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Department of NURSING

The University of British Columbia
Vancouver, Canada

Date Oct 10, 1992
ABSTRACT

The development of personal empowerment in nursing students is thought to be a critical element not only in the promotion of a positive personal and professional self-image among graduate nurses, but also in the advancement of the nursing profession. This study was designed to explore and describe the experiences of master's nursing students with the aim of adding to the knowledge and understanding of the development of personal empowerment in graduate level nursing education. The qualitative method of ethnography was used to conduct this study.

Data were collected through formal interviews, informal interviews, and observations of master's nursing students within the settings related to teaching/learning experiences. The majority of the data were collected through 27 semi-structured interviews that were conducted with 13 informants. Ten of these informants were full-time, currently-enrolled students, and three of the informants were full-time students who had graduated from the program with the past year. Data collection and analysis were conducted simultaneously. The process of data analysis gave rise to themes that were clarified and validated by the informants and gave direction to the construction of the informants' accounts of their experiences.

All of the students described themselves as having been personally empowered, to varying degrees, as a result of their experiences in the master's nursing program. They perceived that they had acquired knowledge and skills that would contribute to the achievement of their professional goals. Further, by being successful in the program, they had developed a positive self-concept that was associated with a sense
of being able to take control under difficult circumstances and overcome adversity. However, most of the informant also perceived that the level to which they had been empowered was limited by the excessive pain of some of their experiences in the program. Often, these negative experiences tended to overshadow the more positive experiences and to color the students' perceptions of their experiences as master's nursing students in a negative way.

The data revealed that the development of personal empowerment is, ultimately, the result of a collaborative effort between and among master's nursing students and nursing faculty. First, students, themselves, have the capacity to promote their own sense of personal empowerment through constructive adaptive strategies directed toward acquiring knowledge and skills and toward coping with adversity. These strategies often necessitate reflection on personal beliefs, values, and assumptions; they often require a shift in students' perceptions of self in relation to the experience of being a master's nursing student. Second, supportive peer relationships, built on mutual trust and respect, are important in promoting both professional and personal growth. And third, the nursing faculty play a critical role in structuring learning experiences and fostering collegial, caring relationships that nurture the students' development of personal empowerment. The research findings have implications for nursing education and nursing research such that the development of personal empowerment in nursing education will be enhanced.
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CHAPTER ONE
INTRODUCTION

It has been suggested that a critical focus for nursing education in Canada today is the development of graduate nursing programs (Baumgart & Larsen, 1988; Kerr, 1988). There are currently 11 Canadian nursing programs at the master's degree level, and doctoral programs have recently become a reality. These programs have the goal of preparing nurses for leadership roles in advanced clinical nursing practice, nursing research, teaching, and administration (Baumgart & Larsen). Students entering a graduate nursing program expect that their educational experiences will enable them to acquire the knowledge, skills, and self-concept that will empower them to reach their goals as nursing leaders. This study sought to describe the experience of master's nursing students and to provide an understanding of the development of personal empowerment within the context of their educational experiences.

Background to the Problem

Empowerment has been conceptualized as both a process and an outcome (Gibson, 1991). As an outcome, empowerment encompasses positive self-concept, self-efficacy (Gibson), and optimism about one's ability to achieve desired ends (Kosowski et al., 1990). The individual who is empowered possesses an understanding and appreciation of personal strengths and abilities, a sense of hope and direction, recognition of the social, cultural, economic, and political conditions that contribute to powerlessness, and the energy to act in creative and constructive ways (Mason, Costello-Nickitas, Scanlan, & Magnuson, 1991). Empowerment
has transactional and synergistic dimensions in which the empowerment of one individual generates empowerment in others (Montisano-Marchi, 1984).

Personal empowerment of nurses is believed to be vital not only for the individual nurses, but also for the growth, development, and empowerment of the profession of nursing (Copp, 1989; Mason et al., 1990). There is abundant literature that articulates the powerlessness of the nursing profession in influencing the health care system (Jenny, 1990; Mason et al.; Stevens, 1983), in improving practice conditions (Martin, 1990; Mason et al.), and in speaking effectively on behalf of clients (Weis & Schank, 1991; Zerwekh, 1990). The public image of the nursing profession and the felt experience of nurses as powerless is thought to contribute to a lack of unity within the profession, burnout, failure on the part of nurses to demonstrate commitment to the profession, failure to attract prospective students into the nursing profession, and the current nursing shortage (Hegyvary, 1990; Martin).

