (Havighurst, 1972, p. 29).

Lived Personal Experiences: 1957-1963

Middle Childhood (Ages 6-12). Nancy indicated that her parents maintained expectations that she would set the standard of behavior that her siblings could emulate. She shared the following as an example of this expectation and the responsibility attached to the role of the oldest child.

“My mother and father alone had nine children of which eight of us are living; one sister died when I was twelve years old. And growing up, by me being the oldest child in the family, at the age before I knew what to do and how to do anything, I was reminded that I was the oldest child, therefore, I have to take

control. And when my parents are away, I will have to do everything the way that they have taught me to take care of my brothers and sisters.”

Nancy recalled the challenges that she encountered by having brothers as the next two children in the family. During the Middle Childhood developmental stage, a child shows a preference for “same sex relationships and friendships” (Havighurst, 1972, pp. 33-34). Having two brothers born immediately after her did not provide an opportunity for Nancy to master the same gender relationship skills within her immediate family. Nancy recalled that she found an alternative solution and she experienced same gender friendships as noted.

“After me there a two boys, so we (Nancy and her brothers) did not interact very well because they are boys and I am a girl. And the girl (Nancy’s sister) that I would have played with also became sick early in life. Therefore, it was my cousins, who are also twins and we played together and we went to school together. And I was always the head of the family of that group because I was older than them. Sometimes, I got frustrated with them, for them being twins, they do things together more than they do things with me. The sisters that followed me are younger; I did not get to interact or say things to them or tell them what to do.”

Nancy recalled that a strict standard for conduct was the norm for her family and extended family members, as well as members in the community, could require and enforce ‘good behavior.’

“Extended family has been in the same house with brothers and sisters, cousins and nieces. Aunties and uncles have to tell you what to do when your parents

are not there. They tell you what to do and you better do it. When you go out in the neighborhood also you are scared of who is watching you doing what. Even at school, when we go to school, the teachers, they know our parents because they go to church with them and everything. So, you have to watch yourself about what you do and how you do it. Because your mother can even give the teacher the responsibility of beating you until you do what is right. So far as the teacher will let her (Nancy's mother) know that this is what she did; and this is how I taught her right from wrong. So, the neighborhood also, they are incorporated into bringing the children up by telling them what is wrong and what is right and what they are supposed to do. But most of the time, the parents take the upper share of bringing you up."

Nancy acknowledged that her father's household was different from other traditional African households in that he believed that both boys and girls should participate in household tasks equally. Nancy noted the following.

"My brother who comes after me, I am just two years older than him, he was also supposed to do the work that I do. When I am cooking, he can help cook. When we (Nancy and her mother) are washing, he is also supposed to go fetch the water and he will come back and help. He knows how to cook back when he was growing up. So, we (boys and girls) were all expected to do the same things at the same time."

The cooperation of Nancy's family, extended family and community members was instrumental in assisting her to master such skills as, "developing a conscience, morality, and a scale of values" (Havighurst, 1972, p. 29), "building wholesome

attitudes toward herself” (p. 20), “developing concepts necessary for everyday living” (p. 27), “learning to get along with age-mates” (p. 33) and “learning an appropriate feminine social role” (p. 23).

Lived Personal Experiences: 1964-1969

Adolescence (Ages 13-18). As Nancy entered her teenage years, her first sister died after suffering with a seizure disorder for many years. Before Nancy’s sister died at the age of six, Nancy recalled that she and her two younger brothers were “like a real family.”

Nancy shared memories about their time together before her sister died. She recalled that her sister was ill very often and she could not play and interact with Nancy like the brothers. “We (Nancy and her brothers) were always doing things together, eating together, doing everything together. But I never had a real sister to grow up with when I was growing up.”

By the time Nancy was fourteen years old, she exhibited characteristics of a ‘parental child’ in that she maintained responsibility for her four brothers and three sisters. Her parents expected a lot from her in terms of keeping her siblings in line, “Growing up, I was in control and that is what I know what to do. Yeah, always being in control.” Despite her “in-charge” role as the oldest child, Nancy acknowledged that she and her siblings got along very well and she noted the following.

“We had a good relationship with each other as brothers and sisters growing together. We always looked out for each other and make sure that if one gets in trouble, we all get in trouble. We had a good relationship. We grew up

together. We slept in the same room; not on beds, on mats.”

Nancy recalled that she remained at home while completing her primary and secondary education. During this developmental stage of Adolescence, Nancy was demonstrating a high level of independence already as the oldest child of eight siblings. Also, Nancy began to master other developmental skills, such as, “achieving new and more mature relations with age-mates of both genders; achieving a feminine social role; achieving emotional independence of parents and other adults; engaging in dating relationships and relationships with the opposite gender; developing same gender peer relationships and acquiring everyday living skills” (Havighurst, 1972, pp. 45-55).

When Nancy entered high school, she relied on her “strict upbringing” to avoid participating in activities that were against her moral beliefs. During this stage in her life, Nancy demonstrated mastery of developmental skills appropriate for Adolescence, such as, “acquiring a set of values and an ethical system as a guide to her behavior, desiring and achieving socially responsible behavior, and resisting negative peer pressure” (Havighurst, 1972, pp. 69-76).

By the time Nancy completed her studies in high school, she began to make future plans for a career (Havighurst, 1972). Nancy recalled that a family member encouraged her as she planned for her future.

“And I had an aunt who is a nurse and she told me about a community college that which I could go to for two years and then become a community health nurse. So, I took that examination and I passed. And I went to an interview and I passed. And for the first time, I left my family to travel to about 103 miles out from the place that I had lived all my life and went to this two year college.”

By leaving home for the first time, Nancy began the next developmental phase in her life as she moved away from parents and began living in a new environment (Havighurst, 1972). Nancy began to take the necessary steps for making a career choice and “getting started in an occupation” (Havighurst, 1972, p. 90).

Lived Personal Experiences: 1970-1975

Early Adulthood: (Ages 19-24). In these ensuing years, Nancy completed community health nurse training and she reported that, “I worked as a community nurse in the health clinics in my town.” Nancy indicated that she worked in the clinics for four years. Nancy began another assignment and she described her duties as follows.

“And after four years of doing that (working in the health clinics), I was also transferred to a village where I gave vaccinations. Also, I made home visits with the children and taught pregnant women how to take care of themselves. In the villages, there are village doctors or older people who supervise giving birth; and most of the time they don’t do the supervision. If the child is born in a hospital, it is where they would prevent infection. But the village doctors can get anything to use for cutting the baby’s cord and usually bring in infection; and the babies die of tetanus infection. So, I had about six villages where I visited these mothers. And then when the babies are born, I followed them up to make sure that they are eating good food. When the babies finish getting breast milk and the mothers just give them what they are not supposed to eat. So, I have to teach them how to come up with other means to provide them with nutritious foods which have protein in them because most of the children in the village come up with malnutrition.”

Nancy recalled that she remained in this job for five years. Nancy acknowledged that as a young woman of 23 years; she was not in a serious relationship. Culturally, Nancy shared that she was considered an “old unmarried woman.” She acknowledged that she was not seeking a relationship during this time. Nancy shared that women from her culture are “married at an earlier age and began their families in their 20s.”

By 1974, Nancy met her husband-to-be by chance, even though they grew up in the same hometown. Nancy shared the following about their first meeting.

“My husband is also from my hometown; but we never met. We (Nancy and her husband) never met until 1974. We had all gone to join a choir. So, we sang in the choir and that is where I met him. Then I called myself a Christian and that is why I joined the choir and he had also come to join the choir. That is how I saw him and talking to each other we realized that we came from the same hometown. So, when the choir is finished, we all take the same bus or the same taxi or whatever transportation we have home. And then I got to know where his family is from. I knew a brother of his who went to school with my brother, a brother after me. So, I knew him; but I never knew him.”

Nancy recalled that one of the reasons that she had not met her husband previously related to his family dynamics and the circumstances of his upbringing as noted.

“His (Nancy’s husband) father and mother did not live together. They did not marry each other. So, when he was a boy, his mother suggested that his father raise him because she did not want to raise a boy and she wanted a man to raise

him. The area that she was living in is also near the fishing area and she thought if I raise my child there, he is going go to the water and maybe get killed. Or he would get into so many things, so she gave him to his father and his father also, I do not know how it happened; but he went to stay with his grandmother. My husband's grandfather and grandmother were living together; but I think from what my husband told me, the grandmother stayed in the big house in the city. So, he got raised by his grandfather, which is like my husband always say that he never knew that he was his grandfather. My husband thought that his grandfather was his father when he was a child. And my husband believed all his nephews, nieces and cousins were his brothers and sisters. And his mother would go and visit him; but nobody told my husband that was his mother. My husband thought that one of his aunts was his mother and he called his mother, the light skinned woman. So, it was not until he was grown that one of his cousins told him that the one that you say is that woman; that is your mother. And at that time, he was grown so he moved to the city. And that is when my husband started visiting his mother because now he knows that was his mother.”

Nancy indicated that it was during this time that her husband moved to the city and joined the same choir in which she participated that they first met each other.

Nancy recalled that at about the same time her husband learned about his biological mother, his grandfather died.

“His grandfather died and my husband kept on living in his home because one of his uncles was living there. So, he stayed with his uncle who also had a wife and other children and he lived with them until two years before he went to high

school and came to the city.”

Nancy shared that after learning about his biological mother; her husband met his biological father for the first time soon after moving to the city to start high school. Nancy’s husband stayed with his biological father for about two years when he first moved to the city. However, while Nancy’s husband was away at school, his biological father died. Nancy described the sad situation that her husband experienced.

“My husband’s father died when he was sitting for the examinations to pass after four years of high school. Therefore, when his father died, he was not even told. His father died before he got home and his father was buried. And it was like, he was asking about his father and one of his brothers told him, your father was dead. My husband said, no, it was not true. And then it was true; his father was dead.”

Nancy acknowledged that she has always told her husband that, “I would not forgive anybody who would not tell me that my father is dead so that I could see the person before burial.” Nancy believed that this traumatic event affected her husband deeply even though he did not share his emotions openly with her.

Nancy recalled how she and her husband began their relationship after meeting in the choir as follows.

“I had known my husband a couple of months. He actually did not get close to me because he thinks I am too fast for him. In my country, there is a certain age that you can dress in African wear and then you put on a cloth and have another cloth to cover you. And I was dressing like that because in my family eyes, if I am working; I am grown, so I can dress like that. If I don’t dress like that, then I

don't have the means. So, sometimes when I went to choir practice, I was dressed like that and I would get rides from people to take me there. And they are young girls and he would see me like that; he would see me and say, oh my God, this girl is grown. But I was not grown; he is older than me.”

Nancy acknowledged that the impression that she was a grown woman stemmed from the following circumstances as she described.

“As I said, I was working and I called myself a grown-up girl because I was working. I have a house with one bedroom that I lived in and it is just close where I can stand and see my parents; and my parents can stand and see me; and I live with two of my sisters.”

Although her age and the adult behaviors that she exhibited seemed incongruent to Nancy's husband, Nancy maintained the independence that she had demonstrated throughout her development as the oldest child in her family.

Nancy recalled that her husband did not give her any indication that he had an interest in her romantically or otherwise. She shared the following,

“And so he didn't get close to me until he talked to some people in the choir, especially one guy who also is from our town. I did not know this guy that he talked to either until we met in the choir. My husband talked to him and I always told him, he was jealous because I would take the same transportation; but I sat close to that guy and my husband never showed his emotion, I am telling you. My husband never shows his emotion and it is very wrong; but he does not show his emotion. And you know, not knowing that he was talking about me with some friends of the choir, there were at least two guys that we

always talked to each other. And my husband was asking questions and then he realized that if he does not act quickly, he is going to lose me. But he never showed me that he was interested in me. He started taking me driving; he did not drive but we all took a cab to tape some music for our choir. But never did he show me; I did not see anything from him that he was in love with me. I remember one time I had invited my husband to come to my house and he said, no way. He thought that if he came there, I was going to rape him. So, he never showed me anything that he was in love with me. We would go to choir and we would go our separate ways and we came home.”

Nancy recalled that during this time in their relationship, her husband was attempting to get into a university in their native country; but he was experiencing some barriers as noted by the following.

“My husband wanted to go to a university in our native country. But in our country, it is who you know and who can get you there. So, it does not matter what kind of grades you have. So, her husband started working in a bank. And from there, he started writing to schools in the United States and he was accepted at a university in the United States.”

Nancy was aware that her husband was applying to colleges in the United States and she did not expect their relationship to continue after he left for college. However, Nancy shared the following about these events.

“So, I knew he was trying to come to the United States. So, I think a couple of days before he left; he was coming from work and passed my house; and I was walking with him. And he asked me, it was like, I am going to America and I

want to marry you. And I don't want you to give me, I will think about it, answer, it is either yes or no. I am just like, excuse me, you don't want me to think about it. You have made up your mind. I have never seen any sort that you are in love with me and you want me to say yes. No, I am not going to say yes. I will think about it. So, I said to wait, I will think about it. Two days later, he came to the United States. I went and saw him; I went to the airport. He left and we started writing each other.”

When asked what were her feelings for her husband at that point and what was her reaction to this whirlwind proposal from her husband, Nancy shared the following.

“One way, I wanted to get married. I wanted somebody who is a Christian to get married to; but the way my husband acts and the way he is, he was not on my list. I had other guys in the choir who I would love and get close to them. But my husband was the first to say okay, so I said okay because he was a Christian and maybe we could make it together.”

During this stage of Early Adulthood, Nancy faced many challenges in her development in order to master skills that were critical for a successful transition into adulthood.

Nancy “selected a mate” (Havighurst, 1972, p. 85), which was an appropriate task for this stage.

Lived Personal Experiences: 1976-1981

Early Adulthood (Ages 25-30). Nancy recalled that while her husband was attending college in the United States, she remained at home and continued in her occupation as a community health nurse. Nancy indicated that the long distance relationship between herself and her husband was maintained as follows.

“My husband would write me and send me pictures and I would write him. It was four years before he came back home in 1978. And for him, all I was talking about was hey, I am grown. I am 27 years old; if you are not coming to marry me, I will find somebody else. He says, okay, I am coming.”

As a precursor to the actual marriage, Nancy shared that several “traditional practices,” must be followed, such as, “acceptance by the in-law family.” To initiate the introduction to her husband’s family, Nancy shared the following.

“As a matter of fact, one time my husband has told me, I should go and see his aunt, so that his aunt can see me. I guess it is for the aunt to see me; for the aunt to tell him what she thinks about me. When I went to see his aunt, I realized that my husband came from a family where his father’s brother knows my aunt. Therefore, when the question came about where did this boy come from, my aunt is like, oh, I know his father. When we were growing up, I kind of dated his father’s brother, who is a lecturer also in the university. So, then the in-law family said, you cannot marry her because her aunt dated your uncle. But when I went and told my aunt that this guy wanted to marry me, and his aunt said you have dated the uncle. My aunt said that was nothing between me and the uncle. We were just friends and we talked and everything. But thinking about it, one of your uncles (Nancy’s uncle) had gone to live with his uncle (Nancy’s husband uncle) and therefore, the in-law family thinks it was a relationship. So, my aunt went and saw his uncle and told his uncle this is what I have heard and she (Nancy) is not even my daughter. And because his father (Nancy’s husband father) was dead at that time, my aunt had to discuss the marriage with the next

senior male relative. Your nephew and my niece want to get married; but this is a family block they are putting in and you better straighten it out. So, the in-law family straightened it out.”

When asked what was the stumbling block for the pending marriage related to dating by the aunt and uncle, Nancy shared the following.

“Two people cannot marry into the same family. I don’t know why; but from what I think, when people are going to marry, they go and look into the family. This family is a good family. They have people who are high up there, so you can marry into that family. They have scholars there. Or the family might decide, oh no, you cannot go to this family. They did not go to school. They curse and do all sorts of things, so you cannot go into that family. There are some tribes that you don’t want to marry into. So, families have to agree, even if you are in love, families have to agree to the marriage.”

Nancy indicated that once the marriage has been agreed to, the groom has to participate in “engagement rites” and she described these as follows.

“My husband came home after graduation in December 1978 prepared to marry me; but he has to go through the engagement rites. So, his family went and got an engagement ring and our wedding rings altogether. And they sent some people from my husband’s family to do the engagement rites, where they give money to my mother and father and the other relatives. And they even give money to those who I invite to the engagement. They give them money even if it is a dime to indicate that you were here and this is what happened. My

husband had to come, bring the Bible and the hymn book because we all go to the church and then give money that he is supposed to give. And the church has assigned monies that will be given because there are families that are rich and therefore, they do more than they are supposed to do. Some families will give a sewing machine; they will buy a whole lot of clothing and different things. Sometimes the girls help the boys to do that and therefore, the church says no. Because of these things that people are doing, a lot of people are not marrying the girls because they are, like, we have to do this and that and we do not have the money to do it.”

However, despite the expense of the traditional engagement rites and marriage, Nancy noted that, “it was something that had to be done before you get married.” “You have to be engaged and it is a marriage in our traditional laws. It is a marriage.” Nancy shared the following about the traditional marriage ceremony.

“My husband came and did the ceremony which was the rites we did in the church. We had the engagement rites on the 28th of December in 1978. We had the wedding in 1979 on a Monday, 1st January and on Saturday, January 6th, my husband came back to the United States.”

Nancy joined her husband in the United States in August 1979.

By the time Nancy joined her husband in the United States, he had begun graduate school to pursue a Master’s Degree in Theology. Nancy recalled that, “the first thing on my mind when I joined my husband was I am going to have a baby because I am 28 years old.” She acknowledged that she had “cousins who were older and who had two children; so I am going to have a baby.” “That was my first thing; I

wasn't even thinking about work." Nancy recalled that she got pregnant right away and she had

her first son in 1980. Nancy shared the following to describe her experiences as a new mother.

"I had a baby and stayed home for sometime. And I had to do everything by myself, where if I were home, I have a family to help me take care of the children. So, I learned quickly. That is because as I was growing up, I learned from my mother and the other family members taking care of children."

As Nancy continued her adult development during her marriage, she demonstrated mastery of skills, including, "moving away from parents, living in a new environment, learning to live with a marriage partner, starting a family, rearing children, learning to parent, managing a home," (Havighurst, 1972, pp. 86-89), budgeting, maintaining a healthy family, establishing a support system in a new country and "getting started in an occupation" (p. 90).

Lived Personal Experiences: 1982-1986

Middle Age (Ages 31-35). In the ensuing years, Nancy resumed her college education; but she maintained that her role was that of motherhood and she wanted to have children and to manage their home. Nancy acknowledged that, "I see myself as ready to bring up children and you know, take care of my children and school was not the first thing." Despite unceasing encouragement and social support from her husband, Nancy did not believe that she was successful as a student. She believed that her success was through motherhood and she indicated, "lucky for me I was pregnant again

in 1983” and Nancy gave birth to a second son.

Nancy recalled that, “my mother came to visit for about a year after my second son was born.” When asked if her mother had come to visit for a relaxing vacation, Nancy responded as follows.

“Oh Lord, she was not relaxing. She was helping. She was doing my cooking and taking care of the children and everything else. She even did a little babysitting with a neighbor’s child who is also from my country, so she was busy. Of course, she will be bored to death if she does not do anything.”

When Nancy’s mother returned to their native African country, Nancy recalled that she had to juggle multiple roles.

“While I was going to school, I was a mother and I have to work and I have to share going to school with taking care of the children. I am still supposed to make sure that the children are up and they are going to school.”

Nancy indicated that she had to contribute to the household by working outside the home and she acknowledged that she worked continuously while attending college.

During this time in her life, Nancy shared what she perceived to be a tragedy for her family when her youngest sister, at age sixteen, became pregnant out-of-wedlock. She described the circumstances as follows.

“The last one, my youngest sister did not go to high school because while she was going to Middle School, she got pregnant at the age of 16. And therefore, it is not like here in the United States, where people get pregnant, they go to school while they are pregnant. When you are pregnant in my native country,

that is it, you come home. Therefore, she almost did not finish Middle School. But when she came home and had the baby, afterwards she went back and finished Middle School. So, she also has her Middle School Living Certificate. My sister's pregnancy was very, very shameful. My sister is the last baby in the family; we all loved her. We all wanted everything that is good for her and therefore, it was very, very disappointing. And to top it all off, I remember my father writing me a letter saying that, oh, your sister had put some salt in his wound because at that time she has had a baby and then she went ahead and had another child with that same man."

Nancy indicated that the father of her nieces was not from the type of family that her family found to be acceptable for marriage and she described their perceptions as follows.

"That boy went up to the third grade. He cannot read; he cannot do anything. And in my town (in Nancy's native country), he goes fishing, so they are not respected because they go fishing and they are not educated. And there is no way she should be married to that boy. But the boy has to accept the pregnancy and say, yes; that is my baby. The boy accepted the pregnancy; but his family was just dragging their feet and that annoyed my father very, very much and that is why he said my sister has put salt into his wounds when you know, when she had the other child. The man's family has to come and do the marriage proposal. They have to come in; but he never married my sister."

Nancy recalled that the father of her nieces died in 1990; and her sister "was left with two children to raise." Nancy indicated that under these circumstances, "the

responsibility for the children falls on the family, especially the parents of the children's mother.”

At this point, Nancy acknowledged that she made a decision that would have a profound impact on the welfare of her nieces.

“I don't know; but for some reason I felt responsible for my sister. I felt like she was the baby and of course, I started blaming myself, is this something that I had done and she saw it and got pregnant, because I was the oldest child. I was not in my native country when she had the babies. So, when I heard it, I was very disappointed. And then to top it all, in 1988, my father died. And there is no way my sister is going to be shamed and kept on with two children. Their father is dead and, you know, she is having difficulty taking care of them.”

Nancy and her husband arranged to maintain complete financial responsibility for her nieces in order to eliminate the financial burden on Nancy's sister and their family of origin.

Lived Personal Experiences: 1987-1991

Middle Age (Ages 36-40). By 1987, a third son was born to Nancy and her husband. In the ensuing years, Nancy's husband completed his graduate studies.

Nancy shared the following about her husband's educational pursuits.

“My husband has been in school all his life. He just loves to go to school. In 1979, he was doing his Master's in Theology. Then he went back to college and did a Master's in Business; before he did a Doctorate in Theology.”

Nancy noted that she and her husband were brought up in the Presbyterian faith.

Nancy and her husband were raised in a Christian household. Nancy recalled that her parents attended church together with their family and Christianity was instilled in them as being a part of their lives. Nancy remembered receiving strong religious training in her family of origin. Nancy indicated that she instills her beliefs in her children.

Nancy recalled that when her husband finished his doctorate and he needed an assignment as a minister, “he found it difficult in joining the Presbyterian Church. So, he went to the United Methodist Church and we all joined it.” “He did some courses in Methodist history, and then he was able to be ordained as a Methodist preacher.” After her husband’s ordination, Nancy shared the following about his pastoral assignment. Nancy noted that she and her family changed their religious affiliation to Methodist and her children have been raised in this denomination.

“The United Methodist Church assign churches that are under them to the pastors that they have ordained, unlike the Presbyterian Church where you have to go look for your church before they even ordain you. But the Methodist Church has its own churches and they assign you when they ordain you.”

Nancy indicated that her husband and family “go to two churches.”

“He (Nancy’s husband) preaches in both churches. The first church starts at 9:00am and the second one starts at 11:00am. It is hard when we go to church with him. She maintained that as a wife of a minister, I support his ministry.”

Nancy emphasized that, “a strong faith in God helps me to overcome obstacles and to achieve my goals through devout religious participation.”

Nancy indicated that her family of origin identified “respect and honesty as values for themselves.” Nancy noted that her parents taught she and her siblings to

“respect your elders, and you have to respect the little ones, also depending on how you talk to them and what you say to them, so it does not come back to you.” Nancy recalled that she and her siblings were taught to live their lives in such a way “that other family members would not say evil things or bad things about us.”

Nancy and her husband have fostered these same values in their nuclear family and she shared the following perspective.

“You have to be honest because being honest shows respect also for other people. Our children are taught not to lie, not to take, even clothing from each other... and if you touch somebody’s things, you have to be honest about it or let the person know that you are touching it before you do.”

Nancy and her husband embraced strict rules of moral behavior for their children and themselves. Nancy and her husband have advised their children “to be careful of the friends that they choose because it is a reflection of them.” Nancy noted that, “I was taught this same lesson by my parents and I believed that it was important to maintain this admonition with my children.”

Additionally, Nancy described the interactions that she and her husband have with their children as follows.

“Most of the time, my husband does their homework with them. Even now, he is a teacher; he has taught before, so he teaches them. But as a wife, I have to do the work of the wife, make sure their clothing is laundered, their food and everybody eats and everybody is showered and everybody has all their things done before I can do my work or any other thing. As children, they are all doing great.”

Nancy continued the tradition from her family by expecting her oldest child to be responsible for his younger siblings and for the younger children to respect his authority.

“So, yes I put the tradition from my country being that you have to respect your older brother or sister. And since you are the oldest child, as I was, you have to do this and this and there is no excuse, you have to do things. So, those are the traditions and qualities that I encouraged them to do and respect, and you know be responsible.”

As Nancy entered Middle Adulthood, she and her husband provided a loving and an affirming household that supported positive development for their children by demonstrating developmental skills, including, “assisting teen-age children to become responsible and happy adults, providing educational opportunities for their children, and achieving adult social and civic responsibility” (Havighurst, 1972, pp. 96-99).

Lived Personal Experiences: 1992-1996

Middle Age (Ages 41-45). Nancy recalled that she was juggling work, school, and raising five children. Also, she was a minister’s wife with designated responsibilities for two churches pastored by her husband. Nancy indicated that these roles did not receive the same priority. However, Nancy acknowledged that her husband has a very high regard for education and he has the primary responsibilities for supervising the education of their children. Nancy noted the following about her husband’s emphasis on education.

“My husband has wanted to be a lawyer for a long, long time; and therefore he is studying to sit for the Bar. I tell him that he is always studying something.

And I tell him that he will be going to school not because he does not have a degree; but he will collect every degree and his grandchildren will come and go to school with him. He loves education. He just loves to teach. He talks so much about education that the children feel it is too much.”

Nancy assumed the childrearing responsibilities; she noted that these roles are congruent with the traditional African household that she maintained. She shared that, “my husband runs a very traditional authoritative African household and I respect our tradition.” Nancy acknowledged that, “in my home, I assumed the role of the traditional African wife.”

Lived Personal Experiences: 1997-2001

Middle Age (Ages 46-50). During these years, Nancy and her husband were managing a busy household with five children, four of whom were negotiating Adolescence and one child in Middle Childhood. When asked how were their children being raised in the United States, Nancy shared the following.

“But here in this country, I tell my children to look at my husband who has come to the United States and look what he has done. He has been to school all the way and has the doctorate degree. And therefore, as Black children, when I look around at how Black children (Black American children), some Black children do not take education seriously. We (Nancy and her husband) try to instill to them that they should not act like they have it. But education is the most important thing in life, and therefore, they have to have an education before they can survive in this country. In my native country, if you do not have an education, you can have something else to do. But to stay in America, where

foreigners think everything is here, not to have education is a disaster. And that is especially what my husband tells them most of the time, and we both talk to them about having an education. And when we are called from school that somebody has not done his or her homework, we do not take it lightly at all.”

Nancy and her husband continued to master developmental skills during Middle Age that included such tasks as, “developing adult leisure time activities, reaching and maintaining satisfactory performance in their occupational career, accepting and adjusting to the physiological changes of middle age, and achieving adult social and civic responsibility” (Havighurst, 1972, pp. 99-101). Additionally, Nancy was caring for and “adjusting to an aging parent” (p. 104); previously, she had coped with the death of a parent when her father died in 1988.

Lived Academic Experiences: Nancy Edgar

Lived Academic Experiences: Primary Education

1957-1963: Primary School/1st-6th Grades. Nancy attended a religious single-gender primary school for the first through the sixth grades. The racial composition of her primary school was African. Nancy recalled being an average student in school. She remembered that her father participated in her education during primary school. “When we (Nancy and her siblings) were growing up, I remember that my father would help me; that was in primary school. My father would help us to do homework.”

Lived Academic Experiences: Secondary Education

1964-1967: Middle School/7th-10th Grades. Nancy noted that the educational system in her native country in Africa offers a Living Certificate after completing Middle School. Students have the option to enter trade school or to learn a skill after

completing Middle School.

Nancy indicated that she attended a religious single-gender Middle School, which had a racial composition of African students. Nancy earned a Living Certificate upon completion of Middle School. She recalled that her father became less involved with her education during Middle School.

“But when I got to Middle School, I don’t remember my father encouraging me about what to do or what not to do. Usually, people come out of Middle School having a Middle School Living Certificate and will go to a trade school or learn how to sew or those kind of things. Education is always the important thing in my family though. But I did not see myself being made to go or to continue. I do not remember my father suggesting that to me; that you need to go to high school. I thought somebody will tell me to go to high school; but since nobody did, I just finished Middle School.”

Nancy described herself as a sociable teenager who made friends easily. She considered herself an average student; but she did not believe that she was given significant encouragement from her parents to continue the pursuit of her educational goals.

1967-1968: High School/1-year Post Middle School.

After completing Middle School, Nancy indicated that students must “sit for a formal entrance examination” in order to continue their education into high school.

Nancy indicated that, “I never sat for the formal entrance examination that is required in my country. And when you pass the examination, then you go into a four-year high school.”

Nancy offered her perspective as to why she did not continue her education beyond Middle School.

“I did not have anybody, I do not remember my parents encouraging me to do that (sit for the entrance examination). So, I took the entrance examination once and I did not pass it and therefore, I let it go. And after I finished Middle School and I earned the Living Certificate, I told myself that I had to go to high school. So, I went to high school which I went for one year and I did not like what I was seeing too and therefore, I came out of that, the first year of my high school and I started working. I don't think that it was a recognized high school. The atmosphere of people who came to that school... boys and it is a mixed school too. And I had gone to a girls' school all during my primary and middle school time and I saw... like girls who do not have business standing with boys... standing and they never come to class. And I realized that it was going to affect me. I did not think that the other students came there for school. And I have to have had that passing grade to go to a recognized high school. And since I did not have that grade, I told myself that I wasn't going to attend high school; but that I would do something else, find a job and do work in a bank or something like that. But when I stopped going to high school; I also got a job at a pharmaceutical place where they make drugs and medications and everything and that is where I was working.”

Lived Academic Experiences: Post High School Education

Lived Academic Experiences: 2-Year Community College: Community Health Nurse Certificate

1970-1972. Nancy recalled that she was working in the pharmaceutical plant when her aunt approached her about attending a Community College.

“And I had an aunt, who is a nurse, and she told me about a Community College in which I could go to for two years and then become a community health nurse. So, I took that examination and I passed. And I went to an interview and I passed. And for the first time, I left my family to travel to about 103 miles out from the place I had lived all my life and went to this two-year Community College.”

Nancy noted that, “I started at the Community College when I was 19 years old; that was in 1970; and I came out in 1972.” Upon completion of her studies, Nancy was assigned as a community health nurse in her hometown and worked in the health clinics. Nancy remained in this job for four years until she was reassigned to another area to provide health care to several villages. Nancy did not pursue any additional educational goals for several years, in fact, she did not return to the college classroom until after her marriage and subsequent move to the United States.

1980-1990. During these ensuing years, Nancy engaged in several educational experiences as noted by the following.

“When I came to the United States, the first thing on my mind is I am going to have a baby. That was my first thing. I was not even thinking about work. My husband was doing his Master’s in Divinity and he said, oh no, you are going to school. But I said I am going to have a baby. My husband said, well in this country, you can be pregnant and go to school at the same time. So, by the time I looked around, he has gone and registered me in a local Community College.

Unfortunately for me, I got pregnant and therefore, I have to go to school when I am pregnant which I did not like. In my tradition, it is shameful to be pregnant and go to school even though I was married, I see me the same way, that I am going to school with pregnancy and that is not right. So, every morning while I am having my morning sickness; my husband would not look at me. He is bent on me going to school. He would drive me to school and come and take me back home when my classes were finished. He would be on time every time and bring me home. He would make sure I was doing my courses and everything.”

Nancy acknowledged freely that if her husband had not pushed her, “I guess if my husband were not there, I would not have gone to school because I see myself as ready to bring up children.”

“So, my husband kept on encouraging me. I had a baby and stayed home for sometime and I continued in school after a while. Later on, I transferred some of my courses from the Community College to a 4-year university and continued to take courses there.”

Nancy shared that pursuing higher education presented several obstacles for her and she acknowledged the following.

“But I think somehow, I was very, very scared about attending college, I told myself that I cannot do it and therefore, I have to have somebody to push me before I can do it. I said to my husband, how can you register me in a university? I cannot go to a university. I never went to high school, so I cannot go to a university. Then my husband said, you did a Graduate Equivalent Diploma (GED) and therefore you went and you passed it and therefore you

have gone to a high school, so you can go to college. I said, no, I cannot go. I see myself as a below average student. I mean in my country, I never went to a high school and you have to go to a high school in the Sixth Form, two years

after high school to qualify to go to a university and here I am attending college in the United States.”

Nancy recalled that she continued to have ambivalent feelings about her ability to master college courses and she shared the following.

“Instead of me feeling proud of myself about going to college, I was scared. So, my husband still continued to encourage me and I was doing well in my courses until I started to take Anatomy. I saw real bodies there that we have to touch and I did not want to do that. Lucky for me, I was pregnant again in 1983. So, I left the university after taking two years of prerequisites and I was supposed to start my second year. I left and I said that I was not going back. I cannot do it.”

Nancy noted that she gave birth to her third son in 1987. Nancy recalled that she juggled the multiple roles of spouse, parent, employee and adult learner with sustained support from her husband. However, Nancy indicated the following.

“At an early age, I let my oldest son know that he should look at me. I am somebody who never went to high school in my country; but I came to the United States and I completed the GED, which is like completing high school. I have gone to college and therefore, he has to learn very, very hard and be all that he can be.”

Lived Academic Experiences: 2-Year Community College: Associate Degree in

Nursing

1990-1992. Within a few years of the birth of her third son, Nancy noted that, “My husband suggested again that I go to another Community College because at least that program can be completed in two years and therefore I can do it.

So, I started at a second Community College and I finished there in two years.”

Nancy returned to the second Community College in 1990 to earn an Associate Degree in Nursing. She completed the nursing program successfully in 1992. Nancy noted that within a few years, her husband visited a nursing program at an Historically Black College/University (HBCU). Nancy remembered that her husband set up the orientation interview with the Student Advisor. “My husband and I attended the interview together; we were sitting with the Student Advisor, choosing the courses and everything for me.” Nancy applied to an RN to BSN Completion Program; she was accepted and began the pursuit of her BSN Degree in 1996.

Lived Academic Experiences: 4-Year University: Bachelor of Science in Nursing
1996-1999 Registered Nurse to Bachelor of Science in Nursing Completion Program

Fall 1996. Nancy completed the final prerequisite course, Pathophysiology, for an RN to BSN Completion Program. Pathophysiology was a 3-credit course that was scheduled one evening per week from 6:00pm to 8:30pm. Nancy earned a grade of B for this course.

After being out of school for a couple of years, Nancy indicated that she was looking forward to returning to college. She believed that taking this course would help to determine whether she could do well in college. Nancy recalled that she did not find Pathophysiology a difficult class because she had studied Pathophysiology in community college. However, she did acknowledge that the reading assignments were not difficult.

Nancy indicated that the Pathophysiology course was a very positive experience for her as noted by the following observations.

“I don’t have anything bad to say about Pathophysiology. The Instructor was very intelligent and he knew what he was doing. He taught the class very, very nicely. We (Nancy and her classmates) were able to ask questions and he gave answers as best he could, so we could understand.”

Also, Nancy described the teaching and testing strategies that were employed by the Instructor as follows.

“We were given homework and it was not a form of homework that you have to do so much. But we read a chapter or two that we will be dealing with in class, and then answer about three questions in those chapters, which the Instructor also gave us a point for completing the assignments. So, it is something that encouraged us, that if you are able to answer those questions, you were going to get some points in addition to whatever grade, whatever points you have. This assignment allowed us to read before coming to class. Since I love Pathophysiology, I went through the course very, very nicely. And I am so glad with what I did in there.”

Nancy completed only one nursing course during this semester. She noted that her life events during this semester were not very difficult. She recalled that she had “just brought my two adopted girls from home.” “My husband was there and he was helping because it looks like he was the one who pushed me into doing these things.”

Nancy indicated that she was able to work full-time while she attended class. She noted the following about managing school and work schedules.

“Because I spent just about two hours in Pathophysiology class and not so much time was spent as I already said, I kind of understand Pathophysiology already.”

So, it was not difficult and there was some energy in my life, because this is something that I want to do. Pathophysiology was not very difficult for me at all. I think I came through.”

Nancy acknowledged that by taking one course in this semester, it allowed her enough time to study and to maintain her other roles, as parent, employee and spouse.

Fall 1997. Nancy completed Nursing Theories, Concepts and Models, a 4-credit course, that was scheduled one evening per week from 5:00pm to 9:00pm. She earned a grade of B for this course.

Nancy recalled that she enjoyed the experiences in this class and she liked the teaching style of the Instructor.

“When I saw the Instructor the first time in class, I was very, very glad... the way she presented herself and the way she talked... And I looked at her and I am like, this is a Black lady who really knows her stuff.”

Nancy noted that she was able to remember what was taught because the Instructor “applied different things to what she was teaching.”

“This class has long hours of lecture, but as I said, it was easy with the activities that were incorporated into the class. For example, we had group presentations and role-playing. And there were journals that were written, and of course I loved doing those journals. Because it brings some things that I do at work; I most of the time wrote about my patients that I have taken care of. And then I was able to see what I had missed or what I did not do for my patients. Then I was able to, you know, put that in mine, so it was able to help me relate to my patients more by writing in those journals. And as I said, it was long hours; but

before we realize it we are finished with the class.”

