POST-BASIC BACCALAUREATE NURSING EDUCATION

THE NURSES' EXPERIENCE

By

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ABSTRACT

The purpose of this study was to understand the meaning of the post-basic baccalaurate nursing education experience through the nurses' eyes.

Ten nurses described the experience during their first year of being enrolled as a full time student at one Canadian university. Twenty two sessions were completed which were composed of three sessions with each of the first six nurses and one session with each of the remaining four nurses. The researcher kept notes regarding the sessions which added to the descriptions of the experiences.

Thematic analysis of the data suggests that the experience is a journey that is embarked on to satisfy a personal need of accomplishment and the degree, itself, is seen as a possible means to the nurse's future. The experience took the form of a journey and for the informants it was the fulfillment of a long standing dream to attend university. The vision of the experience included the nurse's expectations for the experience and for their own performance in the experience. The experience was a game of survival. The nurses were constantly trying to incorporate the university experience into their lives. The worth of the experience was questioned and remained in question throughout the study. The nurses remained hopeful that the experience would be worthwhile in helping them accomplish their goal of being able to make a difference in the future.

Signature of the Supervising Professor _____

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DEDICATION

To the nurses who have been part my career

To the nurses who will advance our profession

CHAPTER I

THE BEGINNING

Introduction

The impetus for the study comes from my personal experience as a post-basic nurse learner and as a nurse educator who has observed and talked with many post-basic nurse learners and educators over the past ten years. The question of what is the meaning of the post-basic baccalaureate nursing education experience, from the learners' perspective, has not been addressed in the literature.

It is important to know the meaning nurses place on the post-basic baccalaureate education experience because their experience can influence how they view nursing, how they act professionally and how they function in their personal lives. Understanding the nurses' perceptions of the experience could provide information that could assist educators with instruction as well as programming.

Background of the Problem

Educators know how they want the nurse learner to perceive the nursing education experience but are the learners perceiving the experience in the way hoped for by the educators? The literature indicates that many nurses returning to school are frustrated and disillusioned with their earlier nursing education experiences. The

question still remains, what is the meaning of the experience for the nurse? People can be involved in experiences that generate a variety of feelings, however feelings do not explain what the experience means to the individual. An experience can initiate feelings of sadness and still be viewed as a positive and rewarding experience.

Post-basic baccalaureate nursing education is seen as preparing nurses to act as change agents in advancing the nursing profession. Understanding the nurses' perception of this educational experience could provide insights into how the experience influences the nurses' views of the nursing profession and personal perceptions of being a nurse.

Purpose of the Study

The purpose of this study was to understand the meaning of the post-basic baccalaureate nursing education experience through the nurses' eyes, so educators would have an increased means by which to plan and facilitate nursing education. In this study the learners' perceived world was investigated in order to provide educators with a view of the learners' reality. Diploma nurses will be able to utilize the study information to increase their understanding of the experience so they can have an increased basis from which to prepare for and facilitate their own education.

Research Question

The study question was: "What is the meaning of the post-basic

baccalaureate nursing education experience from the learner's

perspective as it was being experienced?"

Assumptions

Three basic assumptions were made:

1. The nurses would describe their experiences as

    accurately as they could remember.

2. The nurses would describe their experiences based

    on their perceptions.

3. Human beings seek to find an understanding or

    resolution in all life experiences.

Relevance of the Study to Nursing and Education

Studies have demonstrated that nurses who return to do post-basic

baccalaureate nursing often become disillusioned with nursing and

experience a decrease in self-esteem (Downing & Macmillan, 1987;

Schipiour, 1981; Sands, 1987). Mabbett's (1987) findings suggest that

frequently nurses become frustrated with nursing and leave the

profession or have decreased enthusiasm for their work related to the

ideals of education not being accepted into clinical nursing practice.

The nursing profession and the health care community have had

increasing concern regarding nurses not returning to clinical nursing

or not returning to nursing at all following completion of their post

basic baccalaureate degree in nursing. We might ask what did this

educational experience mean to the nurse? Did the experience affect

the nurses views of nursing and of themselves as nurses? Might
insights into nursing and nursing education be gained by listening to
the nurses describe their post-basic educational experience?

Another concern voiced by the nursing profession is that often
nurses do not end up practicing what they have been taught in an
education program. The question here is what has been learned?

Nurse educators have stated their beliefs on the content and
structure of post basic baccalaureate nursing education, now it is
time to hear from nurses in post-basic nursing educational programs
what the lived experience was like for them.

Phenomenological research methodology was used in this study in
order to obtain the nurses stories about their experience in obtaining
a baccalaureate nursing degree. Nurses in the study had already
completed a nursing diploma and had been employed as nurses. The
stories might provide the nursing profession and in particular, nurse
educators, with valuable insights into the provision of professional
adult education as it is unlikely the nurses would write or publish
their own personal story to provide such an understanding of this
experience.

Organization of the Thesis

This chapter has focused on the background of the problem, the
statement of the problem, the research question, the assumptions of
the study, and the relevance of the study to nursing education and the

nursing profession. Chapter II includes a review of the literature related to perceptions and characteristics of post-basic baccalaureate nursing education. Chapter III outlines the process of phenomenological inquiry used in the study. Chapter IV outlines the composite description of the experience as described by the informants. Chapter V contains the summary and discussions of the research data from chapter IV, the conclusions, the implications of the study for nursing and education, and the informants comments about the study.

CHAPTER II

LITERATURE REVIEW

Experiencing a Change

Attending university as an adult learner is a "situational change" that can affect an individual's personal development (Stevenson, 1985, p.65) and for nurses, their professional development in nursing (Sullivan, 1984; Woolley, 1978). Stress is a common reaction to changes that occur within a person's physical and social environment and has the potential for contributing to an illness state at any age (p.114). Cohen and Lazarus (1980) demonstrated that stress is appraised in terms of perceived threat, loss, or challenge depending on how the individual perceives the present experience, not what the objective characteristics are of the situation. Therefore, it is the perception of an experience not the actual occurrence of an experience that initiates the feelings of stress. What may be stressful for one person may not be stressful for another.

Epstein (1973) suggested that self concept is learned and the self has the fundamental purpose to maintain a balance for itself (p.414). Epstein also suggested that emotions are a means to understanding how a person perceives an event. He has found that negative emotions occur when a person is engaged in an event that interferes with how the person views themselves or when the event is a threat to the person's concept of self (Epstein, 1973, p.411).

Epstein suggested that a person with an extensive "self theory" has the ability to cope with a wide variety of situations, while a person with a narrow self theory experiences life in a more "black and white" fashion and is characteristically more repressed and rigid, and stress is a contributing factor that influences the person to behave in a narrow fashion (Epstein, 1973, p. 408)

Felkner (1974) supported Epstein's (1973) view that individuals act in ways that are consistent with how they view themselves. When a person feels threatened the person's belief in their self is restricted which reduces one's ability to cope with the new situation. Felkner suggests that each person that comes into another person's life has the potential of becoming a "significant person" in the personal development of that individual (p. 39). Continued threats to the self can result in a further constricted view of the self and a reduced ability of the individual to cope with other life situations that are being experienced by the person. According to Epstein an individual can be at risk of becoming overwhelmed with anxiety and disorganization if too many threatening situations are occurring when the individual is not able to assimilate all the incoming data effectively.

Festinger (1957) proposed that a condition of cognitive dissonance results when a person feels there is a conflict between how they are and how they wish to be. When dissonance occurs the person is motivated to reduce the conflict unless the dissonance becomes too overpowering.

Nurses as Adult Learners

Learning is described psychologically as a process of
need-meeting and goal-striving by the learners. This is to say
that individuals are motivated to engage in learning to the
extent that they feel a need to learn and perceive a personal
goal that learning will help to achieve; and they will invest
their energy in making use of available resources (including
teachers and readings) to the extent that they perceive them as
being relevant to their needs and goals. The quality and amount
of learning is influenced by the quality and amount of
interaction between the learner and their environment and by the
educative potency of the environment. (Knowles 1980, p. 56)

Nurses return to school to engage in learning based on personal
incentives, motives and perceptions that the learning experience will
have personal value and worth and be applicable in one's life (Dolphin
and Holtzclaw, 1983). Epp (1986), Hammer and Tufts (1985), Erickson
(1983), and Shane (1983) identified a variety of intrinsic and
extrinsic motivating factors for nurses returning to school which
included (a) desire, (b) career advancement, and (c) maintaining a
present employment position.

Arms (1985) and Jackson (1984) suggested that nurses returning
for a baccalaureate degree in nursing have special needs as adult
learners. Nurses are not atypical adult learners when compared with
Knowles'(1980) description of the adult learner. Nurses often

continue working while attending classes and they have a self sufficiency view that inhibits them from asking for help (Downing and Macmillan, 1987; Sullivan, 1984; Jackson, 1984). Nurses are often performing multiple roles with high self performance expectations while trying to deal with feelings of inadequacy and a fear of failure in the added learner role. Stevenson (1984) suggested that in adulthood, learning is experienced as a constant shifting of priorities between all the individual's roles and social commitments. Sullivan suggests feelings of inadequacy and fear of failure can engulf all of the individual's roles when the learner does not alter self performance expectation to accommodate the learner role.

Recent research investigated 'burnout' in nursing and why nurses leave nursing, with the hope of providing the nursing profession with an understanding of these occurrences (Green, 1987; Mabbett, 1987; Wilson, 1987). Wilson suggested three reasons why nurses leave the profession (a) lack of career advancement, (b) lack of acknowledgement, and (c) lack of control and decision making. Thus, Green and Wilson both suggested that nurses reach some kind of crossroads at age forty because few nurses remain doing bedside nursing after this age. Wilson suggested that nurses now have more opportunity to branch out into other careers away from nursing and away from bedside nursing than they did prior to the 1960's. Other predictions for why nurses leave nursing are (a) they are not committed to nursing, (b) it is difficult to keep up with all the new technology, and (c) degree programs are not meeting the needs of the

adult nurse learners (Green, 1987). Mabbett (1987) suggested that
nurses become 'burned out' because the ideals of nursing they were
taught in their educational program are not practiced in their
employment setting, resulting in negative self perceptions and a lack
of enthusiasm for their work. Mabbett proposed that nurses who stay
energetic in nursing demonstrate characteristic qualities and that if
the profession could promote the integration of these qualities within
the nurses then more nurses might stay in nursing and would be there
to promote the profession.

The Educators Views on Post-Basic Baccalaureate
Nursing Education

Nursing educators view post-basic baccalaureate nursing education
as a resocialization process, however, there are two distinct views on
how this process occurs. Woolley (1978) views resocialization as role
development, a change from being a technical nurse to a professional
nurse. Sullivan (1984) suggested that resocialization involves taking
on a new role and does not agree that resocialization is development
of the previous nursing role.

There is evidence that behaviors that are expected of nurses who
pursue post-basic baccalaureate nursing education are never
demonstrated by the graduate (Muzio and OHashi, 1979). This outcome
has led some educators to look into instructional approaches that
facilitate the resocialization process to promote practice of expected
behaviors. Some educators suggested that the educator's beliefs

and values about the learner and approaches with the learner are main factors that influence the resocialization process (Wallhead, 1986; Arms, 1985; Betz, 1985; Sullivan, 1984; Schipiour, 1981; Knowles, 1980). Sullivan stated that teaching must be different for the nurse returning for a degree when compared with the teaching approaches used for students entering the generic baccalaureate nursing degree programs. Woolley (1978) and Sullivan suggested that resocialization is inhibited in post-basic baccalaureate nursing programs postulating that previous learning may be the factor that is preventing the learner's ability to learn new material. Knowles agrees that adults often have difficulty learning new material but emphasized that the educator's role is to facilitate the learner to internalize new ideas along with old ideas.

A second view regarding instructional approaches for resocialization is that courses, in the nursing program, should be offered that address the resocialization process. The courses would assist the learners to understand the resocialization process and develop skills in working through the process (Woolley, 1984; Ericksen, 1983). Queen (1984) suggested that resocialization should be more than just courses, it should be a curriculum thread that is interwoven within each course, if it is believed that resocialization is an aim of post-basic baccalaureate nursing education.

Blatchley and Stephan (1985) investigated many post-basic baccalaureate nursing programs in order to find out what instructional techniques were the most beneficial in helping the nurse make the

transition into baccalaureate education and into the role of a professional nurse. They found that many approaches were being used but none had been evaluated. They concluded that resocialization was being approached through trial and error implementation of educational techniques.

The Effects of the Experience on the Nurses

What happens to nurses who return to school for a baccalaureate degree in nursing has been described by Shane (1983) as a "returning to school syndrome" (p.1). The syndrome is outlined as having stages that most nurses go through, including the general feelings that accompany each stage. The feelings that nurses experience while pursing their baccalaureate in nursing are described as being those of frustration, lack of self esteem, inferiority, inability to compete, and anger (Downing and Macmillan, 1987; Sands, 1987; Shane, 1983; Schipiour, 1981).

Boone and Rakoczy (1986) concurred with Shane (1983) that a frequent comment by the nurses about the learning experience is that their previous experience (education and nursing employment) was not recognized as valuable by the educational system or by some of the educators. Knowles (1980) suggested that when recognition is not received for previous education and experience, adult learners often feel rejected which negatively affects their ability to learn and impedes their development of a positive self-identity. Knowles

postulated that adults derive their self identity from their experiences.

Beginning Insights into the Meaning of the Experience

No documented studies that investigated the meaning of the post basic baccalaureate nursing education experience, from the nurses' perspective, were found in the literature. Hillsmith (1975), Portnoy (1980), and Sabina (1985) provided a glimpse into the meaning of the experience by sharing comments by nurses that were involved in the educational experience.