The notion of empowerment in nurses is particularly relevant in view of the perceived inadequate and declining state of health care delivery (Tanner, 1990b) which has been called the "moral failure of the patriarchy" (Watson, 1990, p. 62). It has been suggested that the values underlying contemporary health care policy are oriented toward the values of the medical profession and that this technological, cure-oriented perspective has failed to address the social conditions such as poverty, pollution, and homelessness that contribute to disease (Tanner, 1990b; Watson). It is believed that this perspective has contributed to a failure to devote adequate financial resources and research efforts toward the major health problems of the future that are projected to be
related to an aging population and chronic illness (Maraldo & Solomon, 1987). Further, it has contributed to a failure to respond to societal demands for a focus on health promotion and illness prevention (Maraldo & Solomon; Moccia, 1990). It is thought that the profession of nursing not only has the opportunity, but also the obligation to take a leadership role in shaping the future of health care delivery (Tanner, 1990b; Welch, 1987). However, the proactivist stance required to fulfill this role is dependent on the collective ability of the nurses to realize and wield their power; it is dependent on the collective efforts of empowered nurses (Kosowksi et al, 1990; Mason et al, 1991; Stevens, 1983).

Nursing education plays a critical role in the development of professional attitudes, values, and behaviors in nursing students and, consequently, in the reinforcement of nurses as powerless individuals or in the development of personal empowerment in nurses (Martin, 1990). Leading nurse educators are calling for a curriculum revolution because of the perceived role of nursing education in creating and maintaining powerlessness in nursing students (Griffith & Bakanaukas, 1983; Pitts, 1985). Bevis (1988) asserts that the proposed changes in nursing education arising from the curriculum revolution must ultimately affect the liberation and empowerment of nursing students.

"Nursing eats its young" (Meissner, 1984, p. 52) is a graphic phrase that describes the perceived experience of students as they undergo the process of nursing education (Hedin, 1989; Martin, 1988). This phrase speaks to overt and covert practices in nursing education that are thought to arise from the inequitable power relationships
between students and faculty and that are thought to undermine the students' self-confidence, produce unnecessarily high levels of stress, and interfere with the students' achievement of educational goals (Allen, 1990; Klaich, 1990; Meissner; Parkin, 1989; Pitts, 1985; Stone & Goodwin, 1988). Additionally, the nursing student who is a graduate student must deal not only with the frustration, stress, and threats to self-esteem that are said to be inherent in the graduate student experience (Rimmer, Lammert & McClain, 1982; Taylor, 1975) but, often, must also deal with the adjustments and changes related to returning to school as a registered nurse student or after many years away from the academic community (Perry, 1986).

In 1990, there were 847 students enrolled in master's level nursing programs in Canada (Statistics Canada, 1991). This number is expected to increase significantly with the continuing implementation of baccalaureate entry-to-practice standards in nursing throughout the country. However, little research has been done in the area of graduate nursing education (Allemang & Cahoon, 1987; Stinson, Field, & Thibaudeau, 1988). In view of the potential leadership roles that will be assumed by graduates of master's nursing programs and in view of the transactional nature of empowerment, a study of the development of personal empowerment in master's level nursing students may yield information that will have a significant influence on the personal self-image of nurses and the professional image of nursing. Recent nursing literature describes nursing education as oppressive and, therefore, contributing to an identity of personal and professional powerlessness in nurses. These claims underscore the need to explore the educational
practices in nursing education that may be perceived by students as empowering or demoralizing - educational practices that are challenging or threatening, constructive or destructive, and caring or uncaring.

Statement of the Problem and Purpose

The problem that this study addressed was the lack of knowledge about the development of personal empowerment in the educational experience of master's nursing students. Explicating this experience is timely in view of the proposed curriculum revolution in nursing education and may contribute to the body of knowledge about how nursing education can best meet the learning needs of students and prepare empowered practitioners. The literature supports the notion that the development of personal empowerment in nursing students may be significant in the development and progress of the nursing profession. No studies could be found that addressed the notion of personal empowerment in nursing education. Therefore, the purpose of this study was to describe the development of personal empowerment in the experience of master's nursing students. The research questions that this study addressed were as follows:

1. What are the elements of the educational process that master's nursing students have experienced that contribute to the development of personal empowerment?