Nancy noted the following about the reading assignments for the course.

“The reading assignment was not difficult because there were a couple of chapters that we would have to read at a time. And when you start reading something and you get to the other chapter, you are able to see, this is why this was saying this in the first chapter that I had read, or this is why this happened here.”

Nancy acknowledged that the “back-to-school syndrome” caught up with me in this class. She believed that she made the transition from practitioner to adult learner in this course in order to complete her degree successfully.

Nancy indicated that she believes that she became a better practitioner after completing this course. She was able to improve her critical thinking, oral and written communication skills and therapeutic nursing interventions. Nancy noted that she developed a personal philosophy of nursing in this course and she was able to incorporate her philosophy into her professional practice.

Nancy completed two nursing courses in the same 1997 Fall semester. She completed Physical Assessment, a 4-credit course, one evening per week from 5:00pm to 9:00pm. Nancy took each course during this semester on successive evenings. She earned a grade of A for this course.

Nancy recalled the following about the Instructor for this course.

“The Instructor was also another proud and strong Black teacher that encouraged me to do my best, and she was always ready to tell you this is what you did wrong, and therefore don’t do it that way again. She is very strict, but

she was able to sit down and talk with you when you went to her. I loved having her teach me part of health assessment because I realized that what I thought I knew as a nurse working, there is more to it when she added her knowledge and her nursing skills and assessment to it.”

Nancy shared another aspect of the course and the teaching strategy of the Instructor that proved beneficial to her.

“We used each other as students to assess each other, and therefore you cannot lie, because that person you are talking about is right in front of you there and the teacher knows that person. So, there is nothing you can do about it. Also, she was able to let us come to see her at work and see how she does her assessments, and it was a joy. I would have loved to go many times and work with her because she is like hands-on, and it really did help a lot.”

Nancy acknowledged that the reading assignments for the Physical Assessment course presented some challenges for her as noted by the following.

“The reading was also... the book was a big book; but it had pictures, and therefore when you read, you can look. As a returning to school person, I had to relate what I am doing to so many things. And there were pictures in the book, there were questions and answers also in the book, and therefore, even though it was a big book, that when you look at it you will be like, oh, am I supposed to read all this in such and such a short period. You were able to... it was very much understandable. You were able to understand what was in the book and use it in class.”

Nancy recalled that the writing assignment was the documentation of the physical

assessment and the assessment was based on the Neuman Systems Model. “I had been introduced to the Model in the previous course, which made it easy. Therefore, I was able to use the variables to see the clients as a whole unit and assess their actual stressors.”

By taking two courses in one semester, Nancy remembered that her family was affected as follows.

“I had to take care of my family, of course, work and school, and these courses happened to be my third semester in school, after I had taken a computer literacy class in the summer, a six-week computer literacy course. I was tired because these were the first nursing classes that I had to take. And my life with more school, I was having less time at home with my children. On the weekend, I spent most of my time cooking or cleaning on Saturday and Sundays were spent in church, and then to catch up with schoolwork, and work begins again on Monday.”

Nancy reported that she worked on the same day as the Physical Assessment class; but the following day was her regular day off when she attended the Nursing Theory class. She negotiated her schedule as noted.

“I did work on the day for Physical Assessment because it started from 5:00pm to 9:00pm. But on the following day, it was my off day and therefore I was able to use the morning to do all the homework, if I had any before I came to school for the 5:00pm class. I work the day shift and therefore I leave work, mostly if I were late doing what I have to do at work, by 4 o'clock I have left work, and it takes me about 30 to 45 minutes to drive to school. And plus, the head nurse

that I had over there really understood what I was trying to do, so she enabled me to arrange my schedule according to what will fit.”

Nancy acknowledged that she was encouraged by the support from her nurse manager and she did not have to compromise her college schedule in order to accommodate her work schedule.

Spring 1998. Nancy completed Adult Health and the Clinical Component, a 4-credit course that was scheduled one day per week. The Clinical Component was scheduled from 9:00am to 12:00noon; and a Post Clinical Conference was held immediately after the clinical experience from 12:00noon to 1:00pm. Students were recommended to bring lunch to the Post Clinical Conference. The Theory Component for the course was scheduled on the same weekday from 1:00pm to 4:00pm. Nancy earned a grade of B for this course.

Nancy noted, “I loved this course because we did not spend all the time in the classroom.” She indicated that she enjoyed the community-based clinical for this class. Additionally, she enjoyed the teaching/learning activity and provided information on impaired mobility for her client who was over 101 years old. Nancy noted that this clinical experience was positive for the client and herself as well.

“And that is when I wrote about mobility, because during that time because of her age, she was not able to walk real well. She walked with a walker and she fell most of the time. Working with her helped me a lot, because I take care of older patients at the hospital. And I work in an orthopedic ward, and therefore I was able to use some of my knowledge to teach her some body mechanics that she kind of understood, but I don’t know how much she was able to take in.

Most of our visits were talking and watching her do things.”

Although Nancy shared positive feelings about the clinical experience, she made some different observations about the Theory Component aspect of the course.

“We started doing our writing skills in this course and that is when the scholarly paper appeared. I hated the scholarly paper because it has so much that you have to deal with it, the way you write English, the way you put your points in, you know. The writing was difficult for me. The writing was really, really difficult for me because I take time in reading. I was not somebody who reads fast. It takes a while before I can ingest what I am reading and make sense out of it. Therefore, when I am reading a book, it is very difficult for me to understand. The journal articles were short, to the point. So, writing was very, very different and having to come up with skills to write so I don’t have so many mistakes, was very, very difficult for me.”

When asked whether she sought help from the writing lab on campus, Nancy indicated the following.

“I went to the writing lab once when I was referred there, but the person that I talked to the first time, I didn’t see any help that she could give to me, so I did not go back again. I told myself, I will do it on my own, you know. Because during that time also, when you wrote something, you could bring it to the Instructor to check for your mistakes and give you an idea of where you are and what you need to put in. That was the best part. Even though I didn’t do that that much, because I was not able to finish most of my writing until the last minute, and therefore I did not enjoy that, you know, the Instructor checking

what you had done. But the one or two times that I did it, I realized, oh, what a mistake I had done; I should have done that, have the Instructor review my draft, when I was writing the scholarly papers.”

In addition to the challenges of writing papers, Nancy found that she had problems with the APA writing format used for scholarly papers.

“The APA format is like I am being forced to do something that somebody thinks is the right way to do it. And I was thinking maybe it would have been easy to just go and hit the points and you are finished writing. I am just trying to explain what I know in English. I was in hell doing that APA because I was never able to understand it. I was not able to. It was the writing and writing that was a concern for me.”

Nancy indicated that after completing the nursing program, she was able to re-visit her scholarly papers and concluded the following about the APA writing format.

“In school, it is difficult, when you are thinking about how you have to follow this particular way of writing. But after you are away from school, you realize that it was a good thing, you should have learned that. Nowadays, when I look at most of the papers that I did on the APA format, I would say, oh, that is what it means. Now I have a hard time to look at them and realize the APA format was a good idea. But then, it was another punishment that Instructors are putting on the students.”

Nancy recalled that she enjoyed the class overall despite her challenges with writing as evidenced by the following.

“I loved the class because we (Nancy and her classmates) did not spend all the

time in the classroom. We interacted with our clients in the community and returned to class to discuss what went on and all the students offered input. And also, by doing all those kind of activities in the class, we were able to learn also from the other students. I think it was a good idea to come back and talk about what we did and where we are and how much we have learned. Therefore, we could go to other classmates and ask what they are doing and how they can help us. We were like a family, helping each other. Even though the lectures were a lot of hours, we were able to break for some time and we were ready to continue again. And like I said it wasn't difficult for me. It was the knowledgeable Instructor who helped us. So, it was just that alone that made the class not so difficult."

Overall, Nancy believed that the class was manageable if "you have more time, you will be able to do better than you will do if you do not think about all that you have to read and to do for the course." Nancy believed that you had to be prepared for class and it decreased the feeling of being overwhelmed.

Also in Spring 1998, Nancy completed one of the required Nursing Electives for an RN to BSN Completion Program. Nancy completed Health and Wellness: Alternative Interventions, a 3-credit course, which was scheduled on the same day as the Adult Health course from 5:00pm to 7:30pm. A graduate student, who interacted with the students throughout the semester, assisted the Instructor. She earned a grade of D for this course.

Due to the fact that the Nursing Elective was taken on the same day as the Adult Health and Clinical course, it meant that Nancy was in class from 9:00am to 7:30pm.

Nancy noted the following.

“The Elective was taken just after the Adult Health class, and I tell you, at that time, I was drained, because my days passed from 9:00am to 1:00pm, and then from 1:00pm to 4:00pm. And the Elective was from 5:00pm to 7:30pm. Life was very, very difficult at that time.”

Nancy indicated that this course was supposed to be an easy class as the Elective.

Instead, the two-hour class had several requirements. Nancy provided the following observations about the class.

“We thought it was going to be an easy class. We had a book. I have forgotten the name of the book, but the book did not explain anything. It was very, very difficult to read and there is no way you can have answers given to you when you go into the class. We started the class by bringing a mat for relaxation and deep breathing, which by that time took about 15 to 30 minutes. We were supposed to do the exercises before the lecture started. By the time we finished doing that, most of us are asleep on the mat.”

Nancy recalled that the requirements for the class were very extensive for an Elective course.

“That class, two-hour class, we did so much, like maybe it was a four or six hour class, that we (Nancy and her classmates) were taking. We had to write a paper. We had to go and see some groups in the neighborhood, maybe an AA group or other groups, depending on what you choose. We had to go to a health care seminar. We had to write journals. We had to have two journal articles, read them and write them up on a 3x5 index card. We had two tests in the class. I

never liked that class. Even though I was doing what I thought was needed, which I thought was too much; but by the time I looked, I had failed the class. And it was a very, very difficult time for me, because this was not what I expected.”

Nancy indicated the following about the teaching strategies for the course as evidenced by her observations.

“The Instructor expected us to know what we were supposed to do without any explanation. So, it’s like, we’re doing it, and sometimes when you are asking questions, it sounded like some attitude, you should know, kind of thing. So, I never liked that class, but I had to go. And one thing also about group work, I did not like doing it. In the classes when you are trying to get other people in the class to come up on a particular day or time... because we are all working, and we all have family members and other things that we could do, and it was not helping, it was not helping at all.”

Students in an RN to BSN Completion Program, who earn a grade below C in a nursing course, receive a failing grade for the class. A nursing class can be repeated only once and a passing grade must be received or a student can be dismissed from the nursing program. When Nancy earned a grade of D for this Nursing Elective, she had the following reaction to the situation.

“And when I failed that class, I was ready to stop school. Because number one, it was a disgrace to me, myself. And then I did not even want my family to know that I had failed the course. But my husband, of course, I told him about it. And my time in school is to spend two years in school, and work. And

therefore, I did not want anything, a stumbling block at all in the class, rather, you know, I failed in that class.”

To help with her decision about withdrawing from the nursing program, Nancy met with her Academic Advisor.

“My Advisor encouraged me to repeat that course because it was being given again in the next semester. I had to take that course. And that is the only time that it became easy for me because I have taken it before and I knew what I was supposed to do now; and plus also, I was always mad when I go into that class. I could not use the cards that I have used before; I could not use the paper that I had written and, you know, change the mistakes that I had done, and therefore, it was also another, you know, three months of annoyance in that class. But I was like, I have taken this class before, and I am not going to fail it again, so that was the only thing that got me through, and I passed the course. I was really glad to get out of that class.”

Nancy noted the life events during this semester, “life was very, very difficult for me.” She noted that her home life was affected negatively because of the demands for both courses during this semester.

“Home is still as it is, because my husband was there to take care of the kids. And to me, I had to ignore, or don’t take care of the kids at that particular time. When I was taking the courses, everything was shifted to my family, to my husband in this case. And the children cannot come and talk to me because I am always mad that I am doing something there, you know. I am not doing what I

am supposed to do. So, life was difficult that time. Life was really difficult.”

Also, during this semester, Nancy experienced the death of an uncle back home in her native country in Africa.

“I was very, very upset with losing that uncle; not because of him dying, but by him being a family member that was supposed to put the family together. He didn’t do it that way, and therefore there were a lot of discrepancies going on at home, and then I have to hear it. And then when he died, I was very, very mad at him because he has not done what he was supposed to do, and the family is still divided.”

Nancy recalled that the E-mail journals that she kept with the graduate assistant in this course helped her to talk through this tragic event.

“And I even ended up talking about this experience with the graduate assistant who encouraged me. When she is talking to you, she is very concerned. When you have to talk to her, she encourages you. She understood what we were going through, and therefore we were able to talk to her rather than to the Instructor for the class.”

When asked what helped her to get through this challenging semester, Nancy noted the following.

“The fact that I had made up my mind I am going to school and I am going to get my BSN, and therefore I have to be strong for myself and my family’s sake. Because there is no way I will stop school; and then for my children to say, well, you could not do what you decided to do, and therefore why would we. So, I was determined to set a good example for my children; I have three boys and

then my two girls also. That was the only thing that kept me going.”

Fall 1998. Nancy completed Nursing Research, a 3-credit course, which was scheduled one day per week from 2:00pm to 4:30pm. She earned a grade of C for this course.

Nancy believed that the class was very difficult because the fundamentals of Research were not taught; but a Research paper was required for the course. Nancy indicated that she had the same Instructor for Research that she had had for the Nursing Elective. “Since I have worked with her before, I know what she expects and how she does her things. And I know there is not going to be that much explanation coming from her.”

Nancy recalled that she had a fear of failure with this course as evidenced by the following observation.

“And there was too much to do in the class and we (Nancy and her classmates) vented out, but we were already in the class, and there was nothing to be done. I know it wasn’t just me alone, but everybody in the class was scared, because we know and have heard about that class also, you will not be able to finish this class... else you may fail it.”

Also, Nancy recalled the following, “because I have known her and I know I have failed her class (Alternative Interventions) and therefore, I was very, very scared of taking that class.”

Nancy acknowledged that the reading assignments and tests were difficult. She did not believe that she received the feedback that was needed to complete her research paper. Nancy did not find the Instructor helpful,

“We (Nancy and her classmates) were supposed to write a paper, a research paper on guidelines that we were supposed to do, and it was never right in the Instructor’s eyes. Nothing was right in her eyes.”

Nancy believed that, “the class should have been taught how to write a research paper; but not have to write the actual paper.” She believed that, “if the students had learned how to write a research paper, then these skills could have been applied to papers in other classes.” Nancy made the following recommendation to validate her comments.

“Because we were already writing papers in every class that we go; and therefore, other Instructors also have research papers. We had to write the research in the other classes. And therefore, we should have just been taught how to write a research paper itself, so we can use it in the other classes. And maybe Research should have been done earlier in the program because then, it would have helped a whole lot of people to write the research paper. So, we should have been taught how to do that first before we began the first nursing courses.”

Nancy reiterated several times that writing assignments were difficult for her; but she did not believe that she received enough assistance with the research paper assignment overall. Nancy made the following observations about her writing assignment.

“The writing, you have to write and take to the Instructor. And the comments that you get on the writing once you have done, when you feel proud of yourself, when the paper comes back to you, it just brings you so low that you wonder why you are in that class.”

In the same semester, Fall 1998, Nancy completed Nursing Management and

Leadership and the Clinical Component, which was a 5-credit course. She earned a grade of C for the course.

The Theory Component of the course was scheduled one day per week from 9:00am to 1:00pm. Nancy scheduled the Clinical Component of the course at her employment facility on her designated off day. Nancy was required to complete six hours per week for the clinical experience. Nancy indicated that she liked the Clinical Component of the course because she completed the clinical experience on her own time at work. She noted that,

“The management clinical opened my eyes to know so many things at work that I would not have known... I was able to talk to people at the top to know what they are doing and the plan they had for the hospital.”

Nancy noted that she had some challenges with the Theory Component of the course. She believed that her status as an international student might have presented a problem for the Instructor. She offered examples as follows.

“In the Management class, I had to write papers also, in addition to writing everything about the hospital and how we see it. I never did understand the Instructor when she was giving lectures. When she is giving lectures, she sounds so frustrated when she is giving the lectures. When you are looking at her face and trying to understand what she is saying, from my point of view, she does not make sense to me. You know, when I was in that class, I saw myself as being a foreigner, it stood out in that class. Because when I say something to her also, she does not understand me. I don't know if she does not want to understand me. It makes me very mad when I speak and people pretend like

they don't understand me. It makes me very mad because I have been speaking English for a long time. And therefore, I have an accent, an Instructor is supposed to be patient and understand what I am saying. But I always felt like she never answers even when I make a question.”

Nancy indicated that she had other concerns regarding the Theory Component for the Management and Leadership course. She acknowledged that the reading assignments posed some problems.

“I never was able to read everything that I am supposed to read in that course. Because the Instructor wanted you to follow what the book was saying. But, you know, not everything that the book was saying is being done in the hospital, and therefore, it was very, very difficult.”

Nancy acknowledged that the teaching strategies utilized by the Instructor might have hindered the learning process as evidenced by the following.

“And I see her as a strict Instructor who does not treat the students like we were grown-ups. She (Nancy's Instructor) was there to teach, and for somebody to pass the course and that is how I see her. There was no joy in that class. We (Nancy and her classmates) were there for school, and therefore it is school. I think that we did a couple of group assignments; but it did not help.”

Nancy felt overwhelmed with this course and recalled that, “I was happy when the semester ended.”

Additionally, Nancy repeated the required 3-credit Nursing Elective, Health and Wellness: Alternative Interventions during this same semester because she earned a grade of D when she completed the course in Spring 1998. The course was scheduled

one evening per week. Nancy earned a grade of A for this course.

Nancy indicated that, “I could not use any of the articles from the previous semester and I had to start this Nursing Elective all over again.” However, she noted that she completed the requirements successfully in order to continue her progression in the curriculum.

Nancy recalled that life events during this semester were centered on the challenges that she experienced while completing three courses.

“Life events at that time were very, very difficult for me. I was scared to death. I could not do anything. I was tense; but I still had to carry on and do what I had to do. I was really very angry during this semester; but I do not say anything because I know I have to come to class. I tried to listen to what was being said in class because if you are being given an assignment, you had better listen because sometimes you cannot go back and ask again to know what is going on. And I told myself, I am going to survive this semester. I decided that I could not blame the Instructors for what I can’t do, rather I should just do the work.”

Nancy was determined to overcome and to transcend the challenges in this semester in order to achieve the ultimate goal of a 4-year college degree.

Despite the challenges faced during this semester, Nancy was determined to succeed and to achieve her educational goal of a BSN Degree. However, Nancy recalled that this semester was the lowest time in the three years of her return to college. She acknowledged that, “I am a survivor and my family helped a lot.” Nancy remembered that rarely did she have time left to perform the necessities of life during

this semester. Her life with her family suffered because “everything in life depended on these three courses and a worthless feeling took control.” Nancy recalled that the thought of being one semester away from graduation kept her motivated and determined to reach her educational goal.

Spring 1999. Nancy entered her graduating semester in Spring 1999 and she completed the final two courses that were required for an RN to BSN Completion Program. Nancy completed Family and Community Nursing and the Clinical Component, a 7-credit course, which had both a community-based and family Clinical Component. She earned a grade of B for this course.

The Clinical Component of the course was scheduled one day per week from 9:00am to 3:00pm and a Post Clinical Conference was held from 4:00pm to 5:00pm. Nancy completed her community-based clinical experience on her college campus. The Theory Component of the course was scheduled on the same weekday and was held from 5:00pm to 9:00pm. Additionally, Nancy interacted with a family throughout the semester in order to promote or to enhance positive family dynamics.

Nancy admitted readily that, “I loved that graduating semester because that was my last semester in the nursing program.” She recalled very positive feelings about the Instructor and the course as noted. “The Instructor seems like she understands. She was a sweet old lady.” Nancy acknowledged that the Instructor listened to the students and was receptive to their viewpoints.

“I understood the Instructor in this class. Possibly, even if she does not understand you, she will stand there and listen to you talk, and somebody also will talk, and therefore she understood what you are doing. We talked about

family most of the time. We talked about things that happen to us, and therefore, we were able to put home, work, and school together, and it made a difference. And it was a delightful class.”

Nancy enjoyed the Clinical Component of the course and she believed that the discussions held during the Post Clinical Conference helped her to “be able to know this is what I am doing wrong, or this is what I was supposed to do.” Additionally, Nancy completed her community-based clinical experience on her college campus and she enjoyed working with the undergraduate students. She recalled that the teaching/learning activity provided information for the students that promoted behaviors for a healthy lifestyle.

In that same semester, Spring 1999, Nancy completed the final course for an RN to BSN Completion Program. Professional Nursing Issues and Trends was a 3-credit course, which was scheduled one day per week from 5:00pm to 7:30pm. Nancy earned a grade of B for this course.

Nancy recalled the following about this course, “it was a delightful class... this is the end and I was sitting on Cloud 9.” She indicated that this was an easy class because of the group presentations, discussions about different issues in nursing and the expert guest lecturers who presented.

Nancy indicated that she and her classmates were treated like adults and we were, “left alone to do our thing without pressure.” By this point in her curriculum progression, Nancy noted that she had developed her theoretical framework for her professional practice. She was able to incorporate professional nursing issues and to apply her personal philosophy of nursing in her daily nursing practice.

Nancy noted that her life events were more positive than in the previous semester. She made the following observations about this time in her life.

“Everybody in my family was delighted that I am graduating. I guess first, to be able to see me as a mother, and second, to know that it is all over because they have seen some of my frustrations. My husband has seen some of my frustrations. And my mother, especially at home (native African country), was very proud of me because I was the first person... I was the first child in the family and the first to go to a four-year university. The times that I had wanted to stop school and just let it go. She (Nancy’s mother) had encouraged me that you always have to set a good example, and she gets very sad when she knows that I am going through something that was difficult for me and she was not here to help because I depended on my mother also most of the time. I always depend on somebody as much as other people also depend on me, and I need to draw some energy from other people. And we all looked forward to graduation day. And my whole family was there, meaning my husband, my children, my sister-in-law, which I am very glad that she was there so she can take the news home, (Nancy’s native country). Because also, I don’t know if I have said earlier, at home, when you come to America, you are supposed to be everything. And therefore, if you are not, you get called names. But I felt that was an achievement, to show to my family also that I am the oldest child, and something that I was not able to achieve when I was home (Africa), I have been able to achieve it here (United States), and it was very, very important. I was very proud of myself, and I was very, very proud that I have been able to go to a

university and wear a gown with a hood on it, compared to when I went to the two-year college, that I was not able to put the hood on. And I know now I can say to my children that I have done it, and therefore you should be able to do it. Because I never had the chances that they have now here in this country (United States). I'm proud of myself, and I am proud that I did the four-year nursing program and came out with a BSN in nursing.”

Nancy began an RN to BSN Completion Program in Fall 1996. Although Nancy failed and repeated one nursing course, she persisted and earned a BSN Degree in three years.

Nancy acknowledged that obtaining a Baccalaureate Degree was “definitely worth it.” Nancy noted that, “it was very, very important to achieve this educational success as an example to her children and to her family.” After sharing educational challenges from her lived academic experiences, Nancy proposed recommendations for an RN to BSN Completion Program that would assist adult learners returning to college.

“It was the writing, writing and writing; that was a concern for me. The writing was really, really difficult for me. Students should be taught how to write papers, before expecting us to write the paper, because we were already writing papers in every class. We had to write research on the other classes. And therefore, I think we should have been taught how to write a research paper, but not write the research paper itself, so we can use it (research process) in the other classes. And maybe that should have been done earlier in the course. We should have been taught how to do the writing first before even going into the first nursing classes. The APA format was required for writing papers and I

don't think that I ever learned the format. Students should be given instructions on how to use the APA format before writing papers.”

Nancy had some concerns about the number of reading assignments for each course. She recalled that it was difficult to keep up with the reading assignments because she had some deficits with her reading skills.

“Because I take time in reading, I wasn't somebody who reads fast. It takes a while before I can ingest what I am reading and make sense of it. Therefore, when I am reading a book, it is very difficult for me.”

Nancy believed that tutoring in reading comprehension would be helpful for students, especially nursing science books. Also, as an adult learner who was juggling multiple roles, Nancy shared how attending college impacted the limitations on time availability. She believed that faculty members should be sensitive to time management challenges for adult students.

“The Instructors need to know that we are workers and mothers and have limited time; but it was like they were just giving so many assignments. I used to think that teachers were coming up with these kinds of things to just make life difficult for us.”

Nancy remained with the same employer after earning a BSN Degree. Since obtaining a degree, Nancy noted that the Head Nurse at her facility has allowed her to work as the Charge Nurse more often. She shared that she is being given more complicated patients to care for because of her improved skills in communication, critical thinking and therapeutic nursing interventions. She reported that she is allowed to practice nursing more autonomously than before earning a BSN Degree.

Additionally, Nancy has received an increase in her salary since earning a BSN Degree.

Moreover, Nancy indicated that she would encourage either Associate Degree or Hospital Diploma Registered Nurses to return to college to earn a BSN Degree. Nancy reported the following.

“I would recommend to Black nurses to attend an Historically Black College/University (HBCU). I would tell Caucasian nurses about my experiences at the HBCU that I attended and would allow them to determine if they wanted to attend an Historically Black College or University.”

Nancy noted, “having said all of this, I think that my RN to BSN experience was worth it.”

Nancy indicated that returning to college taught her, “that nursing education or education as a nurse, you need to keep on educating yourself... I learned so much as a four-year student compared to what I learned in the two-year college.” Nancy acknowledged that after finishing a BSN Degree, “it is still my expectation to earn an MSN Degree.” “I am still dragging my feet because I have not come up with the school that I will go into; but I do plan to attend graduate school.”

In the final analysis, Nancy acknowledged the following about her nursing program.

“And apart from the negative that I saw there, there is a positive there, because I was able to understand nursing the way I never did. And therefore, the nursing curriculum itself, what was taught there gave me a whole lot of understanding. I will say that it is a good school.”

Despite the overwhelming academic challenges that Nancy experienced while

earning a Baccalaureate Degree, she remains motivated from the success of earning a college degree to continue her education. Nancy plans to return to college to earn a graduate degree in the near future. Nancy is evaluating graduate nursing programs that offer a community-based experience in maternal-child nursing. Nancy reiterated that her husband persists in his encouragement for her to continue her education beyond the Baccalaureate Degree. Nancy believes that she can accomplish this educational goal despite any future academic challenges.

Lived Personal Experiences: Mambo Shurr

Demographics. Mambo Shurr (Mambo) is a 43-year-old African woman who is the third born of eight children. She was born into a two-parent household. Mambo grew up in a rural community that had an African racial composition. She has an older brother and sister and a younger brother and sister; three siblings are deceased. One younger sister died at the age of two when Mambo was twelve years old. One younger brother died in 1991 and another younger brother died in 2000.

Mambo noted that her parents were not formerly educated; “but my parents were really loving parents.” “They did all they could; they gave us the best that they could, to the best of their ability.” Her mother was a housewife and her father was a farmer. Mambo noted that, “my mother is a loving; but no-nonsense woman.” Her mother worked the farm with her father and they survived on the crops that were cultivated.

Mambo acknowledged being very close to her father because she was named for her father’s deceased younger sister. Her father always called her by his sister’s name. Mambo’s father died when she was 17 years old. Mambo’s mother is alive and lives in her native country in Africa.

Mambo moved to the United States in 1986. She met her husband in 1991 and they were married in 1995. Currently, at 43 years of age, Mambo is attempting to become pregnant. Mambo knows that she is considered high-risk for pregnancy at her age; but she is willing to risk getting pregnant even if the child is born with a birth defect. Mambo indicated that she would accept the child as a gift from God because of her belief system.

She and her husband have decided that adoption may be an option for them, “if God does not give us our own baby.” Mambo and her husband began adoption procedures in the summer of 2001.

Lived Personal Experiences: 1958-1963

Infancy-Early Childhood (Ages 1-5). Mambo recalled that her earliest memories are those of a very loving and closely-knit family. She noted that, “for some reasons, we did not have any extended family living with us.” “I don’t know why; except maybe because we lived in the very rural area.” Mambo did not grow up with any grandparents. “Our grandparents died even before we were born; so, we never saw any of them.” Mambo lived with her immediate family through age five, after which she moved to the city to attend primary school. Mambo lived with cousins during this period of time.

During this developmental stage of Early Childhood, Mambo began mastery of skills, such as, “forming concepts and learning language to describe social and physical reality, developing a sense of self, and becoming alert to social cues” (Havighurst, 1972, p. 14). Also, during this developmental stage, a child develops an attachment with a caregiver (Havighurst, 1972). Mambo left her home to live with relatives at age five and she may not have mastered this task fully with her mother or father due to this early separation from them.

Lived Personal Experiences: 1964-1970

Middle Childhood (Ages 6-12). Mambo recalled that between the ages of 5 through 12, she lived away from home with her cousins in the city. Mambo remembered from an early age that, “my parents had a very loving relationship.”

However, she indicated that she had a special attachment with her father and shared the following.

“I loved my father more than my mother. I don’t know. Not that I hated my mother, not that I did not love my mother; but I loved my father more. My reasons being that I am named after my father’s sister because there are only two of them, he and his sister. My father’s sister died before I was born; and I was named after that sister. So, as I was growing up, right from a child, my father never called me by my name. He always addressed me as, my junior sister. My junior sister, my junior sister that was the way he addressed me.”

During Middle Childhood, a child shows “a preference for the same gender parent” (Havighurst, 1972, p. 24); Mambo demonstrated a preference for her father as noted previously. However, Mambo’s preference for her father did not preclude mastery of the skill, “learning an appropriate feminine social role” (p. 23) from her mother. Since Mambo lived away from her parents during this developmental stage, she mastered additional skills, such as, “developing concepts necessary for everyday living” (p. 27), “developing conscience, morality and a scale of values” (p. 29), as well as “achieving personal independence” (p. 31).

Lived Personal Experiences: 1971-1976

Adolescence (Ages 13-18). Mambo returned home at age twelve and remained there until the age of seventeen. Just prior to her return home, Mambo’s father died while she was living with relatives and attending school away from her family. Mambo was seventeen years of age when her father died.

Mambo's relationship with her father made his death more profound because he died during her Adolescence, which was a critical developmental stage.

Mambo admitted readily that she loved her father more; and she had the following reaction after his death.

“So, my father died very early. So, when he died, I sort of transferred that love to my mother. That is why when I hear about anything that has happened to my mother, I jump and try to help her anyway that I can.”

Mambo recalled that she grew up in a very religious family. Mambo was raised in the Presbyterian denomination. Christmas and Easter were the primary church traditions that Mambo and her family celebrated.

“The only celebration is the Christmas. We (Mambo's family) never celebrated birthdays because my parents never really know anything. Birthdays really are here in America. For Christmas, you got money to buy a new dress, to buy a new pair of shoes. We buy rice; that is when we eat rice, something different for Christmas. Then we visit. Families come together. In America, families can easily come together because you have easy means of transportation, but with us a family visits the other. Christmas is when we eat pork; they slaughter pork. They (Mambo's family) would eat a lot of rice; rice was a special dish; it was Christmas food. Gifts were not really exchanged; but a family member would cook food and take it to this family member. Easter was mostly our church service.”

Mambo reported that her family of origin participated in church services and activities

regularly because her parents were very involved in the church, especially her mother. “My mother used to be one of the elders in the church; they called them deacons.” She noted that, “in my tradition it is taboo to disrespect parents and elders.”

Mambo acknowledged that, “I have never lost my great faith in God despite my personal and educational setbacks.” Mambo recalled that she was willing to deprive herself in order to assist her family financially, socially and emotionally whenever necessary. Mambo indicated that her parents based this practice of “helping one another” on their religious beliefs.

Due to her parents instilling the value of hard work in their children, Mambo acknowledged that this work ethic motivated her to strive rigorously to support her educational goals throughout her life. By age fourteen, Mambo sought employment in order to finance her secondary education.

When Mambo sought employment in the city, she was faced with a language barrier that was caused by her country being divided into two territories. Mambo indicated that, “my native country in Africa was divided into two territories; one governed by Britain and the other governed by France.” She grew up in the English speaking territory and she did not learn to speak French, which was the language spoken in the French controlled territory. However, Mambo noted the following about the two cultures in her country.

“So, I am from the British territory. The two cultures find it very difficult to match. When I completed my secondary school and began to look for a job, I had to go to the city to be able to get a job. So, I was forced to speak French and English.”

Mambo shared that she experienced some difficulty with the language barrier initially when she began her employment by noting the following.

“I spoke English, yes. Then one of the things that really, I would say defected my English a little bit is that when I left, after my secondary education to go to high school, I had to move from the English-speaking area to the French. That really was detrimental for me because that was the time during high school was where I was trying to really pick my English grammar up; I had the language mixed. In the office, I am working in French. I had to learn French. I was forced to learn French in the office then at home, I am struggling to study and to learn English. That really had a big impact on me, very big impact.”

As a teenager, Mambo described herself as sociable; but well disciplined. She acknowledged that, “I grew up as an ambitious teenage who endured a struggling life.”

“I was always struggling. My parents would have given to us (Mambo and her siblings); but they did not have much to give. They did their best; but their best was not enough. So, I had to put my own effort to work. For example, even through primary school, I had to sometimes get out of school, go and sell things in the market to provide for my books and other things. It was a struggling life; but I never regretted it.”

Mambo shared that she faced many obstacles while pursuing an education as noted by the following.

“I will not say it was easy to learn and to read because I did not have it all, to say, let me concentrate on my books. Most of the time, I knew I had this assignment to do; I knew I had this to do, like other social things, like taking

care of my family, taking care of this, and at the same time I need to finish this assignment and preparing for this test tomorrow. So, it was all a struggle. So, you can see how I was struggling between those two things, which is very different from a traditional student who has nothing to do but have your food, read your books, go to the library and do your assignment. One of the deficiencies was that we never had a library in my country. So, all we could do was be dependent on the textbooks, the notes from class, and discussion with your friends.”

Again, Mambo demonstrated an ability to adapt to change and to persevere against the odds. In order to remain employed and to earn money for her ongoing education, she mastered the necessary skills that fostered her success, such as, learning a new language and seeking employment to provide for her well-being.

During Adolescence, Mambo demonstrated mastery of developmental skills, including, “achieving emotional independence of parents and other adults, achieving a feminine social role, achieving new and more mature relationships with age-mates of both genders, preparing for marriage and family life and preparing for an economic career” (Havighurst, 1972, pp. 45-62). During this developmental stage, Mambo faced each challenge with the attitude that she could overcome any obstacle with hard work and faith in God.

Lived Personal Experiences: 1977-1982

Early Adulthood (Ages 19-24). At the age of 22, Mambo gave birth to a son. She was unmarried when she had her child. After the birth of her son, Mambo continued her employment with the government while her mother provided childcare

for her son. Mambo indicated that her mother cared for her son until he died at the age of three. Although Mambo gave birth to a son, she did not master “parenting skills” (Havighurst, 1972, p. 89) completely because she was not the primary caretaker for her child during his three years of life.

Mambo acknowledged that her son died from sickle cell anemia. She recalled that very little was known about the disease at the time of her son’s death.

“I had a son. That was in 1980. Unfortunately, the child happened to be a sickle cell, and we (Mambo and her family) did not understand. I did not know what sickle cell was. I was in my early 20’s; I was about 22 or 23. I had a son. He passed away. My mother was taking care of him. He passed away at the age of three. I was unmarried when I had this child.”

During these ensuing years, Mambo continued to work in administration for the government of her country. She remembered that a supervisor told her about a job opening at their Embassy in the United States. Since her government had employed her for seven years, she noted the following.

“So, they (Mambo’s employers) were looking for a qualified secretary for the Embassy in the United States. So, I happened to meet the criteria. That is, the length of service, the length of time that the person has put in the service and education level. They wanted somebody with a high school diploma. So, I met the criteria. So, I was sent by the government to work in the States at the Embassy.”

Mambo recalled that she resisted the job offer to the United States initially and she noted the following.

“At first, I told them, I was not going to America. I did not see a reason why. I did not want to leave. Then somebody said, you must be out of your mind. You are struggling to go to school; America is where you will get your education faster. You will go to any level. And this guy who knows me, he knew me and knows how serious I am and how much I am trying to achieve. He was encouraging me to accept the proposal to come to America; I was going to have more opportunities to continue my education than staying at home. So he gave me courage to leave home.”

By the time Mambo entered Early Adulthood, she had faced many challenges already. In this developmental stage, she demonstrated mastery of many tasks, including, moving away from parents, living in a new environment, seeking resources for training, developing a support system, getting started in a new occupation, and bearing a child (Havighurst, 1972).

Lived Personal Experiences: 1983-1988

Early Adulthood (Ages 25-30). By 1986, Mambo was selected for an assignment in the United States to work in the Embassy of her country. After making the decision to accept the assignment, Mambo shared that; “I came to the United States on the 3rd of November 1986. Within six months, I had enrolled into college.”

Mambo noted that before moving to the United States, she knew one lady from her home. She recalled the following.

“I did have some friends that I knew from home who had worked with me in my country who were living in the United States. When I arrived in the United States, I stayed with my boss, the person that I was the secretary to. I stayed

with him for about a month. Then I did not like to stay in the same place, I left and went and stayed with one lady. Then she was a student too in college. So, I preferred to stay with her. I stayed with her for about two months, and then I looked for my own apartment.”

Mambo acknowledged that living alone as a single female was culturally accepted because she had been living independently back home for such a long time. She shared the following.

