

NURSING STUDENTS DECISION TO STAY THE COURSE:
A QUALITATIVE CASE STUDY

by

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University of Nebraska, 2008

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Nursing students are preparing for a career that has been identified in the literature as stressful, and, that stress seems to begin in nursing school. Nursing student stress contributes to high rates of student turnover and attrition, a concern directly linked to the current and serious shortage of nurses not only in this country, but worldwide. Therefore, it behooves nurse educators to better understand what motivates their students to persist in their nursing programs. Accordingly, the purpose of this qualitative case-study was to understand what drove selected nursing students to persist in their nursing education despite the reported stress and associated difficulties encountered as a student and anticipated as a working professional.

To introduce the concept of stress and generate interest in participating in the pilot study and/or the interview portion of the study, the Perceived Stress Scale (PSS) (Cohen, Kamarck & Mermelstein, 1983), was administered to a pool of 22 senior nursing students enrolled in a baccalaureate nursing education program in the Midwest. Subsequent to PSS administration, ten self-selected persons interested in being a pilot study participant and/or contributing to the interview portion of the study were obtained. Two pilot interviews were conducted to confirm the appropriateness of the methodology, the use of in-depth interviews, and the general topic areas of the interview protocol. Following

analysis of the pilot study, participant data was collected from eight individuals. Semi-structured interview questions focused on issues reported in the literature, such as stress, stress in nursing education and in the nursing profession, and motivation.

Themes revealed by the data analysis suggested enrolling in and completing a program of study in nursing was influenced by the desire to be a nurse, coping with being overwhelmed, interpersonal relationships, personal growth, and evolving views of nursing as a career. The outcome of the study was a model depicting six significant factors related to persistence in nursing education: (1) motivation; (2) the experience of stress; (3) coping with stress; (4) experience gained while practicing as an LPN; (5) influence of interpersonal relationships; and (6) anticipation of the registered nurse role. Implications and recommendations were also presented.

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I did not know when I recently accepted a faculty position at Humboldt State University in Northern California that I would find such a warm welcome. I now have a new-found family of professional nursing faculty colleagues who, in a very short period of time, have taught me what support and collegiality truly mean.

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Finally, the most important people in my life are my children. They have grown up with me in school. In fact, I graduated from my Associate degree RN program three months before my oldest son, Riley, was born. My youngest son, Rick, was three when I went back for my Bachelor's degree. My Master's degree work was completed at my kitchen table, so that I could be at the center of my son's activities. And now, with the birth of my first grandchild imminent, I hope to pass on the tradition of life-long learning.

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Chapter One

Introduction

For nearly a decade, America's health care system has been plagued by an increasing shortage of professional registered nurses despite improved wages and reasonably abundant employment opportunities (Buerhaus, Staiger, & Auerbach, 2004). According to the American Hospital Association, the shortage of qualified nurses is one of the most pressing issues facing hospitals (First Consulting Group, 2002), because, without them it is increasingly difficult to provide the requisite care to patients, and in some instances results in not admitting patients.

Nurses have traditionally worked in environments that have been known to lead to occupational stress (Sutherland & Cooper, 1990). That occupational stress has been found to begin in nursing school (Marker, 2001). Learning to function safely and appropriately as a registered nurse in today's technologically advanced care environment is a complex undertaking. In order to do so, nursing students are expected to adhere to a rigorous program of study that demands excellence in both didactic and clinical learning.

Magnussen and Amundson (2003) reported results from a qualitative study with 12 nursing students attending a public university. The intent was to learn how nursing students explained their training experiences and the impacts it had upon them. Four themes emerged: continuously feeling overworked; being stretched due to competing demands of family and friends; trying to secure acknowledgements of doing well in the program; and frequently experiencing that they were not prepared for the tasks assigned. These issues have been identified by other researchers (Beck, 1995; Brown & Edelmann,

2000; Hammil, 1995; Jones & Johnston, 1997; Lauder & Cuthbertson, 1998; Poorman, Webb, & Mastorovich, 2002) and elevate concerns about student persistence in highly demanding programs of study, and their subsequent graduation into a professional discipline that is experiencing a worldwide shortage of qualified personnel.