2. What are the elements of the educational process that master's nursing students have experienced that inhibited or prevented the development of personal empowerment?

3. What are the elements of the educational process that the master's nursing student suggest be implemented to enhance the
development of personal empowerment?

4. What consequences have the experiences of master's nursing student had on their personal and profession identity?

Significance of the Study

Scientific Significance

The results of this study will provide information about the development of personal empowerment in the experience of master's nursing students and contribute to the existing body of knowledge about the experiences of students at the graduate level in nursing education. Moreover, they may provide a basis for the generation of further related research on the experiences of master's nursing students, or research on the notion of personal empowerment in nursing education, or on both.

Practical Significance

The information arising from the data generated by the informants could assist nurse educators to understand and respond to some of the educational practices in master's level nursing education that are identified as facilitating or inhibiting the development of personal empowerment. From the student perspective, a description of the experiences of students enrolled in a master's nursing program could provide a basis on which students might validate and build on their own experiences toward a higher level of empowerment.

Definition of Terms

Personal empowerment

A state in which an individual experiences a sense of personal power in being able to achieve desired ends and influence life experiences. This state is facilitated by the acquisition of the
knowledge, skills, and self-concept specific to the goals and aims of the individual.

**Master's nursing student**

For the purpose of this study, a full-time student who is either currently enrolled in the first or second year of first level graduate studies in nursing, or who, as a full-time student, graduated within the past year.

**Educational process**

For the purpose of this study, the planned and unplanned, student-generated and teacher-generated experiences in learning that pertain to the progress of the student toward the achievement of a master's degree in nursing.

**Assumptions**

For the purpose of this study, the following assumptions were made:

1. Master's level nursing students are able to articulate their perception of personal empowerment and their personal experiences in relation to its development.

2. Personal empowerment is a phenomenon that can be facilitated or hampered by the educational process in master's level nursing education.

3. Personal empowerment is a phenomenon that can have a significant positive impact on both the personal and professional identity of master's nursing students.

**Limitations**

The limitations of the study were as follows:
1. The sample is limited to masters nursing students in one
Canadian university and thus can not be generalized to other
populations.

2. Informants may distort data in view of their position as
currently-enrolled students in the master's nursing program. This
potential problem is discussed in the section on reliability and
validity.

3. This researcher may distort interpretation of data in view of
her position as a currently-enrolled master's nursing student. This
potential problem is addressed in the section on data collection
procedures.

Introduction to Methodological Approach

A qualitative research design was used to study the development of
personal empowerment in the experience of master's nursing students.
This design is appropriate when "virtually nothing seems known about a
topic or phenomenon" (Munhall, 1990, p. 164) as was the case in this
study. Qualitative research designs are intended to result in an
understanding and interpretation of experiences from the perspective of
the informants (Field & Morse, 1985). Oiler (1982) adds that nursing,
as a profession, respects the individual as the creator of a personal
reality and, consequently, it was appropriate to use a qualitative
approach that was consistent with this philosophical position. In
contrast to quantitative methods, there is no attempt to place controls
upon the phenomenon being studied, nor is the aim to determine causal or
measurable relationships among variables (Field & Morse).

More specifically, the theoretical perspective that guided the
research methods was ethnography. Because the researcher was a member of the cultural group being studied, the participant-observer stance that is consistent with ethnography seemed to be particularly appropriate. Ethnographic methods require first-hand contact with the people and the setting concerned and participation in the group (Ornery, 1988). Instead of collecting data about people, the ethnographer seeks to learn from people, to be taught by them (Spradley, 1979, p. 4). Rosenthal (1989) notes the suitability of ethnographic methods in studying nursing education because of the emphasis on process and the strength of ethnographic methods in yielding a description of the totality of a situation. Ethnographic methods in data collection, as described by Aamodt (1982), can focus on either the emic or the etic perspective or both. In this study, the emic perspective was the primary focus; that is, the ideas, beliefs, and knowledge of the informants that were expressed verbally as they talked about what they knew and did. The etic perspective, that is, the observable patterns, objects, and events in the setting, was a secondary focus that was used to generate questions and to validate data arising from the emic perspective. Ornery warns against the exclusive adherence to either the emic or etic perspective due to potential loss of data. The combined emic and etic approach used in this study contributed to the comprehensiveness of data and added to its richness and depth.