“It was acceptable to live alone because right from home, I was already independent. I was already living on my own. I already had my followers, some of my followers, like my younger brothers. They were already living with me. Back home, I was already playing a mother role, you see. So, nobody could control me then because they knew I could control myself. They (Mambo’s family) had confidence in me. The way I grew up, I was so responsible that my parents had no doubts. They absolutely had no doubts in me because I took for myself; I took the initiative to do things that they did not expect me to do.”

Mambo recalled that in less than one year she was recalled to her native country. She noted that she had the following response to the request to leave the United States and to return home, “I said, hell no, no way. I have already started what I came here for.”

When asked what were the reasons for the request for her to return home, Mambo answered as follows.

“You know, it is politics. It is all this; it is all that. Then the person who really

encouraged me to come to the United States and the person who helped me to come here called me and told me. He said, Mambo do not come back. I said thank you. That was very encouraging. So, he told me, even if it means cleaning somebody's toilet. I did not return home.”

By refusing to return to her native country, Mambo's employment with the Embassy was terminated. She found herself with the dilemma of being unemployed in a foreign country. Mambo shared that her refusal to return home had the following consequences.

“Around August 1987, I was recalled back home, which I refused to go. It was at that point where I almost went homeless in America. But there were always people around; somebody helped me, took me in, and I lived with him. Then that is when I started getting into the American system, looking for a job to survive. So, I went and did a nursing assistant course that was recommended. That is how I got introduced to nursing.”

Mambo indicated that the nursing assistant job was available and noted the following.

“The nursing assistant job, compared to other menial jobs, that was the job that was a little better than the other menial jobs around. That was the one that I could do, go to school, be able to pay my fee, pay my rent, and manage my little car that I had.”

Mambo noted that she is the only one from her immediate family who has moved to the United States. She indicated that her family back home depends upon her very significantly for financial support. Mambo acknowledged that, “when I earn a penny here in America, it is not my penny, it is our penny because I share it with them.”

Mambo incorporated the instructions from her parents in that they “instilled a strong sense of family and my siblings and I were taught to take care of each other.”

Additionally, during this developmental stage, Mambo was expected to master such skills as, “selecting a mate, learning to live with a marriage partner, attempting to start a family, managing a home, getting started in a new occupation, taking on civic responsibility and finding a social group” (Havighurst, 1972, pp. 85-93).

Mambo attributed her faith in God, determination, hard work, and self-confidence as factors that ensured her success even when she was at her lowest point in life. Her father’s spirit of “never giving up” gave her the strength to “keep getting up and dusting myself off” to achieve her goals throughout this developmental stage.

Lived Personal Experiences: 1989-1995

Middle Age (Ages 31-37). Mambo recalled that she met her husband at her college graduation in 1991; she described the meeting as follows.

“I met my husband in 1991 at my college graduation. So, during graduation we met there. He took some pictures of me. Maybe he had someone graduating and I was one of the graduates. Then we (Mambo and her husband) met somewhere, discussing and all the like. We sort of clicked. We started arguing on politics and things. So, that is how we met. The relationship didn’t really take off then. It was just sort of like talking. It grew up to a point, the relationship died because of my way of life. When I am doing something, I don’t want to be disturbed by anything outside, like a social life.”

Mambo recalled that between 1991 and 1992, she became pregnant by her husband-to-be while they were dating. She shared the following about those

circumstances.

“Even before we got married, I think that was early 1991 or 1992, when we met, I got pregnant. And I could not have the baby because I was just going into nursing school and he did not have a job. I was, like, you want us to keep the pregnancy? How are we going to manage it? He felt very bad. Both of us felt bad about it; but the situation was that we could not have it. We decided that I would have an abortion. Our families do not know about the abortion; we have kept it to ourselves.”

Mambo indicated that since she and her husband have experienced a pregnancy, she believed that another pregnancy is still possible for them.

Mambo recalled that as soon as she completed a college degree in Business Administration, she began to study nursing and continued with prerequisite courses. Mambo acknowledged that she was very single-minded about her education and she did not want a relationship to interfere with the achievement of her goals. Although she remained in contact with her husband-to-be, she did not consent to a more serious relationship or marriage until 1995.

When Mambo made the decision to accept her husband’s marriage proposal, she indicated that their traditional marriage customs had to be adhered to by both families. She described the following.

“Normally, it is always the male that goes to the female’s family, and say, I have seen something interesting in your family, this is that. So, what happened in the case of my husband and me, it happened that my father is no more alive. Then my husband’s father was alive, he is not alive now; but he was sick at that time.

So, the person who had to introduce the topic to my family was his (Mambo's husband) junior brother. So, when he (Mambo's husband's junior brother) went to my own brother, my brother looked at him and like, how dare you? You are too young. My brother looked a little mad. You don't have a father? My husband's junior brother said, yes, of course I do; but my father cannot come here. So, my husband's brother went to my own brother, who then was like my father, and said, my brother is interested in your sister, but both of them happen not to be here (Mambo's native country). My husband's brother lived in the city, which was far away from my village. So, he (Mambo's husband's junior brother) had to go to the village and say, listen, my brother, who is in the United States, has met a lady. This is where she lives and then they made this arrangement. And the family, the entire family (Mambo's husband's family) moved to my own farm. It was a big celebration. So, I heard, I was not there."

Mambo recalled that both families accepted the marriage proposal. In their absence, Mambo noted that a marriage ceremony was held. Mambo explained that relatives stood in for herself and her husband in order to uphold the cultural tradition for the marriage.

"Our marriage is a cultural wedding, not Western. We don't do Western. In America, there are people who do Western ceremonies. Like for my husband and me, our families did the cultural ceremony without us there (Mambo's native country). My husband's brother represented him and my niece represented me, and they do all those libations, and all those cultural things. Yes, it has to be done. Even after the ceremony, when I went home to visit

without my husband, my father-in-law was still alive. Both families celebrated with me. It was dancing and singing all night, all over again.”

Mambo shared that both families must accept the marriage or the couple is not allowed to wed. Mambo acknowledged that in some cases, the families do not accept the marriage proposal. She indicated the consequences if couples disregard the disapproval as follows, “in the majority of the cases where the parents say, no, and couples do go ahead with the marriage, the majority of the cases do not turn out well.” Mambo noted that there are “a lot of customs and superstitions attached to both families either accepting or rejecting the marriage.”

“If the families do not approve, then it means they are eloping and there is a lot of taboo with that. When both families approve and they bless the marriage; it is fine. Couples are inclined to follow the parental decisions rather than to risk any kind of misfortune in their lives.”

Mambo noted that, “couples who decide to elope, do not have successful marriages and it reinforces the fact that the parents were correct in their assessment to reject the marriage proposal initially.” Mambo and her husband respected the marriage traditions of their cultural upbringing and believed that they maintained the values that were instilled in them from their respective family of origin.

Lived Personal Experiences: 1996-2001

Middle Age (Ages 38-43). When Mambo and her husband began their marriage, she described how she and her husband participated in a social group called Njangy. She shared the following about the group.

“We (Mambo and persons from her native African country) have a group that

we call the Njangy. It is a special day where we get together to chip in financially. It is like a social group. It is something that we inherited from home (Mambo's native country), and we come together and contribute money. For example, let's say two to three hundred dollars will be contributed. If there are ten of us who contributed, it comes up like two, three thousand dollars. Okay, we give it to this person or that person. Whatever this person wants to do with it is fine. That is how we support ourselves financially; and it is very, very good. No interest (like from a bank), nothing. Somebody will question what if the person does not give back. It is this thing of mutual trust and we have never had a problem with it, since from back home. That is how it happens at home and we continue that here in America."

When Mambo got married, she made following decision for her personal and educational development.

"This is what I said to myself, no more school. No more school. After I got married, I stayed home. I stayed home to have a child. No child is forthcoming. I started getting bored, started getting depressed, sitting at home. I began to hear that Associate Degree nurses were only clinical nurses; they could not do this; they cannot do that. I began to ask myself, what am I doing at home?"

After this self-assessment, Mambo made the decision to return to college. She noted, "that is how I enrolled for the BSN program."

As Mambo progresses through Middle Age, she has demonstrated mastery of developmental tasks, including, "achieving adult social and civic responsibility" (Havighurst, 1972, p. 98), "reaching and maintaining satisfactory performance in her

occupational career” (p. 99), and “adjusting to an aging parent” (p. 104).

Lived Academic Experiences: Mambo Shurr

Mambo provided background information about the design of the educational system in her native country in Africa as follows.

“A child begins primary school by the age of seven. After primary school, there is secondary school, which is a five-year program. Actually, our secondary school, the 5th year of the secondary school is the equivalent of the 12th year here in the United States, which is high school. So, the first year of our secondary school is the equivalent of the 7th or 8th grade in the United States. When students complete secondary school, which is about the 12th grade, there is a high school. From the high school level, if students graduate there successfully, when they come to the United States, they are given college credits.”

Lived Academic Experiences: Primary Education

1965-1971: Elementary School: Age 6-13. Mambo attended a religious co-educational primary school that was located in an urban community. She noted that the school had a racial composition of African students. Mambo noted that she did not attend kindergarten. “We started from Class 1. I never went to kindergarten or anything. I grew up in the country, so I went to school, I think when I was six or seven years old when I started primary school.”

Mambo recalled that living in the rural part of her country presented obstacles

that affected school attendance. She described the educational track related to her primary and secondary education, when attendance in school is continuous, as follows.

“Because we (Mambo and her family) lived in the country, we had to walk long distances to attend school. So, before a child goes to school, the child should be able to cover that distance, walk back and fro. So, you go from Class 1 to Class 7, seven years in elementary school, then five years in secondary school, and then two years in high school. Then after high school, you go to college.”

However, Mambo acknowledged the following about her academic progression.

“In my case, I never went to school straight. At a certain point, I had to stop. So, it was like after elementary school, there was a break in between before I went back to secondary school.”

During the developmental stage of Middle Childhood, Mambo demonstrated mastery of skills, including, “beginning to read, enlarging her social circle, beginning abstract thinking, establishing same gender relationships and friendships, learning physical skills necessary for ordinary games, and developing fundamental skills in reading, writing, and calculating” (Havighurst, 1972, pp. 19-25).

The mastery of these skills may have been more significant for Mambo because of the challenges that she endured to attain an education. Mambo acknowledged that she did not consider, “giving up because I relied on my faith in God to see me through these barriers.” Mambo persevered in her educational pursuit even though her studies were delayed along the way.

Lived Academic Experiences: Secondary Education

1973-1978: Secondary School: Age 15-20. Mambo recalled that she took a two-

year break before starting her secondary school education.

“I think I had a break for about two years because you see, I am a struggling person. Because when I completed primary school, I left my parents. I lived with a family member, then I moved to my brother’s and uncle’s home. So, when I completed elementary school, then my brother was in the city, also struggling to make ends meet there. So, he said, well, I will not leave my sister. I went and met him in the city and he took me in. Then I stayed out of school for about two years, trying to put some money together, to cover my secondary education.”

Mambo indicated that she completed her secondary education and reported the following.

“When I came out, there was no job; I was looking for something to do, to be able to get money to continue my high school education. So, that is how I have struggled through life.”

Mambo acknowledged that her family demonstrated a responsibility for each other by assisting when necessary, as displayed by her brother during her secondary education years.

In the developmental stage of Adolescence, Mambo demonstrated mastery of skills that are appropriate for Early Adulthood, including, independence in study skills, everyday living and job skills, achieving emotional independence of parents and other adults, and establishing future career plans (Havighurst, 1972).

1977-1979: High School: Age 18-20. Mambo indicated that members in her family of origin were raised to help the other in time of want or need. Mambo’s older

brother assisted her when she was struggling to earn money to attend secondary school. Mambo acknowledged that in turn, she aided a younger brother with his education as well.

“The only other sibling to complete high school was my youngest brother.

Because while I was struggling through high school, and I was working for the government, I took him in. So, you see how our family is; this is one case where he can pull the other one; as he is struggling, the other one is pulled up. So, that is how our family went.”

Mambo acknowledged that a part of the reason for her persistence in earning an education stemmed from her father. She noted that her parents “did all they could; they gave us the best that they could, to the best of their ability.” Mambo remembered a particularly salient discussion that her father shared about education and noted that she took what her father inculcated into us.

“My father said, I will now give you the opportunity to go ahead and learn book, meaning education, struggle. I will give you the best I can; it is left to you to struggle, to make life better for yourself. He (Mambo’s father) made us understand that.”

Mambo recalled that her father gave her the encouragement to persevere, thereby motivating her to succeed against the odds.

“To succeed, you have to continue with your education and he could only provide up to primary school. He (Mambo’s father) did not go to secondary and high school; it is very expensive. It is very expensive and he could not afford it. You see, with that encouragement, encouraging us to go on ahead, and we

(Mambo and her siblings) saw that he really wanted us to go ahead; but he did not have the means. So, our parents gave us the best they can.”

Lived Academic Experiences: Post High School Education

1987-1991. Mambo recalled the following upon her arrival to the United States. “I arrived to the United States in November 1986. In June during the following summer, I enrolled into college.” Mambo acknowledged that she has been determined throughout her life.

“I am someone who is very ambitious, who is determined to achieve something, for somebody to come and say, look this is the way I did it and I succeeded. So, if you do it that way, you will be successful.”

Mambo noted that, “I am motivated when somebody gives me an encouraging word.”

Mambo recalled some advice that was given to her by one of her college professors and she noted.

“The Instructor told us, listen, when I was a student, my life was a triangle. He said, school, work, home, school, work, home, and that is how I made it. If you know you cannot live your life in that triangle, don’t waste your time. That got into my head.”

Mambo shared that she majored in Business Administration and she received an admonition from one of her professors as well.

“The professor said, listen, all of you are in America, the professor emphasized, particularly foreigners. He was an Egyptian. He said, look, this is a very complex society. Don’t put all your eggs in one basket. Despite the fact that you are in management school, if you get out, don’t state that you will do only

management. What if you don't get a job in management? What will you do? Be flexible. Be ready to do other things out of management to survive. That hit me. So, you see how teachers contribute to students? So, when I got out of management school...before I completed management, I started thinking of doing nursing. So, I graduated in June 1991 and in September, I was back to do my sciences to go into nursing.”

Mambo completed an undergraduate degree in Business Administration successfully but she did not seek employment in a business career. Immediately after graduating, Mambo began prerequisite science courses in preparation for admission to a two-year nursing program.

Although Mambo had met her husband at this time, she did not allow their relationship to interfere with her academic goals. She shared the following as to how she negotiated the relationship.

“My husband had completed college and he was working. It had always been my intention to complete school before I married. I did not want to have any babies while I was in school. I did not want to have any marriage because I told him, don't call me. Not that I didn't like him or anything. But it gets to a point that one credit that I give to myself is, I am very self-disciplined. Yes, sometimes I will tell him, don't call me. Then what I would do is turn my phone off. I put my answering machine on. He will call and leave a message. Then if I am reading and I hear him, I won't call him until I am finished. Then I feel like relaxing; that is when I returned his call.”

Mambo maintained her relationship with her husband-to-be; but she made it very

apparent to him that the completion of her education was her foremost priority. Upon completing the science prerequisites for the 2-year Associate Degree Nursing Program, she transferred to the nursing program to begin the nursing classes.

Lived Academic Experiences: 2-Year Community College: Associate Degree in Nursing

1995-1996. Mambo acknowledged that she completed the sciences at her undergraduate university before transferring to the Associate Degree Nursing Program. She noted that she had married in 1995 and her husband was “very, very supportive.” Mambo recalled that the program that she selected was an accelerated one-year program. Also, she remembered that the program was “very expensive.” Mambo shared the following.

“I don’t know if I would have made it in nursing school without my husband; he has been very, very supportive. The nursing program that I attended was very expensive; and we did a crash program that I completed in one year. In 12 months, 12 crazy months. And really social support, my girlfriend, Mindy, we were like pushing each other. It got to the point where I said, Mindy, I am going to drop. She said, Mambo, if you drop, I will drop. Don’t drop. Let’s pull each other. Mindy is not from my country; but we just hit it off.”

Mambo shared the following, “in nursing school, you need a buddy.” “You need one because the information is still very new, and it is a lot to understand. Having a friend can make it a little easier.” Mambo maintained her friendship with Mindy and they decided to apply to the same RN to BSN Completion Program. They continued to

provide critical social support to each other as they pursued a Baccalaureate Degree.

Lived Academic Experiences: 4-Year University: Bachelor of Science in Nursing

1996-1998: Registered Nurse to Master of Science in Nursing Progression

1996-1998: Registered Nurse to Bachelor of Science in Nursing Completion Program

Background for Nursing Program Options. Mambo was admitted to the Department of Nursing in Spring 1996 as a second-degree student. She opted for the RN to MSN Progression in which a BSN Degree is awarded upon completion of the requirements for the degree and students continue on to the graduate curriculum to earn the Master of Science in Nursing. To qualify for this progression option, students must earn a grade of B or higher in the first two nursing courses, Nursing Theories, Concepts and Models and Physical Assessment, in an RN to BSN Completion Program curriculum. Students cannot earn a grade less than a B in all subsequent courses in order to remain in the RN to MSN Progression.

However, students who earn a grade lower than a B in these first two courses automatically become ineligible for the RN to MSN Progression and can revert to an RN to BSN Completion Program curriculum. In the second year of her progression during the 1997 Fall semester, Mambo earned a grade of D in the Research course. She opted to continue in the BSN curriculum in order to earn a degree in nursing.

Spring 1996. Mambo completed the final prerequisite course for the nursing program in Spring 1996. She completed Pathophysiology, a 3-credit course, which was scheduled one evening per week from 5:30pm to 7:30pm. She earned a grade of B for this course.

Mambo noted that she took only one course during this semester because she had been away from college for two years.

“I did not want a heavy load because I wanted to be able to grasp the content. And secondly, we had just gotten married and I did not want to bog myself down

with academic work. So, I took only that one course. I was still at the honeymoon level of returning to school.”

Mambo recalled that the course was interesting. She did not have a lot of reading. She remembered that she was being very cavalier about her performance in the class until she got her grade for the first examination. Mambo described the experience as follows.

“The course was very interesting. The reading was not much. I was so relaxed. Each time I’d come to class and go, and that was it; throw the book aside. I was not reading until the first exam when I had a 70. I saw that if I did not straighten up, I was not going to do well in the class. That was just like a spank to my butt. Wake up. I said, oh my God, what’s this? I picked everything up as usual and grabbed my book and started reading and picked up from there. So, that is when I started reading harder to the end of that semester.”

Mambo recalled that she liked the teaching style of the Instructor; she believed that he was very helpful to the students as evidenced by the following.

“The Instructor is such an easy teacher. I think what also helped in this course is... the Instructor had some study guides which we (Mambo and her

classmates) bought for \$5.00 which also helped us through. We used the guide and read the book with it. It helped to grasp the material.”

Mambo described her life events during that semester as follows.

“We (Mambo and her husband) got married in August 1995. And in Spring 1996, I was in school. So, I was still at the level... so, I had two honeymoons going on then. I had like two honeymoons going on so you know what that will mean. But yeah, life was interesting. I was having fun with my husband. I had no problems. But then at the same time, I had to adjust myself from being a single woman going to school to a married woman going to school. I had to make that adjustment. This is how I had to adjust, in that way. When I was single, when I go to class, I am on my way home and I think, there is nothing to eat. I stop somewhere, pick up some fast thing to go and eat. My husband is not used to that. So, I have to adjust, try to prepare a list, help him so when he comes home, he should be able to pick up and prepare that. And that is how I had to manage it throughout the entire course. I am just so lucky that I am married to a man, who when it comes to academic things, is very, very supportive.”

Mambo admitted readily how she felt about having a partner who was supportive of her attaining her educational goals when she returned to college. She shared the following.

“Well, fortunate for me, I married a man who is very, very supportive. He is very supportive. When I come home, he is not the type of man who is demanding, I want this done; I want that done. He is always ready to pitch in and help. Sometimes I may come home and nothing is cooked. But my

principle is that since we are used to eating the soup or vegetable, I always prepare the soup or the vegetable. Then he can go ahead and prepare his food. Prepare for us.”

Mambo indicated that she worked the night shift (11:00pm to 7:00am) throughout this semester, as well as during the entire time while completing her degree, “because it was the only shift that I could work and attend school.” “It is not an easy shift either. But if you want to make it, it is not easy.” Mambo recalled that she ended this semester on a positive note. Also, she mused that, “it was interesting.”

Fall 1996. Mambo completed Nursing Theories, Concepts and Models, a 3-credit course, which was scheduled one evening per week from 5:00pm to 7:30pm. She completed only one nursing course during this semester. Mambo is the second participant, who completed this course before it was increased to 4-credits in 1997. Mambo earned a grade of A for this course.

Mambo recalled that the course involved a lot of reading as she described in the following.

“We had about five textbooks to read, which was just one course, but a lot of work, a lot of work. Those who took this course with other courses, I don’t know how they handled it. But the fact that it was a lot of reading, but it was the only course that I was taking. I did not have much of a problem with it because I had much time, enough time on my hand to read the various textbooks.”

Mambo acknowledged that she was familiar with the organizing framework, the Neuman Systems Model, from her Associate Degree nursing program. However, she indicated that she was not taught about the model very well and she did not have a good

understanding of the model. Mambo noted the following.

“So, the name Neuman was not new to me. Because the Instructor who introduced the Neuman Model to us did not like the Neuman Systems. So, he gave out the impression that the Neuman Systems was such a complicated system that does not make sense. So, when I came to the Baccalaureate nursing program, I said oh my God, do I have to deal with this Neuman Systems again.

Then I said to myself, well I don’t have a choice if that is what the school is using, then I will have to learn it.”

Mambo recalled that she needed to learn the model and indicated that, “it was just the idea of understanding the concept.” When she was introduced to the Neuman Systems Model in this first nursing course, she shared the following.

“The Neuman Systems Model was interesting; but the full grasp was not gotten in the beginning of the course. So, to tell you the truth, it was almost the end of the whole course that I really had a grip. Not total, but at least some understanding of the Neuman Systems. I had some understanding of it.”

Mambo noted that she did not have problems with the written and oral presentation assignments in the course. She recalled that she liked the teaching strategies that the Instructor utilized to promote her critical thinking as evidenced by the following.

“Paper writing, it was not much. But, let me tell you the truth. We (Mambo and her classmates) always saw the Instructor as a hard evaluator. Hard in the sense that not just being hard for hardness itself; being hard to let the students

understand or get a grasp of the content. I remember when my girlfriend took the class after me. She called me and says, that Instructor is a hard Instructor. She corrected my paper as if I don't know English. I say, sweetheart, yes, she is, but in the end, she will be your best Instructor. I think every student struggled with the written assignments. But the Instructor's technique of teaching and the manner of handling students, I will call it a gift. I will call it a gift because the Instructor made the students work. But at the same time, the Instructor did not give the answers to them because we will cry and come back to her. The Instructor will soothe us, oh, it will be okay, you will be fine; I know you can do it. The encouragement, itself, is very important. The Instructor will not give us that answer; but she will guide us to where the answer is. And as the Instructor asked us questions and told us to put it together and ask what did you come out with. And that leads the students to get the answer. And when the student follows that line and gets the answer by himself or herself, the light clicks."

Mambo believed that the Instructor used teaching techniques that "most teachers don't really have; but the encouragement that I received in this course motivated me toward the achievement of my educational goals."

Mambo shared that her life was in a good place during this semester initially; but as she and her husband tried to start a family, those good feelings changed to stressful ones. She noted the following.

"Nothing much was going on in my marriage. Socially, I am still happy with my husband. We have been already a year in marriage. And I am trying to

make a family, and we kept saying okay, it will happen. But I was very worried, very, very worried. I started consulting doctors here and there. I was worried because I got married at the age of 39. I have to get high in my mind that I am getting too old for a family. So, it was a lot and we were anxious. For one year in the marriage, no pregnancy. That started bothering me. And sometime I sit behind and blame myself that if anything happens, I might be the cause of it because I got too anxious about it and all that. Yeah, so that little bit of anxiety started around this time.”

Mambo indicated that she began to seek medical consultation during this time to determine whether she had any problems that might impede her from getting pregnant.

“I think I consulted a doctor just to check, a gynecologist, just a check-up to make sure that everything was fine. And they say, go and do this test, go and do that test. I did all the tests. They were all normal and negative of abnormal findings.”

Mambo indicated that these preliminary tests were just the beginning of what would become a long and challenging ordeal for herself and her husband in the ensuing semesters.

Spring 1997. Mambo completed Physical Assessment, a 4-credit course, which was scheduled one evening per week from 5:00pm to 9:00pm. This was the only nursing course taken by Mambo in this semester. Mambo earned a grade of A for this course. Mambo indicated that she found this class to be interesting by sharing the following illustration.

“The Instructor was fun; but a serious teacher. She made the class very

interesting. And one good thing with her is that she took us, those who were interested, to go to her practice and to work with her for two full hours. I was interested to go to her office, so I went. I worked with her for four hours and watched her do assessments.”

Mambo recalled the following about the reading assignments for the course.

“There was not really much reading, only one textbook. When it comes to reading, I know what my weakness is. I am a slow reader. I know that I am a slow reader. I make sure that I create enough time for my reading.”

“I am a very disciplined person. When I say I am doing this, I do it. And being only my husband and myself and I did not have any distractions, I had enough time to read.”

Despite taking only one course in this semester, Mambo believed that the stress related to her inability to get pregnant might have affected her academic performance during this semester and into the ensuing semester specifically.

Mambo recalled that during this semester, “my social life wasn’t very interesting because I had been married more than a year.” She described the beginning challenges with the infertility tests as follows.

“When I went for infertility treatment, first they wanted to check and see if I had any endometriosis or anything. They checked for that because I have had an abortion before, so they tried to check to see if there were any scar tissue. They saw that and that was removed. Everything was fine. But pregnancy was not happening and I couldn’t understand that. That is how it started.”

Mambo recalled that she began the infertility evaluation prior to the end of the Spring

1997 semester and shared the following about her experiences.

“Before starting the infertility treatments, the first thing they wanted, which I was very concerned, was to make sure that I had my tubes, that there was not blockage in my tubes, that all my tubes were open.... They said all the tubes were okay; they were open. I had heard that women in their 30s could have blockage in the tube or something and I was already in the late 30s. And then after a while, they started using fertility medication. My husband was checked for the sperm count and also checked for motility. Everything was fine with him too. So, when everything was done, I began the fertility pills and nothing happened. I had gone through all sorts of pregnancy tests and nothing; infertility treatment, nothing. So, they did sperm insemination. That did not work. The doctor has said she cannot understand what was going on. The doctor suggested for us to go for in vitro. My insurance would not cover it. Both of us were anxious, my husband and I. We wanted to have a baby so badly. We say how do we pay for that. We went for the first in vitro in this semester. The facility where we went for the in vitro was out of state because we were told this was the best place around. So, we spent a long time driving to the facility. The first in vitro did not work. So, the worries continued.”

Mambo indicated that the Physical Assessment class should have been easier for her; but “with the other things in my mind, I had some problems even though I earned an A for the course.”

When asked what were she and her husband doing to cope with what was going on with the lack of success with the pregnancy, Mambo shared the following.

“You see, I have always believed that all my life; I believe that for everything in life, God has a plan for everything in life. Because even myself to be where I am today, I don’t know how I came to be here. I believe that if something has to happen and it is God’s will for it, it will happen. And if it is not God’s will, it will not happen no matter what. So, we (Mambo and her husband) always comfort each other and say, you know what, if it is God’s will, it will happen, and if it is not God’s will, no matter how much we fight, it will not happen. So, it just did not... though as a human being, you can still worry. We console ourselves like that. If God does not will it, it will not happen. So, that is our belief, even up to today.”

Mambo shared her perceptions about the possibility of adoption as well. However, she did indicate that the concept of adoption is new to her culture in her native country in Africa.

“And sometimes I sit back and say to myself, God put everybody on earth for a purpose. And maybe it is not God’s will for me to have children of mine. But it might be to raise children and help other people who want to adopt. So, to sit back and beat myself that I should have a child... I don’t know what God has for me somewhere behind, which I don’t know. So, my husband and I say, we can be parents without having the children. So, that is how we are coping with our childless marriage.”

Fall 1997. Since Mambo had earned the grade of A in the first two nursing classes, she was eligible for admission into the RN to MSN Progression. Mambo was able to eliminate the next three courses in the 300-level of an RN to BSN Completion

Program and to progress to the first two courses in the 400-level that were also required for students seeking to earn an MSN Degree.

Mambo completed Nursing Research, a 3-credit course, which was scheduled one evening per week from 5:00pm to 7:00pm. She earned a grade of D for the course. Students must earn a grade of C or better in all nursing courses, if not, these courses must be repeated.

Additionally in the previous semester, Spring 1997, Mambo had been admitted into the RN to MSN Progression, which stipulated that she could not earn a grade less than B, in a nursing course, in order to remain in this Progression. By earning the grade of D, Mambo became ineligible for the RN to MSM Progression automatically. However, rather than withdraw from the nursing program, Mambo chose to continue in the nursing program and opted to complete the requirements for an RN to BSN Completion Program instead.

In Fall 1997, Mambo completed Nursing Research for the first time. Mambo offered several explanations as to why she might have performed poorly in this course.

“I don’t like to say anything negative about the Instructor because I think she has some good elements in herself. But there is one thing that she really lacks. I don’t know that she lacks it or she doesn’t want to be bothered by students. It is just like well, I did not get it easy; I see no reason why you should get it easy. I don’t know, that is the way I see her. She made it so difficult, particularly, knowing very well that students did not really know research or how to pick a research topic. I had no clue what research was all about so that my greatest difficulty was to come up with a research topic. So, I spent almost half of the

semester searching for a research topic so much that I had no time to go back and read. I did not do well on the research exams because I did not read. No, even when I read the book, I did not have the time to really understand what it is the writer was trying to put across. I ended up failing the course.”

Mambo believed that the behavior of the Instructor might have affected her performance in the course also. She noted the following.

“But then one thing with the Instructor is that you put an appointment with her, she says, oh, come at this time, then you never meet. That was one of the most frustrating things with the Instructor. She will never keep to her appointment. From my perspective, I just look at it as she was saying, you have to do the Research paper yourself, dig it up yourself. Don’t count on me. The Instructor is not even there to give you that guidance. That was the weakness in the Instructor, not helping to guide the student to the knowledge that you are looking for.”

When Mambo received a failing grade for the Nursing Research course, this failure elicited a profound reaction from her and she described her feelings in great detail as evidenced by the following.

“Fall 1997 was the peak of my academic disappointment because as a student, I have never failed a course, but I did fail Research. Let me tell you the truth. That was the most difficult thing for me to accept because throughout my academic career; I did not fail. When I earned a degree at another college, I also failed one course but I took that failure because I had other things to do. So, for that course, I did not consider as a failure because I did not pay attention to that

course. But this was really the peak because of my weakness is that I don't take failure. I take failure very hard. It is a stab in my heart. But in Fall 1997, I had to grow up and accept failure. I taught myself that it is okay to fail. I had to tell myself that to be able to maintain my sanity and continue, accept myself, it is okay to fail. It might be from failing, you will learn; you will gain more, and which is true. So, it was not easy. I am one woman that will slide and fall, pick myself up, knock my dust off and keep moving."

Also, in the same 1997 Fall semester, Mambo completed Nursing Management and Leadership and the Clinical Component, which was a 5-credit course. She earned a grade of C for the course. By earning a grade of C for this course, Mambo would have become ineligible to continue in the RN to MSN Progression as well.

The Theory Component of the course was scheduled one day per week from 9:00am to 1:00pm. For the Clinical Component, Mambo was required to complete six hours of clinical experience with a management preceptor in her place of employment. Mambo had the flexibility to schedule the hours for her clinical; but the clinical experience could not be scheduled during her normal working hours.

Mambo acknowledged a similar reaction to this course as with the Nursing Research course, "this was one of two heavy and demanding courses because with management, there was a lot of reading and a Clinical Component." She indicated that she did not perform well in the Theory Component of the course; but noted, "I did my clinicals very well and wrote my notes very well."

Mambo admitted that she did not put in the effort for this course because she was at an all time low in her life and believed that, "because of all this up and down,

both academically and socially, I could not make it.” “I failed research and just managed through with management. I do not know how I even got a C in management.”

Mambo completed Nursing Research and Nursing Management and Leadership in the same semester. She noted that this semester was the “peak of my academic disappointment.” Despite failing the Nursing Research course, Mambo retained her determination to achieve her educational goals. She attributed her ability to persevere against the odds to the philosophy of her father as noted in the following.

“I say I should really thank God. I don’t know where this spirit comes from. It might be from my father. My father’s philosophy, which he always said, keep going, be a fighter, whose daughter are you? Yeah, that has always been my father’s theory; keep going, when you fall, get up. You will lie down, who is going to help you? I have a strong will; I am determined and persistent. And because I am persistent, I overcome failure.”

Also during this semester, Mambo believed that she was failing socially in her personal life. She and her husband continued their attempt to have a child through in vitro fertilization.

Mambo acknowledged that the stress of the two courses and her inability to become pregnant posed challenges that were overwhelming and seemingly insurmountable as evidenced by the following.

“I started sliding a little bit, socially I started sliding. In Fall 1997, I was right here at the bottom. I had gone for a second in vitro and it failed. So, it was not easy. Some of my papers, my husband did the assignments in management, he

did it for me. Because I was so overwhelmed, I was just overwhelmed to the point where my husband looked at me and wished he could do something. So, he is such a supportive husband. Okay, since failure has been placed in my life, I hung on the support of my beloved husband. And this is one person, thank God for giving him to me because each time I came home, I cried. So, I hung onto him emotionally for support.”

With the support of her husband and her own personal resolve, Mambo indicated that she prepared herself to continue on her educational journey despite the disappointment of not graduating in Spring 1998 as she had planned. “Okay, now comes Spring 1998 and I don’t believe I didn’t graduate. So, in Spring 1998, I was down here at the curve (pointing downward toward the floor).” Mambo entered the Spring 1998 with a different attitude as noted.

“If you are persistent, no matter what, if you fail, do it again. Then I started asking myself, do you remain down here or will you climb up? Well, Spring 1998, I picked myself up, knocked my dust off and said, hey, keep going.”

Mambo entered the Spring 1998 semester as a full-time student because, “I was bent that I was going to graduate in Fall 1998, so I took all those classes.” Mambo repeated the Nursing Research course and completed the three remaining 300-level courses that were required for an RN to BSN Completion Program.

Spring 1998. Mambo repeated and completed Nursing Research, a 3-credit course, which was scheduled one day per week from 2:00pm to 4:00pm. She earned a grade of B for this course.

Mambo noted the following when she repeated the course this time.

“Research was a piece of cake because I repeated the book... and then in the second semester, I kept asking myself why was I not getting this? What was the problem? Then I realized that I didn’t put enough time reading.”

Mambo used this failure to motivate herself positively and she indicated the following.

“From the failure of this course in the previous semester, I was able to learn the research content for the course rather than just passing without the knowledge of the research process.”

Mambo completed Adult Health and the Clinical Component, which was a 4-credit course. The Clinical Component of this course was scheduled one day per week from 9:00am to 12:00noon; and a Post Clinical Conference was held immediately after the clinical experience from 12:00noon to 1:00pm. Students were recommended to bring lunch to the Post Clinical Conference. The Theory Component for the course was scheduled on the same weekday from 1:00pm to 4:00pm. Mambo earned a grade of B for this course.

Mambo indicated that she did not think the reading was excessive in this course. She enjoyed linking the clinical experience with the theory. Additionally, she liked the teaching style of the Instructor.

“In this class, we did some reading; but it wasn’t much compared to the first nursing class, not much reading. But it was also interesting because when we went out for our clinicals, really this class was going out to clinicals, come back, then try to link your clinical experiences with the theory. I liked the teaching style of the Instructor because I remember that each time we went out and came back to class, students discussed their patients one after the other. And each

time a student discussed whatever problem the patient had, the Instructor question will be how do you link that, what do you call that? That is how we learned.”

Mambo completed one of the required Nursing Electives, Health and Wellness: Alternative Interventions, which was a 3-credit course. This Nursing Elective was taken on the same weekday as the Adult Health course and was scheduled from 5:00pm to 7:00pm. This schedule necessitated that Mambo attend classes from 9:00am to 7:00pm on the same day. Mambo earned a grade of B for this course.

Mambo indicated that the graduate student who assisted the Instructor, “made the class very interesting.” She recalled that she completed this Nursing Elective course with the same Instructor from whom she had completed the Nursing Research course. Mambo shared her past experiences with the Instructor with her classmates whom she thought were not taking the class or the Instructor too seriously.

“So, in the Alterative Nursing course, where students were playing with the Instructor, I told them, you will end up playing with the devil, you don’t know. And guess what, they failed the course and when they did, that is when their eyes popped opened.”

Mambo indicated that she completed the assignments for this class and she did not experience any challenges that impeded her success.

Mambo recalled that her life events continued to be consumed with the infertility treatments. In this semester, she completed her third in vitro and it failed also. Mambo and her husband determined that they were fighting nature and they decided to “discontinue human technology” methods to promote pregnancy.

“We (Mambo and her husband) had gone through the third in vitro and it did not work. So, during that time, we came to a conclusion. We accepted the fact that we may not have a child of our own; but that did not cancel the fact that we were good parents. We made up our minds not to fight it so much because we thought that we had done a lot. We have given it our best, and to continue spending more money, trying with human technology, we felt as if we were fighting nature. Then, we decided that we would adopt.”

Mambo acknowledged that since she has been pregnant twice before, it was not a matter of never having been pregnant; but rather whether she was unable to conceive now because she was in her early 40s at this point. When asked whether she ascribed any blame to herself or if either her husband or other family members ascribed any blame toward her for the inability to conceive, Mambo shared the following.