Hillsmith (1975) described the nurses as "grudgingly admitting to gaining a broader nursing background while they still held on to old loyalties and values"(p. 101). Hillsmith interpreted the nurses experience as being one of "accepting the baccalaureate intellectually but not emotionally"(p.101). She suggested that these feelings stem from the nurses frustration of not being viewed any differently than a diploma nurse when they returned to clinical bedside nursing following the program.

Sabina (1985) discussed the educational experience with two nurses, one had just completed the program and one was in the first year of the program. The nurses both reported that the experience was different from what they had expected and they had to re-evaluate the experience within the context of their whole life, in order to reset realistic goals and personal performance expectations for all aspects

of their lives while attending university. The need for support from
colleagues and family was described by both the nurses as important.
One of the nurses felt the experience was causing some marital stress
and that divorce was in the future. The motivating factor to come to
university was described by one of the nurses as coming "from within"
(Sabina, p.32). Both of the nurses felt that they would have liked to
have known more about the experience in a realistic sense so they
could have been more prepared on ways to approach the whole
experience. They both felt that there was no one available to talk to
about entering the program or about problems when in the program.
They both emphasized the importance of seeking out assistance from a
professor or a colleague in order to survive.

Portnoy (1980) provided a retrospective description of the
experiences students taking her course reported about their transition
to a baccalaureate nurse role. The nurses had feelings of "silent
anger, compliance, and stated they would do what ever they had to do
to get through the program" (p. 114). A main descriptor of the
experience was "emotional turmoil" (p. 114).

Summary

The experience of attending university is viewed as a change that
has the potential of influencing a person's self concept. A person's
ability to cope with the new situation is influenced by their previous
coping abilities and the perception of the new situation. The
experience can become overpowering when it is perceived as being an

unmanageable threat to the person.

Nurses and other adults return for further schooling based on similar goals and needs. A concern for nursing is the waste of scarce educational resources when nurses return for post-baccalaureate studies and then chose to leave nursing or do not implement the material they have been taught and hopefully learned.

Nurse educators have suggested that post-basic baccalaureate nursing education is a resocialization process but there are two views regarding what is involved in the process. There are also many suggestions regarding instructional approaches that could be used to facilitate the process but none of them have been comprehensively evaluated.

Numerous authors have described the characteristics of nurses who return for baccalaureate education, and this information has been used in program planning. Other authors have described the reactions of nurses to attending a university baccalaureate program. No documented studies that investigated the meaning of the post-basic baccalaureate nursing experience from the nurses' perspective, however, were found in the literature. The present study was developed to gain an understanding of this educational experience and how it affected the nurses personally and professionally.

CHAPTER III

PHENOMENOLOGICAL INQUIRY

The nurses' experience in post-basic baccalaureate nursing

education can best be described by the nurses who are 'living the

experience' (Barritt 1984, Van Manen 1984, Oiler 1982). Oiler was

referring to nurses understanding their patients more fully when she

said: "The nursing profession advocates the individual as author of

his own world; definer of his own reality" (p. 178). It can therefore

be accepted that the post-basic baccalaureate nursing students should

be the authors of their world and can best describe their own reality.

Van Manen (1984) stated, "phenomenological research is the study

of 'lived experience', it is seeking to understand the very nature of

a phenomenon" (p. 1). Van Manen suggested that phenomenological

research seeks to understand the "essence" of the experience so others

can gain insight into that aspect of life (p. 1). Phenomenology does

not investigate why something occurs, it is a searching to understand

what the experience was like so others can gain an appreciation for

what that lived experience was like for the person living the

experience and to understand what the essential elements are that make

the experience what it was (Van Manen; Kwant, 1963). Only the person

who lives the experience knows what the experience is like and can

describe the experience for others to understand (Oiler, 1982).

The Study Sample

The study population was nurses taking nursing courses during the first year of full time on-campus study for a two year post-basic baccalaureate nursing degree program. Purposive volunteer sampling was used to select the nurses for the study. The first 10 nurses who were willing and able to talk about their experiences became the informants for the study. The term informants will be used through out the document when referring to these post-basic baccalaureate nursing students who participated in the study.

The decision to limit the study sample size to a minimum of ten subjects was an arbitrary decision made by the researcher and the research consultant. The consultant has had extensive experience with qualitative research and from experience believed that ten subjects would be a sufficient number to generate the data required for this study. Denzin (1978) suggested that the sample size cannot be predetermined in phenomenological research because the size is dependent on the nature of the data collected. With this in mind the researcher contacted all the nurses who volunteered for the study and asked the ones that were not the initial ten, if they would be willing to participate in the study if after the initial interviews it was seen as necessary to expand the sample size.

External validity in not a goal of qualitative research (Field and Morse, 1985). The study goal was to identify the meaning nurses attribute to the post-basic baccalaureate nursing education experience. Sandelowski (1986) suggested the goal of phenomenological

research is to describe the 'lived experience' and to "establish the position of all subjects in relation to the group, of which they are members, and to establish the meaning of the slices of life"(p. 32). In qualitative research any subject that belongs to the population being studied is considered to be representative of the total population (Denzin, 1978).

Obtaining Informant Nurses

Permission to conduct the study was obtained from the Faculty of Nursing Ethical Review Committee and the Faculty of Nursing Executive Committee at the university where the study was conducted. The study was explained to nursing professors teaching first year post-basic baccalaureate nursing courses. Consent, from the professors, was obtained for the researcher to explain the study to the nurses during their scheduled class time for the purpose of obtaining study participants.

The purpose and conduct of the study was explained to eligible first year post-basic baccalaureate nurses, who were attending class on the days the study was presented. Between 80-90 students were present to hear about the study. The students were provided with a short written description of the key aspects of the study at the end of the class overview (see Appendix A). Included with the written description was a tear off section they were to fill out if they wished to participate or would like further information about the study. It was stressed that there would be a maximum time commitment

of five hours needed for interviews should they volunteer as an informant. This included a maximum of four one hour interview sessions and one hour for getting to and from the sessions. They were informed that if they did initially decide to participate they could withdraw from the study at anytime. It was stressed that confidentiality of all study information would be maintained; their permission for the use of a tape recorder was included in the consent to participate document (see Appendix B) and was re-explained to potential informants when they met with the researcher to discuss the proposed study in more detail. At that time they signed the official consent to participate form. The nurses who became informants in the study received a copy of the consent form that restated, in detail, key aspects of the study (see Appendix B).

All the informants had the choice of selecting their own pseudonym that was used to insure their anonymity on all transcriptions and preserved confidentiality of data.

The Informant Nurses

All informants were female, their ages ranged from 23 to 46 years of age, with the average age being 32.5 years. The length of time since they completed their diploma in nursing ranged from one to 20 years, with the average being 8.5 years. The informants had all completed a diploma in nursing from a college or hospital based nursing program and were registered nurses in the province where the study was conducted. Seven of the informants were married and three

were single. One married informant was widowed and had remarried while another became separated during the study. Three of the informants had taken continuing education courses following their nursing diploma while one of the three had completed a Baccalaureate in Arts. One of the informants had started the generic Baccalaureate in Nursing program but left before completing the program, and obtained the nursing diploma from a two year College program. Eight of the ten informants had been classified as 'special students', taking courses that would be credited to their baccalaureate in nursing before entering the post-basic baccalaureate program as full time students. Seven of the informants were clinical bedside nurses, six remained working on a casual basis and one was working part time. One of the informants was employed in a casual nursing position but worked only two shifts less than full time and carried three nursing courses. This load was deemed as excessive by the informant. One of the informants was on educational study leave from a community nursing administrative position. Two of the informants were not employed immediately prior to attending university and remained unemployed during the time of the study.

The ten informants were identified using the following pseudonyms and numbers: (1) THESNIF, (2) SUZIE, (3) VICTORIA, (4) MANDY, (5) MAC, (6) CAROLYN, (7) MISS Z, (8) SKI, (9) CARMEN, and (10) RUTH. These names will be used through the report. The first six informants were interviewed three times and the last four informants were interviewed once during the study.

External Validity

Guba and Lincoln (1981) suggested that one way of dealing with the issue of external validity in qualitative research is evaluating if the study findings 'fit' with members of the study population that did not participate in the study. The researcher had planned to have four of the volunteers that did not participate in the study, read the study findings and provide feedback. This did not take place due to time restrictions. The researcher did validate the themes with the ten participants.

Data Collection

Seventeen nurses contacted the researcher indicating their willingness to participate in the study. The researcher contacted all of the volunteers by telephone and thanked them for their interest in the study. At this time appointments were made with the first six informants and the remaining volunteers were told they might not be used in the study. All of the volunteers had one or two questions on which they wanted further clarification, and all seventeen volunteers remained willing to be included in the study as needed.

The interview sessions with the first six informants began within seven days of the initial presentation of the study. The interviewing schedule was completed in two groups, with three informants being in each of the initial two groups. The first three informants were interviewed before the second group were interviewed. This allowed

data to be collected and analysis started so the researcher could begin to see emerging themes and would be prepared to ask clarifying questions or request further descriptions, from the informants, should the themes become evident during the interviews with the remaining informants.

The sessions with the final four informants: MISS Z, SKI, CARMEN, and RUTH, began in the same way as with the first six informants. The researcher had improved on using communication techniques to the extent that after forty-five minutes the informants stated that they had shared the essence of all their experiences. During the remaining fifteen minutes of the session the researcher asked specific questions for the purposes of exploring in greater depth experiences that were in keeping with the emerging themes from interviews with the first six informants.

Interview session number three was conducted with the first six informants in order to discover any new themes from experiences they had since the previous session, and to clarify themes that were emerging from the data. This final session also allowed for the researcher to obtain feedback on the research technique and obtain suggestions on ways to improve the research approach.

The initial interview sessions (weeks 1, 2 and 6) were arranged by telephone and subsequent sessions were arranged at the end of each interview session. This process minimized telephone contact for the

Chart 1

Interview Schedule Showing Progress of Informant

Interviews by Weeks of the Study

Time in Weeks

Interview

session	1	2	3	4	5	6	7	8

Informants

First	1	4			a	7		
	2	5			n	8		
	3	6			a	9		
					l	10		
Second			1	4	y			
			2	5	s			
			3	6	i			
					s			
Third						1	4	
						2	5	
						3	6	

informants. Each of the initial sessions began with the informant completing the Participant Consent Form (see Appendix B) and then completing the Participant Information Form (see Appendix C). The Participant Information Form contained demographic information and informant rating of what priority the educational experience held in

the informant's life. The rating of the educational experience was compared with the verbal response to the same question that was asked during the second interview, which assisted in validating the verbal responses of the informant.

The interviews were conducted in a private office in the building that housed the Faculty of Nursing at the University. The researcher and informant sat facing each other with no obstructions between them, and the tape recorder was set to the side, between the two individuals. The informant was facing a window that had a scene of trees and another building with no people being visible which helped in reducing unnecessary distractions.

The informant was given the choice of using a chair with coasters or a stationary chair. This choice was given to allow the informant some sense of control over the situation. The tape recorder was started during the "settling in" conversation in order to reduce anxiety from obviously starting the recorder when the informant began sharing experiences.

All of the initial interviews (weeks 1, 2 and 6) began with the researcher explaining the purpose of the study and asking the informant the following (minor variations were used with the essence remaining the same):

> What I would like you to do is share with me what it has been like for you to come to university to take your post-basic nursing education. This is not to be an evaluation of the program it is meant to help me understand what this experience has meant to you as a person and as a nurse. You can start anywhere you wish.

All of the informants began the sessions by wanting to provide the researcher with some personal background about themselves. This was given so the researcher would have some context in which to understand the nurse's experience. Each of the sessions was tape recorded and notes were kept by the researcher regarding impressions about the sessions and how it was conducted in order to improve on subsequent sessions. The informants were encouraged during the interview to share what ever they wanted about their experience. Paraphrasing and verbal encouragers were used to help the informant share during the interview sessions. When the informant was unsure what to talk about, the researcher used the Pool of Interview Questions (see Appendix D) to give some direction to the informant. One question was asked of all the participants that was not in the initial Pool of Interview Questions. The question was formulated after the six initial interviews (weeks 1 and 2). The informants had been sharing what their expectations were before coming to university and their experience while attending university, so it seemed appropriate to discuss if they had expectations for when they left university. The question was "What will you take with you from this experience that might be helpful to you when you leave the university"?

The researcher informed the informants when the one hour period for the interview session had elapsed. All but two of the sessions went longer than the one hour as informants wanted to stay and share more. None of the sessions lasted longer than two hours and the

majority ended after an additional fifteen minutes.

Informants #7 to #10 were only interviewed once. The researcher and research consultant felt no new themes were emerging when data were compared with that of the first six subjects. The descriptions given by these latter informants served to support and clarify the themes that had already emerged. The interview sessions for informants #7 to #10 occurred following the second interview with the first six informants (see Chart 1, p.23)

Tape recordings for each session were transcribed by the researcher as finances were limited.

Thematic Analysis

It is lived experience that we are attempting to describe and lived experience cannot be captured in conceptual abstractions. Phenomenological themes are more like knots in the webs of our experiences, around which certain lived experiences are spun and thus experienced as meaningful wholes. (Van Manen 1984, p, 20)

Thematic analysis must be thorough enough to enable the experience to be described as it is lived (Van Manen, 1984). Royce's thematic analysis uses a process of reduction to search for consistency among the many descriptions, until the descriptions are reduced into basic groups. Royce's thematic analysis requires looking for commonalities while at the same time looking for the descriptions that would criticize or negate the proposed theme (Goicoechea, 1975).

Thematic analysis was conducted on all of the 22 interview sessions. The transcripts from all of the interview sessions were reviewed over and over and over by the researcher. The initial

analysis phase concluded when the verbal responses of the informants, which pertained to their perceptions of their experiences in the post-basic baccalaureate nursing education experience during the first year as full time students, were identified and highlighted within the context of the total transcription. The researcher then reread the highlighted text descriptions and coded each description into an individual unit for further analysis. Themes were beginning to emerge at this point in the analysis. The total text was then reread line by line and analyzed as a cross check for the previous theme analysis (Van Manen, 1984; Barritt, 1984).