The issue of stressors in nursing school had been explored earlier by Brown and Edelmann (2000) in the United Kingdom. Those researchers had three groups of nursing students respond to open-ended questions addressing potential issues creating stress. The single issue fostering the greatest amount of stress for all participants was financial. The Poorman, Webb, and Mastorovich (2002) study analyzed interview transcripts from 20 student nurses on the topic of how circumstances at school might be re-configured to assist them toward completion of their programs of study. The authors determined that another variable, and one of fairly high importance, in the mix of nursing student stress was that the instructional faculty variously were viewed as giving assistance or creating barriers, and presumably did so without awareness of how their activities were perceived. The implications were addressed in terms of how educators might become more proactive in helping nursing students and avoiding the behaviors that sometimes discouraged them in their persistence toward graduation.

Tully (2004) used the 30-item *General Health Questionnaire*, the Jones and Johnston (1997) *Student Nurse Stress Index*, the Parkes (1985) *Ways of Coping Questionnaire*, and a demographic questionnaire to determine levels of stress among a sample of 35 psychiatric nursing students. The results allowed for claiming “all students were significantly distressed, exceeding a conventional cut-off score of 5 on the 30-item

General Health Questionnaire. Of special note was that students were found to have limited coping skills. Preparing to become a nurse in this setting was found to be significantly emotionally stressful and presented a possible risk to the well-being of students. This study provides a baseline from which to address the problem of stress among psychiatric nursing students (p. 43).” Additionally the work by Holt (1992) stated that occupational stress in nursing has been linked to poor efficiency, high staff turnover, absenteeism, high accident rates, poor practice quality, increased health care costs and reduced job satisfaction. The effects of stress on nurses are numerous and include: life distress, somatic complaints (Lindrop, 1996; 1999), coronary artery disease, psychiatric illness (Kleehammer, Hart, & Keck, 1990) and alcoholism (McGrath, Reid, & Boose, 1989).

When coupled to the increasing longevity of persons living in the United States, increased ability to save the lives of infants due to advancements in medical science, and generally better medical care available to a large percentage of the population, the fact of there being fewer registered nurses available to provide the medical care needed to so many persons means that it is possible only those with sufficient resources will be able to afford the best care from medical science (Gordon, 2006; Wienberg, 2003). Furthermore, hospital restructuring driven by profit margins has changed the work of nurses, decreasing their contact with patients but increasing the demands placed on them. In the name of efficiency, nurses have lost the time once given to personally gathering patient information, establishing therapeutic relationships, planning high-quality care, providing

individualized nursing care and serving as patient advocates, resulting in a frustrated and disillusioned workforce (Wienberg, 2003).

The issue of population growth in the United States warrants closer consideration because the U.S. census probably is not an accurate estimate given the reports of large numbers of persons living in the United States illegally. A 2007 study by Auerbach and associates claimed that by 2020 the nursing shortage in the United States will be at least 340,000; a much lower estimate than the 800,000 previously cited during 2000. That estimate was refuted by an earlier report from the Health Resources and Services Administration (HRSA) released in April 2006, which projected, based on current population growth figures that the nursing shortage in the United States would grow to more than one million by 2020.

Illustrative of the studies completed on the impact of nursing shortages are the works by Aiken, Clarke, Sloane, Sochalski, and Silber, 2002; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002; and Unruh, 2003. The study by Aiken and associates reported that the worsening nurse-patient ratios and California legislation mandating hospital ratios of nurse to patients led to an uncomfortable understanding of how nurse staffing levels impact patient care. The authors completed a cross-sectional analyses of information culled from 10,184 staff nurses and 232,342 discharged general, orthopedic, and vascular surgery patients between April 1, 1998, and November 30, 1999.

Additional administrative information was included from 168 nonfederal adult general hospitals in Pennsylvania. The twin foci of that study was to learn about risk-adjusted patient mortality and failure-to-rescue within 30 days of admission, and nurse-reported

job dissatisfaction and job-related burnout, while considering relevant hospital characteristics. It was determined that in hospitals with high ratios of patients to nurses there was a higher incidence of risk for mortality and failure to rescue among surgical patients, and those nurses evidenced greater job dissatisfaction (15% greater) and higher rates of job burnout (23% greater).

The work by Unruh (2003) used a convenience sample of all acute-care hospitals in the State of Pennsylvania to determine if a relationship existed between licensed nurses and reported incidences of adverse outcomes for patients. The time frame was 1991 – 1997, and the author reportedly exercised controls for hospital characteristics. The data were interpreted to mean that it was of paramount importance to ensure that a hospital had adequate professional nurses on staff to minimize the likelihood of negative patient outcomes while in a hospital. It was concluded that when there were fewer licensed nurses the incidence of adversity to patients increased.