“My husband knows it is not my fault. Sometimes in our culture, when a woman does not have a baby, it is said, oh, look at that barren thing. Oh, they have very awful terms that they use, names to call a woman who does not have a baby. The thing is that I am not at home (Mambo’s native country in Africa). Because if I were at home, you would hear those names, particularly from the in-law family. They shoot those words out. What are you doing in our brother’s house? You don’t even have a child. Get the hell out of here. Yeah, I would hear this if I were at home.”

Mambo believed that she may have sacrificed her ability to have children by pursuing her education when she was younger rather than getting married which was traditional for women in her culture. However, she was determined to receive her education first

and to marry and have children after her college degree was completed.

Fall 1998. Mambo completed Family and Community Nursing in the Clinical Component, which was a 7-credit course in her graduating semester. The Clinical Component for this course consisted of a community-based and family clinical experience; and it was scheduled one day per week from 9:00am to 3:00pm. The Post Clinical Conference was held from 4:00pm to 5:00pm. The Theory Component was

scheduled on the same weekday from 5:00pm to 9:00pm. Mambo earned a grade of B for this course.

Mambo noted that the Instructor made this class very interesting. Mambo remarked that the Instructor inspired her to pursue Community Health Nursing when she attends graduate school at a later point in time. Mambo recalled that the clinical was “fun and challenging.” She completed the community-based component of the clinical at a high school and she experienced the challenge of interacting with American teenagers. Mambo worked with a preceptor who taught her strategies for intervening with teens. She recalled that she designed a teaching/learning activity that outlined alternative activities for participation by teens instead of sexual activities.

Mambo found the family component of the clinical experience very interesting. She interacted with a family from her native country in Africa. During the clinical experience, the father in the family won political asylum through Congressional approval and Mambo intervened effectively with the family during this crisis.

Mambo indicated that, “the reading assignments for the course were not

numerous.” She completed a scholarly paper and delivered an oral presentation that was based on her clinical practical experiences and written assignments. Also, Mambo acknowledged that, “the exams were not difficult if you read the material.”

Also in this graduating semester, Fall 1998, Mambo completed Professional Nursing Issues and Trends, which was a 3-credit course. This course was scheduled one evening per week from 5:00pm to 7:30pm. Mambo earned a grade of B for this course.

Mambo recalled that the Instructor for this course had taught her the Nursing Elective course and the Nursing Research course twice, “yes, four times, I have known this Instructor.” Again, Mambo admonished her classmates to take both the Instructor and the class seriously as follows.

“Those students who came and did not know the Instructor very well, when they were kidding around, I said, you people don’t know with whom you are kidding. You will fail this class if you don’t take it seriously. You bet, some of them did fail.”

Mambo made the following observations about the Instructor and her teaching style for this class.

“The teacher is an Instructor who does not like to teach that much. She would just come and give you an assignment and tell you, you can do this; you can do that. Since I know what type of Instructor that she is, I made sure that what she said, I did it.”

Despite the lack of instruction for this class as indicated by Mambo, she recalled that she enjoyed one of the assignments immensely, which involved interviewing her

Congressional Representative. She described the experience as follows.

“I was so happy about this assignment because I did not know who was my Congressman or even how to get his number. Finally, I got the number. Then I called and the one good thing is that whenever you present yourself as a student, they will listen to you. When I called the office, I told them that I had a class project and I have to talk with the Congressman. They set up the interview the next week. I went there and had a good chat with him. Having an interview with some person in a big position, you are kind of like, wow, I didn’t know I could do that. And when I came out, I was like wow, I have interviewed a Congressman. I was so proud of myself.”

Mambo believed that this assignment was “the core of the course.” “The main core of this course was to face the world like professionals, meaning that you are to go out there and fight for nursing.” Mambo acknowledged that this experience helped her to transition into the role of a professional nurse. She found this experience to be the high point of the course.

Mambo noted that three textbooks were required for the class and the exams were based on the reading assignments. The Nurse Entrance Test (NET) was given as an exit examination in this course. Mambo remarked that her poor performance on the NET at the beginning of the nursing program was attributed to her inability to perform well on spontaneous testing. She stated that when she is given the opportunity, “to prepare for testing, I can write the exams and pass it.”

Mambo indicated that there was not much change in her personal situation,

“pretty much like the semester before and we have accepted our childless situation.”

She continued to work the night shift (11:00pm to 7:00am) and was off work the night before classes. She was trying to become pregnant naturally. Mambo accepted her childlessness and continued to pursue adoption procedures.

In her final nursing course, Professional Nursing Issues and Trends, Mambo felt empowered by the assignment to interview her Congressional Representative. She acknowledged that she learned a lot about negotiation and activism as she completed the assignment.

Mambo returned to college in Spring 1996 to matriculate in an RN to MSN Progression Program. However, after failing a nursing course, Mambo became ineligible for the MSN Program. Mambo elected to enter an RN to BSN Completion Program and she earned a BSN Degree in three years.

Mambo indicated that being an African woman in the United States was not easy. She was not a traditional student; rather “I was an adult learner who had to work always while attending school.” Mambo accepted these barriers as challenges that could be overcome; and she is “annoyed when Black Americans do not apply themselves to succeed academically.” Mambo acknowledged that despite all the challenges that she faced in the pursuit of a Bachelor of Science in Nursing (BSN) Degree, she was able to achieve her educational goals successfully.

Mambo believed that, “there is one primary thing that adult learners need from their Instructors.” She recommended the following approach to assist adult learners who return to college.

“Instructors need to offer encouragement and show that you believe that the

student can make it. Do not tell adult learners that they cannot do it; it is not a good thing if someone is struggling. Adult learners can always make it, if there is someone who is offering encouragement.”

Additionally, Mambo indicated that, “anybody can always make it... as long as there is somebody there to give that person encouragement and to believe in that person.”

“Tutoring, particularly in research is needed. Somebody should be there, particularly for those who come into research without really knowing what research is. Instructors need to inform the students about what they are looking for and what they expect the student to understand.”

Although Mambo did not utilize any academic support services provided by the university while completing the nursing program, except for the computer lab and the library, she did attend the workshop to prepare for the English Proficiency Examination. Mambo indicated that she had difficulty with reading, writing assignments and the APA format for writing scholarly papers. She recommended that tutoring in those areas would be beneficial to students.

“The APA format is a pain from the beginning when you don’t understand what it is all about. When it is just introduced and you don’t understand what it is all about, it’s a pain. Sometimes the assignments can be overwhelming, and I would just like to say, hey Instructors, give us a break.”

Since earning a BSN Degree, Mambo has remained on her same job. She indicated that she did not earn a BSN “with the intent of going into administration or anything.” “I don’t like administration. I enjoy bedside nursing.” However, Mambo admitted that, “what the BSN changed was my perception of nursing, my theory that I

have in my mind.” “That is what changed, my perception of nursing, my rationale. I mean, it changed from that of an Associate nurse to a BSN nurse.”

Mambo indicated that she matriculated her entire secondary and college education as an adult learner, “one has other responsibilities and it is not easy; but it is not something that one cannot do.” “You can do it; all it takes is determination.” When asked what would she tell other prospective students about her nursing program, Mambo noted as follows. “I would advise potential students that the nursing program is not easy; the reading requirement is large; but I would tell them to work hard and not to give up.”

Mambo recalled that her decision to attend an Historically Black College/University (HBCU) “was not influenced by the school being a Black College; but I was glad that I attended an HBCU nursing program.” She acknowledged that, “when I took the required Afro-American history course, I gained a greater appreciation for Black Colleges and my knowledge of Black Americans.”

With ongoing social support and encouragement from significant others in her life, Mambo exhibited perseverance throughout her educational journey. In turn, she has provided encouragement to others who are returning to college to advance their educational goals.

Common Themes

Themes from the individual case studies have been presented. Next, these six individual case studies are examined to determine whether there were common themes in the lived personal experiences of these women. In order to identify the presence of common themes among participants, the following process was utilized. Six colors of 3by5 index cards were selected and each participant was assigned a different color. A theme was considered to be common when three or more of the six participants described similar lived personal and/or academic experiences. These six participants selected their own pseudonyms that were used as follows: Henrietta Edwards (Henrietta), Rebecca Keesley (Rebecca), Ellen Joseph (Ellen), Wanda Lewis (Wanda), Nancy Edgar (Nancy), and Mambo Shurr (Mambo).

Within a life course perspective, the case studies are examined for common life experiences from the participants' family of origin with respect to family structure, extended family in the household, social support, mother's employment, adequacy of family income, educational achievement as a family value, identification of either a role model or mentor, a family history of physical and/or substance abuse, and spirituality as a coping element to moderate stress (Table 1 and Table 2).

Also, lived personal experiences in the context of the participants' nuclear family are examined. Several of the same contextual variables from the participants' family of origin were identified that included family structure, extended family in

household, social support, mother's employment, educational achievement as a family value, and spirituality as a coping element to moderate stress. Moreover, additional variables were identified including marital status, children, juggling multiple roles (Table 3 and Table 4), and adequacy of income both during and after an RN to BSN Completion Program (Table 5 and Table 6).

Finally, common themes in the context of the lived academic experiences are explored. These lived academic experiences were examined within a life course perspective and considered within educational contexts including primary school (Table 7), secondary school (Table 8), and post secondary academic and work experiences (Table 9). An overall assessment of an RN to BSN Completion Program from the perspective of the participants is presented (Table 10 and Table 11).

Moreover, to explore the common themes found in the lived personal experiences, a research question was advanced to guide the study; research question #4 read as follows. 4. Were there common themes among the lived personal experiences of the participants?

First, common themes from the family of origin of the participants are addressed. Each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant was born into a two-parent family and grew up with brothers and sisters ranging in number from two to ten siblings. Three (Henrietta, Ellen, & Nancy) of the participants were either the oldest child or oldest daughter of the family and assumed responsibilities for

younger siblings. Each of these three participants remembered being given responsibility for the care of younger siblings. As each participant was growing up and mastering developmental tasks, she was expected to assist in the parenting of the younger siblings. These three (Henrietta, Ellen, & Nancy) participants indicated that the supervision and care of younger siblings was an expectation from parents.

The importance of family was reinforced by the presence of extended family in the household. Important cultural family traditions and celebrations were shared, preserved and practiced by each successive generation. Four (Henrietta, Ellen, Wanda, & Nancy) of the six participants noted that extended family members lived in the household and included grandparents, aunts, uncles, and cousins. One (Rebecca) participant indicated that extended family members did not live within her household; but extended family members visited her family often, especially during holiday celebrations. However, one other (Mambo) participant indicated that extended family did not live in their household. Mambo recalled that her maternal and paternal grandparents were deceased before she and her siblings were born.

These adult women indicated that their lives were enriched by the presence of their extended family members. Two common themes that were identified by each participant were the importance of family unity and the social support that was provided unconditionally to family members. Each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant remembered receiving encouragement and affirmation from family

members while growing up in their family of origin. These participants reported that family values were shared within a loving and nurturing environment.

These adult women were born between 1950 and 1960 during a time when the employment of women outside the home was becoming more prevalent. The mothers for three (Henrietta, Rebecca, & Wanda) participants worked outside the home and contributed to the family income. One (Mambo) participant indicated that her parents were farmers. She noted that her mother contributed to the financial status of the family by working with her father in the fields to cultivate crops that were sold to markets in the city. The other two (Ellen & Nancy) participants reported that their mothers maintained culturally acceptable and traditional roles of homemaker and primary caretaker of the children.

In the family of origin for each participant, finances were adequate for essentials including housing, food, clothing and education. Four (Rebecca, Ellen, Wanda, & Nancy) of the six participants indicated that the family income was adequate only to cover essentials. However, the other two (Henrietta & Mambo) participants noted that their family income was adequate for essentials only when extended family members provided additional financial assistance. Five (Rebecca, Ellen, Wanda, Nancy, & Mambo) participants perceived that their lives were not affected adversely by incomes that were adequate for essentials only. However, one (Henrietta) participant reported the hardships that were endured by her family when finances were inadequate for essentials, even with help from extended family members.

Despite limited finances in the family of origin for these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants, sacrifices were made by their parents in order to provide education for these adult women and their siblings. Each participant shared the commonality of educational achievement as a family value. These adult women recalled being told both by parents and family members to obtain an education. Four (Rebecca, Ellen, Wanda, & Mambo) participants were encouraged to earn a college degree. Although the parents' education, for these adult women, ranged from an absence of formal classroom education to college graduate, the prevailing theme in their households was for these participants to embrace the value of educational achievement as ascribed by their parents.

Within the family of origin, each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant was able to identify either a family member or an extended family member who served as a role model or mentor. These influential individuals modeled behaviors that motivated the participants to persist despite impediments while achieving their goals. These mentors provided the participants with unconditional love, support and affirmation. Moreover, the participants were encouraged by their mentors to confront challenges with tenacity and to prevail despite the odds. Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo attributed their "never give up" attitude to the influences of their mentors in their lives while growing up in their family of origin.

Although the six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo)

participants perceived a positive environment in their family of origin, the presence of both physical and substance abuse was reported. When sharing their lived personal experiences, four (Henrietta, Rebecca, Ellen, & Wanda) of these six adult women recalled that they were exposed to both physical and substance (drugs and alcohol) abuse while growing up in their family of origin. The other two (Nancy & Mambo) participants did not report the presence of either physical or substance abuse in their family of origin.

However, four (Henrietta, Rebecca, Ellen, & Wanda) participants experienced both physical and/or substance abuse in their homes that included physical abuse between parents and substance abuse (drugs and alcohol) for either a parent or sibling. Three (Henrietta, Rebecca, & Ellen) experienced physical abuse between their parents; and two (Henrietta & Ellen) participants indicated that their fathers abused alcohol. One (Rebecca) participant shared that her mother abused alcohol. Henrietta, Rebecca and Wanda had siblings who abused alcohol and drugs. Despite these experiences, these adult women were able to overcome the adversity associated with both physical and substance abuse and its impact on themselves and the family system.

Despite the impact of these negative experiences, these (Henrietta, Rebecca, Ellen, & Wanda) participants were able to master appropriate developmental and educational tasks. Henrietta, who was the oldest daughter, recalled that she felt a sense of guilt and responsibility when a younger sibling got into trouble, especially with drug

and alcohol abuse. Also, two (Wanda & Rebecca) other participants, who were younger sisters, experienced feeling guilty, if not responsibility when siblings became addicted to drugs and alcohol.

Moreover, Henrietta, Rebecca, Ellen and Wanda attributed their ability to persist and to overcome the impact of these challenges to the affirming environment within their family of origin despite the harmful aspects of physical and substance abuse. Henrietta, Rebecca, Ellen and Wanda indicated that they were safeguarded, frequently by nurturing family members, against negative experiences related to the physical and substance abuse.

Each participant acknowledged that the practice of religion in her family of origin fostered a deep and an abiding faith in a Higher Power. Moreover, the participants observed that these early religious influences promoted the development of their spirituality that served as a source of strength and coping element during challenging times. These adult women remembered how their family members coped with problems and hardships through the practice of their faith and offering prayers as a coping element to moderate stress. Each participant noted that when all other coping strategies were exhausted, they were taught to “call upon God as a source of help” to get them “through the trials in their lives.” The participants’ initials were used in the tables as follows: Henrietta Edwards (H.E.), Rebecca Keesley (R.K.), Ellen Joseph (E.J.), Wanda Lewis (W.L.), Nancy Edgar (N.E.) and Mambo Shurr (M.S.).

Table 1

Family of Origin Lived Personal Experiences: Common Themes

	Two Parent	Mother Employed	Physical Abuse	Drug or Alcohol	Siblings	Adequate Income for
--	------------	-----------------	----------------	-----------------	----------	---------------------

	Family			Abuse		Essentials
H.E.	x	x	x	x	x	
R.K.	x	x	x	x	x	x
E.J.	x		x	x	x	x
W.L.	x	x	x	x	x	x
N.E.	x				x	x
M.S.	x				x	

Table 2

Family of Origin Lived Personal Experiences: Common Themes

	Social Support	Educational Achievement as a Family Value	Spirituality as Coping Element	Role Model/Mentor	Extended Family in Household	Oldest Child or Oldest Daughter
H.E.	x	x	x	x	x	x
R.K.	x	x	x	x		
E.J.	x	x	x	x	x	x
W.L.	x	x	x	x	x	
N.E.	x	x	x	x	x	x
M.S.	x	x	x	x		

Next, common themes from the nuclear family of the participants were addressed. The lived personal experiences in the nuclear family included several of the same contextual variables that were found in the family of origin; and these were family

structure, family traditions and celebrations with extended family members, social support, employment of the participants, educational achievement as a family value and spirituality as a coping element to moderate stress. However, additional variables included marital status, children and adequacy of income while completing an RN to BSN Completion Program and after the completion of a BSN Degree.

These six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated that as women the sociocultural expectation was for them to marry and to raise a family. As they prepared for marriage and family life, each acknowledged that members from her family of origin influenced her approach to these developmental tasks. A concerted effort was made by these adult women to incorporate values from their family of origin into their nuclear families, especially educational achievement.

Five (Rebecca, Ellen, Wanda, Nancy, & Mambo) of the six participants were married; and duration of marriage ranged from six to twenty-two years. Only one (Henrietta) participant was divorced; but she had a supportive significant other in her life for the past five years. Each participant had either a child or children ranging from one child to five children. The child or children of the participants ranged in age from seven to thirty-two years.

Additionally, four (Rebecca, Ellen, Wanda, & Nancy) of the participants were providing primary and/or secondary education for either a child or children in their nuclear families. Two (Rebecca & Wanda) participants had children in primary school;

and four (Rebecca, Ellen, Wanda, & Nancy) participants had children in secondary school. Also, three (Rebecca, Ellen, & Nancy) participants were educating children in both secondary school and in college. These participants indicated that the expectation of earning a college degree has been instilled in their children. To this end, these adult women have maintained educational achievement as a value in their nuclear families.

Furthermore, four (Ellen, Wanda, Nancy, & Mambo) of the six participants immigrated to the United States and they have preserved cultural traditions and celebrations from their country of origin. These traditions and celebrations have been taught to their children in order to perpetuate their practice and continuing existence. Although two (Henrietta & Rebecca) participants were born in the United States, they shared an observance of similar traditions and celebrations, as experienced by the other four participants, especially secular and religious holidays.

These six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants included extended family members as they established a supportive and an affirming environment for their nuclear families. These adult women incorporated extended family members in the celebration of traditions and holidays. Four (Ellen, Wanda, Nancy, & Mambo) participants recalled that members from their extended family,

usually a parent or sibling, visited with them for long periods occasionally. These participants noted that their extended family members became significant individuals in the lives of their children either by participating in family events or by living in their

homes.

Moreover, each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant identified family members, friends and/or classmates who provided social support to her during life events; and this support played a major role in her life, especially during the completion of a BSN Degree. The six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants made appropriate adjustments in their lives as they assumed the role of an adult learner. While several years had lapsed since their last classroom experience, it became imperative for the participants to garner the support of family members and significant others in their lives to promote successful completion of an RN to BSN Completion Program.

Typically for adult learners, all the participants worked full-time while earning a BSN Degree. Five (Rebecca, Ellen, Wanda, Nancy, & Mambo) of the participants had supportive employers who provided flexible nursing shifts to accommodate their course schedules. These participants were given days off to coincide with their class days. Throughout the duration of an RN to BSN Completion Program, Henrietta was unable to adjust her work schedule to accommodate her classes. Henrietta admitted to arriving late to class frequently and the problems with her non-supportive employer were a constant source of stress for her.

While completing a BSN Degree, each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant acknowledged that faith in a Higher Power contributed significantly to the attainment of educational goals. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated that during the most challenging

periods of their educational journey, their faith in God helped them to endure stressful events and to overcome their obstacles. Through the practice of their religious beliefs, all participants fostered the practice of using spirituality as a coping element to moderate stress with their children.

While earning a BSN Degree, all (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants juggled multiple roles that impacted their lived personal experiences. Each of the participants shared the following multiple roles that included spousal, parental, occupational, supporter of both aging parents and family of origin members and adult learner. Also, while completing the nursing program, these adult women dealt with competing priority and time allocation for these roles.

During the completion of the nursing program, five (Rebecca, Ellen, Wanda, Nancy, & Mambo) of the six participants were married and one (Henrietta) participant was in a long-term relationship with a significant other. Although the participants were attending college, they noted that their spouses or significant other expected them to maintain their spousal relationship and family responsibilities. Allowing adequate time for and attention to their multiple roles became an ongoing challenge for these adult women learners.

These competing roles, such as, spousal, parental, occupational and adult learner, required adjustments from both spouses and children of the participants. The participants indicated that household responsibilities often received priority over their educational goal of a college degree. However, these participants realized that

attainment of their degree required reassignments of household responsibilities to either spouses or children. Time management became a critical component in balancing family obligations and course work for a BSN Degree.

As adult learners, these six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants had to employ time management strategies to allow for the completion of course requirements. Life events impacted the amount of time that each participant could allot to attain her educational goals. Often these life events required that the participants shift their priorities from earning the degree to family issues. For example, the participants occasionally increased time on their jobs to meet financial obligations by working a 12-hour shift rather than an 8-hour shift.

The adequacy of income both during and after the completion of a BSN Degree was identified as a common theme among the participants. It is noted that two other roles impacted the finances of the participants. All six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated that financial support is provided to aging parents. However, four (Ellen, Wanda, Nancy, & Mambo) of the six participants provided financial support to aging parents and to members from their family of origin.

During the completion of a BSN Degree, four (Rebecca, Wanda, Nancy, &

Mambo) of the six participants indicated that their income was adequate for essentials. Essentials were identified as being “the basics, such as, housing, food, clothing, education and household expenses.” Due to their belief regarding educational

achievement as a family value, three (Henrietta, Rebecca, & Wanda) of the participants provided a private school education for their children.

Although private school tuition placed a financial strain on the family, these participants believed that a “good education for their children” was categorized as an essential expense. Additionally, one (Rebecca) of these three (Henrietta, Rebecca, & Wanda) participants provided her children with private school education for both primary and secondary school. Henrietta acknowledged that she secured bank loans and accepted financial assistance from family members in order to keep her children in private high schools.

Only two (Rebecca & Nancy) participants identified their income as being adequate for both essentials and some luxuries. Luxuries, such as, “eating out, vacations and attending shows” were presented as examples. One (Nancy) participant, who noted that her income was adequate for essentials and some luxuries, indicated that she was able also to have spontaneous spending. Nancy identified spontaneous spending as “being able to purchase merchandise that was wanted rather than needed.” Moreover, two (Henrietta & Ellen) participants indicated that their income was not

adequate for essentials, some luxuries or spontaneous spending during matriculation of an RN to BSN Completion Program.

All of the participants secured financial aid loans to pay college tuition when

they began an RN to BSN Completion Program. However, some of the financial burden from college tuition was offset by tuition reimbursement from the employer for four (Rebecca, Ellen, Wanda, & Nancy) of the participants. These four participants had to earn passing grades for the courses to qualify for tuition reimbursement. Three (Henrietta, Rebecca, & Wanda) of the participants had school-aged children in private school and paid tuition by either decreasing or eliminating other financial obligations. Additionally, four (Henrietta, Rebecca, Ellen, & Nancy) of the participants had tuition responsibility for college-aged children while earning a college degree.

However, two (Henrietta & Ellen) participants, whose income had been inadequate during the program, indicated that their income became adequate for essentials after completion of a BSN Degree. These two (Henrietta & Ellen) participants acknowledged that after completing a Baccalaureate Degree their income became adequate for some luxuries and spontaneous spending. Also, Henrietta and Ellen attributed their improved financial status both to their ability to work additional hours and to an increase in salary after earning a BSN Degree.

Although two (Wanda & Mambo) participants indicated that their income was adequate for essentials during the completion of a BSN Degree, both noted that their

income remained inadequate for some luxuries and spontaneous spending after completion of a Baccalaureate Degree because of major financial demands. Only one (Nancy) participant indicated that she had an adequate income for all financial

categories both during the nursing program and after completing a BSN Degree.

Although the six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated an increase in their available income to maintain their households, financial issues were not resolved entirely by all participants after earning a BSN Degree. Two (Rebecca & Wanda) participants continued to have private school tuition for both school and college-aged children; and two (Ellen & Nancy) participants were paying tuition for college-aged children only.

From their shared lived personal and academic experiences, these six participants indicated that most often financial issues had an adverse effect on the family. Each participant noted that the family shifted financial priorities due to inadequate income. Moreover, one (Henrietta) participant reported that extended family members had to assist her financially throughout the nursing program.

These six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants acknowledged that the financial assistance provided to aging parents and family of origin members had an impact on their households. Ellen noted that marital problems were caused by financial assistance to extended family members. Ellen reported that her husband has resigned himself to the fact that she will financially support her mother

and adult siblings. Wanda shared that her marriage was strained when her husband depleted their life savings to assist his siblings financially after the death of his mother.

However, each participant indicated that this financial assistance was perceived

as a family responsibility. These participants were taught to believe that their “prosperity was to be shared with family members who were less fortunate.” These adult women believed that the financial constraints associated with an inadequate income did not outweigh the responsibility to assist with the financial security of their parents and family of origin members.

Table 3

Nuclear Family Lived Personal Experiences: Common Themes

	Spouse/ Significant Other	Children	Social Support	Educational Achievement as a Family Value	Spirituality as Coping Element	Family Traditions/ Celebration s
H.E.	x	x	x	x	x	x
R.K.	x	x	x	x	x	x
E.J.	x	x	x	x	x	x
W.L.	x	x	x	x	x	x
N.E.	x	x	x	x	x	x
M.S.	x	x	x	x	x	x

While these resilient women pursued a college degree, common themes were identified within their nuclear families that are illustrated in Table 4. These women described how overwhelming it became at times to juggle these multiple roles while attending college. These women completed 8-12 hour nursing shifts and arrived to class often too tired to focus on course content. All the participants indicated that their income was crucial to the survival of their families.

Frequently, the participants had difficulty finding childcare while attending classes. In addition to being responsible for their children, Henrietta, Rebecca, Ellen and Wanda provided physical, financial and social support to their parents. Nancy and Mambo sent money to parents and family members in their native countries in Africa. Rebecca, Ellen, Wanda, Nancy and Mambo reported that their spouses often felt neglected while they earned a college degree. These five women noted also that their spouses helped with childcare responsibilities and household chores and adjusted to their role of adult learner.

Table 4

Nuclear Family/Multiple Roles Lived Personal Experiences: Common Themes

	Spousal	Occupationa l	Parental	Adult Learner	Supporter of Aging Parents	Supporter of Family Origin Members
H.E.	x	x	x	x	x	
R.K.	x	x	x	x	x	
E.J.	x	x	x	x	x	x
W.L.	x	x	x	x	x	x
N.E.	x	x	x	x	x	x
M.S.	x	x	x	x	x	x

Table 5
Nuclear Family/Adequacy of Income During BSN Completion: Common Themes

	Income Adequate for Essentials	Income Adequate for Some Luxuries	Income Adequate for Spontaneous Spending	College Tuition Loans Required	Payment of Tuition School-aged Children	Payment of Tuition College-aged Children
H.E.				x	x	x
R.K.	x	x		x	x	x
E.J.				x		x
W.L.	x			x	x	
N.E.	x	x	x	x		x
M.S.	x			x		

Table 6
Nuclear Family/Adequacy of Income After BSN Completion: Common Themes

	Income Adequate for Essentials	Income Adequate for Some Luxuries	Income Adequate for Spontaneous Spending	Repayment of College Loans	Payment of Tuition School-aged Children	Payment of Tuition College-aged Children
H.E.	x	x	x	x		
R.K.	x	x		x	x	x
E.J.	x	x	x	x		x
W.L.	x			x	x	x
N.E.	x	x	x	x		x
M.S.	x			x		

Although the six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants were of African descent, they experienced dissimilar backgrounds in that two (Henrietta & Rebecca) participants were born and raised in the United States in the Mid-Atlantic region, two (Ellen & Wanda) participants were born and raised in the Caribbean, and two (Nancy & Mambo) participants were born and raised in West Africa. Five (Henrietta, Ellen, Wanda, Nancy, & Mambo) of the six participants were born between 1950 and 1958; and one (Rebecca) of the six participants was born in the early 1960s. However despite these age ranges and national differences, each participant shared common elements “in her own words,” as she discussed lived personal experiences within her family of origin and nuclear family through her individual case study.

These adult women were born into two-parent families with supportive extended family members who provided social support to them while growing up in their family of origin. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants identified positive influences while growing up in their family of origin, including, family unity, the practice of cultural traditions and the celebration of secular and/or religious holidays.

Additionally, all (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants identified the following contextual variables in their family of origin including the presence of extended family in the household, social support, affirmation of educational achievement as a family value, the presence of either a role model or mentor in their lives, and utilization of spirituality as a coping element to moderate

stress. The participants indicated that these variables contributed to their personal development and positive sense of self.

These (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants reported that within their family structure, values such as, family unity, social support from immediate and extended family members, respect for elderly individuals, spirituality as a coping element, honesty, hard work, perseverance and educational achievement were internalized by them. These adult women encouraged their children to adopt these values in their nuclear families. However, common values including perseverance and social support were significant in relation to the impact on the lived personal experiences of these adult women in their family of origin.

Relative to perseverance, each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant shared that family members conveyed messages that prompted her to face challenges directly, to overcome obstacles and to renounce failure. Throughout their upbringing, these participants experienced hardships within their family of origin that allowed them to persist and to survive the negative impact of these challenges.

Additionally, the participants grew up in families with older and/or younger siblings ranging from two to ten children. These adult women learned coping strategies that allowed them to prevail and to persevere while negotiating their family systems to get their needs met, most often coupled with financial constraints on the family income.

In their nuclear family, five (Rebecca, Ellen, Wanda, Nancy, & Mambo) of the six participants indicated that family members did not abuse drugs or alcohol. However, of the six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants, one (Henrietta) participant indicated that she had one child who experienced a drug

abuse problem. Three (Rebecca, Ellen, & Wanda) of the participants indicated that because of either the physical and/or substance abuse in their family of origin, they made a concerted effort to avoid these behaviors in their nuclear families.

As a result of their experiences with substance abuse in their family of origin, these (Henrietta, Rebecca, Ellen, & Wanda) participants did not abuse drugs or alcohol and encouraged their children to abstain from the use and/or abuse of these substances. Despite the presence of hardships and/or physical and substance abuse in their family of origin, the participants described their family environment as being positive and supportive. Each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant identified either a mentor or role model who served as a significant individual in her life. These influential individuals modeled behaviors that reinforced using hard work and perseverance to meet the challenges of life. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated an ability to draw upon these influences from their mentors during demanding and stressful events in their nuclear families.

Although four (Henrietta, Rebecca, Ellen, & Mambo) of the six participants became pregnant before marriage, three (Henrietta, Rebecca, & Ellen) of these four women married the father of their child within three to eighteen months. Mambo did not marry her baby's father and indicated that her son died at the age of three. However, as single parents, prior to marriage, each (Henrietta, Rebecca, & Ellen) indicated that they received emotional and financial support from their families. These adult women acknowledged that the values of family unity and social support sustained them while negotiating life events and multiple roles.

Five (Henrietta, Rebecca, Ellen, Wanda, & Nancy) of the six participants

reported that they taught religious beliefs to their children that had been learned from their parents. These adult women fostered the development of spirituality with their children such that it could be perceived as a coping element to moderate stressful events. The other (Mambo) participant was pursuing an adoption and she indicated that she planned to foster religious beliefs that were practiced in her family of origin when she becomes a parent.

All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants identified at least one tradition or celebration that had been maintained in their nuclear family that was practiced in their family of origin. The participants have taught their children the importance of preserving these traditions and celebrations for future generations. These traditions and celebrations were described as religious, cultural, or secular in origin.

The social support that these adult women received became more critical and salient because of the academic challenges that were encountered while earning a Baccalaureate Degree. Moreover, the desire to earn a college degree was coupled with the stigma of being labeled as “at-risk” for failure of completing the course requirements necessary to graduate from college. This prediction was based on the results of a standardized academic diagnostic instrument, the Nurse Entrance Test, whereby these students scored below the 50th percentile on the Reading Comprehension for Science Textbooks component.

However, despite facing the prediction for failure, juggling multiple roles, and enduring the impact of negative life events, these resilient adult women learners remained motivated to earn a college degree. By maintaining educational achievement

as a family value, these participants were able to achieve academic success. Foremost, these participants attributed the achievement of their educational goal to their belief that God would help them to overcome any obstacle.

To explore the common themes found in the lived academic experiences for the participants, a research question was advanced to guide the study; and research question #5 read as follows. 5. Were there common themes among the lived academic experiences of the participants? Common themes found in the educational context of primary school of the participants indicated significant similarities in their early educational experiences during the late 1950s and early 1960s (Table 7). All six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants were of African descent and the racial composition of students in their primary schools was identified as predominantly Black American, Caribbean and African respectively. Therefore, the racial composition for students was categorized as being of African descent.

Three (Ellen, Nancy, & Mambo) of the participants attended either a religious or parochial primary school and the remaining three (Henrietta, Rebecca, & Wanda) participants attended public school. Four (Henrietta, Rebecca, Wanda, & Mambo) participants identified their primary school as co-educational. Only two (Ellen & Nancy) of the participants attended single gender primary schools. Five (Henrietta, Rebecca, Ellen, Wanda, & Nancy) of the six participants attended schools that were located in an urban community. Only one (Mambo) participant completed her primary education in a rural community.

It was interesting to note that four (Ellen, Wanda, Nancy, & Mambo) of the six participants indicated that their fathers participated significantly in their primary

education. The fathers of two (Ellen & Wanda) of these four participants graduated from high school. One (Nancy) participant indicated that her father completed Middle School; and the other (Mambo) participant reported that her father did not receive any formal classroom education. Each of these participants noted that their fathers provided assistance with homework assignments and school projects and monitored their educational progress.

However, these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants noted that there was decreased involvement from their fathers at the secondary education level. Moreover, these four (Ellen, Wanda, Nancy, & Mambo) participants identified a close relationship with their fathers while growing up and each admitted being influenced positively by this paternal involvement. Due to the encouragement from their fathers to pursue education, these women developed a positive sense of self and believed themselves to be capable relative to mastery of developmental and educational tasks. Despite the presence of sons in their family, these fathers attempted to relate to their daughters and to demonstrate gender and role equity relative to the expectations that they had for their daughters' success in life. The involvement of their fathers in their personal and educational development inspired these women to endeavor while accomplishing goals and to persist despite any obstacles that were encountered.

By contrast, Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo shared memories of a loving relationship with their mothers; but none indicated significant maternal involvement with either her primary or secondary educational experiences. Ellen and Henrietta indicated that their mothers completed Middle School. Nancy and

Mambo reported that their mothers did not attend school at any level; these two (Nancy & Mambo) participants were from African countries and the lack of education for their mothers was accepted as the norm in the early 1930s relative to the educational development of women. Whereas, Rebecca and Wanda noted that their mothers were college graduates. The mothers of three (Ellen, Nancy, & Mambo) of the participants were housewives. The mother of one (Henrietta) participant cleaned office buildings; the mother of another (Wanda) participant was a bookkeeper; and the mother of the other (Rebecca) participant was a clerical employee.

Although their mothers were not identified as being involved with their educational development, three (Henrietta, Rebecca, & Wanda) of the six participants noted that a mentor encouraged them to “get a good education.” These mentors were family women who had a close relationship with these three (Henrietta, Rebecca, & Wanda) participants. Henrietta identified an aunt who was considered “a professional” by her family and Rebecca shared that an older sister, who attended college and graduate school, provided inspiration to her. Also, one (Wanda) participant recalled that her mentor provided ongoing encouragement for her to attend college, even though this mentor was not educated beyond Middle School.

Although these returning college women experienced different educational journeys, the commonality remained that each was determined to earn a college degree despite educational challenges relative to being labeled as “at-risk” for academic failure. All the participants shared from their lived academic experiences that barriers to their academic goals did not discourage them. These women believed that each educational

achievement motivated them to work harder and to make necessary sacrifices to become college graduates.

Table 7

Primary Education Demographics Lived Academic Experiences: Common Themes

	Private	Religious	Parochial	Public	Single Gender	Co-ed	Racial Comp. African Descent	Urban	Rural
H.E.				x		x	x	x	
R.K.				x		x	x	x	
E.J.			x		x		x	x	
W.L.				x		x	x	x	
N.E.		x			x		x	x	
M.S.		x				x	x	x	x

Common themes found in the secondary education lived academic experiences were identified (Table 8). During their secondary education lived academic experiences, five (Henrietta, Rebecca, Wanda, Nancy, & Mambo) participants attended co-educational schools; and one (Ellen) participant attended a single gender convent high school. One (Ellen) participant attended a parochial convent high school and the remaining five (Henrietta, Rebecca, Wanda, Nancy, & Mambo) participants attended public secondary schools.

All six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants

identified the racial composition of the students as being of African descent predominantly. Four (Henrietta, Rebecca, Nancy, & Mambo) of the six participants indicated that all of the students were of African descent in their secondary schools. All participants attended secondary schools in urban communities. These participants reported that the racial composition of the students in their schools mirrored that of their communities. These neighborhoods were perceived by four (Ellen, Wanda, Nancy, & Mambo) of the participants as being closely knit and populated with many members of their extended families. The adults in their neighborhoods provided supervision of their behavior and well-being in the absence of their parents and extended family members.