Thematic units were developed, a unit was either a word, a few words, a phrase, a sentence, or a series of sentences referring to one perception of the educational experience. The end of one unit occurred when the informant's description of one thought ended and another began. The coded units were then sorted into unit groupings. This was made possible because the coded units of the transcripts were put on file cards carrying the informant's pseudonym and the number of the interview. All of the coded descriptions for each unit were then reviewed to identify commonalities. The final step of the thematic analysis included reviewing all of the transcripts in light of the proposed themes in order to find a description that might negate the theme. Some themes were adjusted to describe the experience more fully while some themes were validated and a few were negated. At this point the thematic analysis ended. Three categories of analysis emerged with each unit of analysis fitting within one of the

categories of analysis.

Categories of Analysis

The three categories of analysis that became evident during the analysis were: the Self, the University Educational System, and the Social Network. Themes and subthemes emerged from the units of analysis.

The Self

The Self refers to the nurse's perceptions of themselves as a human being in their many societal roles. This category included all the descriptions of how the nurses thought they should perform in all their roles and how they expected the university program to help them perform in their many roles.

The University Educational System

The University Educational System refers to the nurse's perceptions of personal experiences with different aspects of The System. Elements of The System were; course content, learning experiences (eg.papers, exams, professors, projects), and university bureaucracy (eg. admission, clerical staff, university functioning).

The Social Network

The Social Network refers to the nurse's perceptions of individual's behaviors, that affected the nurses thoughts and feelings. The individuals included in the nurses social network were: other nurses who were also taking their nursing degree in the post basic baccalaureate program, working nurses they had contact with when

deciding to attend university and while attending university, and family and friends.

Coding Reliability

Reliability is a concern of all researchers. When research methods are reliable there is less chance of measurement error and more support for the validity of the findings (Glaser and Strauss, 1964). For qualitative research Guba and Lincoln (1980) suggested that auditability is the criterion that is equal to the quantitative criteria of reliability. Auditability is achieved when another researcher arrives at the same or comparable findings given the same study data situation and perspective as the original researcher. Funds were not available to have another researcher analyze all of the study material. The consultant to the study independently reviewed and analyzed four of the transcripts. The consultant and researcher discussed each other's analysis and found there was agreement between them on theme identification.

CHAPTER IV

A JOURNEY

This chapter presents descriptions of the nurses experience in post-basic baccalaureate nursing education. The presentation is in the form of a composite description of the experience as described by the majority of the nurses. This chapter does not include any discussion of the descriptions. They are presented in this descriptive manner in order to provide the essence of the experience without researcher interpretation.

The following is the composite description of ten nurses' experience in their first year of full time study of a two year post basic baccalaureate nursing education.

"It is like a tunnel" CARMEN raised her hands up and placed them like blinders on a horse, as she continued she slowly moved her hands straight ahead. "You keep going straight ahead with not too many distractions. I do see a light at the end, but it isn't the brightest light. The brightest light is the one for April. I hope next year will be less like a tunnel". CARMEN said in one class the students drew pictures of their feelings and some drew tunnels while others drew mountains, but for CARMEN the journey was like going through a tunnel.

Fulfillment of a Dream

Where the journey began for all of the nurses is uncertain but

all of the nurses did "dream" about attending university "someday."

THESNIF smiled as she remembered her dream starting in high school. "Attending university was something I had always dreamed about, it was something I had always wanted to do." Fulfillment of the dream had taken a long time for MANDY, now she was forty-six years young, "behind everything I have done has been the thought that I would like to go to university." She was very thoughtful and then continued as if she was talking to herself, "I could put off doing it for the rest of my life but then I would be sorry."

An Accomplishment

Coming to university was the fulfillment of a dream and was deemed as "an accomplishment" by all of the nurses. MAC was very certain as she said, "I wanted to go back for myself." For SUZIE the accomplishment was very personal because of what coming to university meant to her, "I put university way up there on a pedestal and somehow being able to go was a measure of personal worth... it is being looked up to and valued." For MISS Z a university degree was "more to show" for one's self as compared to just having a nursing diploma. She also wanted to do the degree "by herself" before she had a husband or children.

VICTORIA was very animated and spoke with excitement as she described what coming to university meant to her, "I remember the first week being here on campus it felt good getting on the bus and coming. It is an accomplishment, I count it as one of my successes."

THESNIF didn't know if she could achieve her dream of a university

education. As she started recalling what a teacher back in high

school told her about her ability to attend university a knowing smile

developed, "I remember coming to the open house at the university, as

a high school student, and my teacher saying to me: 'Why are you

taking two days off school, you'll never get there.' THESNIF now had a

big smile on her face as she added how she would love to go up to that

teacher now and say, "See, I made it."

The Vision

The nurses all had expectations of what coming to university

would be like. Eight of the nurses had never been to university

before. CARMEN had gone back to university and received one

baccalaureate degree, while RUTH had started her nursing education at

a university but left the program and pursued a nursing diploma at a

community college.

Expectations were based on their beliefs of what the experience

should be like which was influenced by personal ideas of university

education, previous educational experiences, and rumors from people

who had and did not have any university experience. All of the nurses

found there were elements to the experience that were inconsistent

with their preconceived expectations.

CARMEN expected that doing her nursing degree would be similar to

doing the previous degree. She thought she would have time to

"synthesize" material she was learning and that the time commitment

for studying would be in keeping with a "full time job." These

expectations of what it would be like were projected from what she had

hoped the experience would have been like:

> I wish I had more time to synthesize...I don't honestly think
> that education should be like a full time job and it is more than
> a full time job.

Descriptions from friends and colleagues provided many mental

images of what the experience would be like. SKI smiled as she

remembered work colleagues telling her "not to bother" getting her

degree because she would find the experience "hair raising." SKI

laughed and then as if to qualify her colleagues comments she said,

"you see I'm considered a bit of a red neck. They never thought I

would last in here."

THESNIF described the rumors she heard as being "horror stories"

that she had not experienced "yet." She sighed and sounded tentative

as she added, "knock on wood."

VICTORIA was told by a work colleague that the experience would

be "dog eat dog" and "people step over you and on you." VICTORIA's

voice developed a tone of self certainty as she said, "it doesn't have

to be that way." She was very optimistic about attending university

as it was such a dream come true and was seen as a necessity in

fulfilling her dream of continuing her education.

The vision also included how the experience would benefit the

nurse personally and professionally.

Hope for the Future

When the nurses talked about their reasons for pursuing a degree

their comments always included the reference to "hope" and wanting to

"make a difference" or to "changing things" in the future. CARMEN
said it most eloquently for all the nurses when she said why she
wanted the degree, "I wanted career advancement, no really what I
wanted was just more feelings of accomplishment." Then she added,
"It's a future orientated decision."

SKI hoped the degree would help her learn more about nursing and
would provide her with more insight into what was "out there" for her
in nursing:

> I really didn't know what I wanted or where I wanted to go with
> my career. I like education experiences- not always the formal
> kind, but I like learning. I really wanted to learn more about
> nursing. I wanted to know more of how nursing worked. I wanted
> to see what was out there and I wanted to gain an overall
> perspective on nursing. I felt I was getting very tunnel
> visioned from working in the ICU for six years.

When the nurses talked about what they hoped would happen in
their future they all qualified their hope with an experience from the
past they did not want to have repeated in their future. CARMEN
sounded very dejected as she described how working as a bedside nurse
had become very frustrating for her, "There is never the time to be
creative and make any improvements and if you did think of better ways
then...they weren't carried through or sometimes even looked at." She
sat back in her chair and sounded very defeated when she added, "I
felt like a work horse." She then sat up in her chair and seemed to
gain energy and enthusiasm as she talked about her hopes for the
future:

> I wish I had the power to change that. If there was someway I
> could change that part of nursing to utilize nurses better and to
> make it a more fulfilling experience. If you could use the
> potential rather than just using them as a work force it would be
> worthwhile all around.

CARMEN added that another reason for wanting to get the nursing

degree; she wanted more flexibility in her nursing career

because she saw in her future that bedside nursing would be too

physically demanding, so having the degree would hopefully allow her

to stay in nursing:

> I am finding that as I get a little bit older that it is a little
> bit harder to take the physical demands of hospital nursing, and
> I can't tolerate night working anymore. It is just physically
> very hard and I thought when I am forty I don't think I want to
> be doing bedside nursing. I wanted to get my nursing degree so I
> could have a bit more flexibility with my future, more challenge
> for my future.

VICTORIA's vision of the degree related to how the experience

would "enhance" her nursing practice:

> I thought it would help me to improve in my practice. I thought
> it would give me more skills and knowledge.

A Means to the Future

The vision of what the future would be was not clear to the

nurses. The nursing degree was seen by all the nurses as a "means to

the future" but it was uncertain what direction might be opened up by

taking the degree. MAC was very guarded as she said, "Maybe it will

be a stepping stone (in a nursing career) or maybe it won't be the

right thing, but at least I'll have a degree so I can go into a

different field."

For these nurses going back to school was considered "a risk."

THESNIF and RUTH both smiled after calling it a risk and added, "but

it was a "calculated risk." When MANDY described going back to school

as a risk she paused, sat up straight in her chair and in a very

certain tone of voice said, "But it is also a chance to open some doors that have been closed because of not having my degree."

MANDY along with eight of the others were considering pursuing a career within or outside of the nursing profession. Quietly CARMEN said, "It's a means to the future for me. I hear the nursing degree is more important to get if I want to do a Master's, so I have to get good marks, I have to perform."

MANDY and CAROLYN, both in their forties, were unsure if they wanted to have a career in nursing but saw nursing as "the quickest way to get a degree", so they could "get on with what they wanted to do." MANDY hesitated as she talked about getting the degree so she could leave nursing. She was very quiet and sounded wistful when she said:

> I thought it might open up things in nursing for me. Maybe I
> would find there was a place for me. Also if I had my degree I
> could bounce off into another area that required a degree for
> entrance. I thought it could be an open door into nursing or it
> could allow me to step right out of the field. I decided to do
> my nursing degree because if I went to another Faculty I would be
> starting at the bottom of the ladder and so I thought this would
> be my best choice.

CAROLYN was planning on doing Master's studies in order to achieve her career aspirations and she was not certain if she could take the courses she wanted within a Master's of Nursing program. If she could not achieve her aspirations through the nursing faculty, she was planning to "go another route."

Six of the nurses experienced feelings of disappointment because their marks were not of the standing they felt would be acceptable to continue on into further studies. MISS Z had decided part way into

the degree that the degree could be a means to a future in another

discipline but found that she could not keep up a high average because

she was not willing to excessively compromise the other aspects of her

life in order to get the marks needed to enter another faculty. She

became very disappointed and disillusioned as one of the doors in her

future seemed to be closing in front of her, "It is very discouraging

to me because I can not keep my average up... because of the workload

I am expected to put in for just three nursing courses... I have

chosen to finish my nursing." She gave a big sigh, paused as she

gazed out the window and then went on very quietly, " I might as well

have some degree and I know it won't be Law."

A Game of Survival

When the nurses talked about their experience at university their

voice tone always conveyed a sense of disappointment or anger coupled

with an undertone of uncertainty:

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...it's threatening
...you are always trying to figure it out
...you never know for sure
...everyone expects you to know the way
...I don't trust any of them
...there as so many discrepancies and inconsistencies
...it is a game
...it is just a trick
...it is brainwashing
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Six of the nurses summed up their experience as being one of

survival. CARMEN sat back in her chair at the end of the interview

and paused. She looked as though she was having many thoughts going

through her mind as her facial expressions changed from smiles to

frowns, from stern staring eyes to eyes that were looking into the

past or future. She then said, "There can be simultaneous demands making it difficult to cope but I have survived" she paused gave a sigh and then added, "so far."

SUZIE sounded defeated in her attempt to have her expectations of the experience satisfied:

> I used to try and fit the ideals with reality, but it is just impossible. Now it is trying to pass the course by trying to find out what it is they want you to put on the paper. Trying to find out what answer they think is right. It has become a game. I am socialized into the system. I don't care what I learn anymore, I just want to pass and that makes me very angry and resentful...I am just too beaten to even be mad. There was only so long that I could fight the discrepancies and I have given up...there is nothing I can do to change the system.

For SKI the game of survival also pertained to having the degree so she could survive in her future. She saw the degree as being her "only option" in fulfilling her dream "at this time." SKI squirmed slightly in her chair as she talked about beginning full time studies, "Three days into the degree and I knew I had made a mistake." She made a nervous laugh and went on, "But I stuck with it because in a way it is the only option at this time."

Being Threatened

When the nurses started talking about beginning their university experience they all made comments that it was "scary" or "frightening" because "you just didn't know what to expect." All of the nurses viewed some aspects of the experience as a threat. CARMEN who already had a university degree said, "There was a lot of fear of the unknown" when she started. CARMEN said very softly, "It is threatening, it really has been a threatening experience."

The nurses were threatened by any experience that did not meet their expectations. The main expectations were: ability to perform within the university system, associations with professors, associations with colleagues.

All of the nurses experienced "stress" at trying to integrate university requirements into their life. They all experienced frustration in not being able to achieve their preconceived expectations for themselves in their university experience.

Being Threatened by the University System

CARMEN talked about the workload as being a threat, "I didn't know if I was going to be able to handle the workload." CARMEN sounded overwhelmed as she reflected back on beginning the degree, "It was degrading"; CARMEN paused and gave a heavy sigh, "I don't remember the first degree having as much work as this nursing degree. The first term really lowered my self esteem. I didn't think I would be able to do it." MISS Z looked as if she was trying to protect herself as she moved to sit almost in the corner of her chair and cuddled her arms about herself as she compared her diploma education to the degree experience:

> This experience is really different from the diploma program.
> There you have one exam at the end of one whole nursing course.
> Here, you take more courses, have more exams and are really
> frazzled.