Organization of the Thesis

In this first chapter, introductory information about the study of the development of personal empowerment in master’s nursing students has been presented. This information included the background to the
problem, problem statement, research questions, purpose, significance, assumptions, limitations, and research method. Chapter Two presents the literature that provided the theoretical context for this study as well as an overview of research- and non-research-based literature that is relevant to master's level nursing education. Chapter Three provides specific details about the ethnographic research methods used in this study. The fourth chapter provides a descriptive account of the informants' experiences as master's nursing students. Chapter Five presents a discussion of these accounts in relation to literature that was described in Chapter Two as well as other relevant literature. The sixth chapter includes a summary of the study, conclusions, and implications for nursing education and nursing research.

Summary

The study of personal empowerment in nursing education is timely in view of the current and potential status of the nursing profession within the health care delivery system. The focus on master's nursing students is particularly relevant in view of the expected leadership roles in nursing that will be assumed by these graduates. Moreover, shifting philosophical perspectives in nursing education support the notion of personal empowerment in nursing education. This chapter has described the foundational perspectives for the study of personal empowerment in the experience of master's nursing students.
CHAPTER TWO
REVIEW OF THE LITERATURE

Introduction

There is little in the nursing literature that addresses the concept of personal empowerment or even the broader notion of empowerment. It is only recently that nurse educators have begun to visualize personal empowerment of students as a consequence of nursing education and what this might mean to the profession of nursing. Thus, it is necessary to begin this review of the literature by placing the concept of personal empowerment into the context of current theories about nursing education and nursing as a profession.

The research-based literature that follows the theoretical context pertains to the educational experience of masters level nursing students in their roles as masters students, nursing students, and registered nurse students. Therefore, four bodies of literature relating to undergraduate nursing education, graduate level education, graduate nursing education, and registered nurse students will be reviewed. This review is limited to those bodies of literature that shed light on aspects of the development or lack of development of personal empowerment. Educational experiences that are perceived as satisfying, that fulfill personal and professional expectations, that enhance self-esteem, that increase competencies, and that facilitate learning are experiences that are thought to be empowering (Beeman, 1988).

Theoretical Context

Personal Empowerment

The notion of empowerment is linked most frequently with
discussion of preventative social and community intervention (Kieffer, 1984). There have been numerous studies that have reported social phenomena such as helplessness, alienation, powerlessness, social impotence, feelings of loss of control, and sense of meaninglessness that have been experienced by individuals in cultures that are "disadvantaged," "deprived," or "underprivileged" (Kieffer). However, even out of the most socially, culturally, politically, and economically oppressive conditions, individuals have been able to take control of their lives (Kieffer). This process by which individuals have been able to develop personal empowerment has become a theoretical perspective for social scientists in working with individuals, groups, and communities.

Empowerment, as a process, is a mechanism by which individuals, organizations, and communities "gain mastery over their lives" (Rappaport, 1984, p. 3). Inherent in the notion of personal empowerment is the belief that individuals have the right to define their own needs and to act on that understanding (Lord & Farlow, 1990). Individuals who are empowered experience a sense of control that may encompass psychological, spiritual, interpersonal, economic, and/or political realms (Rappaport). Empowerment entails true collaboration, the sharing of power, and acting on the assumption that competencies are present or possible "given niches and opportunities" (Rappaport, p. 4). There is a focus on the individual's strengths and capacities instead of deficiencies (Lord & Farlow). Power is not viewed as a limited resource but rather a resource that can be shared and, through this sharing, become self-generating (Montisano-Marchi, 1984).