Four (Henrietta, Rebecca, Ellen, & Wanda) of the six participants recalled positive experiences during their secondary education. One (Mambo) participant was confronted with financial limitations and encountered several interruptions in the completion of secondary education. Mambo left school several times during her secondary education in order to pay for tuition expenses by working intermittently. Also, Mambo acknowledged that the completion of her secondary education became one of her greatest achievements because of the obstacles that she overcame to attain this educational goal.

Additionally, one (Nancy) participant ended her secondary education at the middle school level. Nancy recalled that she could not pass the examinations necessary for admission to an accredited secondary school. When Nancy entered an alternative co-educational secondary school, she reported that the behavior of the students was dissimilar to her own upbringing. Nancy withdrew from this school before completing the requirements for a secondary education certificate. Nancy received technical

training in community health care and maintained employment in her community for several years. Moreover, this participant earned a General Education Development (GED) certificate after immigrating to the United States in order to meet one of the criteria for college admission.

Relative to their personal interactions during their secondary education years, five (Henrietta, Rebecca, Ellen, Wanda, & Mambo) of the six participants indicated an ability to develop and to maintain friendships with peers. Additionally, four (Henrietta, Rebecca, Ellen, & Wanda) of these five participants recalled involvement in extracurricular activities, including, sports and fine arts. In terms of academic achievement, Henrietta, Rebecca, Ellen, Wanda, Nancy, and Mambo ranked themselves as follows, one (Henrietta) as an average student, two (Ellen & Mambo) as above average students and two (Rebecca & Wanda) as excellent students.

One (Ellen) of the five (Henrietta, Rebecca, Ellen, Wanda, & Mambo) students indicated that she failed her tenth grade year; but she attributed the failure to a lack of effort rather than to a lack of ability. Ellen believed that she would be leaving the secondary school to relocate to the United States the following year and she did not apply herself academically. Ellen did not immigrate to the United States as planned and she completed her secondary education in her native country.

Wanda was the only participant who was encouraged by her father to attend college after high school graduation. Wanda reported that her father's goal was to have all of his children graduate from college. Rebecca planned to attend college after graduating from high school; but her education was interrupted when she became pregnant. Henrietta and Mambo entered the workforce after completing high school.

Nancy did not complete the traditional secondary education level; but she received

training to work as a community nurse. Ellen was the only participant who began her nursing education within one year after high school graduation.

Table 8

Secondary Education Demographic Lived Academic Experiences: Common Themes

	Private	Religious	Parochial	Public	Single Gender	Co-ed	Racial Comp. African Descent	Urban	Rural
H.E.				x		x	x	x	
R.K.				x		x	x	x	
E.J.			x		x		x	x	
W.L.				x		x	x	x	
N.E.				x		x	x	x	
M.S.				x		x	x	x	

As can be seen in Table 9, these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants did not attend nursing school immediately after completion of high school or secondary education. Only one (Ellen) participant entered nursing school to earn a Hospital Diploma in Nursing within one year upon completion of secondary education.

Moreover, common themes found in post secondary education/high school experiences and prior Baccalaureate Degree nursing education were identified (Table 9). Although each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant shared the common theme of selecting nursing as a career, five (Henrietta, Rebecca,

Wanda, Nancy, & Mambo) of the participants identified either financial constraints or other life

events as primary reasons for deferring entry into a nursing school program immediately after completion of her secondary education.

These five (Henrietta, Rebecca, Wanda, Nancy, & Mambo) participants maintained employment in a variety of occupations after completing their secondary education. Three (Henrietta, Rebecca, & Nancy) of the five participants held positions in health care and nursing related areas. Henrietta, Rebecca, Wanda, Nancy and Mambo recounted that their first career choice was to practice nursing and this objective remained as a long-term goal. Moreover, this ongoing career ambition to become Registered Nurses influenced the eventual return to either a Hospital Diploma in Nursing or an Associate Degree in Nursing program for these participants.

Also, while retelling their lived academic experiences, all participants (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) identified significant life events that impacted their finishing an RN to BSN Completion Program. Common themes found in the life events of the participants while earning a BSN Degree were identified as well (Table 12). The participants perceived these life events as having either a negative or positive impact on them as they pursued a college degree. For example, family illnesses, physical and substance abuse (drugs and alcohol), and employment challenges were reported as having a negative impact on the participants. Despite these negative obstacles, these women remained motivated to obtain a college degree. Although these life events precipitated interruptions and delays in their educational

journey, they persisted in order to overcome these challenges.

Moreover, high school graduations, college scholarships for children and other achievements were perceived as having a positive impact on the participants. While earning a BSN Degree, these participants engaged in family events that acknowledged the achievements of their children and family members. Consequently, these positive life events served to motivate and to encourage these adult learners as they pursued their own educational goals.

Table 9

Post Secondary Education Work Experiences and Prior BSN Education: Common Themes

	Post Secondary Education Work Experiences	Hospital Diploma Immediately after Secondary Education	Hospital Diploma in Nursing	Associate Degree in Nursing
H.E.	x			x
R.K.	x		x	
E.J.	x		x	
W.L.	x			x
N.E.	x			x
M.S.	x			x

The six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants discussed each course separately relative to their lived academic experiences in an RN to BSN Completion Program. Previously in Chapter IV, program curriculum and verbatim accounts of these individual courses have been highlighted in the individual

case studies. The participants discussed courses and faculty members without reservation or fear of repercussion. To this end, the actual course titles were changed and the names for faculty members were omitted. For the purpose of this study, an overall assessment of the courses was provided to capture the perceptions of these participants about the nursing curriculum and faculty members.

Additionally, this assessment approach was utilized to preserve the anonymity and confidentiality of the participants in the study. Although the six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants recalled individualized lived academic experiences, similar perceptions were advanced and common themes emerged. The common themes found in the assessment of the individual courses were identified (Table 10 and Table 11).

In general these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants recalled that their lived academic experiences while pursuing a BSN Degree were positive. However, concerns and issues that were critical to the academic success of adult learners emerged from the participants' "own words." Since several years had lapsed before these adult women made the decision to return to college, the initial culture shock of re-entering the classroom became a reality. These adult women learners admitted readily that the adjustment to the role of student was not made without difficulty.

All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants voiced their distress with a seminar teaching style for several of the courses in the curriculum. The participants indicated a preference for the familiar lecture format that was used in their previous nursing programs. The introduction of group projects and group

presentations increased anxiety in these adult learners because of their individualized approach to mastering content from past learning environments. The Department of Nursing faculty in this study utilized principles of adult learning that included the utilization of seminar teaching style to allow adult learners to use their experiences as a resource for learning. By employing group assignments to promote learning, faculty were able to relate new or difficult concepts to the existing experiential base that the students possessed.

These six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated that the required oral presentation for each course was their first experience addressing an audience formally. However, all participants recalled that each oral presentation became easier to deliver with continuing practice in every course. The improvement in oral communication skills for participants achieved one of the objectives of the curriculum. Two other objectives of the curriculum included improvement in writing and critical thinking skills.

These (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants were required to complete a scholarly paper for every course in the curriculum. The process of developing research based scholarly papers prompted these adult learners to enhance writing and critical thinking skills as they progressed through the curriculum. Also, these participants became accustomed to an increase in reading assignments that again was perceived as more demanding when compared to their previous nursing programs.

All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants perceived the reading assignments, for selected courses, as excessive and they found it difficult to find enough time to complete all assignments. Four (Henrietta, Wanda,

Nancy, & Mambo) of the six participants indicated difficulty with completing and comprehending reading assignments and three (Wanda, Nancy, & Mambo) of these four participants learned English as a second language. Additionally, two (Rebecca & Ellen) participants indicated that they did not have problems with comprehending the reading content but rather finding enough time to complete assignments between classes.

Despite these concerns about the curriculum, these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants indicated an ability to adapt to the new demands of an RN to BSN Completion Program when faculty members provided academic support and showed genuine concern for them. The participants noted that faculty members who were knowledgeable about their content and organized were instrumental in assisting them to make the adjustments required to become successful adult learners. Faculty members were perceived as organized by these participants when they provided the adult learners with written course syllabi and calendars and both documents were reviewed at the beginning of each semester. Additionally, faculty members were perceived as organized when the requirements for course assignments were written and discussed with the participants; and grading and evaluation of course work were consistent and fair.

By contrast, these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants became frustrated with faculty members who appeared disorganized and showed a lack of concern for the needs of adult students. These courses proved to be more difficult for the participants to manage. Two (Nancy & Mambo) of the six participants failed courses that they perceived as disorganized, (guidelines for assignments were not specific or explained clearly by faculty members), overwhelming

and stressful. Additionally, these two (Nancy & Mambo) participants perceived the instructors as uncaring and non-supportive toward adult learners by not appreciating or allowing for competing demands while completing their courses. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) the participants shared these negative experiences for at least one course in the curriculum and recounted that these experiences prompted them to consider withdrawing from the nursing program. However, instead of quitting, these adult women continued to maintain educational achievement as a value as instilled by their parents and encouraged by their mentors.

Additionally, each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant utilized social support from family and friends, as well as belief in a “Higher Power,” to persist in their educational attainment of a college degree. With the identification of being educationally under-prepared for college coupled with simultaneously occurring life events, all participants recalled that their success, at times, was due solely to the “grace of God.” They believed that all other coping mechanisms had been exhausted and it was only a “Higher Power” that helped them to overcome the challenges of earning a college degree, especially toward the end of the RN to BSN Completion Program.

For these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) adult learners, the senior year level courses presented increased challenges because these students were exposed to nursing content that was more demanding and had not been taught to them in their Hospital Diploma or Associate Degree nursing programs, such as, nursing research, nursing management/leadership and community health and family nursing. These senior level courses required analysis and synthesis of both previous nursing

knowledge and new nursing content. In the clinical experiences, these students implemented therapeutic nursing interventions that required increased utilization of critical thinking and communication skills. In the senior year of an RN to BSN Completion Program, both the management and community health and family nursing courses required weekly clinical experiences of six to nine hours respectively.

For these (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants, the increased demand on their time that was required to complete both theory and clinical components of these senior level courses had a significant impact on the lives of these adult learners. Coupled with these time constraints and the effects of simultaneous life events, these students voiced their perceptions about the overwhelming aspects of completing a BSN Degree. Each participant (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) acknowledged that major family sacrifices were made in her efforts to progress through an RN to BSN Completion Program. However, despite these challenges, these participants described how their desire to earn a college degree outweighed the barriers that were encountered.

Table 10

Lived Academic Experiences Perceptions RN-BSN Completion Program: Common Themes

	Too Many Reading Assignments	Difficulty With Reading	Too Many Writing Assignments	Difficulty With Writing	Difficulty With Oral Presentations	Lecture Style Preferred
H.E.	x	x	x	x	x	x
R.K.	x		x	x	x	x
E.J.	x		x	x	x	x

W.L.	x	x	x	x	x	x
N.E.	x	x	x	x	x	x
M.S.	x	x	x	x	x	x

Table 11

Lived Academic Experiences Perceptions RN-BSN Completion Program: Common Themes

	Most Instructors Supportive	Occasionally Non Supportive Instructors	Most Courses Excellent	A Few Courses Disorganized	Lack Of Support For Adult Learners	Too Many Group Assignments
H.E.	x	x	x	x	x	x
R.K.	x	x	x	x	x	x
E.J.	x	x	x	x	x	x
W.L.	x	x	x	x	x	x
N.E.	x	x	x	x	x	x
M.S.	x	x	x	x	x	x

During the senior level courses of an RN to BSN Completion Program, all (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants acknowledged that their use of spirituality as a coping element to moderate stress became foremost in their lives, particularly due to the impact of life events experienced throughout the nursing curriculum. In conjunction with their pursuit of a BSN Degree, the participants experienced life events that impacted their academic achievement significantly. Although life events occurred that were perceived as positive by the participants, such as, college admission for children, scholarships for college, recovery from illnesses and

career advancement, these participants were challenged also by life events that became barriers to successful completion of a Baccalaureate Degree.

Common themes emerged relative to life events that had a negative impact on the participants. Due to the nature and seriousness of these life events one (Wanda) participant took an approved leave of absence from the nursing program for a semester. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants recalled that they earned grades of C during the semester in which both courses and life events were particularly stressful. These participants noted that they had been earning grades of B or higher prior to the semester when challenging courses and life events impacted their academic achievement.

During the completion of a BSN Degree, all (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants experienced family illnesses. For example, Rebecca coped with the viability of a premature infant, Nancy and Mambo dealt with the illness of siblings, and Mambo suffered with the death of two brothers. Ellen and Mambo endured the death of a parent after an illness. Five (Henrietta, Rebecca, Ellen, Wanda, & Mambo) of the six participants assisted aging parents with chronic medical conditions; and two (Henrietta & Wanda) participants had one parent who was living with a diagnosis of cancer.

In addition to these family illnesses, four (Henrietta, Rebecca, Ellen, & Wanda) of the participants experienced the impact of substance abuse on their family while completing the nursing program. Three (Henrietta, Rebecca, & Wanda) of the participants recounted that siblings were addicted to drugs and/or alcohol; and Henrietta and Rebecca indicated that one parent was addicted to alcohol. Henrietta noted that her

father died at the age of 58 years due to complications of alcohol abuse and lung cancer. Rebecca acknowledged that her mother abused alcohol into late middle age; Rebecca's mother discontinued the abuse of alcohol in her early 60s and has remained sober for the past several years.

Two (Henrietta & Wanda) of the participants experienced either physical or verbal abuse while earning their college degree. Henrietta divorced three spouses when the physical and verbal abuse escalated. Wanda has remained in her marriage but noted that the verbal abuse had diminished since completion of the nursing program.

Financial constraints became a primary concern for all participants. Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo worked full-time while attending college. Due to their course schedules, participants were unable to work extra shifts that would have increased family income without jeopardizing their academic status. Although four (Rebecca, Ellen, Wanda, & Nancy) of the participants received tuition reimbursement through their employers, the financial needs of the family extended beyond their salary while earning a Baccalaureate Degree.

In addition to the financial constraints for their nuclear family, four (Ellen, Wanda, Nancy, & Mambo) of the participants indicated that financial assistance was being provided to extended family members. The participants acknowledged that financial responsibility for aging parents, and in some cases for adult siblings, impacted the overall financial stability for themselves. However, this financial assistance was incorporated into the family budget of the nuclear family for these (Ellen, Wanda, Nancy, & Mambo) participants.

Another common theme found among the participants included concerns with employment and time management. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants worked nursing shifts that permitted them to attend classes and clinical experiences that were scheduled during the day. Five (Henrietta, Rebecca, Ellen, Wanda, & Nancy) participants had school-aged children at home while completing the nursing program and the selected nursing shifts impacted family interactions. Participants admitted to feelings of guilt when decisions were made to spend time on course assignments rather than sharing time with family.

These participants manipulated the division of time for college, employment and family throughout the program and acknowledged that each area did not receive equal time or attention. All (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants made a concerted effort to plan adequate time to complete course assignments; but each participant acknowledged that at times the demands of college were overshadowed by the challenges of everyday life.

These returning college women shared that life events competed with their educational pursuits. In fact, Wanda chose to take an approved leave of absence from the nursing program because the stressors of juggling multiples roles proved to be very overwhelming.

As adult learners, Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo perceived the tasks associated with juggling multiple roles, as being necessary because earning a college degree was not achieved without sacrifice. Each participant drew upon past successful coping strategies, especially spiritual resources, to meet the challenges of the nursing program and life events. These adult women received social

support from significant others, utilized academic counseling and employed spiritual resources to achieve a life-long goal of earning a college degree.

Table 12

Life Events RN-BSN Completion Program: Common Themes

	Family Illnesses	Employment Concerns	Financial Constraints	Time Management Concerns	Substance/Physical Abuse	Extended Family Concerns
H.E.	x	x	x	x	x	x
R.K.	x	x	x	x	x	x
E.J.	x	x	x	x	x	x
W.L.	x	x	x	x	x	x
N.E.	x	x	x	x	x	x
M.S.	x	x	x	x	x	x

Moreover, due to the influence from their family of origin that maintained educational achievement as a family value and their acceptance of this value, Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo returned to college to earn a four-year degree, even after the lapse of several years. In part, these adult women attributed the attainment of a Baccalaureate Degree to their affirmation and value of educational achievement that was evidenced by the lived academic experiences from their educational contexts.

Upon returning to college, Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo perceived themselves as being under-prepared for the rigor of college courses in a four-year university. For example, four (Ellen, Wanda, Nancy, & Mambo)

participants were international students and English was a second language for three (Wanda, Nancy, & Mambo) of these participants. They reported that reading comprehension of abstract nursing content, for the junior and senior years of an RN to BSN Completion Program, posed a genuine barrier for them while completing the nursing program.

Although these adult women were cognizant of this prediction of academic failure, as evidenced by the Nurse Entrance Test, each (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participant resolved to achieve the goal of a college degree despite the academic challenges that were encountered. These adult women learners indicated that they were aware of the availability of academic support services on their college campus.

However, the participants reported several reasons for their lack of utilization of academic support services that included lack of time, role conflict issues and inaccessibility of the academic support services relative to a lack of extended evening hours for these services. Additionally, only three (Wanda, Nancy, & Mambo) participants reported that they attempted to utilize these academic counseling services. Moreover, Wanda, who was an international student, enrolled in English and Writing classes at a local Community College in an effort to improve her oral and written communication skills. Wanda completed these courses concurrently while pursuing a Baccalaureate Degree.

All six (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) participants reported that in their family of origin educational achievement was instilled in them as a family value. Each participant shared her educational journey in the individual case

studies. Although variation existed among the participants in the process by which they earned a college degree, each participant shared the commonality of being persistent and motivated to achieve educational goals. Despite barriers and challenges experienced within the contexts of their primary and secondary educational journey, these adult women remained motivated to earn a college degree.

CHAPTER V

Discussion

In order to contradict the prediction of failure as assessed by a standardized academic diagnostic instrument, the Nurse Entrance Test, the adult returning nursing students in this study needed to exhibit both resilience and motivation to graduate from an RN to BSN Completion Program. As illustrated by “their own words” from the case studies, the lived personal and academic experiences of these adult learners indicated a “best fit” to the theory of Personal Investment (Maehr & Braskamp, 1986). Personal Investment Theory was selected primarily because it is one of the few theories of adult achievement motivation. It was not necessary for the researcher to bias her view of the respondents’ experiences; rather the researcher selected a theoretical construct that fit their interviews. It was from their shared stories that it became clear that motivation to achieve allowed these adult learners to overcome the stigma of being “at-risk” for failure and to attain the BSN Degree.

This Chapter is divided into 12 sections. The first section re-examines Personal Investment Theory in relation to the case studies. In the second section, interviews with Martin L. Maehr and Larry A. Braskamp are included that address their current perspectives on Personal Investment Theory. The third section includes psychosocial developmental theory as advanced by Erikson (1963) relative to the mastery of developmental tasks at each stage and its influence on the continuing adult development of these women. Sections four and five address methodological and theoretical contributions, respectively. In section six, developmental theory as advanced by Havighurst (1972) is discussed to indicate how the developmental and educational tasks

as outlined by Havighurst were used to organize the case studies. Implications for higher education and nursing education are discussed in sections seven and eight, respectively. Recommendations for both returning college students and returning Registered Nurse students are discussed in sections nine and ten, respectively. Limitations of the study are discussed in section eleven. Lastly, future research implications are advanced in section twelve.

Personal Investment Theory

Descriptive information was collected in “their own words” from the six participants relative to their lived personal and academic experiences. During the data collection phase of this study, the researcher did not impose a particular theoretical framework. However, through analysis of these transcripts, it became apparent that the construct of personal investment was the “best fit” for the self-descriptions of these six resilient women. In Chapters I and II, a conceptual framework based on a Theory of Personal Investment (Maehr & Braskamp, 1986) was introduced to indicate how motivation and achievement are actualized during the process of adult development.

Maehr and Braskamp (1986) proposed that, “personal investment is a theoretical construct around which a theory is based and measurement procedures are developed; it is a course of action rather than a psychological state” (p. 9). According to Maehr and Braskamp (1986), “the term personal investment appears to serve well in labeling the behavioral patterns that are at the heart of social motivation” (p. 8). Five behavioral patterns -- direction, persistence, continuing motivation, intensity and performance -- were identified to determine how motivation is inferred. Maehr and Braskamp (1986) provided a description of these behavioral patterns.

Direction

The behavioral pattern identified as direction refers to choice and the designation or attribution of choice among alternatives. These participants made the choice (direction) to return to college to earn a Bachelor of Science in Nursing Degree during different phases of their adult development. To highlight their choices, excerpts from their lived personal and academic experiences were extracted as follows.

Henrietta Edwards (Henrietta). Henrietta affirmed that educational achievement was a family value for her family of origin; also Henrietta noted that she maintained the value of educational achievement in her nuclear family with her children. Relative to her own desire to pursue an education in nursing, Henrietta indicated the following after working several years in various clerical positions after graduating from high school.

“I had a strong desire to return to school and to get into nursing. So, I left my clerical position and started school. I got my LPN (Licensed Practical Nurse) in 1976.”

It was several years later before Henrietta entered an Associate Degree in Nursing Program in a 2-year community college to become a Registered Nurse. After working as an Associate Degree Registered Nurse, Henrietta made the decision to earn a 4-year college degree.

“I decided to return to school to attend the RN to BSN Program because I felt that there was some distinction made as far as the Associate Degree and a BSN Degree. Therefore, I felt limited and I wanted to be able to do everything that a Registered Nurse, Professional Registered Nurse could do. I wanted to go to another level in nursing and so I went back to school. I just felt inadequate.... I

had also received information in the past that as time went on that the Associate Nursing Degree would not have the same meaning. It (Associate Degree) would not get the same respect in the future as a four-year degree. And that was a motivational factor for me.”

Rebecca Keesley (Rebecca). Rebecca indicated that her family of origin valued educational achievement and she maintained this value in her nuclear family. Rebecca indicated that her older sister attended college and dental school and Rebecca’s sister served as a role model for her to attend college.

“As far as college, that was really a number one thing, I really wanted to go to college; but then I got pregnant early also. I had just graduated out of high school and I ended up pregnant with my son. Actually, I worked. I didn’t go directly to college. I worked as a typist. But I didn’t like what I was doing and it was just in my mind that I wanted to be a nurse and I wanted to go to school. That’s what did it. And I was like, I have to change and go to school.”

Rebecca attended college for one year in a 4-year university; but she withdrew after the birth of her son. In order to fulfill her career goal of becoming a nurse, Rebecca completed a Hospital Diploma Nursing Program and entered the nursing profession as a Registered Nurse. Over ten years lapsed before Rebecca decided to return to a 4-year university to earn a Bachelor of Science in Nursing Degree (see Chapter IV, pp. 196-197).

Ellen Joseph (Ellen). Ellen affirmed that her family of origin established educational achievement as a family value. Ellen fostered educational achievement in her nuclear family with her children. Of the six participants, Ellen was the only one

who began her nursing education within one year after completing high school.

However, Ellen did not attend a 4-year university; she completed a Hospital Diploma Nursing Program and began her nursing career as a Registered Nurse. Ellen did share from her lived personal experiences that her father wanted her to earn a college degree.

“What motivated me to go back to school was, my dad had passed away at the end of December 1995. And it had always been his wish, and that was what he always instilled in us, to go to university. And I kept saying, I will go back eventually, but when he died, I promised, when I buried him, that I would return to school. When I came back from burying him, I looked into getting into a program where I could go to school.”

Ellen made the necessary arrangements to begin an RN to BSN Completion Program to achieve her educational goal of a college degree.

Wanda Lewis (Wanda). In her family of origin, Wanda grew up with a family value of educational achievement. Educational achievement remained very important for Wanda as she fostered this value with her children in her nuclear family.

“Everything was education for him (Wanda’s father). We (Wanda’s brothers and sisters) always knew that we were going to go to college. I mean, there was no if, and, or but, that you wouldn’t go and work after high school. We always knew we were going to college.”

Wanda noted that she was unable to attend college immediately after graduating from high school. However, after working for one year, she moved to the United States and prepared to enter college. Again, she had to delay beginning her college education due to missing admission deadlines. These delays did not deter Wanda from her ultimate

goal of a college education. She entered a 4-year university that offered a 2-year Associate Degree in Nursing. The decision to return to a 4-year university to earn a Bachelor of Science in Nursing Degree was made several years later.

“I had a commitment. I committed myself to finishing and getting my Bachelor’s and hopefully my Master’s. I still want my Master’s. I mean it’s going to mean something.”

Nancy Edgar (Nancy). Nancy indicated that educational achievement was held as a family value both for her family of origin and her nuclear family. Even though Nancy experienced several delays as she attempted to earn a college degree, as she managed competing roles, such as spousal and parental, she received significant social support from her husband to complete a 4-year college degree. After the birth of her third child, Nancy completed a 2-year Associate Degree in Nursing and practiced as a Registered Nurse for several years. With ongoing support and encouragement from her husband, Nancy entered an RN to BSN Completion Program to earn a Bachelor of Science in Nursing Degree.

“I thought I was coming to a BSN (RN to BSN Completion Program) to follow up what I already know as an RN, you know, going to the hospital to work with patients and other things. So, it was new to me. And what helped me the most was my being an RN already and coming to the BSN (RN to BSN Completion Program). Since I have been to another university, I see myself as somebody who has had some higher education, in a way, and I can be able to come to an RN to BSN Completion Program.”

Mambo Shurr (Mambo). Similarly, Mambo stated that her family of origin

valued educational achievement, and she maintained this value for her own academic goals. As noted in her lived personal and academic experiences, Mambo remained resolute that she would earn a college degree despite numerous personal and financial obstacles. Mambo made the decision to return to college to earn a Bachelor of Science Degree in Nursing after working for two years as a Registered Nurse with a 2-year Associate Degree in Nursing.

“So, I decided to go to school. I heard about an RN to BSN Completion Program and the Master’s Degree. I had to adjust myself from being a single woman going to school to a married woman going to school. I am just lucky that I am married to a man who, when it comes to academic things, is very, very supportive.”

Persistence

Maehr and Braskamp (1986) defined persistence as dedicating concentrated attention to the same task for a period of time. Moreover, the same direction of behavior was retained repeatedly; and the same behavioral alternative was chosen while simultaneously rejecting others. These women persisted in their pursuit of a BSN Degree over several years. Moreover, these participants dealt with an additional stressor of being identified as educationally “at-risk” for failure of completing the course requirements necessary to earn a Baccalaureate Degree in Nursing. However, despite this prediction of failure, these participants persisted and remained focused and determined to achieve their educational goals.

Henrietta Edwards (Henrietta). As Henrietta negotiated the rigors of higher education, other challenges remained.

“And between going to school and the other responsibilities, it was a challenge sometimes to complete my work and to study; but I had the determination and I continued.”

The following excerpt from Henrietta illustrated the continuous struggle relative to coping with multiple stressors.

“A lot of times when I would leave work and then go directly to school from work and dealing with the traffic sometimes created a little bit more stress and so once I got to class I would kind of fall into the classroom with bundles of books and really be keyed up, really wired up from the full day of working and everything. I just felt really tense a lot of times and then have to change over into the mode of being a student, the role of being a student, it was a challenge.”

In addition to coping with academic issues, other obstacles impacted Henrietta as she earned a college degree.

“Well, part of the problem was that my employer was not very supportive of me going to school and sometimes made it difficult for me to get off work on time to get to class on time. So, I was always rushing, trying to get there and sometimes I would get to class I’d just be so stressed out for the first part of the class, I just couldn’t concentrate.”

Rebecca Keesley (Rebecca). Rebecca faced multiple personal and academic stressors as she pursued a college degree. Rebecca recognized that individuals can make their own obstacles when attempting to accomplish a goal. Rebecca described how external forces could affect successful goal attainment but determination and persistence prompted her to maintain her focus.

“You could be your own obstacle if you have that, I don’t think I can do it, then you won’t do it. You can be whatever you want to be as long as you put your mind to it. And also towards the end of one semester, I was preparing for the next semester and was talking to my job about being off one day during the week. And I really got negative feedback from that, and I thought I may have to stop school, unless I got the time off. Also, I thought maybe I needed to change the job because basically they didn’t want me to be off one day during the week. But it all worked out. Because I was determined I was going to school, and I wasn’t going to let anyone stop me.”

Ellen Joseph (Ellen). Ellen experienced numerous life events that required her to make substantial sacrifices in order to earn a college degree.

“School was a lot of work, but I think I managed to do the work, because I gave myself time to get it done. I wish there were more hours in the day, but I sort of made what I had last and tried to fit everything in. So, I felt I was giving everything to everybody else, but never myself until the last year of school. I suddenly realized, I’ve got to take time off for myself, you know, so I sort of juggled everything, took days, set days off, and had those days just as my days off. One day, at least, was just for myself to complete school assignments. I sort of just managed everything that way. I am also a very determined person. And I am not going to let odds, if I can help it, take over.”

Wanda Lewis (Wanda). Wanda shared life events that were challenging to her as she pursued a college degree. However, she remained determined to achieve her educational goals despite managing multiple responsibilities.

“Well, it wasn’t easy. The first thing, I had to take care of the kids first, when I came home and their homework. And my husband had a busy job, so whenever he got home, he tried to help. But, you know, a lot of the bulk came from me. And a lot of times I didn’t get to study or read or do anything until about 9 o’clock at night after I put the kids in bed. By then, I was very tired, and I worked nights. So, a lot of times, you know, I wouldn’t get adequate sleep. I lived on two and three hours of sleep, like everyday, trying to go through being there, work nights, do the homework with the kids, take care of their needs and go to school. So, it was a struggle. It must be God. I don’t know how I did it. But I was persistent.”

Nancy Edgar (Nancy). Nancy acknowledged that she needed external influences, such as provided by her spouse, to persist in her goal to earn a college degree. She noted that her husband participated in life long learning activities by earning multiple degrees and by completing self-directed courses. Nancy attributed her academic success primarily to the role that her husband played in encouraging and supporting her through the process.

“The fact that I have made up my mind that I am going to school and I am going to get my BSN, and therefore I have to be strong for myself and my family’s sake. Because there is no way I will stop school; and then for my children to say, well you couldn’t do what you decided to do, and therefore why would you tell us to do something, you know. So, I was determined to set a good example for my children; I have three boys and then my two girls also. That was the only thing that kept me going. My husband was so bent on me going to school; he

would drive me to school and come and take me back home. My husband was there to take care of the kids. My husband is very supportive.”

Mambo Shurr (Mambo). Through her lived personal and academic experiences, Mambo shared how she persisted in obtaining an education against monumental odds. Mambo interrupted and delayed her education several times because she needed to earn money to pay for her academic endeavors beginning with primary school and continuing through to college level.

“While I was in school (RN to BSN Completion Program), I was working the night shift because with nursing, that is the only shift you can work and go to school. It’s not an easy shift either. But if you want to make it, it’s not easy. Somebody did say that gold is not gotten on the surface. You have to dig deep to get gold. I am a very disciplined person. When I say I’m doing this, I do it. When you fall, get up. Keep going. I am determined and I am persistent.”

Continuing Motivation

The pattern of continuing motivation was shown when an individual returned to a task even after an interruption; tension existed with an incomplete task and the individual could not leave it alone (Maehr & Braskamp, 1986). The behavioral pattern of continuing motivation was particularly salient for these participants. From their own lived personal and academic experiences, these participants indicated that educational achievement was valued by their family of origin and by their nuclear family. Although none of these women attended college immediately after graduating from high school, the attainment of a four-year college degree remained a goal for each of them. While experiencing either a delay or an interruption in their pursuit of a college degree, these

women were unable to leave this academic task unfinished. The tension that exists with an incomplete task as described by Maehr and Braskamp (1986) may have prompted these adult women to enter or to re-enter a four-year university in order to achieve their educational goal of a college degree. Being motivated in part by their family value of educational achievement, these adult learners attained a life-long goal and completed the task of achieving a college degree through continuing motivation.

Henrietta Edwards (Henrietta). Economic challenges caused Henrietta to seek financial assistance from family members and to take out loans to pay for her college education.

“Between going to school and the other responsibilities, it was a challenge some times to complete my work and to study. But I had the determination and I continued. I also just trusted in God that He would see me through; and that He wouldn’t give me any more burdens than I could handle. I prayed a lot.”

Rebecca Keesley (Rebecca). Rebecca believed that earning a BSN Degree would serve two purposes. She would obtain a college degree and at the same time she would advance her nursing career. After one semester of starting an RN to BSN Completion Program, Rebecca took a break when she started a new nursing position with a different employer. However, she remained motivated to complete a BSN Degree.

“So, I started at the new job and worked for two years. Then I realized that I would lose my credits if I didn’t go back. I had in my head, if I did not go back then, I wouldn’t go back at all, because I didn’t want to repeat the classes. It was a last minute decision. Again, I was very happy about restarting school. I

guess God is always first; but believing in yourself is important.”

Ellen Joseph (Ellen). Ellen indicated a determination to succeed in an RN to BSN Completion Program even though she dealt with numerous competing responsibilities. Ellen believed that she was capable of achieving her personal and academic goals.

“I felt that I sort of, probably somewhere along the line, my family felt neglected; but it was the price I had to pay. Because I know my husband kept saying, ‘Well, all you do is think about school. What about me?’ I was still maintaining my family and working all the over time I could still find, and still go to school, trying to finish. So, I think I juggled everything to that level.”

Ellen indicated that during one of her courses at the senior level, she was so overwhelmed that she contemplated withdrawing from the RN to BSN Completion Program (see Chapter IV, p. 253).

Wanda Lewis (Wanda). Wanda shared that she considered withdrawing from the RN to BSN Completion Program when she entered the senior level courses. Additionally, Wanda experienced numerous family crises that impacted her ability to remain in the nursing program. She took an approved leave of absence for a semester to deal with these life events. Wanda believed that her desire to earn a college degree motivated her to return to the nursing program.

“If it wasn’t for where I was, I probably would have left the program. There was a lot going on. And that is why I had to take time off. I just couldn’t take it anymore. It took a lot for me to come back. I mean, just even coming back, there were still problems; but I knew I needed to come back. I had to finish. I

couldn't give up. My kids couldn't see me give up. I can't teach them when I'm not doing the right thing. So, that was another motivation. So, I had to do it.”

Nancy Edgar (Nancy). Nancy failed one nursing course and had to decide whether to continue in the nursing program by repeating the course or to withdraw from college. This lived academic experience had a profound effect on Nancy.

“The Instructor expected us (Nancy and her classmates) to know what we were supposed to do without any explanation. So, I never liked that class, but I had to go. And when I failed that class, I was ready to stop school. Because number one, it was a disgrace to me, and then I did not want my family to know that I had failed the course. My husband and Advisor encouraged me to repeat the course. Because I had to take the course again, I was like, I have taken this class before, and I am not going to fail it again, so that was the only thing that got me through, and I passed the course.”

Mambo Shurr (Mambo). Mambo experienced life events that were filled with obstacles and setbacks while she completed an RN to BSN Completion Program. During these stressful events, Mambo failed one of her courses. In order to continue in the nursing program, she had to repeat the course. Mambo remained resolute that she would overcome these challenges.

“As I said, that semester was the peak of my academic disappointment because as a student, I've never failed a course. That was the most difficult thing for me to accept. I take failure very hard. It's like a stab in my heart. I had to grow up and accept failure. I taught myself that it is okay to fail. I had to tell myself that

to be able to maintain my sanity and continue. It might be from failing you will learn; you will gain more. I kept moving.”

Intensity

The pattern of intensity refers to the ability to maintain an activity level and to expend energy to complete a task. This behavioral pattern is related directly to physical action. However, this pattern was deemed a less reliable indicator of motivation than direction (choice) and persistence because intensity may be controlled by factors external to the immediate situation. Since activity level is deemed a prime indicator of the exertion of physical effort, for this behavioral pattern, physiological processes, such as aging, may affect individuals differently. As previously discussed, these women juggled multiple roles while completing a Baccalaureate Degree. To this end, the behavioral pattern identified as intensity described the ability of the participants to maintain an activity level and to expend energy required to complete the educational task of earning a college degree. Each adult woman demonstrated varying levels of activity and energy to negotiate competing roles that included spousal, parental and occupational while attending college in pursuit of a BSN Degree.

Henrietta Edwards (Henrietta). Henrietta shared from her lived personal and academic experiences that she dealt with numerous stressors and juggled multiple roles while earning a college degree. Despite these challenges, she managed to persevere and to attain her educational goal.

“During times where I felt a little down or maybe sometimes felt like I couldn’t go on because the stress was a little too much, I received spiritual support. I used my spiritual beliefs and just drawing on a Higher Power for peace about

what was going on in my life at the time. I had determination to be successful, to successfully complete the BSN program. During this time, I was still working full time and under some personal stresses in my life; but all in all I still looked forward to going to my classes. I knew that I had to do what I had to do if I was going to make it. And you know, just keep my eye on the prize, my mother used to tell me, just keep your eye on the prize; you got to keep your eye on the prize.”

Rebecca Keesley (Rebecca). Rebecca identified several obstacles and challenges from her lived personal and academic experiences relative to her competing roles. As a married adult learner with four children and maintaining full-time employment, Rebecca remained highly motivated to realize her goal of a BSN Degree.

“People always ask me, how do you do it (attend college) with four kids? Of course, you have to juggle it, and it can be done. It really can. I strongly believe that. I still had to assure that the children did their homework. I delegated a lot of responsibility over to my husband too. He was really helpful. But I was there, still making sure that he’s (Rebecca’s husband) doing what he’s supposed to be doing also. I’m not saying that he wouldn’t, but still, I guess being a mother you still want to make sure everything is going right, you know, as far as the kids. But at one point I had to kind of let go and say, well, he can do it also, and this is your responsibility; just make sure their (Rebecca’s children) homework is done. It was kind of hard to kind of separate it, but still I had to realize that I had to finish school. It was hard to let go a little, but I realized in

order to accomplish what I had to do, I had to do that. I had to prioritize.”