CARMEN felt threatened by the feeling that at university "you have to compete." She described it as "a very seductive pattern", she paused for only a moment and then as she continued the speed of her

voice quickened, "It makes me want to run away fast", then the speed

of her voice slowed as she continued, "The tension can build and

snowball and just get to be too much." CARMEN saw the expectations

being "imposed upon her" from others as well as from herself.

MISS Z found there were inconsistencies in course workloads

between faculties and this made it very difficult to make realistic

plans for integrating university into one's life:

> I like the nursing courses but they are too much work compared to
> what is expected in other faculty's courses. When I was doing my
> electives I took three courses and worked more than full time and
> I could do it. Now I am taking three nursing courses and working
> almost full time and I can barely survive. There should be more
> consistency, otherwise you never know what to expect or how to
> plan.

SUZIE's voice was stern and defensive as she insisted, "I am not

going to be molded and changed, not who I am." She described herself

as being a piece of clay with "characteristics of it's own" and the

university system as the pottery, "trying to shape the clay":

> I am not going to be molded and changed, not who I am. The
> professors, the courses and the learning experience, they are
> trying to shape me...I'm in the university where I am being
> cooked...But when I am done, I just might not be quite the shape
> they intended. I will only let them shape me as far as I want to
> be shaped.

Being Threatened by Professors

All of the nurses had at least one experience, with a nursing

professor, that was deemed as a threat to their self concept of being

a "good nurse." SKI's body tensed and she became visibly agitated as

she reflected on her feelings about some of the experiences she had

with her professors:

I was really frustrated in the very beginning because of the attitudes of some of the professors. I got the impression that you are not a "good nurse" unless you have the degree. I had worked for six years and was considered to be a very good nurse. I found some of the professor's attitudes very insulting and degrading.

SKI paused for a moment, gave a sigh and then continued in a dejected

tone of voice as she slouched into her chair:

If I had never nursed before I would never have had any perceptions of myself and I wouldn't have been offended by any of the professor's comments and I wouldn't have had to go through that.

The nurses also had experiences with professors that made the

nurses question their ability to learn. THESNIF spoke passionately as

she described how she felt tricked by a professor and how this

experience influenced the remainder of the semester:

Face to face we were supposedly being boosted, "go right ahead put your ideas down", but it was marked on format not content. I was so angry and felt so undermined, so discredited for my thought. I really felt tricked...it permeated all my other courses because I was spending so much emotional energy trying to deal with the whole experience.

MISS Z talked about inconsistencies between professors which was

not right as it caused a lot of personal frustration:

There are a lot of inconsistencies within the same course and I don't think that is right. Each professor had different expectations for the assignment which was really frustrating.

MISS Z shook her head as she talked about how nursing professors

expect her to be as committed to nursing as they were and that they

didn't understand there are other courses that also need some

attention:

You know what my main observation is about the nursing professors...nursing is their whole life...they think it should be as important to me as it is to them, well it is not and

they can't understand that. They are just too nursie, it is almost unhealthy, unnatural, it is weird. (MISS Z gave a small quiet sad sounding laugh). They don't seem to understand that we have other courses to do too.

Being Threatened by Colleagues

All of the nurses stated they knew nurses and university graduates that viewed their education as beneficial. During our times together the nurses only talked in detail about nurses and graduates who were not satisfied with their education. MISS Z decided she had to stay away from people who had done their nursing degree because their comments scared her. She sounded frightened as she clenched her hands and seemed to pull into the chair:

> The girls who have done their degree really intimidate me because they say things like: Oh, you have her now! She is the worst you have so much work to do and it is the hardest course. They all say it is so horrible and I get scared.

MISS Z paused for a moment, her shoulders seemed to sink down to her waist and her face became quite solemn as she continued by sharing a conversation she had had with a nurse who had gone back and got her degree: "She said: Just you wait, you'll come down off your baccalaureate cloud and realize it doesn't mean anything." MISS Z was quiet for a long time as she lowered her head and looked down into her lap.

The nurses were also threatened by the idea that they were not as good as some of their colleagues. MISS Z sounded so disappointed as she shared how she viewed her ability in writing papers compared with other students. She ended her comments with a heavy sigh:

> I always feel like I am not doing a good enough job. I read other people's papers and they come up with such intelligent analysis.

Limited Freedom to Learn

The nurses had come back to university in order to learn what they wanted to know about nursing for their career . All of the nurses experienced "limited freedom to learn" what they had wanted to learn during their university experience. Two areas the nurses commented on regarding "limited freedom to learn" were: limited choice to learn what they wanted to learn, and limited freedom to learn to the level of satisfaction they desired because of there being too much work for the time that was available.

MANDY wanted to be able to learn material that was in line with helping her achieve her learning and career goals. She wished she could have more control of what she could learn instead of having "to conform" to what others wanted her to learn:

> It wasn't what I expected and it wasn't in line with
> where I am planning to go in my nursing career. I want to
> direct my energies in areas that are interesting to me. I think
> there should be more options for learning instead of having to
> conform to what they want.

VICTORIA and the other nurses felt that they were only "scratching the surface" of all the material and eight of the nurses stated that they would prefer to have more depth in a few areas versus keeping the amount of the material and only "scratching the surface of it all."

CARMEN was feeling "stress" because there was "less freedom to learn" the material she wanted to learn and there wasn't the freedom to learn the material to the depth she wanted to learn. CARMEN felt the freedom to learn was being compromised because there was not enough time to learn the amount of material that what was said to be

"required":

> I would never ever neglect how important the learning part feels
> to me and that is why I am finding it hard this time because I
> love learning and I am not sure about the learning part here, it
> is really squished. The freedom to learn, ya that's it, there is
> a lot less freedom to learn than what I had expected. The
> content isn't tough, it is the amount and not having the time to
> integrate it the way you would like to. There is a lot of depth
> in the course material and that is why I wish I had time to find
> it all. I wasn't expecting this sort of stress. The message I
> seem to get is that there are things that need to be processed
> and then regurgitated instead of being able to take the facts in
> digest them and come out with what they mean to me.

SKI sounded very frustrated as she related her feelings of not

having enough time to try and "decipher" the material, "Some of it is

very broad and very flowery and unless you have a lot of time to sit

there and decipher it and digest it and take it apart and put it

together, it is a waste of time." CARMEN described the experience as

"a commitment for every hour", and she found the experience "very

inescapable."

When the nurses were given an opportunity to make a choice in

their learning they really felt there really wasn't a choice. MISS Z

shared her feelings of one situation where there was a conflict in

university timetables, "The professor said you will have to make a

choice between what class you will attend." MISS Z sounded

exasperated as she continued, "Well I am in no position to choose

which is the most important because I need to go to both." She paused

for a moment, looked down into her lap and when she raised her head

she looked so small and vulnerable as she said, "I felt caught."

MAC and SUZIE talked about wanting to take certain courses but

couldn't because of timetable conflicts with their nursing courses.

MAC sounded very disappointed, "They say you have a choice but really you don't. You just have to take something that fits and hopefully it is something that you might find interesting."

Achievement is Personal

When the nurses talked about learning their comments related to wanting to learn and achieve to their standards. They said things like:

...I like to do my best
...I like to learn everything I can while I have the opportunity
...if I don't get done what I feel is required, I have failed
...it is hard when you can't even get the minimum required done to your standards
...it is how I would feel inside if I did not succeed...that would be that hardest part.

When VICTORIA spoke of achievement she talked affectionately of wanting to learn more about nursing so she could "offer more" to her patients, "The more I have to offer my patients the better I feel."

For CARMEN being able to complete a larger than expected amount of assignments was viewed as an achievement that gave her some confidence that she could "get through the rest" of the degree:

Will I be able to get six papers done in one term. But when you did it was, "Well I guess I can get through the rest. You have already put a quarter of the time in."

MISS Z was not getting the highest marks she felt she could get but they were the highest marks she could get "and still survive", and so for her that was "an accomplishment."

CARMEN said she had a "general fear of failure." She felt that she must obtain high marks or she "would not be accepted" by others.

She realized that her feeling were "emotional" and not "logical" but

high achievement was very important to her sense of being accepted by

others. CARMEN was obtaining top marks but still remained concerned

about how others viewed her:

> I like others to have a high opinion of me. If I do lousy on an
> exam or paper you think, "what is that person going to think."
> You get a funny perspective on things being here. You think that
> person is going to think really poorly of me if I make a spelling
> mistake, or if this paper is stinkopooh (nervous laugh). This
> isn't a logical feeling this is an emotional feeling but I
> believe the opinion of others is pinned on my performance here.
> It's a feeling like I won't be accepted if I don't do well.

SKI believed that what she learned and was able to "take away"

from the experience was more than what her marks showed because as she

said:

> At papers I am a wash out...My writing skills are not that good
> and being out of school for five years made my writing skills
> even sloppier... in charting it is just one word period...you
> come here and they expect to write these huge papers. Well I am
> better than I was. If only they could see how much better I am.

When the nurses talked about evaluation of their learning their

comments always captured the thought that marks were "not a true

measure of learning." SKI sounded very disappointed when she talked

about a mark she had received, "it didn't reflect what I had learned."

All of the nurses negated marks as being important unless they

were coming back for more schooling. Marks were negated because,

> ...they really don't measure what I have learned.
> ...the exams are written very poorly
> ...exam answers can sometimes be so ambiguous
> ...poor marks are a sign of a poor exam

SKI along with all the other nurses felt " the emphasis has to be

taken off the marks and the exams because they don't measure what you

learn anyway." The nurses did not equate marks with any measure of learning, "learning is not so much what marks I get." Learning was equated with what they would do with the material in practice not with being able to write an exam or a paper, "Marks are not as important, it is what you learn."

CARMEN's long dissertation captured all the nurses' individual comments about how evaluations were not seen as measuring learning:

> I try to minimize the importance of marks because I think the marks are not a very accurate way of describing anything at all. Logically I try so hard to remember what I think about marks and I really dislike the grading systems because of the pressure it puts on me. It puts a lot of artificial superficial pressure on. It is like saying your worth in a number, or how you have done in a course in a number and it doesn't take the broader look at what you have learned. It often does not show my learning. It shows I did better on one test than on another. Often the course that I feel I am learning a lot in and keeping up in and interested in and have all the things that should give you a good mark but it doesn't correlate with the mark I get. In other courses you will write an exam after giving up on studying but you do marvelously on the exam" (nervous laugh). Then in a more serious tone CARMEN said, " I find there are a lot of discrepancies because marks from papers may show some learning but they also measure how well you can write and articulate thoughts. They also measure what you already know. Exams are so situational. They are one day and often once you understand the profs style of questioning you can respond more appropriately.

All of the nurses found evaluation very "intimidating" and would try to get through one evaluation technique and try to improve their mark with the evaluation technique that was not as intimidating.

MISS Z found doing papers was really intimidating so she would try to cope with these feelings by getting everything she could from the professor and then trying to improve her mark on the exams:

> Papers really intimidate me so I go to the professor and find out exactly what they want me to do and do that to the best of my ability. I don't do any extra, just what is expected and I try

to do better on the exams. I hate papers!.

CARMEN was very calm as she talked about how she made adjustments to her approach in writing papers specific to professor preference:

> There are times when I have known I shouldn't write something in a paper because it won't be accepted well but that depends on the prof. You pick that up from listening in class sometimes you can tell they have a very specific idea about things. You just know for some: I better make this really straight forward and not try any new discoveries, I better just stick to the main stuff, whereas other times I can expand. I have never totally prostituted my papers to pander to a prof, I have never had a situation that severe." CARMEN paused, her voice tone became filled with nervous anxiety, "Ghee that would be a terrible situation to be in."

SKI dealt with evaluation that she felt was incorrect by "keeping her mouth shut." She described the approach as being used for "survival" in completing the degree. As she talked about her feelings she slouched in the chair and her head fell slightly backward and she sighed:

> If someone gives you a bad mark you are stuck with it... I just want to complete this and get my piece of paper, take what I have learned and go on with my life. If I get a lower mark than I feel I deserve I just shut my mouth and try to improve, just as long as I pass. I know that is a lousy attitude and I don't like it but that is sort of survival.

Getting Through It

The nurse's voice took on a tone of wonder, searching and exhaustion when they talked about their abilities in "getting through" the experience:

> ...I don't know if I can make it through
> ...I have no time for myself
> ...if I can just make it till Christmas
> ...sometimes it is more than you can take
> ...sometimes it was a question of being able to fit it all in

When they experienced a threat they felt they only had two

choices. They could either "get through" the experience or "leave" the experience. The nurses helped themselves through the experience by using their own personal resources which required making personal adjustments and compromises. THESNIF sounded relieved at how she was adjusting to fitting university into her life, "Sometimes it was a question of being able to fit everything in but I knew I could do the courses if everything else was OK...I protected myself pretty well when I started."

All of the nurses used short term goals and some form of reward to help "get through it"(the program). CARMEN's recipe for getting through it was by "making it one goal at a time." RUTH sounded reassured as she said, "I had to learn to set my own goals and not feel guilty that I wasn't doing what I thought I should be doing compared to what the other students were doing."

Five of the nurses described using rewards to help them get through it. MISS Z saw being able to take electives that she wanted as a reward for taking the nursing courses that she considered "a burden." She got a lift in her voice, her eyes widened and she looked excited as she added, "I can hardly wait until I get these nursing courses over with so I can look through the calendar and find an elective that I can really get my teeth into." MAC's and RUTH's reward for study long hours during the week was having "some time" to be with their husband.

Making Adjustments

All of the nurses found that they had to make some personal

adjustments in order to attend university. The two main areas of
their personal lives that had to be adjusted, with attending
university, were no longer having the same amount of time or money to
do things they enjoyed and, sometimes, valued dearly in their personal
life.