The work of Needleman and associates (2002) used regression analyses on discharge data from 799 hospitals in 11 states to study the relationship between patient outcomes and the levels of care provided by nurses. In excess of 6 million patient records were analyzed. The authors concluded that better patient care was associated with increased care provided by registered nurses.

Physicians have claimed that not only is there a shortage of nurses in the hospitals where they practice, but the shortage has resulted in disrupted hospital processes, decreased quality of patient care, and increased medical errors (Altman, Clancy, & Blendon, 2004; Blendon, DesRoches, Brodie, Benson, Allison, Schneider, Altman,

Zapert, Herrmann, and Steffenson, 2002). The Altman study cited the Institute of Medicine Report (2000) that “44,000 to 98,000 people die in hospitals each year because of preventable medical errors, making hospital-based errors alone the eighth leading cause of death in the United States, ahead of breast cancer, AIDS, and motor vehicle accidents (p. 2041).” Altman et al reported that results from a 2002 survey of practicing physicians revealed that those physicians believed increasing the number of hospital nurses would be one of the two best strategies for reducing the incidences of medical errors with patients.

The research by Blendon and associates (2002) was in reply to the published error incidences by the Institute of Medicine 1999 Report. Concurrent surveys were done for 832 practicing physicians and 1207 persons from the general public. The objective of the researchers was to learn about possible medical errors, secure anecdotal reports of such, and then gain an understanding of how the participants believed such errors should be resolved. Neither group (physicians and general public) was especially aggressive in recommending punitive consequences for medical errors, despite reporting such events; physicians – 35% and public – 42% sought some form of readdress.

The conclusions (Blendon, et al, 2002) cited 11 potential causes for medical errors in hospitals, and the top two reported by the physicians were: inadequate numbers of trained nurses working in hospitals, and the fact health professionals in general were overworked and exposed to constant stressful situations. Adding more fuel to the fire regarding shortages of qualified nurses was the 2002 report ‘*Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*’, released in August 2002 by the

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). That report stated that a shortage of nurses in America's hospitals was tantamount to jeopardizing patients lives, and that an analysis of 1609 hospital reports of patient deaths and injuries led to the belief that low nursing staff levels were a contributing factor in 24% of the cases (N = 386). Even worse, in 2006, the American Hospital Association claimed that hospitals in the United States needed about 118,000 RNs to fill immediate vacancies, pointing to a nationwide RN vacancy rate of 8.5% (First Consulting Group, 2002).

A fact sheet published by the American Association of Colleges of Nursing (AACN) (March, 2007) stated that the shortage of registered nurses was expected to intensify given the increasing needs for quality health care and that nursing schools were struggling to expand their capacities for enrollments. Reportedly, in 2006 there was a 7.6% increase in the number of students entering Baccalaureate Programs of Nursing, but the Health Resources and Services Administration pointed out, at that same time, that in order to meet the expected demand for professional Registered Nurses it would be necessary to have at least a 90% increase in the graduation rate from schools of Nursing in the United States. Further complicating the situation was the apparent limited capability of nursing schools to accept qualified applicants because of limited resources, especially among qualified teaching faculty.

The American Association of Colleges of Nursing (AACN) 2006-07 annual reports on enrollment and graduation in Baccalaureate and Graduate Programs in Nursing stated that in the calendar year 2006 there were 42,866 persons denied admission to nursing programs due to a lack of qualified faculty to provide the instruction, a lack of adequate

training sites, classrooms, preceptors, and general budgetary constraints. Earlier, the National League for Nursing (NLN) (2005) reported more than 125,000 qualified applicants were turned away from nursing schools, with inadequate nursing faculty again being the main reason.

The entrance to school bottleneck subsequently becomes more pronounced when many nursing students apparently endure considerable stress working through their programs of study and then preparing for the national NCLEX-RN examination. Finally, after becoming a professional, nurses cope with an image that often has them inaccurately considered as assistants, or handmaidens, to the medical profession when in actuality, the relationship between nursing and medicine is complementary (Dracup, cited by McPeck, February 23, 2004).

Adding to the nursing shortage problem in the U. S. is the challenge of replacing those nurses who will soon reach retirement age (Buerhaus, 2005). The Bernard Hodges Group (2006) reported in *Nursing Management* that 55% of the nurses they surveyed planned to retire between 2011 and 2020. In an October 2006 report, by the same Hodges Group, it was stated that by 2010 there will be an escalation in the number of nurse leaders retiring and that by 2020 up to 75% will be retired. That study was based upon data from 980 nurse leaders representing all 50 states and Canada.