Ellen Joseph (Ellen). Ellen completed a college degree while maintaining her marital relationship and parenting three teen-age boys. She shared that her organizational skills were effective in managing the family.

“So, on top of my own school work, I had to help my sons. Using one computer was also a problem because everybody had to be on that one computer getting their work in. It was just a constant to and fro house of activity, especially on the days when I was going to school. I studied at home most times. I tried to fit it all in because I was working 12-hour shifts. I had four days off a week; two days for class and the other two days were my days off. I would probably spend a day at home studying and then I would do my papers and work on my projects when I came home after a 12-hour shift. And if it got too much, where I couldn’t concentrate or just had too much to do, I would just pick myself up and go to the library. I’m the one that sort of organized everything at home, so when I was at school, or I was off, it (organizing the household) was still up to me.”

Wanda Lewis (Wanda). Wanda shared that her husband was supportive while she attended the RN to BSN Completion Program; but she was expected to fulfill her other responsibilities as well.

“My husband was pretty supportive. On the other hand, he expected me to be a full-time mother. He still wanted me to be a full-time worker. And of course I could not slow down from working because of all the money we had spent on the funerals for my mother-in-law. It was kind of hard, but then at the end, he (Wanda’s husband) actually encouraged me to go (work) part-time because he

saw it was too much for me.”

Nancy Edgar (Nancy). Nancy and her husband maintained their household with five children. Nancy revealed from her lived academic experiences that she struggled to earn a BSN Degree due primarily to her under-preparation for college level courses. However, she persisted in her goal to obtain a college degree. As Nancy began an RN to BSN Completion Program, she reported that the impact of juggling multiple roles took a toll on her family.

“I had to take care of my family, of course, work and school. I was tired because as I have said this is also the first nursing class that I have to take. Life with more school meant I had less time at home with my children. On the weekend, I spent most of my time cooking or cleaning. Saturdays and Sundays were spent in church, and then to catch up with schoolwork, and work begins again on Monday.”

Mambo Shurr (Mambo). Mambo adjusted her work schedule to the night shift in order to attend class during the day and evening. As common to the other five participants, Mambo dealt with competing roles while earning a BSN Degree.

“For any person coming to a BSN program, I would let them know that it is not something that they cannot do, and also it is not easy. You have to work hard. You have to work hard at it (earning a college degree). You have a lot of reading. You spend most of your time in the library. And it pays off. It (earning a college degree) is not something that you cannot do and let nobody tell you that you cannot make it. Nobody should ever tell another person they can’t.”

Performance

Maehr and Braskamp (1986) suggested that the behavioral pattern of performance is a combination of direction, persistence, continuing motivation and intensity as well as a product of acquired skill and ability. Henrietta, Rebecca, Ellen, Wanda, Nancy, and Mambo demonstrated the behavioral pattern of performance as each adult learner acquired new skills and enhanced her ability while obtaining a college degree. Excerpts from the lived personal and academic experiences of each participant illustrated this behavioral pattern.

Henrietta Edwards (Henrietta). Henrietta reported numerous times in her case study that she felt under-prepared to negotiate the rigors of college courses. However, as Henrietta progressed through an RN to BSN Completion Program, she was able to identify a change in her skills and ability relative to improvement in her didactic and clinical performance.

“And I guess at times I just felt I wasn’t cut out to write and I didn’t find that part so enjoyable. I wasn’t looking forward to ever writing the papers. I was just trying to do what was required. The first clinical nursing course did help me to realize and appreciate how to be a more critical thinker and to apply and use better therapeutic communication.”

Rebecca Keesley (Rebecca). Rebecca acknowledged that she did not believe that she needed a BSN Degree for many years as she practiced nursing as a Hospital Diploma Registered Nurse. However, as she attempted to become upwardly mobile in her career, she realized the necessity of a college degree. Early on in the nursing program, Rebecca shared that she had poor writing skills; but she was determined to

improve her written communication skills. Upon completing a college degree, Rebecca attributed her increase in salary and responsibility to her newly acquired skills and ability.

“Earning my Bachelor’s made a lot of difference. Even with my supervisor, I’m doing a lot of writing. The position I am in now is a lead nurse. Prior to getting my Bachelor’s, I wasn’t a lead nurse, which is like an assistant head nurse in the department. And prior to earning the Bachelor’s, I never really had a lead position or was offered one. So, once I got the Bachelor’s, it was like they offered it (lead nurse position) to me immediately.”

Ellen Joseph (Ellen). Ellen reported that she worked very hard to overcome academic limitations. Ellen utilized study groups, academic support services and faculty advisement to improve her performance in the nursing program.

“Oh, I think I had grown up quite a bit by the end of graduation because when I started, I had come in sort of pretty new and didn’t know very much as the semester progressed. Although there were difficult times through it, I think overall it sort of broadened me out as a person. I learned to sort of view things with a different perspective, see it from a different angle and get input from others. I think every semester I saw myself sort of developing, growing, using my own brain actually, my own thoughts to get information, not so dependent on what the instructor told you. You had to go look for material and look for information to back up what you were saying. And so that helped in that when I was at work, it made a difference, I was able to say I learned this, and this is

where it is written down. I think I learned a lot. I developed as a person. My outlook on life widened.”

Wanda Lewis (Wanda). Wanda shared how she progressed through the nursing program and she reported an improvement in her written and oral communication skills.

“The clinical journals were based, had to be based in the Neuman Systems. So, I didn’t think I did very well. But I guess, as I went through it, my grades started to improve. Certain things started to come easier and I could do it.

Actually, at the end, it wasn’t as bad. It (writing papers) really wasn’t much of an issue as

the beginning. But I did learn, at the end, to actually do a paper, much better.

So, I did learn to write, not as well as I should, but I think I came forward. So, I think it was good. The good thing about the courses was when I came out, I felt like, I can do this and do that. It (RN to BSN Completion Program) did open up my eyes.”

Nancy Edgar (Nancy). Nancy shared that she experienced limitations with academic achievement throughout her educational development. Despite these barriers, Nancy persisted in her pursuit to earn a college degree as she improved in several academic areas.

“After I graduated from an RN to BSN Completion Program, the head nurse that I was working with was able to let me be a charge nurse more often than I was able to before. So, talking to her about what I am doing and what I am hearing and learning in school, she was able to give me other assignments, which at first (before the Bachelor’s Degree), I was unable to do. I was able to give

assignments to the other nurses. I have been able to have autonomy in practice. The nursing curriculum gave me a whole lot of understanding. I can handle myself with any of the nurses on the floors.”

Mambo Shurr (Mambo). Mambo reported that earning a BSN Degree impacted her performance as a Registered Nurse as illustrated by the following.

“I believe that if I have to know something, if the teacher comes in every day and gives me everything that I need to know, to tell you the truth, you don’t know it. But if the teacher tells you to go look here for that, you look it up, you read. But the teacher has given you guidance. I mean, in college that is very true. The teacher is not there to spoon-feed you; the teacher is there to guide you, to get the knowledge that you are looking for. That is how I learned.”

In addition to exploring the process variables and adult behavioral patterns as described by Maehr and Braskamp (1986), it was also important to examine the Personal Investment Theory outcomes of achievement, personal growth and life satisfaction for these six women. Maehr and Braskamp (1986) proposed that, “the term motivation and the term personal investment place no value judgment on how a person uses his or her time, talent, and energy. However, we can scarcely use the term investment without thinking of outcomes or results” (p. 12). To this end, Maehr and Braskamp (1986) postulated that achievement, personal growth, and life satisfaction were three possible outcomes of the Theory of Personal Investment. As defined by Maehr and Braskamp (1986), the outcome of achievement involved a personal accomplishment, something that is attributed to one’s ability and effort. The outcome of personal growth, as a result of personal investment, may promote an enhancement of

one's ability, skill, or competence and an individual may value the rewards of personal growth differently. Moreover, the outcome of life satisfaction, also referred to as general well-being, was considered in the broader context of quality of life of an individual relative to the extent to which a personal investment was made in the pursuit of work orientations and career patterns (Maehr & Braskamp, 1986).

These adult women demonstrated achievement by completing a Baccalaureate Degree successfully. Moreover, each case study was examined and the participants' "own words" were used to determine the outcomes of personal growth and life satisfaction. From their lived personal and academic experiences, each participant maintained that personal growth was attained through the process of becoming educated in a four-year university; each participant enhanced her ability, skill and competence. Additionally, each participant affirmed that life satisfaction, also referred to as general well-being, was actualized when the goal of earning a four-year college degree was realized. These women attained an improved quality of life by making a personal investment in the pursuit of work orientations and career patterns.

Achievement

These six women, Henrietta, Rebecca, Ellen, Wanda, Nancy, and Mambo demonstrated achievement as described by Maehr and Braskamp (1986) when each adult learner completed a BSN Degree successfully and attained the educational goal of a college degree, thereby advancing her work orientations and career patterns.

Personal Growth

Henrietta Edwards (Henrietta). During the process of completing a Baccalaureate Degree, Henrietta made the following observation.

“And I would have to say each course that I took seem to just build upon the previous course and I could really see the connection. I could really see that each course was set up for a reason, so I began to be less pessimistic about the requirements of writing and all of that because each time I could tell I was getting better. And I mean I felt a long way from being where I needed to be; but still I realized that I was growing. I could see growth, so with that I felt more confident.”

Rebecca Keesley (Rebecca). Rebecca changed her attitude relative to the necessity of a college degree as she progressed through the nursing program. She received positive reinforcement from her supervisors as she developed her skills and was perceived as a professional nurse who was ready to assume management responsibilities.

“As far as education, I feel that it is of greater importance. You definitely need that, especially higher education. At one point, I didn’t believe this, especially once I got my Diploma in Nursing. I didn’t really think it was necessary to get a Bachelor’s. And then I saw that not to be true as far as advancement, getting hired and making more money. To me, the higher your education, this is what I feel, the more opportunities you have to make more money and that is basically how I feel.”

Ellen Joseph (Ellen). Ellen affirmed that she noted a change in her nursing practice after completing a BSN Degree.

“Oh, I think I had grown up quite a bit by the end of graduation because when I started the first course I had come in sort of pretty new and did not know very

much. Although there were difficult times through it (nursing program), I think overall it sort of broadened me out as a person. I also use a lot of autonomy, more than I did before the BSN. I am able to make more decisions based on the training that I went through in the program (RN to BSN Completion Program). The nursing program made me more aware of my philosophy of nursing. Because before the program, I had no idea what a philosophy of nursing was and now I can discuss it. So, in that way, I think it has helped me become a more rounded kind of nurse. I tell Associate Degree nurses who are thinking about returning to college to earn a Bachelor's Degree to go ahead. It is a good thing. You will learn a lot.”

Wanda Lewis (Wanda). Wanda shared that it had been a life-long goal to earn a college degree, even to continue on to graduate school. However, she was able to affirm that earning a BSN Degree prepared her for her future career plans of becoming a Nurse Anesthetist. Wanda reported several times how her competencies were enhanced as evidenced by improved therapeutic nursing interventions, critical thinking and communication skills.

“I liked the Physical Assessment class. It was the first time that I learned how to use the equipment to perform the examinations. So, there were a lot of things I learned. I did learn, at the end, to actually do a paper, much better. So, I did learn to write, not as good as I should, but I think I came forward. So, I think it was good. The writing was good. The first clinical course was an important course. In the beginning, it was very uncomfortable for me because it was teaching me something that we didn't use in the hospital as much, you know,

sitting there and trying to know someone. It became a little easier. The teaching part was nice; I liked that. I'd definitely encourage everybody to go back for the BSN."

Nancy Edgar (Nancy). Nancy gave an insightful perspective relative to her transition from practicing as an Associate Degree Registered Nurse to a BSN Registered Nurse.

"When I graduated from the two-year college, I was just a nurse. But when I started coming to the four-year college, I realized nursing was more than it was. I have to see myself as a professional nurse. And I was able to understand that as a nursing professional, the nurse, the profession itself, the clients and the environment are very, very important. And plus my coming to an RN to BSN Completion Program taught me that education as a nurse, you need to keep on educating yourself. And I have learned so much as a four-year student compared to what I learned in the two-year college."

Mambo Shurr (Mambo). Mambo returned to a 4-year university as a second-degree student. She held a BA Degree in Business Administration and an Associate Degree in Nursing. She opted to enter an RN to MSN (Master of Science in Nursing) Progression. Due to earning a failing grade in a nursing course, Mambo became ineligible for an MSN Progression and she elected to resume her education in an RN to BSN Completion Program. Through her lived academic experiences, Mambo demonstrated her willingness to personally invest in her career and to enhance her quality of life.

"What the BSN changed was my perception of nursing, my theory for nursing

care that I had in my mind. That's what changed, my perception, my rationale. I mean it changed from that of an Associate Registered Nurse to a BSN nurse. The first clinical course helped me to link the clinical experiences with the theory."

Life Satisfaction

Maehr and Braskamp (1986) proposed that life satisfaction must be viewed within the broader context of quality of life and more specifically referred to as general well-being. For the purpose of the adult women in this study, this outcome of life satisfaction was examined from the perspective of their general well-being. Moreover, excerpts from either the lived personal or academic experiences were selected to illustrate how the achievement of a personal educational goal contributed to this outcome.

Henrietta Edwards (Henrietta). By the time Henrietta completed a BSN Degree in Nursing, she was able to identify several changes relative to personal and professional aspects in her life.

"And by that time, I had come to accept where my son was and so that was not as stressful. The anxiety decreased; the stress began to decrease. I had started some of the heaviness of the concerns about my son were lifting because I was kind of letting it go and just letting the Lord just take care of that. I had just basically decided to spend more time focusing on what I was trying to do for myself. Finances were not a problem at that time. My new supervisor was still being very supportive. And I had begun to exercise more at that time. My friend (significant other) was still there and being supportive. After I got the

degree, I got a note from my director of nursing and she gave me a little token gift and a little card that read, ‘congratulations on your first step to becoming a professional nurse.’ I applied for a raise for a new position, which would be a raise in a higher level of nursing. I got a response right away. I was accepted and was offered the position. I saw it as a positive that they really did appreciate what I was offering and doing there and they did not want to lose me.”

Rebecca Keesley (Rebecca). Rebecca experienced significant changes that affected the overall well-being for herself and her family.

“By the time I completed an RN to BSN Completion Program, there were no problems with my family. At this point, everything was fine. No sickness or problems really. A university brought my son in, they could not believe he wasn’t recruited and offered him a scholarship. God was with us.”

Rebecca noted a change in her clinical practice that gave her a sense of accomplishment in her career.

“I guess even interacting with patients and patient care, I have changed. My critical thinking, the way I was thinking, it has changed a lot. I guess resolving, where there is a problem, I could handle it better, resolve any problems a lot better than what I could (before earning a BSN Degree). And even talking to the patients, I have always thought I had good communication skills, but I could see progression there once I finished the program.”

Ellen Joseph (Ellen). Ellen achieved her educational goal of a college degree and she was able to recognize changes in her perception about professional nursing

practice and her employers acknowledged these changes as well.

“My supervisor was happy that I had accomplished it (earned a BSN Degree). I have noticed that I get to do a lot more assignments, a lot more practical, clinical issues and teaching issues on my nursing floor. She (Ellen’s nursing supervisor) has encouraged me to go on to do graduate studies because she would like to see me work in a higher position on her unit. I learned to view things with a different perspective, see it from a different angle and to get input from others.”

Wanda Lewis (Wanda). Wanda expressed a change in her perception about professional nursing and in her family life after completing the requirements for a college degree.

“I definitely encourage everybody to earn the BSN. Definitely, I want nursing to be a profession, to be considered a profession. My father is in a private home. His caretaker is doing a good job. One of my older sisters is in the area where my parents live and so my mother has support. My husband left a very stressful job. Life is settling down.”

Nancy Edgar (Nancy). Nancy noted changes in her quality of life as she finished the RN to BSN Completion Program and resumed her nursing practice as a Registered Nurse with a Baccalaureate Degree.

“Also, the place that I work, they (Nancy’s employers) were able to increase my pay as a BSN nurse. It was just about two dollars; that made a difference also. And you know, apart from being proud that on my badge it says BSN, I was able to work on other nursing units because of my new nursing skills. I think it was worth it to earn a BSN Degree. It was like, this is the end, and I was sitting on

Cloud 9.”

Mambo Shurr (Mambo). Mambo shared from her lived personal and academic experiences that she was able to continue to share her prosperity with members from her family of origin. By earning a BSN Degree, Mambo reported that her salary increased.

“I told my brother; I am giving you that helping hand. I can give you some money to help for your children’s education. I am educating my other sister’s children. I’m taking care of our own mother. It is because of pursuing my education, which is important, that education is important to all of us, not only to me. Education has improved my living standards, which has enabled me to help my family. God has also made me such a person that I am not selfish. God put everybody on earth for a purpose. And maybe it is God’s will for me not to have children of mine. But it might be to raise children and help other people who want to adopt. My husband and I say we can always be parents without having children. So, that is the way we’re coping with our childless marriage.”

Not only were the behavioral patterns of personal investment observed in these women appropriate to describe their experiences, but also the personal investment outcomes of achievement, personal growth, and life satisfaction were a “good fit” to the personal and academic lived experiences of these women.

Although Maehr and Braskamp (1986) acknowledged that achievement, personal growth, and life satisfaction were possible outcomes of personal investment; they proposed that other outcomes also were possible. However, for their purposes, “the salient point is twofold: (1) different patterns of investment may have different

effects on a person, and (2) these effects may be valued differently by different individuals, groups, and societies” (p. 15). Although an adult individual is the focus of motivation and personal investment in this theoretical construct, “adult development must be viewed in a broader context; the wider sphere of life must be considered” (p. 15).

Martin L. Maehr: Telephone Interview

The researcher contacted each author to determine whether either had added to the literature on the theoretical constructs of the Theory of Personal Investment. To this end, a telephone interview was conducted with Martin L. Maehr, one of the authors of the monograph, The Motivation Factor: A Theory of Personal Investment (1986), to learn of any new insights from Maehr relative to motivation and achievement.

Although Maehr indicated that the theory had not been developed beyond the constructs outlined in, The Motivation Factor: A Theory of Personal Investment (1986), he noted that recently he has given considerable thought to motivation and personal investment.

“I find that we have been focusing on goals; but I have identified two things to include with personal incentive. We need to look at the normative framework, for example, the options from which a kid or an adult has to choose. We need to look at perceived alternatives with motivation. Secondly, we have a tendency to think everything is in the individual and forget about the context in which a person is involved. It is important to look at perceived alternatives that a person has in a situation. What can they do? What is acceptable to do, using Hazel Markus’ (Markus, 1990) notion of possible selves as a model? I have recently looked at quality of behavior not just looking at whether people choose to

engage or not persist; but look at the quality of the action and the quality of thinking, including, higher or lower levels of processing. It is important to evaluate different kinds of outcomes when operating under a task or performance. Also, contrast the task with mastery and performance. Finally, I am thinking about the quality of willingness to be venturesome in one's action" (M. L. Maehr, personal communication, July 19, 2002).

Larry A. Braskamp: Telephone Interview

Also, a telephone interview was conducted with the second author, Larry A. Braskamp, of the monograph, The Motivation Factor: A Theory of Personal Investment (1986) to discover whether he had any additional information to contribute relative to motivation and achievement during adulthood. After publishing the monograph, Braskamp indicated that he and Maehr have developed a Work Motivation Inventory that uses the personal investment theory framework.

"I am really pleased that you have found the theory useful because I use it all the time; but to have other people use it, I think is really terrific. I have continued to develop other components of the Personal Investment Theory, such as the Work Motivation Inventory. The Work Motivation Inventory measures the importance an individual places on four major goals or values and quickly identifies what the individual considers rewarding. The four factors assessed by the Work Motivation Inventory-Accomplishment, Recognition, Power and Affiliation- have been found to be highly relevant to work motivation, to predicting job success, and in understanding burnout and stress" (L. A. Braskamp, personal communication, July 29, 2002).

Additionally, Braskamp indicated that a scale has been developed for entering freshman students to ascertain personal incentives.

“We want more colleges to use the scales and give them to traditional freshman students. The College Assessment Program Surveys for Higher Education (CAPS) is a battery of scales that has been developed to simultaneously assess student personal incentives (values) and characteristics, activities that fulfill personal incentives, perceptions of the culture of college or university, progress in achieving goals and attitudes toward college. The CAPS scales are an adaptation of SPECTRUM scales that were developed for the Theory of Personal Investment, a theory of adult motivation. Personal Investment (PI) is a term to describe how persons direct their time, talent and energy. People make choices about investing their personal resources depending on the meaning the investment brings to them. Personal Investment is indicated by persistence, achievement and attitudes such as satisfaction and commitment to the institution. In the Theory of Personal Investment, connections, causal linkages, between indicators of Personal Investment (satisfaction, commitment, and productivity) are personal and situational factors. That is, what factors influence students to be highly invested—to be productive, persistent, satisfied with their school work and committed to their institutions? The many influences on Personal Investment are grouped into three major categories: (a) student’s personal incentives (values), (b) activities and experiences that can fulfill a student’s personal incentives, and (c) values that are stressed and reinforced in the institution from the perspective of the student” (L. A. Braskamp, personal

communication, July 29, 2002).

An examination of the lived personal and academic experiences of the six participants in this study confirmed that the constructs of the Theory of Personal Investment were a “good fit” to these women’s life stories. Each participant is an adult woman who decided to make a personal investment in her life by returning to college to earn a Bachelor of Science Degree in Nursing. This investment affected the work orientations and career patterns of these adult women. The decision to return to college coincided with the behavior pattern of direction, also referred to as choice. Although faced with alternatives, these participants made the decision to return to college as adult learners.

The curriculum, of this RN to BSN Completion Program, was designed to be completed in two academic years by adult learners with part-time matriculation. The participants in this study earned a BSN Degree over a duration of three or more years. In view of the behavioral pattern of persistence, these adult women applied concentrated attention to the task of completing a BSN college degree while rejecting other available alternatives. Despite conflicts with scheduling time off from their employment to continue their academic pursuit of a college degree, these women persisted against monumental odds to attain their educational goals. Frequently, these adult learners changed employment rather than defer the completion of a Baccalaureate Degree. Although experiencing academic challenges and stressful life events simultaneously, repeatedly these participants persisted and retained the same direction of behavior necessary to earn a college degree.

As previously discussed in Chapters I and II, these adult learners were identified

by a standardized academic diagnostic instrument, the Nurse Entrance Test (Educational Resources, Incorporated, 1992), as being educationally “at-risk” for failure of completing the academic requirements necessary to earn a Bachelor of Science Degree in Nursing. Faced with this prediction, these participants persisted in their role of student and also juggled additional roles that required their attention. These competing roles, such as spousal, parental, and occupational have been discussed previously in Chapter IV. As noted by Maehr and Braskamp (1986), intensity is related most directly to physical action, these participants exerted and sustained physical effort over three or more years to achieve their educational goal. These adult learners overcame limitations from previous educational preparation as they persisted in the attainment of their educational goals. These participants made the choice (direction) to return to college to earn a Bachelor of Science in Nursing Degree during different phases of their adult development. Maehr and Braskamp (1986) suggested that the behavioral pattern of performance is a combination of direction, persistence, continuing motivation, and intensity as well as a product of acquired skill and ability. Henrietta, Rebecca, Ellen, Wanda, Nancy, and Mambo demonstrated the behavioral pattern of performance as each adult learner acquired new skills and enhanced her ability while obtaining a college degree.

Psychosocial Development Theory: Erik Erikson (1963)

Personal Investment Theory has helped us to understand that these women were highly motivated; however, it is not clear how they could maintain such high levels of motivation nor how they could reconcile the discrepancy between their desire to earn a college degree and the extremely negative feedback and evaluation (based on the NET

assessment) that was communicated by their faculty advisors. These women of African descent have been characterized as resilient because they were able to succeed in spite of being educationally under-prepared for the rigors of college courses. One possible interpretation of resilience is that these are the individuals who are more highly motivated to overcome obstacles and to succeed. However, the question remains: What circumstances in their lives have contributed to the establishment and maintenance of such high levels of motivation? Maehr and Braskamp (1986) provided a conceptual framework of adult motivation but cautioned that motivation must be examined within the broader social context of human development. Maehr and Braskamp noted that Erik Erikson (1950) was one of the first theorists to propose a life span theory of psychosocial development. These case studies were examined to determine whether factors that contribute to their resilience could be identified in their psychosocial development.

According to Erikson (1963),

Basic Trust versus Basic Mistrust forms the basis in the child for a sense of identity which will later combine a sense of being “all right,” of being oneself, and of becoming what other people trust one will become. But even under the most favorable circumstances, this stage seems to introduce into psychic life a sense of inner division and universal nostalgia for a paradise forfeited. It is against this powerful combination of a sense of having been deprived, of having been divided, and of having been abandoned that basic trust must maintain itself throughout life. (pp. 249-250)

Erikson (1963) theorized that psychosocial development proceeded in a series of

developmental crises and that success or failure in negotiating one stage would influence the ability to deal with the next stage and/or continue to be an issue for the person in adulthood. For example, “individuals who have experienced mistrust during infancy through parental neglect, inconsistency, or abandonment may in adult life be mistrustful or suspicious of others or have difficulty forming relationships” (Haber, Leach McMahon, Price-Hoskins, & Sideleau, 1992, p. 92).

Stage 1. Basic Trust versus Basic Mistrust

During Stage 1, “learning to trust others and developing a sense of trust in self infer a positive resolution” (Haber, et al., 1992, p. 93), whereas, individuals who exhibited “mistrust, withdrawal or estrangement experience a negative resolution” (Haber, et al., 1992, p. 93). As the participants in this study shared their life stories, it became clear that most of the women initially had not experienced a positive resolution of Stage 1 resulting in Basic Mistrust. Erikson (1963) stated that individuals must perceive from others a sense of being “all right” (p. 249) in order to foster trust.

Henrietta was born into a family in which her parents were involved in an abusive relationship, although Henrietta indicated that she had a close relationship with her mother. Perhaps this positive relationship helped her to develop a sense of being “all right.” From the beginning of her childhood, Henrietta witnessed her mother being victimized by her father with both physical and verbal abuse. Henrietta observed this behavior until her parents were divorced when she was seven years old. After the divorce, Henrietta was separated from her mother until she was 16 years of age. This violence that she witnessed at such an early age affected her relationships with significant partners throughout her adult life. She entered three marriages in which

each spouse abused her physically and/or verbally. Although Henrietta eventually divorced each partner, the issue of trust was prominent in each relationship. Moreover, these negative spousal experiences may have forced Henrietta to depend on herself since ultimately she found that she could not trust her husbands.

Rebecca was born into a family in which her mother abused alcohol; and often delegated Rebecca's care to her older sister. Rebecca recalled that even at an early age, she witnessed verbal and physical abuse between her parents. Rebecca's mother victimized her husband when she was under the influence of alcohol. However, the behavior that she observed in her mother prompted Rebecca to swear off the use of drugs and/or alcohol throughout her youth and as an adult. She entered into marriage with a partner whose religion banned the use of drugs or alcohol, and they have raised their family in a drug and alcohol free environment. These childhood experiences influenced Rebecca's choice of a significant other who shared her attitudes toward substance abuse and family violence.

Ellen recalled that she was born into a family in which her parents were unmarried, although Ellen's parents married after the birth of their fourth child. However, prior to their marriage, Ellen stated that her father abused her mother verbally and physically. Ellen remembered that the abuse ceased almost immediately after the marriage and the subsequent birth of six additional children. Again, witnessing family violence raised trust issues for Ellen as an adult. These circumstances prompted Ellen to seek a loving spouse with whom she created a supportive and an affirming family.

Wanda experienced an early separation from her mother when she (Wanda's mother) moved from their native country to the United States. Wanda shared that, after

the move, her mother delegated her care to a maternal aunt, and Wanda's aunt became the primary caretaker for Wanda and her siblings. Moreover, due to her mother's absence, Wanda developed a strong attachment to her maternal aunt. Wanda noted that, when she was younger, she believed her maternal aunt to be her mother. Wanda attributed her overall perceptions about social support and trust toward significant others to her maternal aunt. According to Erikson (1963), the first demonstration of trust is developed between an infant and her mother. With the absence of a secure mother-child relationship with her mother, trust may have become an issue for Wanda.

Mambo was born into a loving family in which both parents were devoted to each other and she did not experience substance abuse or family violence. However by contrast, Mambo shared that she and her father bonded at her birth and she experienced a special relationship with her father throughout his life. Conversely, Mambo acknowledged that she did not develop a close relationship with her mother during early childhood. Mambo shared that throughout her life, her father called her by the name of his younger sister who had died before Mambo's birth. Mambo attributed her attitude toward others to the relationship that she shared with her father. Mambo did not establish a secure mother-child relationship with her mother as described by Erikson (1963). However, by substituting another caring individual, in this case her father, Mambo resolved the psychosocial task of developing basic trust.

Nancy was born into a family in which she described her parents as "being loving and devoted to each other." Nancy grew up without family violence or substance abuse. Nancy's parents role modeled behaviors that were indicative of a trusting and mature adult relationship. Of these six adult women, Nancy was the only

one who shared a sustained positive mother-child relationship.

When these women were unable for various reasons to establish Basic Trust with their mothers, at an early age, they learned to rely on themselves. Perhaps resolution of these early negative experiences contributed to resilience in adulthood. Erikson (1963) assumed that trust emerged through maternal ties. Individuals may compensate for the loss or absence of a caring mother by substitution of another significant individual: father, aunt, older sibling, or grandmother. Even though many of these adult women could not establish Basic Trust in early childhood, they eventually resolved this psychosocial dilemma by substituting other caring individuals for parents.

In stage 1, Basic Trust versus Basic Mistrust, emphasis was placed on the initial relationship between an infant and his/her mother. According to Erikson (1963), it was during this early developmental and critical period that the resolution of Basic Trust versus Basic Mistrust of others and of the environment was influenced by the efficacy of this mother-child relationship.

Although Erikson (1963) emphasized the significance of the maternal relationship in the development of trust, these women identified another factor that helped them to achieve Basic Trust. These resilient women acknowledged that religion and spirituality were fostered in their family of origin and were maintained in their own nuclear families. Although spirituality is deemed by some to be an external influence, these women resolved Basic Trust issues by placing their trust in a Higher Power to mediate challenges in their lives. For all of these women, religious observance and spirituality contributed to their resilience. Erikson (1963) stated that for individuals “basic trust must maintain itself throughout life” (p. 250). The practice of religion and

development of spirituality were perceived by these women as a perpetual source of strength that could sustain them through critical developmental periods.

The parental faith which supports the trust emerging in the newborn, has throughout history sought its institutional safeguard in organized religion. Trust born of care is, in fact, the touchstone of the actuality of a given religion. All religions have in common the periodical childlike surrender to a Provider or providers who dispense earthly fortune as well as spiritual health. (p. 250)

Adult behaviors that reflect mastery of developmental tasks in Stage 1 include “realistic trust of self and others, confidence in others, optimism and hope, sharing openly with others and relating to others effectively” (Keltner, Schwecke, & Bostrom, 1995, p. 36). These resilient adult women demonstrated these behaviors as they pursued a college degree. Specifically, these participants showed optimism and hope through their deep and abiding faith in a Higher Power that they would succeed, despite numerous challenges, in their educational goals. These adult learners shared through their lived academic experiences that their trust in God became the foremost coping resource to assist them to persist in their educational journey.

Stage 2. Autonomy versus Shame and Doubt

During Stage 2, Autonomy versus Shame and Doubt, Erikson (1963) advanced two opposing and “simultaneous sets of social modalities, holding on and letting go” (p. 251) as being representative of this developmental period. Erikson (1963) proposed that shame and doubt were negative resolutions for this developmental stage.

Shame supposes that one is completely exposed and conscious of being looked at: in one word, self-conscious. Shame is early expressed in an impulse to bury

one's face, or to sink, right then and there, into the ground. But this, I think, is essentially rage turned against the self. Doubt is the brother of shame. Where shame is dependent on the consciousness of being upright and exposed, doubt, so clinical observation leads me to believe, has much to do with a consciousness of having a front and a back; and especially a 'behind.' This basic sense of doubt in whatever one has left behind forms a substratum for later and more verbal forms of compulsive doubting; this finds its adult expression in paranoid fears concerning hidden persecutors and secret persecutions threatening from behind. (pp. 253-254)

In Stage 2, "displaying self-control and acknowledging the extent to which the environment can be influenced by direct manipulation" (Haber, et al., 1992, p. 93) are positive resolutions of developmental tasks. Whereas, negative resolutions are evidenced by, "compulsive self-restraint or compliance, willfulness, or defiance" (Haber, et al., 1992, p. 93).

During early childhood, Henrietta, Rebecca and Ellen witnessed spousal abuse (physical and verbal) and/or substance abuse. Each woman may have experienced shame that is sometimes associated with growing up in families with violence and substance abuse. Also, in families with physical, verbal or substance abuse, children may try to hide these family dynamics from their peers and other adults. However, within such contexts of violence and substance abuse, a positive resolution of autonomy may have been compromised for these women. Despite these early experiences and given their family dynamics, Henrietta, Rebecca and Ellen appeared to have ignored issues related to shame and doubt as they persisted in the development of coping

strategies needed to mediate these negative resolutions.

Although Wanda did not experience the dynamics of an abusive family, she did not have a close relationship with her mother, who had moved to the United States early in Wanda's psychosocial development. When recalling their lived personal experiences, Nancy and Mambo shared memories of a loving family and home environment. Despite their perceived positive experiences, both women acknowledged that their parents could offer very little to them beyond their unconditional love and access to primary education. Also, at an early age, Nancy and Mambo learned to persist and to rely on their own resources, specifically in attainment of education beyond the primary level.

Based on their childhood experiences, these women (Henrietta, Rebecca, Ellen, Wanda, Nancy, & Mambo) took cues from their environment and learned to become self-reliant at an early age. Therefore, when these women received negative feedback from faculty advisors {scoring below the 50th percentile for Reading Comprehension for Science Textbooks on the Nurse Entrance Test (NET)}, they continued to pursue their goal of a college degree and remained motivated to achieve their goal by ignoring the negative input.

By transcending the label of being "at-risk" for academic failure, these adult learners disregarded the prediction that they could not earn a college degree. However, the negative feedback from the NET assessment might have prompted these women to "display a sensitivity concerning a possible shameful 'loss of face' and fear of being attacked 'from behind,' though appearing irrational, can be of fateful import if influenced by related sentiment" (Erikson, 1963, p. 254). Perhaps from their childhood

experiences, the assumption was made that these women have learned to ignore negative evaluations and to construct positive self-images.

As adult learners, these women entered college as Registered Nurses who practiced nursing autonomously in their respective specialty. Based on their performance on a standardized academic diagnostic instrument, the Nurse Entrance Test, these women were identified as being educationally “at-risk” for failure of completing the course requirements necessary to earn a Baccalaureate Degree in Nursing. Issues relative to autonomy, as a positive resolution, may have been resurrected. However, these resilient women, through persistence, transcended any shame or doubt about their academic abilities. From childhood experiences, they had learned to deal with these negative psychosocial factors. However, these women remained motivated to achieve academically as evidenced by earning a college degree.

Adults who display “self-control and will power, realistic self-concept and self-esteem, pride and sense of goodwill, cooperativeness, generosity tempered with withholding, and delayed gratification when necessary” (Keltner, et al., 1995, p. 36) demonstrate mastery of developmental tasks in Stage 2. Common themes emerged from these case studies relative to the self-discipline and positive self-esteem that these resilient women exhibited in their role as adult learners. Although they were labeled as “at-risk” for academic failure, these participants maintained a realistic self-concept about themselves and their ability to earn a college degree.

Stage 3. Initiative versus Guilt

Additionally, Erikson (1963) provided the following insight into this developmental phase.

The danger of this stage is a sense of guilt over the goals contemplated and the acts initiated in one's exuberant enjoyment of new locomotor and mental power: acts of aggressive manipulation and coercion which soon go far beyond the executive capacity of organism and mind and therefore call for an energetic halt on one's contemplated initiative. (pp. 255-256)

During Stage 3, the developmental age ranges between three to five years.

Henrietta, Rebecca and Ellen experienced the negative impact of substance, physical and verbal abuse. The circumstances of these family dynamics may have forced these women to accept their lack of control over the abuse in their environment. Also, these women may have developed a sense of guilt and believed that they were to blame for the violence and substance abuse in their families.

Wanda dealt with the absence of her mother by attaching to a maternal aunt for social support. However, despite this positive bond, Wanda may have developed feelings of resentment toward her mother, while simultaneously experiencing guilt over these negative feelings.

Even though Nancy and Mambo recalled that their early childhoods were positive, they may have felt resentment towards parents who were unable to provide basic essentials, such as, educational resources. Whether experiencing abusive family dynamics, an absentee mother or a lack of basic needs, these women experienced circumstances that compelled them to rely on their own ingenuity at an early age.

Relative to adult development for Stage 3, Erikson (1963) proposed that residual conflict over initiative could prompt adult pathology.

This pathology could be expressed either in hysterical denial, which causes the

repression of inhibition or the abrogation of its executive organ by paralysis, inhibition, or impotence; or in over compensatory showing off, in which the scared individual, so eager to 'duck,' instead 'sticks his neck out.' (p. 257)

During Stage 3, a positive resolution is evidenced when an individual "learns the extent to which assertiveness and purpose will influence the environment and shows an ability to evaluate one's own behavior" (Haber, et al., 1992, p. 93). On the other hand, a negative resolution at this stage is indicated when an individual "demonstrates a lack of confidence, pessimism, fear of wrongdoing, over-control, and over-restriction of one's activities" (Haber, et al., 1992, p. 93). Adult behaviors that reflect mastery of developmental tasks at this stage include "appropriate social behaviors, curiosity and exploration, healthy competitiveness, a sense of direction and original and purposeful activities" (Keltner, et al., 1995, p. 36). By attaining their educational goals, these resilient women reflected positive resolution and mastery of these developmental tasks.