All of the nurses found, to differing degrees, that they were
"putting life on hold." As SKI began to talk about how attending
university was affecting her lifestyle, she shifted her sitting
posture to be more straight and rigid and her tone of voice became
quite firm, "You get used to having money and a lifestyle, you get
used to your own time. Before I came back to school I went skiing
five times a year." SKI relaxed her posture and gave a somewhat
sarcastic laugh, "I haven't gone since I started university. It
really limits you." She sat up straight again and became firm in her
voice again, "It has been putting things on hold" and then she
slumped in her chair and said very quietly, "But giving them up for
the time being."

MANDY noticed most the reduction of time she had to be a mother
and this required her to make adjustments in how she approached her
mother role:

> I am not on top of their every move and now I really have to
> screen out what is important because I don't have the time to be
> with them or to get on them. I get straight to the point now
> because there isn't the time to be going around in circles.

THESNIF described how she had "lived and breathed" a course she
was taking and her husband didn't know "if they would make it" should
the year end up that way. CAROLYN's husband sometimes said, "I miss

you" when she had to "put extra time in around exam and paper time."

The nurses also had to make adjustments to how they approached learning at the university compared to their previous educational experiences. THESNIF sounded so annoyed, at herself, for the adjustments she had to make for studying, "Everything had to be quiet, no radio, no husband in the house, nothing...I even had to put the dog outside because of her snorting." MANDY also sounded annoyed with her ability to learn this time:

> I have to make it part of me now, absorb it...Before I could read it and listen and it would be there, but now I have to concentrate so much more to get it in...it is so different this time.

Eight of the nurses found their previous educational experience was not helping them to deal with university education. The nurses talked about how much "other learning" they had to do, that was in addition to learning the content. The other learning was described as having to learn "the system." CARMEN described how she had learned how to write papers and study during her previous university experience so she had "less learning to do" this time and "all of that really helped" her to deal with the workload this time around.

Even though CARMEN had attended university before, she found that approaching the second university degree the same as the first degree wasn't working so she had to "learn to look at learning differently" this time and found she was starting to "adapt."

VICTORIA was using a learning technique that had worked for her in her diploma nursing program. VICTORIA had a study partner within

the first two weeks of starting university, "I knew that I wanted a study partner because you can learn more easily so I decided to approach one of the other students and we became study partners."

Having to Compromise

Making personal life adjustments to attend university turned into having to make personal compromises when university demands exceeded what had been outlined and anticipated by the nurses. The nurses became "upset" and "angry" at "the system" for "imposing unrealistic workload demands." The difficulty for the nurses was that they had done preplanning to fit university into their life and when extra demands entered into the game compromises had to be made.

CARMEN compromised her personal life in order to meet her educational goals:

> I have found that I have had to compromise in other parts of my life in ways that I am not pleased with. I haven't been able to keep up with any socializing with friends and I find it hard to have the time to work on handling the stress of the situation. I haven't really been doing much to manage my health, that's for sure.

MISS Z made a decision of how much she would compromise her personal life in order to attend university. She sounded so dejected and defeated as she very quietly said, "I will never be an 'A' student because other aspects of my life are too important to me to just immerse myself into the books." SKI was very concerned that some of her colleagues were not understanding they could not get maybe the highest marks "because of their situation." She was very sincere and emphatic as she said:

A lot of girls are only taking two courses so they can make
eights and nines. It sort of makes the rest of the girls feel
dumb. But hey, they are taking four or five courses, working
part time and have a family...they do need to be reassured they
are not any dumber than anyone else, it is just their situation.

Seven of the nurses were working either casual or part time in

order to finance attending university and living. MISS Z was working

almost full time hours while taking three nursing courses. She sat

very straight in the chair and had a stern expression as she described

how her basic "survival" was being compromised while she was attending

university: "It is a very big strain for myself (financially). I

didn't stop working and that is a big strain too. Most of the faculty

members have said: Why are you working?" MISS Z sat forward in the

chair and the volume of her voice increased, "Because no one is paying

my bills!" MISS Z's tone of voice became slightly sarcastic as she

continued: "Then they say: 'You should get your priorities straight!'"

Her voice tone now became very soft and she sat back in the chair, "I

am getting my degree and that is nice but it is not the most important

thing in my life. The most important thing in my life is basically my

survival, my well-being, my health and these don't go together with

taking my degree.

MISS Z saw that she had no choice put to make the personal

compromise. She sounded very dejected as her shoulders slouched and

her smile disappeared:

I guess I am putting nursing, no I am putting this degree program
above my personal life right now. I have made my choice but I
feel I have no choice. I just fit it all in...I will do what
ever I have to, to get through. That isn't a very positive
attitude, I know but "I have never been this pessimistic about
anything in my whole life." Her body posture took on a very

guarded and tense appearance even though a smile formed on her
face. When I said to her, you are smiling even though you
feel that way and she said, "but I am not smiling on the inside."

MAC was not doing clinical bedside nursing as much as she had

hoped she could because studying and field projects were "taking more

time" than she had expected. One month she found she did have to work

because she needed new glasses and as she sighed and shook her head

she said, "we just didn't have the money in our budget so I had to

work." For SUZIE the personal compromise came when their car "died"

and she had to make a decision of what she would compromise:

> If I continue then I'll have to work more hours and I won't be
> able to spend as much time on my studies as I would like to. If
> I drop a few of my courses it will take longer and I don't think
> my family could handle that and if I quit altogether I will be
> letting my dream die and I will be really disappointed.

One of SKI's compromises that she had to deal with in attending

university was in losing some of her previous skills. She was very

calm as she talked about losing some "technology skills" but sounded

disappointed at losing her "people skills." SKI laughed as she

explained why she was losing her people skills, "I think with

attending university it is hard to be receptive to others when you are

fried yourself"!

When the nurses were not able to adjust to the stress of the

situation they felt "defeated." They felt they should be able

to cope with the stress of this situation because they coped

successfully in nursing situations that they considered as stressful.

CARMEN felt she was not being able to cope with the stress she was

experiencing which was upsetting as she could usually cope with

"stressful situations":

> Usually in stressful situations I've been able to adapt like
> water running off a duck's back and I can cope with the things
> that are causing me stress but this time the stress and the
> pressures are hitting me very very hard and I don't feel like I
> am dealing with them that well yet.

MISS Z had one experience where she felt if she would have added one

more item to her personal performance menu she would have had a

nervous breakdown:

> I was setting up my timetable with assistance of one of the
> professors. She said I had to take this certain course in this
> term and I said I can not take four courses and she said well you
> will have to and I said, (MISS Z's voice became very stern and
> her speech was very slow and staccato) "Listen to me. I can not
> take it this semester or else, I will have a nervous breakdown."

Being Helped Up or Being Brought Down

When the nurses talked about "getting through" the experience

they talked thankfully of "being supported and encouraged" by family,

friends, colleagues and professors. Almost in the same breath their

smiles disappeared and they spoke with disappointed surprise that at

times turned to resentment at how they could be "brought down" by

professors and colleagues. Sometimes the nurses found that colleagues

provided "no support" for getting through the experience.

The nurses always talked about their families as "helping me

through" and they "couldn't have done it without their family

support." MAC said, "I would have felt very alone without my

husband's support" and VICTORIA thought having no support would be

like "being alone on an island."

All of the nurses were pleasantly "surprised" at how much support

their families gave. MAC's "surprise" in her husband's support was initiated by his willingness to relocate to another city in order for her to attend university, "I just couldn't believe how supportive he was...I didn't really expect that." MANDY was happy that her husband remained supportive even after all the "bad stuff" they thought could happen, as a result of her attending university, did happen.

CARMEN's support for getting through the experience came from her boyfriend in the capacity of "encouragement" and "some esteem rebuilding." She smiled and crossed her arms tightly in front of her as she said, "When I am particularly stressed there is always a hug."

MISS Z reflected on how she was feeling so discouraged and how her family and friends helped her, when all of a sudden she sat up straight in the chair, leaned forward with an expression that made you think she had made an incredible discover:

> I have a brother who was living with me and we are very close. When he was here I never felt this frustration. He moved away for a year. That could have something to do with it, I don't have someone there all the time to say you are doing fine don't worry. And your family can say things that nobody else can.

The nurses found that friends and work colleagues were more supportive if they had attended university. THESNIF talked appreciatively of her friends, "they know what I am going through... they can understand." MISS Z said that her work colleagues who had not attended university "couldn't give" her any support because "they haven't been there."

SKI's head moved up and down as she talked about the "positive" aspects of having friends go back to school at the same time as she

came back to university. Her head them moved from side to side as she talked about the "negative" aspects of doing studies at the same time, "We tend to support each other but we can also bring each other down, but for the most part it is positive."

The nurses all found the professor made "a real difference" to the learning experience. SKI found: "There are some professors you can challenge with your ideas and some you can not." There was yearning in her voice as she talked about how she could challenge her instructors in the diploma program. The professors approach is what made the difference in making the experience a "learning experience or an evaluation experience." SKI described the difference having a supportive instructor was having on her ability to learn: "The professors make a very large difference. The professor this term is making all the difference. It is not a case of I am going to fail or I am going to drop out, it is: What do I do to get a better mark. The good professors give you options and give them early so you have a chance to reach your goal." SKI smiled as she said, "This term I have a chance on these last weeks to pull up my boots and get my act together and go for it...last term I didn't find out I was having a problem until the very end and that didn't give me any chance."

All of the nurses found that some professors approached them as adults while others approached them like children. The nurses spoke with a tone of appreciation when they were treated like adults. They spoke with disappointment and surprise when they were treated like children. CAROLYN and MANDY both made reference to "I shouldn't have

to take this at my age" [Remember they were both in their forties].

MAC, SUZIE and MISS Z "couldn't believe they would treat us that way"

and sounded so surprised when they said, "they must have gone back to

school as adults." MAC sounded very upset, the clenching of her

fists added to the tension in the air as she relived her experiences:

> Some instructors treat you like adults. They realize
> that you are there for yourself and you will get the project
> done. You have other responsibilities and they know that. If we
> don't get it done we are only letting ourselves down.
> In other classes it is, "you should have been prepared for this"
> they just like to reprimand you like you are a child.

SKI sounded disappointed as she talked about some of the nursing

professors, "There isn't a comrade feeling with the professors. There

isn't a feeling like, here is a helping hand up."

SUZIE described the professors as either "giving a helping hand

up or being able to crush you." CARMEN concurred with SUZIE:

> Some of them are really supportive and encouraging. They are
> there to help you to meet your goal while others just are there
> to evaluate you and they will decide if you have met your goal
> or not.

CARMEN continued sharing different experiences where she wished the

professor had been more supportive, then she stopped and gazed out the

window as if she were deep in thought. She started nodding her head

very slowly up and down as if to say, yes that is right. With the

nodding came the statement, "It is very stressful and your self esteem

is being threatened by the new situation and by the heavy workload"

CARMEN stopped for a few moments, she gave out a heavy sigh and then

her breathing became very deep and each exhale caused her shoulders to

sink lower and lower. Her faced looked like it was being drained of

all energy as she wistfully said, "Sometimes you need the

encouragement on your strengths."

SKI and four other nurses had to deal with a professor's approach

that seemed to zap all of their energy. The experience required them

to take energy that was ear marked for learning and put that energy in

dealing with the "inner turmoil" that resulted from internalization of

the professor's approach. SKI was very stern as she talked about how

she had gotten the impression that a nursing professor was telling SKI

that she was not a good nurse. Even though SKI intellectually negated

what the professor was saying she could not negate her emotional

feeling. The emotional feelings were overpowering SKI's ability to

learn in all of her courses and as she said it put her in a "bad frame

of mind" about the nursing degree and it required her to use so much

"emotional energy" to deal with the situation:

> It put me in a bad frame of mind. It made it so I had to do a
> lot of mind work, a lot of back tracking [sic]. It made it hard
> to listen to her in class. I had to say to myself: "I'm going to
> get as much out of this as I can. It doesn't mean I have to
> swallow the whole pill, I'll just try to get the best out of it."
> It took a lot of hard work and a lot of energy. I had to spend
> so much emotional energy...I shouldn't have been made to feel so
> uncomfortable. I had to use so much emotional energy to try and
> get the knowledge. It was going through a bunch of head games.

THESNIF sounded frustrated and disappointed with how a

professor's approach could influence utilization of personal energy

for learning:

> ...it is their intonation. What they are really saying is,
> 'don't question anything I have to say because we don't have time
> for that'. That makes it really a real struggle...you feel like
> you are up against it all the time...you have to work harder to
> even try to learn because you have to get by their approach.

MISS Z made a wish of how she would like professors to give her encouragement to help her through:

> You know what would be nice? If once in a while a prof would just say to you: 'You know you are doing OK', rather than writing all these comments, this is wrong, this is wrong, this is wrong! If once in a while somebody would say that was good, maybe it wasn't a nine but that was a good point, rather than always bringing you down.

The nurses all found some university students as "giving support." MISS Z talked about how she "gathered five or six friends"(nurses) at university and how they were "trying to help each other through":

> I have gathered five or six friends here and we are just trying to help each other get through this program. They are very supportive. We go for lunch once a week and one will start by saying: 'I have not cleaned my house in a month', and another one will say,'my kids have not had clean sheets in four months' and they say,'I am so glad that I am not the only one that can't get it all together'. We are more of a support group. I don't think I could continue without their support. I know now that I am not the only one who can't get it all together.

MANDY gave a sigh of relief as she talked about how much support she obtained from the nurses in the program. She described her previous encounters with nurses as "non-supportive" and "back stabbing." A smile came on her face and she relaxed into the chairs as she explained:

> I have really never had positive relationships with nurses when I was working... Here it is different. The nurses here are not like the ones out there. We can discuss things, they are friendly and they are supportive. I have learned a lot from them and it is nice to get their perspective on issues. It is nice being around them here.