There is little doubt about the existing shortage of registered nurses. The relative chronological age of current RNs is yet another issue for consideration. Buerhaus, Staiger, and Auerbach (2004) said that by the end of the first decade of the 21st Century at

least 40% of employed registered nurses in the United States would be more than 50-years of age, and that situation was a world-wide problem.

Purpose of the Study

The purpose of this qualitative case-study was to understand what drove selected nursing students to persist in their nursing education despite the reported stress and associated difficulties encountered as a student and anticipated as a working professional. Evidence from the literature has been interpreted to mean stress exists in nursing education and nursing as a profession. However, there is a lacuna in the literature regarding student motivation and rationale for staying in a nursing program once the realities of nursing have been encountered.

Vanhanen and Janhonen (2000) reported that “Nursing researchers have yet to focus on how students’ perceptions of and attitudes towards nursing as an occupation influence: the development of individual student’s professional skills during education; their satisfaction with nursing studies; and their commitment to a career in nursing (p. 1055).” Recognizing that there is an absence of knowledge pertaining to issues of the stress reportedly associated with nursing as a career choice, and how to address the shortage of registered nurses, it is important to understand a student’s rationale for pursuing the goal of becoming a professional nurse.

Research Questions

“Grand Tour Question”

What factor(s) influenced students’ decision to persist in nursing education?

Sub-questions

1. What brought these students to nursing as a career choice?
2. How do these students view stress?
3. What impact has the pursuit of a nursing degree had on these student’s lives?
4. What do these students believe about their choice of nursing as a career?

Definitions

Baccalaureate degree, licensed practical nurse student: A licensed practical nurse (LPN) holding an associate degree in nursing, enrolled in a in a sequential baccalaureate degree completion program, and is prepared upon completion of the program to take the national licensing exam that qualifies him or her to legally practice the profession of nursing as a registered nurse (RN). In this study, all participants will also have completed 450 hours of clinical instruction in his or her LPN program and at least 150 hours of additional clinical instruction in a baccalaureate nursing program.

Baccalaureate degree, registered nurse student: A registered nurse (RN) who holds an associate degree in nursing or a diploma in nursing along with a license to practice nursing as a registered nurse (RN), and is enrolled in a baccalaureate degree program.

Case study research: Case study research is a qualitative research methodology commonly used to bring understanding to complex issues or objects. Case study research stresses detailed contextual analysis of a bounded number of events or conditions and their relationships (Yin, 1994).

Cause of stress: Any event, situation, person, or perception of reality at the source of the experience of stress (DeVito, 1994).

Generic nursing program: A baccalaureate nursing program of study. It requires that two years of general education and support courses be completed before admission to the nursing program, which takes two more years to complete and consists only of nursing courses.

Generic nursing student: A student enrolled in a baccalaureate nursing program that does not require prior licensure as either a licensed practical nurse or a registered nurse for admission.

Licensed Practical Nurse: An individual holding a license to practice nursing as a practical nurse. The education required to do so can be as short as a 10-month technical program or as long as a two-year Associate Degree program. For this study, only those participants who successfully obtained an Associate Degree in nursing and completed at least 450 hours of clinical nursing education within their program of study were considered.

Motivation: What a person will do (Keller, 1983); an internal state or condition that activates behavior and gives it direction; a desire or want that energizes and directs goal-oriented behavior.

Nursing education: A baccalaureate program of study that includes a curriculum of general education in the biological, psychological, social sciences, and humanities as well as the nursing courses that provides information in the cognitive, affective, and psychomotor domains. It requires an Associate Degree and a license as a practical nurse for entrance.

Persistence: Continued pursuance of a goal despite apparent problems or obstacles

Qualitative research: An approach to inquiry that yields descriptive characteristics; an inductive research method that seeks to build knowledge about the meaning or relevance of a particular phenomenon or concept when little is known.

Stress: Any event, situation, or circumstance perceived as stressful or causing undue anxiety (DeVito, 1994).

Assumptions

The first assumption was that being a student nurse was stressful. Second, this study assumed that student stress would be of concern to nurse educators and other nursing professionals. Third, it was assumed that students could articulate their thoughts and beliefs about nursing, and what kept them in nursing despite the stressors to achieving that goal, and the supposed awareness of similar sources of extreme anxiety when becoming a professional nurse.

Delimitations

This study was narrowed in focus by targeting a specific segment of the nursing student population; nursing students in a baccalaureate completion program in a baccalaureate-degree-only granting institution in North Dakota.