Stage 4. Industry versus Inferiority

According to Erikson (1963), "thus the inner stage seems all set for 'entrance into life,' except that life must first be school life" (p. 258).

The child must forget past hopes and wishes, while his exuberant imagination is tamed and harnessed to the laws of impersonal things-even the three R's. For before the child, psychologically already a rudimentary parent, can become a biological parent, he must begin to be a worker and potential provider. The child now learns to win recognition by producing things. (p. 259)

From their primary educational experiences, these women shared their personal assessment of their academic ability. Henrietta noted that she was an average student

and she remembered that a paternal aunt and paternal grandmother encouraged her to succeed in school. Rebecca indicated that she was a good student and self-directed in elementary school and recalled that her older sister served as a positive role model for academics. Ellen acknowledged that she was a good student; but she was “troublesome” and was disciplined by her teachers and father for fighting other students.

Wanda recalled being encouraged by her father to succeed in school and she maintained excellent grades. Nancy noted that she was an average student who was neither encouraged nor discouraged by her parents to pursue secondary education studies. Mambo recalled being encouraged by her parents to succeed educationally but Mambo had to finance her education beyond primary school.

Even though these women began their educational journeys in different ways, a desire to achieve academically in general and to earn a college degree specifically remained a common goal for each of them. These women were willing to confront and conquer academic obstacles in order to succeed in their educational endeavors.

Henrietta, Rebecca, Ellen, Wanda, Nancy and Mambo persisted in their efforts to earn a college degree despite the negative feedback from the NET relative to its prediction of academic failure. Rather than demonstrate a reluctance to attempt new things for fear of failing, these resilient women met the challenges of upper level college courses and graduated successfully. These participants demonstrated positive resolutions of this developmental stage, such as, “learning to use energies to create and to develop” (Haber, et al., 1992, p. 93) new strategies to promote academic achievement, as well as “developing a sense of competence” (p. 93).

Conversely, these adult women avoided negative resolutions for this stage as evidenced when they did not exhibit “disappointment in own abilities” (Haber, et al., 1992, p. 93), demonstrate a “loss of hope” (p. 93), accept a “sense of being mediocre” (p. 93), or internalize a “sense of inadequacy” (p. 93).

As these adult women pursued a life long goal of earning a college degree, they demonstrated behaviors that indicated mastery of developmental tasks for Stage 4, such as, displaying a “sense of competence, completing projects, finding pleasure in diligence and effectiveness, and maintaining a balance of work and play” (Keltner, et al., 1995, p. 37).

Stage 5. Identity versus Role Confusion

In Stage 5, Erikson (1963) proposed the following description to illustrate opposing resolutions.

With the establishment of a good initial relationship to the world of skills and tools, and with the advent of puberty, childhood proper comes to an end. Youth begins. But in puberty and adolescence all samenesses and continuities relied on earlier are more or less questioned again, because of the rapidity of body growth which equals that of early childhood and because of the new addition of genital maturity. The growing and developing youths, faced with this physiological revolution within them, and with tangible adult tasks ahead of them are now primarily concerned with what they appear to be in the eyes of others as compared with what they feel they are, and with the question of how to connect the roles and skills cultivated earlier with the occupational prototypes of the day. In their search for a new sense of continuity and sameness, adolescents

have to re-fight many of the battles of earlier years, even though to do so they must artificially appoint perfectly well meaning people to play the roles of

adversaries; and they are ever ready to install lasting idols and ideals as guardians of a final identity. (p. 261)

The negative family dynamics (violence and substance abuse) that were experienced by Henrietta, Rebecca and Ellen could have led to the development of a negative self- image. To the contrary, each of these women appeared to have overcome the negativity in her environment and each of them demonstrated a positive self- concept. Wanda accepted her maternal aunt as a positive substitute for her absentee mother, thereby learning appropriate gender roles from a same gender significant other. Nancy and Mambo valued the positive relationships that their families fostered and both women developed positive identities from these experiences. Collectively, these resilient women transcended negative early childhood experiences to survive and to construct positive self-views.

In Stage 5, positive resolutions are evidenced when an individual “integrates life experiences into a coherent sense of self and plans for actualizing one’s abilities” (Haber, et al., 1992, p. 93). From their shared life stories, these adult women recalled how they developed coping strategies as they overcame challenges throughout their lived personal and academic experiences. Since these participants selected a career in nursing, they avoided negative resolutions for this stage, such as, an “inability to find an occupational identity and related personality confusion” (p. 93).

When these adult women entered an RN to BSN Completion Program, they were competent health practitioners in their own right. However, by assuming the role of an adult learner, these women re-visited resolutions from Stage 5 relative to developmental tasks for identity and role confusion. In the student role, these participants questioned their ability to achieve long-term educational goals. Since the student role for these adult learners was not always clearly defined, they experienced a loss of productiveness that differed from the productivity achieved in their occupational role. Additionally, as non-traditional students on a college campus, these adult learners might have experienced confusion, indecision and alienation.

While matriculating in an RN to BSN Completion Program, these adult learners reflected mastery of developmental tasks for Stage 5 by “displaying emotional stability, making a commitment to career planning, setting realistic long-term goals, and maintaining a confident sense of self” (Keltner, et al., 1995, p. 37). Although these adult learners assumed a student role, it remained important to them to be accepted by both peers and faculty members. Additionally, it was important to these women to be perceived as competent students by their spouses, children and family members. Despite the prediction of being “at-risk” for failure, these women transcended this indignity, and remained motivated in the achievement of their educational goal.

As noted in the description for Stage 5 by Erikson (1963), relative to the perceptions of others, these women were concerned about the perceptions by others, specifically as related to being labeled “at-risk” for academic failure. It remained important to these women to transcend this prediction for failure by earning a college degree. These participants shared from their life stories that it was important for them

to succeed in order to illustrate to their children that despite impediments, achievement of their goals was possible with motivation and perseverance.

Stage 6. Intimacy versus Isolation

As discussed previously, the negative family dynamics that were experienced by Henrietta, Rebecca and Ellen, an absentee mother experienced by Wanda, and an unavailability of essential resources experienced by Nancy and Mambo, led each woman to seek more positive relationships and environments. These women were able to redirect their life courses through unyielding efforts in order to achieve personal and academic goals.

Despite negative early childhood experiences for these women, perceptions about their self-worth remained intact. Although early psychosocial experiences could have compromised their ability to form positive relationships, these resilient women established and maintained friendships with both peers and professional colleagues. Additionally, these women developed positive spousal and parental relationships within an affirming and a loving family environment. Family members and friends from these relationships provided social support as each woman coped with challenges relative to her lived personal and academic experiences.

In Stage 6, an individual exhibits positive resolutions of developmental tasks by “developing an intimate relationship with another person and making a commitment to work” (Haber, et al., 1992, p. 93). Conversely, an “avoidance of intimacy, avoidance of relationships, career, or of lifestyle commitments” (p. 93) represent negative resolutions for this developmental stage. Stage 6 is representative of young adulthood and Erikson (1963) proposed the following description to capture the developmental tasks for this

stage.

The strength acquired at any stage is tested by the necessity to transcend it in such a way that the individual can take chances in the next stage with what was most vulnerably precious in the previous one. Thus, the young adult, emerging from the search for and the insistence on identity, is eager and willing to fuse his identity with that of others. He is ready for intimacy, that is, the capacity to commit himself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments, even though they may call for significant sacrifices and compromises. (p. 262)

During young adulthood, these participants developed intimate relationships with another person and assumed adult roles, including, spousal and parental at this stage. In Stage 6, Henrietta, Rebecca, Ellen and Wanda were married before 25 years of age; Henrietta had one child and Rebecca, Ellen and Wanda had two children respectively. Mambo had one child before age 25; but she did not marry the father of this child. Nancy was the only participant who married after age 25 years, recognized as adulthood in Stage 7, and started a family by 28 years of age.

As these adult learners pursued a college education, they maintained an intimate relationship with a significant other. Their partners and family members provided unconditional social support while these women juggled multiple roles. This social support became even more salient for these women after they received the NET assessment predicting that they were “at-risk” for academic failure of college courses. Rather than cope with the negative self-evaluation in isolation, each woman was able to face academic challenges within a positive relationship and family context.

The participants shared from their life stories that the social support from their spouses and children was crucial in the achievement of their educational goals. By delegating household tasks and other social responsibilities to family members, these women were able to minimize their involvement in these activities and to foster collaboration and cooperation with household chores. By utilizing these organizational approaches, these women were afforded the opportunity to maximize time management strategies needed to attend classes and to complete course assignments.

During Stage 6, adult behaviors that reflected mastery of developmental tasks for these participants were demonstrated by their ability “to give and receive love, to develop commitments and mutuality with others, to collaborate in work and affiliations, and to sacrifice for others” (Keltner, et al., 1995, p. 37). All participants recalled that the well-being of their family members remained a high priority; but sometimes it became necessary for them to shift that priority onto themselves in order to achieve their goal of earning a college degree.

Stage 7. Generativity versus Stagnation

By the time these women entered Stage 7, they had been prepared for the multiple roles that they would face through mastery of developmental tasks from the previous six stages. As each woman progressed through earlier stages, she developed strategies that assisted her to succeed in activities of daily living, often times against overwhelming odds.

As the oldest child in their respective families, Ellen and Nancy were given childcare responsibilities of younger siblings. Although Rebecca was the youngest child in her family, often she cared for herself when her mother was intoxicated due to

alcohol abuse. Wanda recalled that she and her siblings were sent to live with relatives often because her mother spent time away from the family. While living away from home, Wanda was expected to assist in the care of younger siblings. Henrietta was the only daughter in her family and she assumed childcare responsibilities for younger brothers. When her mother remarried, Henrietta cared for her half-sisters and half-brothers also. Mambo was given childcare responsibilities for younger siblings as well. In addition to caring for siblings or themselves, each woman attended school and participated in extracurricular activities. Additionally, Henrietta, Rebecca, and Mambo held part-time jobs as teenagers. The assumption was made that these tasks were a precursor to the multiple roles in Stage 7 that would be assumed by these women.

Moreover, Stage 7 is identified as adulthood and the entering age is designated as 21 years, 25 years or 30 years and spans through 60 years depending upon the arbitrary determination set for an adult individual. These six resilient women ranged in age from 42 to 52 years and have begun to launch children into young adulthood. Henrietta has two adult children and a one-year old grandson. Rebecca has two adult sons and a school-aged son and daughter remaining at home. Ellen has two adult sons and a third son who has recently completed high school. Wanda has a daughter who recently began college and a school-aged son and daughter remaining at home. Nancy has two adult sons and one son and two daughters at home who are negotiating high school. Mambo has one son who is six months of age. As described by Erikson (1963) in Stage 7, these participants exhibited mastery of developmental tasks.

Additionally, these adult women are involved in the physical and financial support of aging parents. Henrietta indicated that her stepfather is living with a

diagnosis of cancer and her mother is being treated for several chronic medical conditions. Rebecca shared that both parents have medical diagnoses that she monitors and assists in managing their health status. Ellen noted that her mother lives outside the United States and she provides financial support to her and to extended family members. Wanda reported that her mother is supervising the care of her father who is living in an assisted care facility. Wanda indicated that she provides social support to her mother and a sister who lives in the area and assists in the care of her father. Nancy shared that her mother lives in her native African country and she provides social and financial support to her and to extended family members as well. Mambo recalled that she maintains financial responsibility for her mother, as well as extended family members who reside in her native African country.

Generativity, then, is primarily the concern in establishing and guiding the next generation, although there are individuals who, through misfortune or because of special and genuine gifts in other directions, do not apply this drive to their own offspring. And indeed, the concept of generativity is meant to include such more popular synonyms as *productivity* and *creativity*, which, however, cannot replace it. (p. 267)

Relative to adult development, the positive resolutions for this stage include “establishing a family and guiding the next generation, demonstrating an expansion of creativity, productivity, and displaying concern for others” (Haber, et al., 1992, p. 93). Through their interactions with family, significant others and colleagues, negative resolutions, such as, “self-concern and self-indulgence, pseudo-intimacy, and a lack of interest and commitments” (p. 93) were not exhibited by these adult women.

In addition to the multiples roles that these women juggled, they provided care to ascending and descending generations; but at the same time they were in need of assistance. Relative to their lived academic experiences, these women needed educational support services to compensate for their under-preparation for college as predicted by the NET assessment. These women persisted in their educational goal by maintaining their motivation to earn a college degree successfully.

After progressing through an RN to BSN Completion Program, these adult learners shared numerous examples of professional growth and development and the impact that a BSN Degree had on their career advancement. Additionally, each participant recalled the pride that was felt after successfully earning a Baccalaureate Degree in Nursing.

The academic success of these adult learners reflected behaviors that exemplified mastery of psychosocial developmental tasks for Stage 7, such as, “engaging in productive, constructive and creative activity, attaining personal and professional growth, demonstrating parental and societal responsibilities, and displaying caring guidance of others” (Keltner, et al., 1995, p. 38). These women have not reached ages that are appropriate for Stage 8, Ego Integrity versus Despair.

Methodological Contributions

According to Merriam (1998), “the merits of a particular design are inherently related to the rationale for selecting it as the most appropriate plan for addressing the research problem” (pp. 40-41). Use of a standardized interview/questionnaire was rejected since the researcher did not wish to impose her perceptions on the participants. In order to capture the lived personal and academic experiences of these women of

African descent, a case study approach using focused, semi-structured, personal interviews was adopted. Since these six participants knew the researcher very well, (she was one of the faculty members in the RN to BSN Completion Program) they felt comfortable disclosing very private information. The audiotaped interviews for these participants were transcribed verbatim; thus, there was no room for the researcher to bias the result. Social desirability (Judd, Smith, & Kidder, 1991) was not a serious concern for ‘their own stories’ because the participants did not feel the need to withhold information from the researcher. Therefore, the researcher was able to describe the students’ experiences in “their own words” and to refrain from imposing on the students’ responses. Additionally, these participants selected pseudonyms to protect their privacy thereby, allowing them to speak freely as they shared their lived personal and academic experiences.

Moreover, the researcher conducted a “member check” (Creswell, 1994, p. 158) so that the participants could correct any misrepresentation of their positions. Also, each participant was asked to nominate one of her nursing student peers or a family member to review the information contained in the individual case study to determine whether a participant’s perspective concurred with the informant’s recollection of the participant’s lived academic experiences.

This qualitative approach provided an opportunity to interact with participants in a natural and an unobtrusive manner, for example, by stimulating conversation in the interviews, rather than a formal, standardized question and answer exchange. Since the researcher had the participants’ permission to audiotape the interviews, she could focus on their responses and her follow-up rather than worrying about recording their

answers. Additionally, since this method of qualitative research focuses on process, meaning, and understanding, the “product of a qualitative study is richly descriptive” (Merriam, 1998, p. 8). Therefore, it was appropriate to utilize the case study to retell the participants’ stories in “their own words.” Moreover, it was critical for this research to understand the students’ experiences in the RN to BSN Completion Program and to describe the perspectives of the participants in “their own words” relative to their lived personal and academic experiences.

The participants in this study were selected purposefully from the 32 students in an HBCU Department of Nursing who graduated between 1998 and 2000 despite being assessed as “at-risk” for academic failure by the Nurse Entrance Test (NET). Of the 108 students in the RN to BSN Completion Program from 1995 to 1998, 40 (37%) students were identified by the NET as “at-risk” for academic failure. However, of these 40 students, 32 (80%) graduated with a BSN Degree. The emphasis was placed on these resilient graduates who had been identified as “at-risk” but who succeeded by earning a Baccalaureate Degree in Nursing.

To understand, in “their own words,” how these women overcame adversity and how these women persisted could help university faculty and administration to understand returning adult students’ needs; could help other students who are under-prepared to meet the high standards of an RN to BSN Completion Program successfully; and may suggest ways to modify the current nursing program in a meaningful way. The participants were selected by purposeful sampling of “at-risk” nursing students in the RN to BSN Completion Program who were Black American students, students of African descent who were born in the Caribbean and international

students from African countries.

The criteria that were established for purposeful sampling directly reflected the purpose of the study and guided in the identification of information-rich cases. Each participant met the following criteria: a) enrolled in an RN to BSN Completion Program; b) aged 25 years or older; c) scored at or below the 50th percentile for Reading Comprehension for Science Textbooks on the Nurse Entrance Test and d) ability to communicate freely in English. It is inevitable, even desirable, that the selection of cases in a qualitative study will be non-randomized (Creswell, 1994). The goal is to select participants who have a wealth of information about a phenomenon, in this case successful completion of an RN to BSN Completion Program despite the fact that students were under-prepared and that norms from a standardized academic diagnostic instrument, the NET, predicted that these women would not be able to complete the program. However, the importance of the data to be obtained from such a purposeful sample merited investigation. Creswell (1994) stated that, “the idea of qualitative research is to purposefully select informants who will best answer the research question. No attempt is made to randomly select informants” (p. 148). Allowing the participants to reveal their experiences in “their own words” and “through their own eyes” (Holloway, et al., 1997) enhanced the cultural context of this approach.

Holloway, et al. (1997) utilized cultural models to frame their research of 14 low-income mothers through which their stories were told. A similar approach was used for this study because cultural models are defined as “presupposed, taken-for-granted models of the world that are widely shared (although not necessarily to the exclusion of other, alternative models) by members of society and they play an

enormous role in their understanding of that world and their behavior in it” (Quinn & Holland, 1987, p. 4). Cultural models are acquired or formulated by individuals within their immediate social contexts. For the women in this study, using a cultural context allowed the researcher to capture their feelings and experiences, while they were involved in the cultural processes of attaining a college degree.

Data were collected through multiple audiotaped interviews that were in-depth, focused, personal, and semi-structured. However, the benefit of multiple interviews was to allow participants the opportunity to render additional information, opinions and feelings that may have been omitted previously. Creswell (1994) recommended that the researcher provide “member checks that serve to receive feedback from the participants and to verify the accuracy of the categories or themes” (p. 158). These participants were provided with an interpretive summary of their own story to validate accuracy and to support content validity.

Moreover, to assess content validity further, these women were asked to identify someone who could confirm the validity of her account of her experiences while completing the RN to BSN Completion Program. This individual served as a second “member check” (Creswell, 1994, p. 158). Each participant selected an informant-- spouse, parent, or a fellow nursing student and close friend-- who had shared her educational journey and who also could corroborate the accuracy of her interpretive summary. The second reader for each participant affirmed that the lived academic experiences and life events as reported by the participants were accurate.

Additionally, to substantiate anonymity of the participants, a faculty member was selected to read the summaries of the personal and academic experiences of two of

her former students, to determine whether she could identify these adult learners. After reading the summary for these two participants, this faculty member verified that she was unable to determine the identity of either student. Although the lack of identification by the faculty member affirmed both confidentiality and anonymity of the students, it also confirmed her lack of awareness of the personal circumstances of her students within an academic context.

It was not the intent of the researcher to burden the faculty members with the responsibility of solving all problems for their students within the academic experience. However, attributions are made by faculty members relative to the students' reasons for academic difficulty. Poor academic performance by students could be attributed either to a lack of ability or to a lack of effort. Separation of the personal and academic lives of the students may lead faculty members to make inaccurate attributions concerning students' performance.

Moreover, by only dealing with the academic student role, faculty members may conclude that students are 'not smart' or 'not dedicated.' Faculty members might fail to consider that students are dealing with problems at home or at work and this may be especially true for returning students. For faculty members, it may be easier to assume that the primary goal of returning students like, traditional-aged students is academic achievement. Moreover, faculty members may ignore the role competition for all students.

Theoretical Contributions

This research extended the generalizability of a theory of Personal Investment (Maehr & Braskamp, 1986) to a population that previously had not been investigated,

adult women returning college students of African descent in an RN to BSN Completion Program. Moreover, this study used a different research method, focused, personal interviews to capture the participants' richly descriptive stories in "their own words." Maehr and Braskamp (1986) utilized a survey approach to collect data.

Personal Investment Theory (Maehr & Braskamp, 1986) was useful in the interpretation of these case studies for this study of women of African descent (Black American, Caribbean and African) returning to college to matriculate in an RN to BSN Completion Program. By making the decision to return to college, each participant chose to invest in her future to promote her career. Personal Investment Theory provided a 'good fit' for this population relative to motivation, persistence, resilience and achievement. The participants in this study had been identified as "at-risk" for academic failure, by a NET assessment (Educational Resources, Incorporated, 1992).

The theoretical constructs, characterized as behavior patterns, of the Theory of Personal Investment were applicable to these adult women. The behavior patterns that these women demonstrated to earn a college degree were consistent with those identified in the Theory of Personal Investment. Maehr and Braskamp (1986) stated that individuals demonstrate motivation to attain goals through behavior patterns identified as direction, persistence, continuing motivation, intensity and performance. Despite the negative feedback that these women received from the NET assessment, they remained highly motivated to earn a college degree and these behavior patterns were evident when they shared their lived academic experiences.

These resilient students had to overcome the challenges of being a member of a racial minority and of being returning adult non-traditional college students in order to

achieve their educational goals. Minority status undoubtedly is related to prior educational experiences that under-prepared these women to manage the rigors of higher education. Starke (1993) noted that segregation and poor academic standards in urban schools have resulted in minority students entering college with poor academic preparation. Moreover, adult Black American women specifically and adult women of African descent generally may be especially plagued by educational under-preparation. Additionally, by having to overcome adversity throughout their lives, almost by definition, Black Americans specifically and women of African descent generally, who are successful, also are resilient.

Therefore, the theoretical constructs outlined in the Theory of Personal Investment, such as, direction (choice), persistence, continuing motivation, intensity and performance provided a framework to organize and to synthesize data from these case studies. Maehr and Braskamp (1986) suggested that individuals vary in how each behavior pattern is operationalized.

Faculty Advisors must be sure to acknowledge the negative feedback that their students received from the NET assessment and the life events that may have attributed to the prediction that these students were “at-risk” for academic failure, rather than accepting the negative assessment as an indictment that the students would fail. Forty (37%) of 108 students scored below the 50th percentile for Reading Comprehension for Science Textbooks. Despite being identified as educationally “at-risk”, 32 of these 40 students graduated. These students who were predicted to fail had an 80% graduation rate. When the NET is used constructively as an assessment of skills rather than an admission criterion, faculty members can plan educational experiences for students that

include competence-promoting strategies to enhance achievement of academic goals.

As evidenced from the lived personal experiences of these women, they have managed to survive without optimal resolutions across psychosocial developmental stages. The assumption can be made that these negative outcomes early in life may have given them strength and heartiness to endure and to persist in the face of overwhelming odds. From their experiences with previous negative feedback, these resilient adult women have learned to shield themselves from disappointment by disregarding unfavorable self-views. This assumption is borne out by the reaction these women had to the NET prediction that they were “at-risk” for academic failure. They did not allow this prediction to discourage or to deter them from their goal of earning a college degree.

Developmental Theory: Robert J. Havighurst (1972)

In Chapter IV, the case studies were organized around the developmental and educational tasks outlined by Havighurst (1972). Although Havighurst (1972) did not propose a specific stage theory, he described developmental and educational tasks confronted by individuals as they proceed through life, from infancy to later maturity. The lived personal and academic experiences in these case studies appear to parallel the model advanced by Havighurst (1972). For example, in early adulthood, an individual confronts such challenges as, “selecting a mate, learning to live with a marriage partner, starting a family, and getting started in an occupation” (Havighurst, 1972, pp. 85-90).

In essence, Havighurst (1972) demonstrated through these developmental and educational tasks that biological, sociological, economic and psychological factors converge to present an individual with a sequence of challenges to overcome that,

though not always inevitable, are quite typical for individuals of a certain age. Themes that emerged from the self-descriptions of these six resilient women indicated common age-related challenges across the life span. Moreover, these resilient women were motivated to achieve life long educational goals as mediated through personal investment (Maehr & Braskamp, 1986).

Maehr and Braskamp (1986) provided a conceptual framework of adult motivation and viewed motivation within the broader social context of adult development. To this end, the selection of a life span developmental theorist was made to provide a framework for the discussion of common adult developmental themes among these six resilient women. Maehr and Braskamp (1986) indicated that Erik Erikson (1950) proposed a life span theory of psychosocial development.

Erikson organized each life stage around a critical problem that is likely to have a good or bad resolution. For example, people in the later stages of their work or career lives are likely to have to make a kind of life choice between “generativity” in which the individual invests in the future (perhaps by mentoring younger people), or “stagnation” in which the person settles for a routine work existence and perhaps a passive approach to life more generally. (Maehr & Braskamp, 1986, p. 157)

Furthermore, individuals tend to confront and experience several age-graded events as they live out their lives. In this regard, stage theorists provide categorical systems for identifying and organizing these events. Moreover, age-graded events and personal investment present an interdependence whereby individuals probably will invest their energies in different ways and to varying degrees at different times in their

lives (Maehr & Braskamp, 1986). The utilization of a developmental approach, as advanced by Erikson (1950), provided the opportunity to ascertain how these resilient women resolved challenges at critical periods during their development relative to their lived personal and academic experiences.

Erikson (1963) suggested that mastery of critical tasks at each stage occurred more easily when it was chronologically appropriate. However, due to specific life events, such as returning to college to earn a Baccalaureate Degree in Nursing while juggling multiple roles, these adult women were prompted to re-examine mastery of critical tasks and resolutions from previous developmental stages. Although these women may have experienced partial mastery of critical tasks; it remained possible for them to overcome delayed or incomplete development. Growth involves resolution of critical tasks at each of the eight developmental stages and this growth can occur on a life long continuum. Adult development is advanced when individuals are able to continue their mastery of developmental tasks across the life span.

These case studies were examined within the adult motivation framework of Personal Investment Theory. Differences among these adult women returning students of African descent (Black Americans, students of African descent born in the Caribbean and international students from African countries) were not found based on country of origin with respect to motivational factors. Moreover, it should be noted that Personal Investment Theory by Maehr and Braskamp (1986) is based on quantitative analyses of standardized self-report questionnaires. This study extends the generalizability of the theory to a different research methodology: focused, personal and semi-structured interviews.

Implications for Higher Education

All higher education institutions need to be aware that the number of traditional age college students is dwindling with the aging of the baby boom generation.

International students and adult returning students have become the groups targeted to replace traditional age college students; however, the needs of adult returning students are different. This is especially important in the field of nursing due to the critical shortage of nurses nationally. Since the nursing profession must continue to attract highly qualified applicants, the field must look to other populations including returning adult students and international students to mitigate the shortage. By returning to an RN to BSN Completion Program, these adult women increased the number of qualified professional Registered Nurses of African descent who hold a Baccalaureate Degree in Nursing.

Implications for Nursing Education

The resilient adult women in this study were identified by a standardized academic diagnostic instrument, the Nurse Entrance Test (NET), as being educationally “at-risk” for failure of completing the course requirements necessary to earn a Baccalaureate Degree in Nursing. These Registered Nurses who entered the RN to BSN Completion Program held either an Associate Degree in Nursing or a Hospital Diploma in Nursing. Writing requirements in Associate Degree and Hospital Diploma nursing programs focus primarily on patient care plans. However, in the RN to BSN Completion Program curriculum, students were introduced to research-based written assignments: a scholarly paper assignment was required in each nursing course.

Moreover, the RN to BSN Completion Program curriculum also included new

nursing skills, for example, making professional oral presentations, implementing theory-based therapeutic nursing interventions, using therapeutic communication while providing patient care or demonstrating skills related to abstract concepts and critical thinking. These students began the transition from technical nursing practice to professional nursing practice by returning to college to earn a BSN Degree.

Consequently, these students entered an RN to BSN Completion Program with a curriculum design that adhered to the guidelines for Baccalaureate Nursing education as mandated by the American Association of Colleges of Nursing (AACN). The AACN determines the educational criteria for Baccalaureate and Graduate Nursing programs, and the curriculum for this RN to BSN Completion Program was based on these guidelines. For an RN to BSN Completion Program curriculum, these criteria include core competencies, such as, critical thinking, communication, incorporating professionalism into practice and role development. Faculty members received continuing validation that the curriculum in this RN to BSN Completion Program met the requirements for Baccalaureate nursing education during a recent continuing accreditation site visit from the National League for Nursing Accrediting Commission.

During an exit interview, faculty members were commended by the Program Evaluation Team Chairperson for their efforts to retain students, who may have presented as under-prepared for the rigors of college, by providing academic and social support that fostered successful completion of the BSN Degree. Moreover, the Program Evaluation Team Chairperson emphasized that faculty members did not lower educational standards for under-prepared students; rather faculty members utilized competence-promoting strategies that encouraged academic achievement (M. E.

Graham, personal communication, October 9, 1998).

Moreover, the Program Evaluation Team Chairperson made a recommendation to these faculty members to publish their ‘strategies for success’ that were utilized with under-prepared students relative to fostering academic achievement without compromising curricular standards. The Program Evaluation Team Chairperson stressed that these positive outcomes could serve as a ‘model for success’ to other nursing programs generally and to nursing programs with educationally under-prepared students specifically (M. E. Graham, personal communication, October 9, 1998). The adult learners in this study confirmed this assessment as presented by the Program Evaluation Team Chairperson. When these participants shared their lived academic experiences, they indicated that they were expected to master the high standards of the curriculum in the RN to BSN Completion Program. Additionally, the participants identified selected faculty members who provided encouragement, counseling and mentoring to them in an effort to promote successful completion of the requirements for a BSN Degree.

However, these adult women began an RN to BSN Completion Program at a distinct disadvantage based on the prediction for academic failure by the Nurse Entrance Test (NET). The NET score for Reading Comprehension for Science Textbooks for these participants was below the 50th percentile and this low level of reading comprehension also affected other skills required in academia, including reading speed and test-taking skills. The curriculum design for this RN to BSN Completion Program met the guidelines for a Baccalaureate nursing program, and this demanding academic program presented educational challenges for these returning

college women. Therefore, these adult learners perceived the nursing program as a source of frustration rather than as an opportunity to develop professionally and to promote career advancement.

Moreover, this frustration was exacerbated for these women as they experienced new nursing content, abstract concepts and an emphasis on written, oral and critical thinking skills. One of the common and most salient concerns for these women centered on their inability to complete reading assignments for courses that were interpreted by these students as “too many textbooks and too much reading.” Relative to reading assignments, these adult learners shared that they frequently lost focus while reading, did not retain material after reading it, and were unable to determine important topical themes. Despite these reading limitations, these resilient students remained motivated to master educational tasks, such as, analysis and synthesis of reading assignments as critical thinking skills were emphasized across the curriculum.

Also, these students demonstrated limited research-based writing skills and these deficits were perceived by them as “too many written requirements.” Relative to writing assignments, these adult learners shared that they had very little experience with scholarly writing assignments in either an Associate Degree or a Hospital Diploma Nursing program. Therefore, these adult learners did not believe that their written communication skills were adequate to comply with the scholarly writing requirements in an RN to BSN Completion Program.

The assumption may be made that the perceived difficulty encountered by these students with reading and written course assignments was related to their NET scores that predicted academic failure. These women required more time than their peers to

complete reading and writing assignments and this difficulty with completion of reading and writing assignments was compounded by competing life events and by role conflict. These women juggled multiple roles including, spousal, parental, occupational and adult learner, while earning a college degree. However, ultimately, these resilient women were able to complete the requirements for a BSN Degree and achieved their educational goals by earning a college degree.

It was interesting to note, that despite the academic limitations of these students, they persisted and overcame educational hurdles by failing and repeating courses, failing and re-submitting written assignments, and struggling through oral presentations for the first time. Gradually, these women were able to master the core competencies that were required for a BSN Degree. Each participant was able to identify both personal and professional development as evidenced by career advancement, autonomy in her nursing role, and proficiency in written, oral and critical thinking skills, after earning a college degree. These students made a personal investment in their future when they decided to return to college, and ultimately this investment has enhanced the quality of their lives.

As these resilient women reflected on their educational experiences in the RN to BSN Completion Program, they made several recommendations concerning university services that could have been provided to returning adult students generally and to returning nursing students specifically.

Recommendations for Returning College Students

Relative to the availability of academic support services, these students indicated that the services were provided during the day and most RN to BSN nursing

courses were held in the evening. They recommended that selected academic support services, such as tutoring or the writing lab remain open during evening hours when adult learners were on campus. Also, extended hours for academic support services and library hours during weekends were suggested. University administrators might wish to keep facilities open, but cannot afford to due to budgetary constraints. These recommendations, to extend hours of operation for facilities, may be perceived as too costly. However, as returning adult students constitute a larger proportion of the student body, these policy issues should be revisited.

Several of these returning students had school-aged children and they coped with childcare concerns, such as absentee babysitters or latch key children issues. When adult learners were compelled to bring their children with them to evening classes, the children sat in hallways outside the classroom door. Nursing classes were held for three to four hours once per week. Students recommended that university sponsored childcare services be implemented to include mentoring and tutoring services that foster academic and personal development for their children.

One of the most critical concerns for these adult women was the unavailability of administrative services, such as, admissions, student accounts or financial aid services. These offices closed for business before students arrived on campus for evening classes. Most students came to class directly from their jobs and little time remained to attend to administrative issues. University officials need to recognize that adult students need administrative offices to be available when students can utilize these services. Selected weekend days and times may offer flexible options for non-traditional students.

Recommendations for Returning Registered Nurse Students

These Registered Nurse students complained about the number of assignments for each course, they believed that many of the assignments could have been decreased without compromising integrity of the curriculum content. Several students described selected assignments as “busy work” rather than learning experiences. At the end of each semester, students completed evaluations for all courses. In response to students’ concerns about “too many assignments,” each faculty member re-evaluated course assignments annually to determine whether the course requirements were excessive or critical to the integrity of the courses. When applicable, faculty members took great pains to eliminate redundancy within assignments and to combine assignments that achieved curricular objectives. For example, when students demonstrated proficiency with documentation of clinical experiences by completing weekly clinical notebooks (two consecutive clinical notebooks with a grade of 80% or higher), they were able to submit a one-page summary of the clinical visit rather than a 10-15 page clinical notebook.

Overall, these students wanted university officials to acknowledge their needs as adult learners and to plan support services that accommodate them as well as the needs of traditional students who may reside on the college campus. As the fastest growing college population, attention to the academic and personal requirements for these students can foster an economic boost for universities, generally and a positive learning environment for adult students specifically.

Limitations

A qualitative approach using individual case studies was utilized to have these

six resilient women share their lived personal and academic experiences in “their own words”. The participants provided retrospective reports of their personal and academic experiences. Although these interviews provided the researcher with rich, detailed descriptive information, the elapsed time may have had an effect on these reports. Since these participants were reporting one to three years post graduation, the perceptions of their RN to BSN experiences may have changed since they had been students. These students graduated from the RN to BSN Completion Program between 1998 and 2000 and the NET was administered to them between 1995 through 1998, therefore, this time line may have been a limitation. Additionally, this research was limited by the time frame selected with a purposeful sampling from “at-risk” students who took the NET between 1995 through 1998.

Future research should address a prospective study of RN to BSN nursing students’ experiences. Feedback about the program may be addressed more easily, and problems or deficiencies might be addressed more efficiently. Therefore, it was critical for this study to have the researcher remain sensitive to any changes in the views of the participants. Additionally, consideration must be given to whether another faculty member would have provoked a different account of the RN to BSN experience.

In qualitative studies, generalizability is not considered a limitation. The intent of qualitative research is not to generalize findings but to form a unique interpretation of the life events of these participants and to capture the rich descriptions of their own stories in “their own words” relative to the fact that these six case studies were viewed individually and were representative of adult learners who shared an RN to BSN Completion Program during a discrete period of time. Therefore, the case studies can

be treated only as partial representation of the descriptions of educational goals, perceptions of persistence, academic achievement and motivation among participants who share similar backgrounds and circumstances as research participants.

As discussed in Chapter I, researcher biases are inevitable and must be acknowledged as such, most particularly with data collection by focused, personal, and semi-structured interviews. According to Judd, Smith and Kidder (1991), “avoiding biases in personal interviews can never be overcome completely, although their effects can be reduced” (p. 259). The significance of interview bias cannot be overlooked; but rather the researcher must remain aware of its potential effect on data collection (Judd, Smith, & Kidder, 1991). Throughout the interview and analysis, this researcher was cognizant of how biases could direct questions, interpret responses and influence the analysis of emerging themes in the data. According to Judd, Smith and Kidder (1991), “there is clearly room for more research on ways to minimize bias in the interview” (p. 260).

Future Research

Although adult women of African descent had not been studied previously using Personal Investment Theory, adult development literature is expanded when research studies are replicated. In comparison, a similar study that used faculty members from an RN to BSN Completion Program would provide the teachers’ perspective. To examine how students were able to complete the requirements for a Baccalaureate Degree after being identified as “at-risk” for academic failure, a retrospective study was conducted. It would be interesting to conduct a prospective study of new cohorts entering into an RN to BSN Completion Program and to follow these students as their

careers progress. Another approach could research students who currently are enrolled in an RN to BSN Completion Program, a portfolio could be maintained and students would keep a reflective journal to express their lived personal and academic experiences. Moreover, studying a different cohort would allow the researcher to understand the importance of historical period effects with respect to changes in licensure requirements or the fiscal solvency of the institution.

However, this retrospective study does permit the participants to consider the effects of their RN to BSN educational experiences on their current job performance and career development – issues that might not be addressed adequately while students are in the RN to BSN Completion Program.