MAC and three of the nurses gained support for continuing in the program through "being inspired" by other nurses in the program. MAC

sounded as if she was encouraging herself when she talked about the

inspiration she gained from the other students:

> ...you see this mother with three kids...and she's doing it. You
> think, "if she can do it I should be able to."..you see someone
> 40 or 50 years old and you think, "If they can so can I."..that
> really inspires me.

All the nurses found at least one colleague at the university

that was not supportive of the nurse's situation. For MISS Z the non-

support came in comments from other colleagues about her level of

achievement.   MISS Z sat back in the chair and as she voice took on a

tone of regret her head began to move from side to say as if to say,

they don't understand:

> Some say I don't know how you can be happy with a six, but those
> people don't work, all they do is go to school. A lot of them
> have husbands who are bringing in an income and I don't have
> that. I have to work.

Losing Support

The eight nurses who had been working before attending university

all felt they had "lost" some personal support and were "looked at

differently" by their work colleagues. SKI found working as a float

nurse, while attending university, was a disadvantage because she "no

longer got support" from the people with whom she worked.

RUTH and MISS Z described situations where they were at risk of

losing personal support from their diploma nursing friends as they

did not understand the time commitment involved in attending

university.

RUTH sounded annoyed that her nursing diploma friends expected

her to keep in touch with them to the same degree as she did when she

was working:

> They don't understand that it is not like doing our diploma.
> They think just because I am not in class that I have time to get
> together. They don't realize the amount of time I have to spend
> studying and doing papers in the library. They just don't
> understand.

MISS Z sounded frustrated as she described her diploma nursing

friends as "getting upset" with her because "I never call... I am

never at home so obviously I don't value their friendship." She sat up

straight in the chair and said emphatically, "That isn't true. I just

don't have time."

MAC's voice was quiet and guarded as she talked about how she

tried not to lose the support of her diploma work colleagues:

> There are bad feelings, mixed feelings about having a degree...I
> couldn't tell them I was coming back for me because they wouldn't
> understand...I didn't want to rock the boat...I didn't want to
> lose their respect...so I told them I had at least 20-30 years
> left in nursing and I had to keep up with the flow.

A Question of Worth

When the nurses talked about what they were learning in the

experience there was visible excitement and exhilaration along with

visible dejection and frustration. They described their experience

with what they were learning as: "an opening", "a broadening", "a

confirmation of their beliefs." They described the material they were

learning as "interesting" but too much of the content was "too far

from reality." The nurses' view of reality was what would be possible

to implement in their "lifetime." It appeared from the data that the

nurses asked two questions about the worth of the learning

experiences.

An Opening

The first question of worth was, what is the significance of the learning experiences?

The nurses found the learning experiences were significant in "opening" their "eyes" and "thoughts" to issues that pertained "to everyday living" as well as being opened to see nursing as they had never seen it before.

All of the nurses talked about different aspects of the learning experience which helped them "to see" their abilities and enabled them to have a sense of confidence in themselves as people. SUZIE sounded thankful for how the university had opened her to the world and to herself, "It has opened my eyes to see a broader perspective of the world...I won't be afraid to try new things."

MANDY was talking about her life and she paused for a moment and then said softly and with an air of satisfaction, "University is helping me unravel some of the things in my life. I am coming to certain realizations about myself." She then went on to talk about those realizations and how a course she was taking was helping her to "look into" her life and postulate some answers.

MISS Z described how having to cope with the program had "opened up" how she viewed herself and helped her to gain more self confidence in her abilities as a person:

> I was always confident in myself but now being here and having to cope with all of this has opened up that part of how I view myself. I guess you don't realize the resources you have until you are forced to do something.

THESNIF found it "exciting" to see what she was learning

happened in "everyday life":

> One of the biggest rewards is finding trends and patterns in
> everyday life that are outlined in the theory. I was listening
> to the radio and it really seemed to apply... I thought ya that
> is exciting to show up!

The nurses were also experiencing being opened in their nursing

role. VICTORIA sounded so exhilarated as she smiled and moved her

head up and down slowly, "It has increased my sense of responsibility

with my patients." THESNIF's face held a satisfied smile when she

spoke of being opened to more opportunities in nursing, "There are so

many more opportunities than I had thought."

The nurses were also finding what they were learning was opening

them to see nursing like they had never seen it before. For SKI, the

problems in nursing started to become visible. SKI relaxed in the

chair and rested her head in her hand. She sounded as if she was very

far away and her gaze only added to the distance that she was placing

between her body and her thoughts, " I am beginning to see why there

is so much dissension in nursing, why there are so many conflicts."

She was so quiet and distant that no comment could have brought her

back. RUTH sounded so satisfied with "seeing the whole grey area of

nursing open up" for her.

MISS Z sat back in the chair and her shoulders began to sink as

she shared how learning more about nursing was affecting her:

> It has given me more insight into nursing but it has made me much
> more discouraged about nursing. I was so much happier when I
> didn't know all the problems in nursing. Now that I am taking
> this degree, and seeing all of this, I just don't think any type
> of nursing will give me a real sense of job satisfaction. I do
> regret starting my degree because it just isn't worth it. I

won't make nursing my career, not now. I just wasn't exposed to
these nursing issues in my diploma.

A Broadening

The nurses felt their views of nursing were being "broadened" and

"expanded." SKI saw the experience as giving her a "broader

perspective" of nursing and she felt that was "very valuable." MISS Z

found that hearing the "different views of students in other

faculties" helped her to "expand" her understanding of different

issues. SKI found doing her clinical practicum in an area that she

has never worked in allowed her "to see" the different and valuable

perspective of the nurses who worked in that area.

All of the nurses placed value in learning what nursing "really

is" from listening to their colleagues. They felt they "expanded

their view" of what nursing is because of the variety of backgrounds

of their nursing colleagues. SKI sat back and smiled, "I have

learned a lot from them." MAC sounded pleased and excited as she

said, "I never knew nursing encompassed so many things." SKI guessed

she had gotten "tunnel visioned" working in the hospital for the past

six years and THESNIF was exhilarated because seeing the expanse of

nursing made her feel like she "could stay in nursing now" and she

didn't have to be "a physician's handmaiden" and SUZIE saw she was

"only a physician's assistant before" and now she wanted to "be on the

patient's turf." VICTORIA described how she saw the degree affecting

her views of nursing, "To me nursing is caring but the degree of

caring is going to change for me now. I didn't have the whole concept

of the things I was doing before. The degree has expanded that, it will enhance my practice...it is going to enhance my contributions."

All of the nurses experienced a broadening of nursing knowledge into "what nursing could be" and they all "hoped" that "someday" nurses could practice the "ideal." Coming to university resulted in MISS Z seeing "two parts to nursing", "One is out there in practice and one is from in here, in the 'ivory tower'. Hopefully they can become one, so then we could become focused toward the same thing." CARMEN spoke with certainty when she said, "It has given me a better understanding of things and also some good sound knowledge."

All of the nurses found that they were learning to question all aspects of nursing and they were learning the "whys" behind a lot of the things they just did automatically before. THESNIF's eyes brightened and a smile appeared, "What I am learning is to question everything."

The broadening also encompassed views about university education. SUZIE sounded disappointed and angry as she said, "It isn't the be all and end all of education...I shouldn't have put it way up there on a pedestal...but I now have a better understanding of how to manipulate the system."

SKI found that attending university was "giving" her "some insights" into why professors are not as supportive as they could be:

> I think the professors are asked to do too many things: research, teaching, counsellors, and scholars. Like no one can have that many hats and be good at all of them. It is unfair to them and in turn it is unfair to us. I think a lot of the profs are burnt out too.

Four of the seven married nurses felt that their husbands were sharing in some of the learning and were "coming with" them versus "being left behind" or "growing apart." THESNIF's eyes widened and a lifted tone came to her voice as she talked about the personal broadening she was seeing in her husband that she attributed to her attendance at university, "I know he has a broader focus now and I take credit for that."

Confirming Beliefs

Beliefs about personal ability and nursing were confirmed by attending university and taking nursing courses. SUZIE said with self-certainty, "The experience has confirmed my confidence , it has tested what I thought was true about myself."

SKI sounded happy and relieved when she talked about what she was learning. As she continued sharing how she felt, she moved to sit up straighter in the chair. It looked liked she was being pumped up:

> It is confirming and strengthening a lot of feeling I already had about nursing. Often in the hospital you are put in uncomfortable situations. Now I can go out there and say, I'm not the only one who feels this way. I already knew that but now I have theories behind me. It has been good in that way. It has also confirmed the things I have looked negatively on too. I had a lot of problems with the way administration and organizations were but one of my sociology courses is pointing out that my feelings are a reality. You now know those things that you thought were not positive are indeed there and that they are not positive. It shows you what you thought were problems are indeed problems.

THESNIF sounded exhilarated when she said, "I knew there was more to nursing than just following orders...It is confirming and reaffirming what I thought was true."

Weighing the Factors

The second question of worth the nurses asked was: Is the learning in line with helping me to achieve my personal goals to the level that is worth the personal sacrifice?

Nine of the nurses questioned if they should continue with the baccalaureate in the first four months of their full time studies. Five of the nurses said they would have quit but they had "come to far already" and they "might as well have a degree" after their name. MISS Z said she couldn't quit because she had over half of her credits completed. She sounded very wistful about being able to quit because the workload was more than she believed to be realistic for one person to handle:

> I would like to quit but I can't quit at this point, I have gone this far. I know I shouldn't quit. It is just the end is not in sight yet and they ask too much, it is just too much for one person to do.

CARMEN thought about leaving the program at mid-terms and then decided to wait until the end of term to make a decision:

> I thought about leaving the program around mid-terms, last term (which was the first semester as a full time student). I decided that if I felt that I hadn't made some sort of progress for all the bustle and flurry by Christmas that I would leave. It was weighing those two things to decide if doing the degree was worthwhile.

CARMEN's voice became serious:

> It is so product orientated, you are always supposed to be producing, producing, and you are always supposed to be busy. I appreciate a slower pace where you can notice everything... maybe we need to be busy and learn all these facts maybe by learning more you retain more but I don't know. It is just a question I have: 'Are we really learning'!

MANDY came into the program questioning whether she should do her

degree in nursing or in another area. She was still asking that
question and still sounded puzzled during our last time together, "I
am not sure about nursing I am still turning it over, and over, like a
Rubik's Cube." As she paused a questioning furrow developed on her
brow, "I am trying to see what is in it for me, if I should stay."
Her voice took on a tone of defense, "Maybe that is selfish but there
must be something in all of this for me, it has to have a purpose."

THESNIF sounded thankful that the material she was learning was
"reinforcing" what her supervisor was helping her to learn on the job.
She sounded so happy and a smile appeared when she added, "Now I can
stay in nursing."

Too Far from Reality

Eight of the nurses viewed portions of nursing theory as
being "too far from reality." The material was viewed as being too
far from reality because they believed that they would never apply
the material in their lifetime. This frustrated the nurses because
they felt if they learned material that might be useful in their
lifetime then they would acquire more depth and not just "skim the
surface of everything." They didn't mind the learning experiences it
was just that there was so much to learn and "having to learn material
that you'll never use" was described by SUZIE as being "a waste of
time and energy."

SKI was visibly upset as she talked about how she felt about what
she was learning. She moved from side to side in her chair and the

volume of her voiced increased as she spoke:

> During the program there were times I felt like I wanted to get
> out of the program. A lot of it was the discrepancy between
> reality and theory. The theory is nice but in a large part it is
> so far from what reality is and I know what the reality is. They
> give you the global view in the theories but they don't give the
> reality"!

As SKI continued to talk about reality and ideals she described two

nursing experiences to back up her statement about what she was

learning, "They keep telling us how management supports the nurses,

well, in reality that is not quite true"!

MISS Z had a tone of total frustration and disappointment in her

voice when she was talking about how it was great to learn the course

material but what she wanted was "more" of the material to be

"realistic" for her to be able to apply in the hospital:

> I am learning so much more than I'll ever be able to put into
> actual practice. If I did try and use it I would be told to quit
> wasting my time... The learning part is good, but when I am
> learning so much that I will never be able to practice, I become
> frustrated. If I will never be able to use it, why should I
> learn it?

MISS Z said her advice to nurses about whether they should come back

for their degree would be, "If they are not going to nurse for the

rest of their lives, it isn't worth it to take the degree."

All of the nurses found some element of their nursing assignments

"unrealistic" because what they were suppose to learn was "not being

practiced" in reality. MANDY sounded so frustrated as she talked

about the difference she saw between theory and practice, "We are

suppose to apply all of this in our practicum and you don't see it

being practiced...by your preceptor so you just wonder about it all."

SUZIE was visibly upset when she talked about the professors

application of theory, "They don't use the same principles that they

teach."

MISS Z's voice was very emphatic and her tone raised as she

shared her feelings about a nursing course assignment:

> The assessment they want us to do with one family is extremely
> unrealistic. The field guide I have does not do that kind of
> assessment. She has one piece of paper for six to ten visits,
> yet I have two visits and I have documented twenty-four pages,
> that is unrealistic. The assignments are not realistic to what
> is really going on in the nursing world.

All of the nurses talked about at least one of their professors

as being "unrealistic." What was unrealistic was their "attitude."

SUZIE and MISS Z agreed that it would be "wonderful if most of their

goals could be achieved but I don't think they will... They are trying

to do too much at once." MISS Z wished nursing could be what the

professors said "it should be", "It might be in the future but not in

my life time and that is very sad because these women, these profs,

all the people in nursing throughout Canada are trying so hard."

All of the nurses experienced some sense of personal worth from

attending university. MANDY shared how attending university had

increased her children's feelings of respect for her and that the

experience was helping her to "withdraw" from her children without

feeling guilty:

> I think they respect me more. The other day my youngest
> surprised me, I told them I had studying to do so they had to do
> more of the chores, she said 'now you know what it feels like'
> and she gave me a nice warm smile. Maybe it is easier because
> they see we have something in common. There are rough times too
> but parts of it are better. I think university has been a crutch
> for me to withdraw from them a bit and not feel guilty, anyway I
> feel good about that.

MANDY had a big smile on her face and sounding really satisfied as she talked about how her attending university was influencing her son to work harder at school:

He is listening to everything I say. He would like to go to university so I think he is lapping up everything. He is really hitting the books too because he sees how difficult it can be and he sure hears that enough from me.

Being Confined by Practice

The clinical bedside nurses felt that they were not able to put the majority of what they were learning into immediate nursing practice. When the nurses talked about this experience their comments included, "I've given up", "It just doesn't work in reality", and "I can't go back to being confined like I was before." MISS Z was solemn as she talked about how she had "given up trying to integrate things into (clinical)practice...at work." She gave a large sigh and seemed to melt into her chair. She looked like a little girl trying to get away from something and then very quietly she said, "I hope that I do help some. I hope my courses have done some good." MAC sounded tentative and hesitant as she talked about how she had changed her approach to patient care from what she had been learning, "I decided to try it and everyone looked at me like, why are you doing that." MISS Z was told by a nursing supervisor "that she was out of her bounds as a nurse," that was enough for MISS Z to state, "The theory just doesn't work in practice. CARMEN viewed what she was learning as "requiring a lot of changes in the future...and it isn't going to be easy."

MISS Z sounded wishful as she talked about how she would like

nursing to be:

> I would like to do things on the ward but I can't. They just
> don't listen to me because I am a nurse and I'm not supposed to
> know those things and it will be a long time before medicine
> recognizes nurses' abilities.

SUZIE wanted to be able to implement what she was learning. She

sounded disappointed and uncertain about being able to go back to

bedside nursing:

> You learn the ideal and when you go back out of school you learn
> that life is not the ideal you have been taught...the hospital is
> too far removed from the ideal, and the ideal has become very
> important to me. I don't think I could tolerate that amount of
> inconsistency now...there must be some place that is closer to
> the ideal than the hospital.

SKI felt she had a solution to being "confined" by nursing

practice. She was very sincere and hopeful as she said, "If the

professors related the content to more of the reality of nursing in

all aspects of practice them maybe more of the nurses would see how

the theory could be put into practice and thereby provide us with a

means for feeling more 'satisfied' with nursing."

Remaining Uncertainty

The nurses all entered the program with the idea that the program

would provide them with a means to the future. They all remained

"hopeful" that their pursuit of the degree would be "worthwhile" and

not be "a waste of time." Each one of the nurses were at different

stages of questioning the worth of the nursing degree for their

envisioned future.

SKI gazed into the distance and was soft spoken as she talked

about her future after the degree, "I don't know if it will help, I think it will in the long run". Then she became more determined in her voice tone and sat up straight in the chair, "But I know when I finish I will need to get a lot of skills that are still out there before it is going to give me the be all and end all job, if there is one."

MISS Z set her jaw and her voice was very emphatic:

Getting my degree will mean absolutely nothing to my nursing. It might mean a different job but those kinds of jobs in nursing would take me farther away from what I feel is real nursing, which is working on the ward. I wish the diploma had never been invented and everybody had their degree.

CARMEN's voice was quiet and she looked thoughtful and sounded hopeful as she talked about the worth of the degree:

I am sure it will be worthwhile because there was a great need for a change. I weighed a lot of options and when you do that you learn a lot about yourself and what you really want to do. I really like people and I really like nursing. I think it will be worthwhile after it is over, but right now I can't say.

Summary

Attending university was a journey that had been a dream from an undetermined origin. Being able to attend university was considered a personal accomplishment because the informants believed people who attended university were revered by society.

The journey of attending university as a nurse in the pursuit of a baccalaureate degree began with visions of the experience as being a means of bringing hope to one's future. Thoughts about the journey resulted in visions of what the experience would be like, to begin

developing. Visions about the experience developed related to: (a) what would be gained by going on the journey, (b) how would one be treated on the journey, and (c) how successful would one be in completing the journey. Travel plans were made with the idea that minor adjustments might have to be made along the way. Trip contingencies had been developed should the journey not be what was expected or not be achievable at this point in time.

The journey began with a fear of the unknown but with a nervous excitement that this journey could be a means to the future. During the journey eyes and thoughts were being opened, views were being broadened, personal beliefs and nursing profession beliefs were being confirmed. As the journey unfolded it became a game of survival. All along the journey there were threatening events which limited freedom to explore and learn to one's personal satisfaction.

The journey started to require additional personal adjustments. When adjustments were no longer sufficient, undesirable compromises had to be made in order to complete the journey. The question of whether the journey was going to be worth the personal sacrifices demanded an answer. It seemed impossible to turn back. To quit could mean closing a door to a future that might be opened by completing the journey. But was there going to be enough energy left to continue? There was so much to see and learn. All of it was interesting but if the journey took on a route that was more realistic, maybe completion could be possible without such personal turmoil. Even though uncertainty remained, undying hope kept the journey alive.

CHAPTER V

THE END AS A BEGINNING

This chapter is presented in four sections. The first section of

the chapter includes the analysis and discussion of the themes that

emerged from the informants descriptions of their experiences during

the post-basic baccalaureate nursing education experience. The

discussion includes the commonalities and differences between this

study and the related documented literature. The second section of

the chapter outlines the concluding thoughts of the researcher which

focuses on issues the researcher believes should be addressed by

educators involved in post-basic baccalaureate nursing education. The

third section of the chapter outlines the implications of the study

for both nursing and university education. This section includes

issues that nursing, nursing education and the university educational

system need to address in order to increase the potential

contributions of adult learners. The final section summarizes why the

informants participated in the study and how they felt about the

research approach.

The Journey

Fulfillment of a Dream

Coming to university was a fulfillment of a dream for the nurses.

Chapman (1986) found that attending university had been "a long

standing desire" for the informants and was considered a personal
accomplishment. The nurses all questioned their ability to achieve at
university and since they valued a university education there is a
suggestion that they questioned their own worth. It is postulated
that one reason the nurses had not attended university for their
diploma could be related to a lack of confidence in being able to
achieve at university. This is supported by the fact that eight of
the ten nurses did pre-course work toward to the post-basic
baccalaureate degree before entering the program full-time. The
nurses made comments that the pre-course work gave them confidence
that they could pass university courses. The researcher has heard
this comment by numerous post-basic students who have, like Chapman's
informants, "tested the waters" before jumping in. The nurses agreed
with THESNIF's comment that: "Attending university was a risk, but it
was a calculated risk."

The Vision

The nurses engaged in learning for the same reasons Knowles
(1980) has cited most adults engage in learning: "They feel a need to
learn and perceive a personal goal that learning will help to
achieve"(p.56). The need for the nurses was the need for personal
"accomplishment" and the goal was obtaining "a means to the future" by
having a degree.

The nurses were motivated to come back to school from the

intrinsic factor of desiring an increased sense of personal
"accomplishment" in their future. One of Sabina's (1985) informants
described the desire for attending university as coming from "within."
Career advancement was seen as possible with the degree, but the
reason for wanting career advancement was because it was envisioned
that career advancement would enable the nurse to be in a position of
"power" to facilitate "change" and "make a difference" in the future.
Previous nursing research has identified many motivating factors for
pursuing a degree such as: career advancement, maintaining present
employment, and desire (Epp,1986; Hammer and Tufts, 1985; Erickson,
1983; Shane, 1983). This research study suggests that the informant
nurses were motivated by one intrinsic need: personal accomplishment.
Chapman found that the informants in his study were also in search of
personal accomplishment as attending university was seen as providing:
(a) enlightenment, (b) intellectual enrichment,(c) personal
enhancement, and (d) academic validation.

A major stimulus for returning to school was some dissatisfaction
with their current life which mostly revolved around personal
dissatisfaction with employment challenges and opportunities to make a
difference. Findings from Chapman's (1986) study also demonstrated
that dissatisfaction in life was a key factor in pursuing a university
education. The nurses felt that the university degree was their only
option at this time for what they wanted in their future. The nursing
degree was the quickest route because it required two years compared
to four years if the nurses had sought a degree outside the Faculty of
Nursing. Some informant nurses saw the nursing degree as the only

option since they were planning on continuing in nursing and stated they did not want to be left behind when a baccalaureate became the only entry route into the profession. Eight of the nurses wanted to keep the door open for continuing studies in the future. Chapman's informants saw a degree as their only choice for career opportunities.

From listening to the nurses experiences the researcher strongly believes that the need for increasing one's sense of accomplishment in one's life was the motivating factor driving all of the nurses to pursue and get through the baccalaureate program. None of the nurses had a definite career goal that was being pursued; however all were looking to a future of personal and professional accomplishment.

All of the nurses had a vision of what the experience of attending university would be like. The nurses did preplanning to try and make adjustments to their lives [personal journey] so that they could incorporate attending university [professional journey]. The nurses were different than the adults in Chapman's study who thought university could be absorbed into their life. A problem for the nurses was that complete preplanning was impossible because they did not know all the particulars for planning the experience. Eight of the nurses took courses toward the degree before attending university full time in order to reduce the course load from five to three or four courses and to see if they could do it. Seven of the nurses planned on having to continue working to meet financial requirements, so pre-course work was undertaken in order to see if and how they could accommodate university into their existing life. The data

suggests that each of the nurses personal life situation was different. For some there was more room for adjustments to be made along the way while for others attending university was almost impossible as they had few resources left when the experience required more time than what was anticipated. For these nurses adjustment resources were used almost immediately upon entering full time university status. They began making compromises as the experiences required more time than had been expected. It was at this point that coping ended and survival began.

Although eight of the nurses had done courses prior to attending university as a full time student, they found inconsistencies between workloads for courses with the same credit value which made preplanning almost impossible. Chapman's (1986) adult informants felt that attending university could be absorbed into their present life.

A Game of Survival

The nurses found that their ability to complete a university education was threatened by having to deal with the university system. The nurses had to learn the system which required a lot of time and energy and their frustration with the system resulted in feelings of "inner turmoil." Chapman (1986) found that informants were not willing to accept the university system during their first university experience while they more willing to accept it during the second experience. Chapman postulated that this resulted because the informants viewed the second university experience as being their only

career choice option. Three of the nurses were willing to accept the university system and deal with it. Two of the nurses had previous university experience; one of the nurses had taught courses at the university and had children in university. Three nurses made comments that they didn't like the system but they knew they couldn't change it. The remaining seven nurses described being angry and at times resentful toward the university system. Chapman found the informants had negative feelings that stemmed from "the conventional institutional pedagogical" demands of the university system.

The nurses had a general fear of failure and questioned their ability to make it through the experience. All of the nurses made reference to their self esteem being lowered during the experience. Sullivan (1984) suggested that feelings of failure and inadequacy are the result of the person's inability to alter self-performance expectations to accommodate the learner role. Chapman (1986) found the informants developed overwhelming guilt feelings about not being able to meet their personal expectations of themselves within their family. In this present study the nurses used all their known personal resources in order to plan for the university system. The study data suggest that the nurses did not have enough information to do adequate preplanning or to do ongoing planning while in the program. The major element of attending university that was not anticipated fully was what the nurses called "learning the system." The study data suggests that excessive personal energy was channeled toward having to deal with the system. The nurses then had to compromise energy essential

for either learning activites or for living.

The personal reactions of the nurses to the university experience were emotional, included pleasant surprise when things were better than envisioned, and turned to regretful disillusionment when the experience did not meet their expectation. The informants in Portnoy's (1980) class described feelings of "emotion turmoil" during their degree experience.

The nurses found their self-concept of being a good nurse and having the ability to achieve was threatened by the professor's educational approach and by the system as a whole. Their self-concept was threatened because they received little acknowledgement and recognition for their abilities as adults or their professional experience as nurses. These comments were the most common comments made by nurse learners about how they felt they were treated by their nursing professors. The emotions, displayed by the nurses as they relived experiences with some of their professors, are in keeping with Epstein's (1973) view that a threat to a person's concept of self results in negative emotions. The nurses also found they were using emotional energy to try and deal with their feelings of unmet expectations. The nurses inability to manage their emotional energy, has been explained by Felkner (1974) as the result of too many threats to the person's concept of self thereby the person becomes at risk for becoming overwhelmed, disorganized, and unable to cope with the situation. Frustration, anger, exhilaration, and resentment were all emotions documented by previous authors regarding the reactions of

nurses who have gone back to school (Downing and Macmillan, 1987;
Sands, 1987; Sabina, 1985; Shane, 1983; Schipiour, 1981; Portnoy,
1980; Hillsmith, 1975). Three nurses voluntarily shared their
reactions to reading material they were given relating to Shane's
(1983) "returning to school syndrome." The nurses were given the
material after they had shared their frustrations with the learning
experiences with a nursing professor. The nurses felt there was some
truth to Shanes's description of the "returning to school syndrome",
however they felt it lacked describing the personal aspects of the
experience. The nurses felt that Shane's stages were being assumed to
be the explanation for why they were feeling upset or depressed which
resulted in feelings of resent and anger toward the professor.

The nurses felt they had limited freedom to learn the content in
the depth they wanted because of the breadth of the content and the
time limitations. Some felt they were not free to learn content they
would have liked to pursue and, therefore, felt that learning was
being imposed upon them.