The NET assessment scores indicate that students who score below the 50th percentile for Reading Comprehension for Science Textbooks are predicted to be “at-risk” for academic failure of upper level college courses. If these students return to college and they are educationally under-prepared for the rigors of college courses, then it would become imperative not to predetermine failure for these students; rather, other strategies are needed to foster academic success. A study of students who drop out of the RN to BSN Completion Program because of academic difficulty might provide information about curricular changes and academic support to assist these “at-risk” students to become successful.

Future research is needed that examines the social context of students and identifies the impact on family members when an individual decides to return to college. In planning a successful experience for returning adult students, an in-depth

orientation to the rigors of a college experience is crucial. By adding the student role to the other multiple roles that an individual may have to juggle, the change in family dynamics has a profound impact on the lives of everyone. It would be beneficial to include spouses, significant others and older children in a college orientation for returning students. It will be critically important for all parties involved to know how their lives will be affected by having an adult learner in the household.

Relative to the role of university administrators, it would be important to examine the extent to which adult returning students are considered in policy decisions by conducting in-depth interviews with university deans and administrators.

Due to the increase in non-traditional students on college campuses, numerous universities and colleges have designed programs that are favorable for adult learners returning to college. For higher education institutions with these models for non-traditional students, they have proven to be highly successful in their efforts to recruit and to graduate adult learners. These university administrators have re-evaluated the demographics of their student populations and have implemented policies that are conducive to adults students who return to college but who continue to juggle multiple roles in their everyday lives.

Conclusion

This researcher investigated a unique sample of adult returning women of African descent enrolled in an RN to BSN Completion Program at an Historically Black College/University (HBCU) who were identified as “at-risk” by the Nurse Entrance Test (NET); but who graduated. These six resilient women described their lived personal and academic experiences in “their own words” in multiple focused, personal

and semi-structured interviews. Thematic analyses of these interviews indicated that for these women Personal Investment Theory (Maehr & Braskamp, 1986) was a “good fit” that described the behavioral patterns (direction, persistence, continuing motivation, intensity, and performance) and outcomes (achievement, personal growth, and life satisfaction) of Personal Investment. Examination of the personal life histories of these women using Erikson’s stages of psychosocial development as an organizing framework suggested that successful negotiation of continual challenges allowed these women to persist and to succeed despite the negative predictions for success based on their performance on the NET. It would appear that these resilient women had learned through numerous life experiences to deny, ignore, set aside, or reject such negative feedback, and believed that with sufficient effort their educational goals could be and were attained. Posing questions that inquired about academic experiences placed in the context of personal life histories provided a clearer understanding of the challenges of successful completion of the RN to BSN Completion Program. In particular, these women of African descent generally were under-prepared to tackle a demanding curriculum that required extensive reading of technical information, writing and critical analysis. To design demanding and supportive programs for returning women, it is important to understand the social content of both personal and academic lives. However, this study attempted to go beyond describing the academic and personal lived experiences of these women and to infer a motivational process that mediated their success.

Appendix A

An RN to BSN Completion Program Undergraduate Curriculum

The Neuman Systems Model (1995) provides the organizing framework for implementation of the curriculum. The curriculum content progresses sequentially from understanding of self to understanding of individuals, families, organizations, and communities. Emphasis is on expansion of the role of the professional nurse, development of alternative intervention strategies, and evaluation of the nursing process throughout the learning experiences of students.

All students are required to complete a minimum of 32 semester hours in the nursing major. Students may be admitted to the Department of Nursing with one outstanding nursing prerequisite course.

General Education Requirements

Humanities Elective (3 credits)

Interpersonal Communication (3 credits)

Math: College Algebra (3 credits)

Black American History (3 credits)

Health Course (3 credits) { Waived for Nursing Students }

Computer Literacy (3 credits)

Nursing Prerequisites

English Composition & Literature I (3 credits)

English Composition & Literature II (3 credits)

General Psychology (3 credits)

Appendix A

Human Growth and Development (3 credits)

Introduction to Sociology (3 credits)

Nutrition (3 credits)

Biology/Human Anatomy and Physiology (8 credits)

General Chemistry (4 credits)

Microbiology (3 credits)

A brief description of the following courses was provided with a particular indication by an asterisk * depicting which courses have science, abstract, and conceptual content. As noted previously, the difficulty with reading may support the prediction of failure for returning nursing undergraduate students.

*Pathophysiology (3 credits)

Theories and principles of bodily responses are explored so that the student has working knowledge of alterations in the physiological variable as well as the interrelationships of various body subsystems.

Nursing Courses

*Nursing Theories, Concepts and Models (4 credits); increased to 4 credits in 1997

This lecture/discussion course is designed to introduce the student to concepts and theories that are the foundation of theory-based practice. The relationship among theory, research, and practice is emphasized. Using case studies and theory journals employs the application of critical thinking, communication, and therapeutic nursing interventions within the nursing process.

Physical Assessment: (4 credits)

This lecture course is designed to expand the student's interpersonal, cognitive, and psychomotor skills when defining parameters of wellness. The student will perform a thorough health assessment and will implement the nurse's role in comprehensive assessment.

Appendix A

*Adult Health (3 credits)

This lecture course is designed to provide students with content related to selected chronicity concepts such as quality of life, altered mobility, sexuality, body image and chronic pain. Emphasis is on planning therapeutic nursing interventions. Primary nursing roles of teacher, advocate, and change agent are explored.

Adult Health Clinical Component (1 credit)

{One credit of clinical equals three contact hours for this course }

This community based clinical course focuses on planning and implementing care for clients with chronic conditions. Emphasis is placed on establishing a therapeutic nurse-client relationship using effective communication skills.

Nursing Research (3 credits)

This course introduces students to general principles and concepts related to the research process in nursing practice and theory. Emphasis is given to the role of the professional nurse as a consumer of research and expanding decision-making through the use of research findings.

*Nursing Management and Leadership (3 credits)

This lecture/seminar course is designed to provide students with an overview of content related to management/leadership theories. The emphasis is on gaining an understanding of the role of the nurse in managing others in the provision of direct care to the client.

Nursing Management and Leadership Clinical Component (2 credits)

{Two credits of clinical equal six contact hours for this course }

This clinical course provides opportunities for students to assess extrapersonal, interpersonal, and intrapersonal stressors that may impact on the functioning of the nursing unit.

Appendix A

*Family and Community Nursing (4 credits)

This lecture/discussion course prepares the student to apply the Neuman Systems Model while providing care for individuals, families, aggregates, and communities. Selected theories applicable to family and community nursing practice are emphasized. Community assessment, epidemiology, health belief and health promotion models, health education, stress, crisis, cultural diversity, and major health problems of families and communities are stressed.

Family and Community Nursing Clinical Component (3 credits)

{Three credits of clinical equal nine contact hours for this course }

This clinical course provides opportunities for students to work with well families and to work in community health settings with individuals, groups, and families to provide professional nursing care.

Professional Nursing Issues and Trends (3 credits)

This seminar provides students an opportunity to examine multiple extrapersonal stressors and their potential effects on the professional nursing system. Emphasis is placed on broadening the student's understanding of the roles and responsibilities of the professional nurse and on recognizing the need for continuing professional learning.

Nursing Electives

One nursing elective is required and can be selected from the following courses.

Gerontological Nursing (3 credits)

Women's Health Issues (3 credits)

Nursing Management: Special Topics (3 credits)

Mental Health Approaches for Practice (3 credits)

Health and Wellness: Alternative Interventions (3 credits)

Health Issues in Human Sexuality (3 credits)

(Department of Nursing Student Handbook, 1998-2000)

Appendix B

Personal Background Survey

Family of Origin History:

What is your name? _____

What is your date of birth? _____

What is your racial/ethnic background? _____

What is your country of origin? (Place of Birth) _____

If you were not born in the U. S., at what age did you arrive? _ Not Applicable (N/A) _

Are you a U. S. citizen? Yes ____ No ____

If you are not a U. S. citizen, what is your immigration status? _____ N/A ____

Was the neighborhood in which you grew up? Rural ____ Urban ____ Suburban ____

What is your mother's name? _____

What is your father's name? _____

What is the highest level of education for your mother? _____

What is your mother's occupation, if applicable? _____

What is the highest level of education for your father? _____

What is your father's occupation, if applicable? _____

Did you grow up with a single parent? Yes ____ No ____

If yes, was the parent? Mother ____ Father ____

Did you grow up with both parents? Yes ____ No ____

Did you live with anyone else other than a parent? Yes ____ (Identify) No ____

Appendix B

If yes, how long did you live with someone other than a parent? _____

Where did you live while growing up? _____

Did you have siblings? Yes ____ No ____

Table B1

Sibling(s) name/gender Oldest to youngest	Age during RN- BSN Program	Current age	Resided where

Did you grow up with a stepparent? Yes ____ If yes, identify: _____ No ____

Do you have stepbrothers and/or stepsisters? Yes ____ No ____

Do you have half brothers and/or half sisters? Yes ____ No ____

Table B2

Stepsibling(s) name/gender Oldest to youngest	Age during RN- BSN Program	Current age	Resided where
Half sibling(s) Name/gender Oldest to youngest	Age during RN- BSN Program	Current age	Resided where

Appendix B

Did other individuals live with you while you were growing up? Yes ____ No ____

If yes, please identify _____

What was the racial composition of your neighborhood? _____

Primary/Secondary Education History:

Was your Primary School? Private ____ Religious ____ Public ____ Parochial ____

Where was your Primary School located? _____

What was the racial composition of your Primary School? _____

What was the population of your Primary School? Single gender ____ Co-ed ____

Was your High School? Private ____ Religious ____ Public ____ Parochial ____

Where was your High School located? _____

What was the racial composition of your High School? _____

What was the population of your High School? Single gender ____ Co-ed ____

Did you attend more than one High School? If yes, indicate where: _____

In a word, how would you describe yourself as a teenager? _____

As a teenager, were you? Loner __ Sociable __ Athletic __ Other __ (Indicate)

What year did you graduate from High School? _____

Social Support and Nuclear Family History:

Did your receive social support while growing up from? Parents ____ Siblings ____

Extended Family ____ Other _____ (Identify) (Check all that apply)

From whom did you receive social support during the RN-BSN Completion Program?

Husband ____ Significant Other ____ Children ____ Siblings ____

Extended Family ____ Other _____ (Identify) (Check all that apply)

Appendix B

Did you receive social support from other sources?

Neighbors ____ Friends ____ Religious Institution ____ Classmates ____

Other _____ (Identify)

(Check all that apply)

Currently, from whom do you receive social support? (Identify all that apply)

During the RN-BSN Completion Program were you?

Married ____ Divorced ____ Separated ____ Widowed ____ Never Married ____

If married, to whom were you married? _____

What is the highest education level of your spouse? _____

Currently, are you?

Married ____ Divorced ____ Separated ____ Widowed ____ Never Married ____

If married, is it to the same person as during your RN to BSN Program? Yes ___ No ___

If no, what is the name of your current spouse? _____

What is the highest education level of your current spouse? _____

Do you have other individuals living with you? Yes ____ No ____

If yes, what are the names of these individuals? _____

What is your relationship to these individuals? _____

Do you have children? Yes ____ No ____

Do you have children at home? Yes ____ No ____

Do you have stepchildren? Yes ____ No ____

Do you have stepchildren at home? Yes ____ No ____

Appendix B

Table B3

Children at home/name	Age during RN-BSN Program	Current age	Gender
Stepchildren at home/name	Age during RN-BSN Program	Current age	Gender

Do you have children out of the home? Yes ____ No ____

Do you have stepchildren out of the home? Yes ____ No ____

Table B4

Children out of the home/name	Age during RN-BSN Program	Current age	Gender
Stepchildren out of the home/name	Age during RN-BSN Program	Current age	Gender

Appendix B

Did you have children in college during RN-BSN Program? Yes ____ No ____

Do you have children in college currently? Yes ____ No ____

Table B5

Children in college/name	During RN-BSN Program	Currently in college
Stepchildren in college/name	During RN-BSN Program	Currently in college

Social Support/Spiritual:

Are you currently affiliated with a religious institution? Yes ____ No ____

Were you affiliated with a religious institution during your RN to BSN Program?

Yes ____ No ____

If yes, what is your religious affiliation? _____

If yes, how involved are you with religious institution activities?

Somewhat ____ Very much ____

Does your family celebrate secular or religious holidays? Yes ____ No ____

Does your family follow any traditions? Yes ____ No ____

Appendix B

Did you have family living here during your RN to BSN Program? Yes ___ No ___

Do you have family living here currently? Yes ___ No ___

Adequacy of Income:

Was your family income adequate to cover essential during the Program? Yes _ No _

Is your nuclear family income adequate to cover essentials? Yes ___ No ___

Was your family income adequate to cover essentials and some luxuries during the Program? Yes ___ No ___

Is your nuclear family income adequate to cover essentials and some luxuries?
Yes ___ No ___

Was your income adequate for essentials, luxuries & spontaneous spending during the Program? Yes ___ No ___

Is your current income adequate for essentials, luxuries, & spontaneous spending?
Yes ___ No ___

Family Values:

Whom would you identify as a mentor(s)/role model(s) during your childhood?

What would you identify as values in your family of origin?

What would you identify as values in your nuclear family?

What messages did you receive from your family about higher education?

Appendix B

What did your family tell you about succeeding as a minority in this country?

Nursing Education:

Did you receive training in auxiliary nursing programs? Nursing Asst. LPN N/A

Who or what influenced you to attend nursing school? _____

What Diploma Program did you attend? (If Applicable) _____ N/A

What was year of Diploma Program graduation? (If Applicable) _____ N/A

Who or what influenced you to attend Community College? _____

What school did you attend for your Associate Degree? _____

What year did you earn your Associate Degree? (If Applicable) _____

Who or what influenced you to return to a 4-year college? _____

Who or what influenced you to choose an Historically Black American College? _____

What year did you begin an RN to BSN Completion Program? _____

What year did you graduate from an RN to BSN Completion Program? _____

Did you take the Nurse Entrance Test? Yes No

Who was your Academic Advisor? _____

Were you informed about the academic support services at the college? Yes No

Did you know the schedule for academic support services on campus? Yes No

Appendix B

What was your grade for the first nursing course NURS 350 Nursing Practice: Concepts in the RN-BSN Completion Program? _____

Employment History:

Were you employed in Nursing during your RN-BSN Program? Yes ___ No ___

If yes, where were you employed? _____

Are you currently employed in Nursing Yes ___ No ___

If yes, where are you currently employed? _____

What is your current position in nursing? _____

Have you changed your employer since earning BSN? Yes ___ No ___

If you changed your employer, where are you employed? _____

Did you change your nursing position since earning your BSN? Yes ___ No ___

If yes, what is your nursing position? _____

If yes, what was the change related to? Promotion ___ Job Transfer ___

Other _____ (Identify)

What are the best ways to reach you?

Telephone: Yes ___ No ___

Home: _____
(Area Code)

Work: _____
(Area Code)

Appendix B

E-mail: _____ Yes ___ No ___

(If yes, provide E-mail Address above)

FAX: _____ Yes ___ No ___
(Area Code)

(If yes, provide FAX number above)

What is the best day(s) to contact you by telephone?

What is the best time(s) of the day to telephone you? _____

Appendix C

RESEARCH CONSENT FORM

PROJECT TITLE: Case Studies of Resilient Returning Minority Women
In an RN-BSN Completion Program

Statement of Age of Subject

I state that I am over 18 years of age, in good health, and wish to participate in a program of research being conducted by Carolyn Peoples Veiga at the Graduate School, University of Maryland, College Park, Department of Human Development.

Purpose

The ultimate purpose of this research is to discover from the subjects' views of their personal and academic experiences how these resilient adult women transcended being identified as educationally "at-risk" for failure of completing the course requirements necessary to earn a Baccalaureate Degree in Nursing.

Procedures

A Personal Background Survey will be mailed to each subject prior to conducting the audiotaped interviews. The information provided on the Survey will be reviewed with each subject at the time of the interviews. Follow-up questions will be asked to clarify understanding about background data, personal and educational experiences. The study involves two or three ninety-minute audiotaped interviews.

Interview Date (s)

Interview Time(s)

Confidentiality

All information collected in the study is confidential, and my name will not be identified at any time.

Benefits: Freedom to Withdraw and Ask Questions and Member Check

I understand that the study is not designed to help me personally, but that the investigator hopes to learn more about resilient returning minority adult undergraduate nursing students. I understand that I am free to ask questions or to withdraw from participation at any time. I understand that I will be asked to provide a member check by reviewing a summary of "my own words" to ascertain accuracy and completeness of the data that have been provided.

Name, Address and Phone Number of Faculty Advisor

Dr. Elizabeth Anne Robertson-Tchabo
University of Maryland College Park Dept. of Human Development (301) 405-2804

Signature of Subject

Date

Appendix D

Categories and Properties for Within Case Analysis

In response to question 1: What were the lived experiences of Associate Degree or Hospital Diploma Registered Nurses who return to college to earn a Baccalaureate Degree in Nursing?

Category 1

Perceptions of the lived personal experiences of Associate Degree or Hospital Diploma Registered Nurses (RNs) returning to college

Properties

Source

Case study participants

Participants' assessment

Type of perceptions verbal – nonverbal

Form of perceptions direct – indirect

Content of perceptions verbatim examples

Response/effect at the time

Meaning of the situation now

How meaning affects self now

Psychosocial Development Theory (Erikson, 1963)

Developmental and Educational Tasks (Havighurst, 1972)

In response to question 2: What were the lived academic experiences of Associate Degree or Hospital Diploma Registered Nurses who return to college to earn a Baccalaureate Degree in Nursing?

Category 2

Perceptions of lived academic experiences of Associate Degree or Hospital Diploma in Nursing RNs returning to college

Properties

Academic preparedness

How long in an RN to BSN Completion Program 2 years – 3 years

Who is involved with their return to college no one – identify all that are

Feelings about returning to college

Other academic issues

Other aspects of returning to college

Appendix D

Properties (continued)

Strengths

Limitations

Academic Support

Administrative Barriers

Family responsibilities

Career responsibilities

Social Support

Spirituality as Coping Element

In response to question 3: What themes emerged from the in-depth audiotaped interviews of each of the participants that promote an understanding of the educational experience of returning adult students in an RN to BSN Completion Program?

The relationship between the themes (categories), and in particular the following properties will be considered:

Meaning of the educational experience during an RN to BSN Completion Program

Meaning of the educational experience now

How meaning affects self now

Feelings about educational experience as a returning adult student

In response to question 4: Were there common themes among the lived personal experiences of the participants?

In response to question 5: Were there common themes among the lived academic experiences of the participants?

The relationship between the two categories, and in particular the following properties will be considered:

Meaning of common themes of lived personal and academic experiences

Appendix E

Example of Prototype for Explanatory Effects Matrix: Perceptions of Lived Personal and Academic Experiences

Table E1

Source of Message	Participant Assessment	Type of Message	Form of Message	Message Content	Participant Response At The Time	Meaning Of It Now To Participant
Family Member		Verbal	About Participant	Henrietta's Mother told her during her academic journey "to keep her eye on the prize."	Henrietta: "I'm very proud to have accomplished making it through the BSN program."	Henrietta: "And if anybody could have told me that I would be in a Master's program, I would have never believed that I can make it through this (graduate school)."
Employer		Verbal	About Participant	After earning a BSN Degree, Henrietta's nursing supervisor told her: "Congratulations on your first step to becoming a professional nurse."	Henrietta: "I felt that she was saying that because I had earned the BSN, I felt she was telling me, don't get the big head because you are not there yet."	Henrietta: "I wanted to assume all the responsibilities that a professional RN was allowed to perform. That was a motivational factor for me."

Appendix E

Table E1 (Continued)

Faculty		Document	About Participant	Nurse Entrance Test score below 50 th percentile for Reading Comprehension for Science Textbooks predicted failure of college courses	Henrietta: “Since I was in early elementary, I think I sometimes has trouble comprehending content.”	Henrietta: “As the class progressed I gained more confidence in my learning ability and I felt better about learning in the end.”
---------	--	----------	-------------------	--	--	---

References

- Aiken, L. R. (1998). Human development in adulthood. New York: Plenum Press.
- American Association of Colleges of Nursing. (1996). A Baccalaureate Degree in nursing as minimal preparation for professional practice. Washington, DC: Author.
- American Association of Colleges of Nursing. (1998). Essentials of baccalaureate education for professional nursing practice. Washington, DC: Author.
- Andrews, M. M., & Boyle, J. S. (1995). Transcultural concepts in nursing care (2nd ed.). Philadelphia: J. B. Lippincott Company.
- Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall.
- Beaton, A. E., Hilton, T. L., & Schrader, W. B. (1977). Changes in the verbal abilities of high school seniors, college entrants, and SAT candidates between 1960 and 1972. New York: College Entrance Examination Board.
- Behar, R. (1990). Rage and redemption: Reading the life story of a Mexican marketing woman. Feminist Studies, 16, 223-258.
- Bernard, H. (1988). Research methods in cultural anthropology. Newbury Park, CA: Sage Publications.
- Blumer, H. (1969). Symbolic interaction. Englewood Cliffs, NJ: Prentice-Hall.
- Bowlby, J. (1973). Attachment and loss: Separation. (Vol. 2). New York: Basic Books.
- Brandtstadter, J., & Renner, G. (1990). Tenacious goal pursuit and flexible goal adjustment: Explication and age-related analysis of assimilative and accommodative

strategies of coping. Psychology and Aging, 5, 58-67.

Bromley, D. B. (1986). The case-study method in psychology and related disciplines. New York: Wiley.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1986a) Ecology of the family as a context for human development: Research perspectives. Developmental Psychology, 22 (6), 723-742.

Bronfenbrenner, U. (1986b) Recent advances in research on the ecology of human development. Cambridge, MA: Harvard University Press.

Brown, F. G. (1980). Sex bias in achievement test items: Do they have any effect on performance?. Teaching of Psychology, 7 (1), 24-26.

Buerhaus, P. I. (1998). Is another RN shortage looming? Nursing Outlook, 46 (3), 103-108.

Burgess, M. A. (1928). Committee on the grading of nursing schools: Nurses, patients and pocketbooks. New York: Commonwealth Fund.

Campaniello, J. A. (1988). When professional nurses return to school: A study of role conflict and well-being in multiple role women. Journal of Professional Nursing, 4 (2), 136-140.

Cavanaugh, J. C. (1993). Adult development and aging (2nd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Chein, I. (1981). Appendix: An introduction to sampling. In L. H. Kidder (Ed.). Selltiz, Wrightsman & Cook's research methods in social relations (4th ed.). Austin, TX: Holt, Rinehart, and Winston.

Cherry, B., & Giger, J. N. (1995). Black Americans. In J. N. Giger, & R. E. Davidhizar (Eds.), Transcultural nursing: Assessment and intervention (2nd ed.), (pp.165-203). St. Louis: Mosby.

Cicchetti, D., & Garmezy, N. (1993). Prospects and promises in the study of resilience. Development and Psychopathology, 5, 497-502.

Clark, M. J., & Grandy, J. (1984). Sex differences in the academic performance of scholastic aptitude test takers. (Report No. 84-8) New York: College Entrance Examination Board.

Cole, N. C. (1981). Bias in testing. American Psychologist, 36, 1067-1077.

Connell, J. P., Spencer, M. B., & Aber, J. L. (1994). Educational risk and resilience in African-American youth: Context, self, action, and outcomes in school. Child Development, 65, 493-506.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. Educational Researcher, 9 (5), 2-14.

Creswell, J. W. (1994). Research design: Qualitative & quantitative approaches. Thousand Oaks, CA: Sage Publications.

Denzin, N. (Ed.). (1988). Studies in symbolic interaction. JAI Press.

Department of Nursing (1998). Self-study report.

Department of Nursing Student Handbook. (1998-2000). Philosophy.

Dexter, L. A. (1970). Elite and specialized interviewing. Evanston, IL: Northwestern University Press.

Division of Nursing Research. (1992). The registered nurse population: Findings from the national sample survey of registered nurses. Washington, DC: U. S.

Department of Health and Human Services.

Division of Nursing Research (1996). Distribution of registered nurses in each racial/ethnic group, by highest educational preparation, March 1996. Washington, DC:

Department of Health and Human Services.

Dock, L. L., & Stewart, I. M. (1938). A short history of nursing (4th ed.). New York: G. P. Putnam's Sons.

Educational Resources, Incorporated. (1992). The NET: Nurse entrance test (1st ed.). Shawnee Mission, KS: Educational Resources, Inc.

Educational Resources, Incorporated. (1995). The NET nurse entrance test: Technical and developmental report (1st ed.). Shawnee Mission, KS: Educational Resources, Inc.

Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as a process. Development and Psychopathology, 5, 517-528.

Erickson, F. (1985). Qualitative methods in research on teaching. East Lansing, MI: The Institute for Research on Teaching.

Erikson, E. H. (1950). Childhood and society. New York: Norton.

Erikson, E. H. (1963). Childhood and society (2nd ed.). New York: Norton.

Estimate by Division of Nursing. (1995). Washington, DC: U. S. Department of Health and Human Services.

Femea, P., Gaines, C., Brathwaite, D., & Abdur-Rahman, V. (1994). Sociodemographic and academic characteristics of linguistically diverse nursing students in a baccalaureate degree nursing program. The Journal of Multicultural Nursing, 1 (1), 6-10.

Fowles, E. (1992). Predictors of success on NCLEX-RN and within the nursing curriculum: Implications for early intervention. Journal of Nursing Education, 31 (2), 53-57.

Freiberg, K. L. (1987). Human development: A life-span approach (3rd ed.). Boston: Jones and Bartlett Publishers, Inc.

Frost, M. D. (Ed.). (1991). Nurse entrance test: Technical & developmental report. Shawnee, KS: Educational Resources, Inc.

Garbarino, J. (Ed.). (1992). Children and families in the social environment (2nd ed.). Hawthorne, NY: Aldine deGruyter.

Giger, J. N., & Davidhizar, R. E. (Eds.). (1995). Transcultural nursing: Assessment and intervention (2nd ed.). St. Louis: Mosby.

Goldmark, J. (1923). Nursing and nursing education in the United States. New York: Macmillan.

Goodman-Draper, J. (1995). Health care's forgotten majority: Nurses and their frayed collars. Westport, CT: Auburn House.

Graham, S. (1990). Communicating low ability in the classroom: Bad things good teachers sometimes do. In S. Graham & V. S. Folkes (Eds.), Attribution theory: Applications to achievement, mental health, and interpersonal conflict (pp. 17-36), Hillsdale, NJ: Erlbaum.

Grandy, J. (1987). Ten-year trends in SAT scores and other characteristics of high school seniors taking the SAT and planning to study mathematics, science or engineering. Princeton, NJ: Educational Testing Service.

Gray, W. (1996). Journal of Black Americans in Higher Education, 52-56.

Gross, S. (1988). Participation and performance of women and minorities in mathematics. Maryland: Department of Educational Accountability, Montgomery County Schools.

Haber, J., Leach McMahon, A., Price-Hoskins, P., & Sideleau, B. F. (1992). Comprehensive psychiatric nursing (4th ed.). St. Louis: Mosby Year Book.

Havighurst, R. J. (1972). Developmental tasks and education (3rd ed.). New York: David McKay Company, Inc.

Heckhausen, H., Schmatt, H. D., & Schneider, K. (1985). The contribution of attribution theory (M. Woodruff & R. Wicklund, Trans.). In H. Heckhausen, H. D. Schmatt, & K. Schneider (Eds.), Achievement motivation in perspective (pp. 125-191). New York: Academic Press, Inc.

Heller, B., Oros, M. T., & Durney-Crowley, J. (2000). The future of nursing education: 10 trends to watch. Nursing and Health Care Perspectives, 21 (1), 9-13.

Henderson, N., & Milstein, M. (1996). Resiliency in schools: Making it happen for students and educators. Thousand Oaks, CA: Corwin Press.

Higgins, G. O. (1994). Resilient adults: Overcoming a cruel past. San Francisco: Jossey-Bass.

Ho, C. (1992). Gender role perception: A study of two generations of Chinese American women. Unpublished doctoral dissertation, University of Maryland, College Park, MD.

Holloway, S. D., Fuller, B., Rambaud, M. F., & Eggers-Pierola, C. (1997). Through my own eyes: Single mothers and the cultures of poverty. Cambridge, MA: Harvard University Press.

Jarvis, M. ((1997) Cultural bias study: Differential item functioning-the Mantel-Haenszel procedure. Shawnee Mission, KS: Educational Resources, Inc.

Jenks, J., Selekmán, J., Bross, T., & Paquet, M. (1989). Success in NCLEX-RN: Identifying predictors and optimal timing for intervention. Journal of Nursing Education, 28 (3), 112-118.

Johnson-Bailey, J., & Cervero, R. M. (1996). An analysis of the educational narratives of reentry Black women. Adult Education Quarterly, 46 (3), 142-157.

Jones, L. (1966). Home: Social essays. New York: Morrow.

Judd, C. M., Smith, E. R., & Kidder, L. H. (1991). Research methods in social relations (6th ed.). Philadelphia: Holt, Rinehart and Winston, Inc.

Kalisch, P. A., & Kalisch, B. J. (1986). The advance of American nursing (2nd ed.). Boston: Little Brown.

Karmos, A. H., & Karmos, J. S. (1984). Attitudes toward standardized achievement tests and their relation to achievement test performance. Measurement and Evaluation in Counseling and Development, 17 (2), 56-66.

Keltner, N. L., Schwecke, L. H., & Bostrom, C. E. (1995). Psychiatric nursing (2nd ed.). St. Louis: Mosby Year Book.

Krupa, K., Quick, M., & Whitley, T. (1988). The effectiveness of nursing grades in predicting performance on the NCLEX-RN. Journal of Professional Nursing, 4 (4), 55-59.

Larson, J. R., & Scontrino, P. M. (1976). The consistency of high school grade point average and of the verbal and mathematical portions of the SAT of the CEE Board, as predictors of college performance: An eight-year study. Educational and

Psychological Measurement, 36 (2), 439-443.

LeCompte, M. D., & Preislsle, J. (1993). Ethnography and qualitative design in educational research (2nd ed.). New York: Academic Press.

Leddy, S., & Pepper, J. M. (1993). Dynamics in the development of professional nursing. In S. Leddy & J. M. Pepper (Eds.), Conceptual bases of professional nursing (pp. 21-41). Philadelphia: J. B. Lippincott Company.

Maehr, M. L., & Braskamp, L. A. (1986). The motivation factor: A theory of personal investment. Lexington, MA: Lexington Books D. C. Heath and Company.

Maher, F. A., & Tetreault, M. K. (1994). The feminist classroom: An inside look at how professors and students are transforming higher education in a diverse society. New York: Basic Books.

Manen, M. V. (1990). Researching lived experience: Human science for an action sensitive pedagogy. New York: State University of New York Press.

Markus, H. (1990). Unresolved issues of self-representation. Cognitive Therapy and Research, 14, 241-253.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. Development and Psychopathology, 2, 425-444.

McClelland, D. C. (1985). How motives, skills, and values determine what people do. American Psychologist, 40, 812-825.

McCubbin, H. I., & Patterson, J. M. (1983). The family stress process: The double ADCX model of adjustment and adaptation. Marriage and Family Review, 6, 7-37.

McKinney, J., Small, S., O'Dell, N., & Coonrod, B. (1988). Identification of predictors of success for the NCLEX and students "at-risk" for NCLEX failure in a baccalaureate nursing program. Journal of Professional Nursing, 4 (4), 55-59.

Merriam, S. B. (1988). Case study research in education: A qualitative approach. San Francisco: Jossey-Bass.

Merriam, S. B. (1998). Qualitative research and case study applications in education. San Francisco: Jossey-Bass Publishers.

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis (2nd ed.). Thousand Oaks, CA: Sage Publications.

Miller, D. C. (1991). Handbook of research design and social measurement (5th ed.). Newbury Park, CA: Sage Publications, Inc.

Montag, M. L. (1951). The education of nursing technicians. New York: G. P. Putnam's Sons.

Murdock, J. E. (1987). Counseling clears the way for return-to-school decisions. Nursing and Health Care, 1, 33-36.

National Black Nurses' Association, Incorporated. (1998). Position statement on nursing education. Washington, DC: Author.

National Center for Educational Statistics. (1994). Participation in adult education. U. S. Department of Education.

National Center for Fair & Open Testing. (1997). Fair test fact sheet. Cambridge, MA.

National Educational Goals Panel. (1995). National Educational Goals Report, 1995. Washington, DC: U.S. Government Printing Office.

National League for Nursing. (1989). Criteria for the evaluation of Baccalaureate and higher degree programs. New York: Council of Baccalaureate and Higher Degree Programs.

National League for Nursing. (1990). Educational outcomes of Associate Degree nursing programs: Roles and competencies. New York: NLN Council of Associate Degree Programs.

National League for Nursing. (1994) Nursing data source 1994: Vol. 1 Trends in contemporary nursing education (NLN Publication No. 19-2642). New York: NLN Division of Research.

Neuman, B. (1995). The Neuman systems model (3rd ed.). Norwalk, CT: Appleton & Lange.

Nieswiadomy, R. M. (1993). Foundations of nursing research (2nd ed.). Thousand Oaks, CA: Sage.

Nurse Entrance Test. (1990). Educational Resources, Incorporated. Shawnee Mission, KS: Author.

Nurse Qualification Standard (1999). Department of Veterans Affairs.

Patton, M. Q. (1990). Qualitative evaluation methods (2nd ed.). Thousands Oaks, CA: Sage.

Payne, M., & Duffy, M. (1986). An investigation of the predictability of NCLEX scores of BSN graduates using academic predictors. Journal of Professional Nursing, 2 (5), 326-332.

Peterson, C. A. (1999). Nursing supply and demand: Is the nursing profession facing a famine? American Journal of Nursing, 99 (7), 57-59.

Ploski, H., & Williams, J. (1989). The Negro almanac: A reference work on the African-American (5th ed.). Detroit, MI: Gale Research.

Poole, V. L., Davidhizar, R. E. & Giger, J. N. (1995). Cultural aspects of psychiatric nursing. In N. L. Keltner, L. H. Schwecke, & C. E. Bostrom (Eds.), Psychiatric nursing (2nd ed.), (pp. 163-201). St. Louis: Mosby.

Powell, B., & Steelman, L. C. (1982). Testing for sex inequality in standardized admission exams: The case for open access. Integrated Education, 20 (3-5), 1067-1070.

Quinn, N., & Holland, D. (1987). Culture and cognition. In D. Holland, & N. Quinn (Eds.), Cultural models in language and thought (pp. 3-40). Cambridge, England: Cambridge University Press.

Riessman, C. K. (1993). Narrative analysis. Newbury Park, CA: Sage.

Rosser, P. (1989). The SAT gender gap: Identifying the causes. Washington, DC: Center for Women Policy Studies.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. In A. Rolf, A. S. Masten, D. Cicchetti, K. H. Nuechterlein, & S. Weintraub (Eds.), Risk and protective factors in the development of psychopathology (pp. 181-214). New York: Cambridge University Press.

Schmitt, A. P. (1988). Language and cultural characteristics that explain differential item functioning for Hispanic examinees on the Scholastic Aptitude Test. Journal of Educational Measurement, 25 (1), 1-13.

Schmitt, A. P., & Bleistein, C. A. (1987). Factors affecting differential item functioning for Black American examinees on Scholastic Aptitude Test analogy items. Princeton, NJ: Educational Testing Service.

Spelman College Fact Book. (1998). Atlanta, GA: Spelman College.

Starke, M. (1993). Strategies for college success (2nd ed.). Princeton, NJ: Prentice-Hall.

Staudinger, U. M., Marsiske, M., & Baltes, P. B. (1993). Resilience and levels of reserve capacity in later adulthood: Perspectives from life-span theory. Developmental and Psychopathology, 5, 541-566.

Strauss, A., & Corbin, J. (1998). Basics of qualitative research: Techniques and procedures for developing grounded theory (2nd ed.). Thousand Oaks, CA: Sage Publications.

Stuart, G. W., & Laraia, M. T. (1998). Stuart and Sundeen's principles and practice of psychiatric nursing (6th ed.). St. Louis: Mosby.

Student Handbook. (1997-1998).

Suitor, J. (1987). Marital happiness of returning women students and their husbands: Effects of part and full time enrollment. Research in Higher Education, 27 (4), 311-331.

Taylor, K., & Marienau, C. (Eds.).(1995). Learning environments for women's adult development: Bridges toward change. San Francisco: Jossey-Bass Publishers.

Taylor, O., & Lee, D. L. (1987). Standardized tests and African Americans: Communication and language issues. The Negro Educational Review Special Issue on Testing African American Students, 38 (2), 67-80.

Tucker-Allen, S. (1989). Losses incurred through minority student nurse attrition. Nursing & Health Care, 10 (7), 395-397.

Undergraduate Catalog. (1998-2001). Mission statement.

United States Department of Commerce, Bureau of Census. (1992). The Black population in the United States, March 1991 (Publication No. P20-464). Washington, DC: U. S. Government Printing Office.

United States Department Health Education and Welfare. (1972). Report on licensure and related health personnel credentialing. (DHEW Publication No. HSM 72-11). Washington, DC: Government Printing Office.

University Catalog. (1998).

University Fact Book. (1997-1998).

University Facts and Figures. (1998-1999).

Von Glaserfeld, E. (1984). An introduction to radical constructivism. In P. Watzlawick (Ed.), The invented reality: Contributions to constructivism (pp. 17-40). New York: Norton.

Weiner, B. (1985). An attributional theory of motivation and emotion. Psychological Review, 92, 548-573.

Younger, J. E., & Grap, M. J. (1992). An epidemiologic study of NCLEX. Nurse Educator, 17 (2), 24-28.