All of the nurses came to university with an idea of what would
constitute achievement. They initially saw "marks" as being an
indicator of achievement but all of them came to the point where they
decided marks were not an indicator of their personal learning. The
nurses all believed that they were learning much more than their marks
indicated, and so marks were negated as a true measure of learning.
The marks became an indicator of knowing how to write a multiple
choice exam or being able to put down on paper what the professor

wanted to hear. Marks were seen as being required in order to go on to further education which resulted in considerable emotional upset for the nurses who could not put the time into their studies because of their life situation. At this point the nurses started evaluating the whole university experience and tried to understand why they could not achieve their expectations. They also saw inconsistencies in workloads between nursing and elective courses. The nurses used the credit allocation as guidelines for anticipating how much time they would have to allocate to a course. The nurses viewed evaluation as not demonstrating their learning. Festinger (1957) would have described this situation as causing "dissonance" between how the nurses perceived others viewed their performance and how they wished to be viewed as performing.

The nurses had to make adjustments and sometimes compromises in order to get through the experience. Sabina's (1985) informants found they also had to make readjustments to their expectations of the learning experience. Compromises made during the program were seen as being related to the system requiring more time than was realistic. The nurses found they were always shifting priorities in order to accommodate the university experience into their lives. Stevenson (1984) found shifting priorities between the adult learner's many roles was a common behavior of adult learners. Seven of the nurses rated family as having a higher priority than attending university. The remaining three rated the experience as having equal priority with family. If a choice had to be made between the university and their

family, the nurses'choice would be their family. The nurses felt

caught when they saw the university degree as their only option at

this time. They had already invested a lot of time and money into the

experience, so quitting was desirable but not an acceptable choice.

Chapman's (1986) findings suggested that the family wanted to maintain

an existing economic lifestyle and not regress. Four of the married

nurses in the present study felt more secure when they were able to

live on only their husband's salary. One of the nurses said she would

not have started the program if she had not received a scholarship,

while the remaining nine nurses felt that their standard of living was

reduced by returning to school. Seven of the nurses were working in

some capacity in order to help meet their financial commitments.

The nurses found the professors made a real difference to the

learning experience. The learning experiences with the professors in

this study offers support for nursing authors who have stated that the

professor's beliefs about and approaches with the learner have a large

influence on the resocialization process. The descriptions from the

nurses suggest that they expand their roles as nurses, which supports

Woolley's (1978) view of the resocialization process in baccalaureate

degree education. The nurses commented that the degree does not make

them better nurses but does expand their views of nursing and opens

them up to see nursing like they have never seen it before. This

suggests support for the expectation that the baccalaureate takes the

nurse from a technical nurse to a professional nurse. The nurses did

not appear to take on a new nursing role but they assumed a role as a

continuous learner. By coming to the university they were socialized into the university system which includes the university system of professional nursing.

The nurses felt that family, friends, colleagues and professors provided assistance in getting through the university experience, while some professors and colleagues threatened achievement of the dream. Friends and colleagues without university education, for nine of the nurses, were not as supportive as those who had university experience. This required that the nurse used coping behaviors, like avoidance, to reduce the chance of having any threatening contacts. The nurses coped with non-supportive comments by disregarding the comments and by no longer discussing the experience openly. The nurses felt that dealing with non-supportive situations required expenditure of energy that they would rather put toward learning, but they could not put aside their emotions totally. They sensed a loss of support from previous work colleagues because of attending university for a nursing degree.

The nurses were inspired by their contacts with the other nursing students who had different nursing backgrounds. These contacts were inspiring because the students could hear the experiential variations in nursing and begin to understand the reality of different situations first hand, versus only learning through readings. Experiential learning was highly valued by the nurses.

A Question of Worth

The nurses found that the experience helped them appreciate their own abilities which helped them gain confidence in their personal resources. The nurses found the course content in the degree program heightened their awareness about nursing and societal issues and helped them to start seeing the expanse of nursing. The broadening encompassed looking at the whole of the nursing profession which helped the nurses see the issues facing nursing and see the "whys" behind nursing actions and issues.

Four of the seven married nurses felt that their husbands shared in their learning. The nurses found themselves discussing issues they had never discussed with their husband's who they felt were "coming with" them during the experience. They were both able to understand each other better. The nurses felt this new understanding with their spouse was an unexpected benefit of pursuing a university education.

The nurses found attending university broadened their views on university education. Chapman's (1986) informants and the nurses in this study all gained great satisfaction in learning material that was personally meaningful. For the nurses this was material they could use in their nursing practice or use in their personal lives. The experience resulted in confirmation of many beliefs [positive and negative] about themselves and about nursing.

The nurses weighed the value of their learning against the personal compromises and sacrifices they made in order to determine if the nursing degree was worthwhile. Five of the nurses considered

leaving the program. One considered switching faculties because she was disappointed in what was being taught. One nurse sought more control over her program of studies and surveyed possible faculties that would be flexible so she could meet her learning needs. Two wanted to quit but knew they wouldn't because they had come to far. One informant in Chapman's (1986) study switched faculties because of being disappointed in the learning opportunities. The switch made it possible to set a more personal program of studies which resulted in positive feelings about the university learning experience.

The nurses found that too much of the learning material was too far from reality to be applicable in their lifetime. Mabbett (1987) suggested that if this feeling is affirmed when the nurses leave an educational program that the nurses are at risk of becoming "burned out" and could result in them leaving the profession. One of the nurses in the present study was talking about leaving the profession because of not being able to implement changes that would make the profession the ideal that was being taught at university.

The nurses found that their current experience with clinical bedside nursing did not allow them to practice what they were learning in the university degree program. The data suggest that when peers and colleagues, in the work place, were not supportive of implementing new ideas the nurses would either see that the material was unrealistic for practice or that practice needed extensive changes in order to be considered as the future working environment. Three of the seven nurses who were working as clinical beside nurses prior to

entering the program had envisioned going back to bedside nursing following the degree. Within six months of attending university they decided they would only go back to clinical bedside nursing until they found an employment position that would fit with their expanded view of nursing. The data suggest that the nurses wanted to make a difference in the future. If the nursing position was envisioned as not allowing for the goal to be achieved, then the position was not appropriate in their future.

The nurses remained uncertain about the worth of the degree during their first year of full time studies at the university. The researcher believes the question of worth will remain unanswered until the nurses have the opportunity to see if the degree becomes "a means" to "make a difference" and gain more feelings of personal and professional "accomplishment."

Concluding Thoughts

It is the researcher's belief that the key factor influencing the meaning of the degree experience is the frustration in dealing with the university system. The nurses "believed" their vision of what attending university would be like. They prepared themselves to the best of their ability, using previous experience and what they were told by people they considered knowledgeable about university education. The nurses trusted the experts view of the university system and believed the system was there to help them reach their goal. The nurses became very emotional and angry when the university

system was seen as changing from being helpful to being a barrier. The nurses felt they had no control over the system so they had to learn the system and work within it. This required considerable energy that brought up the question, "Is it worth it?". The question remained unanswered but persisted as the nurses used all their resources in making adjustments to their pre-planned expectations and then had to make compromises. The nurses had four choices: (a) maintain their level of personal achievement expectations and sacrifice their support network, (b) reduce personal achievement expectations and sacrifice some of the support network, (c) lower personal achievement expectations and not sacrifice the support network, and lastly (d) withdraw from the program. What option the nurses chose related to their personal situation and was a very difficult decision for each of them. They wanted to learn and do their best which was intrinsically important to an experience they viewed as "means" to their future. Not meeting their own performance expectation was seen as personal failure even though they were passing courses. Not being able to meet personal performance expectations because the system required more than they believed to be realistic was defeating, particularly when some of the nurses saw doors in their future being closed that were initially seen as being open.

The researcher believes that the nurses valued the content they were learning and were opened up, broadened, and gained confidence in themselves as people and nurses. The difficulty for the nurses was not being able to see how the material they were learning could be

used in their lifetime or how it fitted in with their perceived

reality of nursing. It is the researchers belief that the professor's

approach with the learner when presenting issues and views has the

potential for either encouraging the learner to expand and consider

different ideas or can result in the learner resisting and negating

ideas or issues presented by the professor.

The researcher believes that if university educators could reduce

the amount of energy needed to manage the university system learners

would have more energy to learn content and feel more satisfied with

the experience. If nursing education and practice could become, as

one of the nurses said, more unified and focused, then the nursing

profession could reap the rewards of nurses wanting to improve its

future.

Implications of the Study for Nursing and Education

Insights gained from this study suggest that nurses seek

challenges and opportunities to increase their feelings of personal

accomplishment. When the nurses felt that their present employment

could no longer satisfy their need for accomplishment, alternative

career avenues were considered for meeting that need. The choices

were either to pursue a career in nursing that could be more

challenging or pursue a career outside of nursing that could be more

rewarding. The data suggest, if an employer or the profession wants

to maintain it's experienced people, there must be opportunities for

the nurse to be involved in professional activities that meet their

need for personal accomplishment and their goal of being able to make a difference. The data suggest that post-basic baccalaureate nursing education should include educational approaches that promote the development of strategies and ability for participation in creating change.

The study data and the material from nursing authors (Green, 1987; Mabbett, 1987; Schipiour, 1981; Muzio and OHashi, 1979; Hillsmith, 1975) suggest nursing educators and practitioners develop collaborative integration of learning experiences that would allow the learners to see their learning experiences as realistic and worthwhile.

The findings support the perspectives of other authors (Wallhead, 1986; Arms, 1985; Betz, 1985; Sullivan, 1984; Schipiour, 1981; Knowles, 1980) who have suggested that nursing educators should carefully evaluate their beliefs and attitudes about adult learners, and their instructional approaches if they wish to positively affect the resocialization of nurses. Additional studies should be conducted to evaluate learner reaction and achievements to varied educational approaches in post-basic baccalaureate nursing programs.

Based on the findings adult learners need ongoing assistance to deal with or adjust to the university system. Nursing faculties need to implement and evaluate the effectiveness of such assistance. The findings support previous authors (Woolley, 1984; Ericksen, 1983) who have suggested that nurses need to develop an understanding of the resocialization process they are involved in, along with developing

skills in working through the process. The data suggest that learner

assistance should be ongoing as previously suggested by Queen (1984).

The informants in the study as in other studies (Sabina, 1985) stated

they were not comfortable in seeking out assistance. Three of the

nurses suggested having "open sessions" between faculty and students

so there could be a sharing of information throughout the program. It

was suggested the sharing should include: information about the

program, suggestions on how to get through the program, and discussion

of personal feelings experienced throughout the program.

Informants' Comments about the Study

All ten informants in the study remained and completed all the

interviews. They were very willing to share their experiences and on

no occasion did an informant refuse to share their experiences.

At the end of the third interview with the first six informants

the researcher asked for comments on how they felt about how the study

was conducted and their feelings about being involved. All of the

informants stated they felt that the interview approach was most

appropriate for this topic. They stated they would not have

participated if they had been required to complete a questionnaire or

write the story of their experiences. They all believed that

individually taping their comments without the researcher being

present would not have been possible or acceptable. They thought it

was important to have the researcher there to clarify questions and to

provide words of encouragement, as then they felt whatever was said was "OK." One of the informants commented that she felt the researcher listened and accepted whatever was said without giving any sense of judging the informant. Just to have someone listen to what they were going through was believed to be a kind of "therapy" in dealing with the educational experience. They were positive that a questionnaire would not have allowed them to describe what the experience was like for them.

All of the informants said they participated in the study because they saw the study as a way they could contribute in "making a difference" in university baccalaureate nursing education. SUZIE captured the groups comments as she looked directly into the researchers eyes and sincerely said:

> I hope your study can help make some changes because I know I can't and I guess that is why I came because this is one way, a possible way of making some sort of impact somewhere and maybe changing things.

All of the informants thanked the researcher for caring enough to find out what the experience was like for them and they wanted to know how to access the findings of the study.

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A p p e n d i x   C

Participant Information

I would appreciate the following information. The data is needed so proper analysis of the data and comparisons can be made with previous research information. THANKYOU.

Pseudonym_____ Age_____ Gender: F or M

A. University Status: part-time or full-time, other_____

B. Present Employment: full-time, part-time, casual,
                      other_____.
    employment position: _____.

C. Post Secondary Education:

<u>Year Completed</u>

    1. Nursing diploma------------------

    2. Certificate program(s)-----------

    3. Baccalaureate (other than
        nursing)------------------------

D. Are you single, married, divorced, widowed?

E. What priority does this education experience have in relation to your life activities and roles? (please circle)

Highest		Moderate		Lowest
1	2	3	4	5

F. What life activities and roles have higher or equal priority with this education experience?

    1. Higher priority:_____

        _____

    2. Equal priority:_____

        _____

A p p e n d i x   D

Pool of Interview Questions

A. How has this experience, of post-basic baccalaureate nursing education, been compared to what you expected?
    1. Have you been learning what you expected?
    2. Have the courses been what you expected?
    3. What has been your experience with your professors?
    4. How have you been treated by other nursing students?
    5. What has it been like to get back to studying and writing papers?

B. What experiences have been the most frustrating for you?
    1. Why have these experiences been frustrating?
    2. What has going through these experiences meant to you?

C. What experiences have been the most rewarding to you?
    1. Why have these experiences been so rewarding?
    2. What has going through these experiences meant to you?

D. What has occurred in your life since you started the post-basic program?
    1. What adjustments have you made in your life to make time for your studies?
    2. Have there been any unexpected events that have happened since you started the program. If so, how have you dealt with them and what has this meant to you?
    3. How have you incorporated returning to school into your life?
    4. What has returning to school meant to you personally?
    5. What have you had to give up to return to school?
    6. Has returning for your baccalaureate been worth it to you? In what way?

E. What does pursuing your baccalaureate degree mean to you?
    1. How has taking the program affected your views on the nursing professsion?
    2. How has taking the program affected your views on nursing education?
    3. How has taking the program affected you personally?
    4. Why did you decide to take your baccalaureate degree?
    5. Would you recommend other nurses to take the baccalaureate program? Why?

F. What are you finding out about yourself that you did not realize before?
    1. What do you like about yourself?
    2. What do you want to change in yourself?
    3. Has coming back to school affected how you perceive yourself? If so how?