Rappaport (1984, p. 3) states that empowerment is more easily
defined by its absence: powerlessness, learned helplessness, alienation, and sense of loss of control over one's own life. The counterpoint to empowerment is powerlessness in which an individual experiences a sense of being unable to determine the occurrence of outcomes through personal behaviors (Kieffer, 1984). Powerlessness arises out of conditions of oppression, enslavement, and domination in which individuals become trapped as victims (Pinderhughes, 1983). It is reinforced by social institutions and, therefore, empowerment necessitates an understanding of the historical, sociocultural, and political roots of powerlessness, and the options for action to escape conditions of oppression (Kieffer; Lord & Farlow, 1990).

Individuals who have developed personal empowerment do not view themselves as having more power but rather as feeling more powerful (Kieffer, 1984). They are transformed in the ways in which they relate in social systems; they become proactive rather than reactive; there is a shift in the way in which they perceive themselves, others, and events (Kieffer; Lord & Farlow, 1990). Although the development of personal empowerment is an individual effort, it can be nourished by significant others and through collective efforts (Kieffer). Most often, there is a significant individual who inspires, supports, or facilitates the development of personal empowerment (Lord & Farlow). Individuals who are in a position of power guide and facilitate the empowerment of others rather than intentionally or unintentionally cultivating a dependence in order to enhance their own self-esteem and status (Pinderhughes, 1983). They view their role as supporting the capabilities of others in taking control and responsibility for their
own lives (Lord & Farlow). Empowerment occurs only to the extent to which those with power allow it to take place (Hess, 1984).

Gibson (1991) offers a conceptualization of empowerment that flows from her examination of the attributes, characteristics, and uses of the concept. Personal empowerment is a quality or property that an individual possesses as a result of the process of empowerment. Empowerment, as a process, is defined as "a social process of recognizing, promoting, and enhancing people’s abilities to meet their own needs, solve their own problems, and mobilize the necessary resources in order to feel in control of their own lives" (p. 359). Gibson’s empowerment model is composed of the client domain, the nursing domain, and the interaction between client and nurse. The client who is in a situation where actual or potential loss of power is experienced has feelings of distrust, alienation, hopelessness, or self-blame (Kieffer, 1984). The empowering response is initiated when a particular symbolic or emotionally significant episode threatens the individual’s pride, sense of connectedness to others, or self-reliance, and elicits feelings of outrage or a sense of confrontation (Kieffer). The nurse acts to enable the individual to become empowered through the roles of helper, supporter, counsellor, educator, resource consultant, resource mobilizer, facilitator, enabler, and advocate. The relationship between the client and nurse is characterized by trust, empathy, participatory decision-making, mutual goal-setting, co-operation, negotiation, and legitimatizing. The client who is empowered achieves a sense of self-determination, self-efficacy, sense of control, motivation, self-development, learning, growth, sense of mastery, sense of connectedness,
improved quality of life, better health, and a sense of social justice.

In contrast to the notion of powerlessness, empowerment is a more difficult concept to define because it takes on a different form in different people and contexts (Rappaport, 1984). It can be an internalized attitude, or it may be understood as an observable behavior (Rappaport). Ultimately, the development of personal empowerment is a subjective experience that is best articulated by those who have been empowered (Kieffer, 1984).

**Powerlessness in the Nursing Profession**

It has been suggested that the roots of powerlessness in the nursing profession lie in the patriarchal nature of the health care delivery system and in the fact that nursing is a woman-dominated profession (Stevens, 1983). Lovell (1980) claims that the medical profession is acting in its own best interest in maintaining a dominant position in the health care delivery system by preventing the realization of the power potential of other health care disciplines such as nursing. Through its focus on cure, the medical profession acts to devalue the contribution of nursing and is, in fact, controlling and diminishing the professional image of nursing (Lovell, p. 75). The fact that much of what nurses do is not visible to society compounds the problem (Wolf, 1989). Ashley (1980) adds that, although on the surface nurses are praised for their care-orientation, "medical ideology . . . negates the very existence of nursing as a separate and valid profession with much of value to offer society, a service that goes beyond mere treatment of disease to the provision of needed care for the health of people" (p. 20) and instead keeps nurses "subjugated, powerless, and
politically impotent" (p. 13).

Nurses have been described as an oppressed group which lacks autonomy, control, and status within the patriarchal health care delivery system and who demonstrate this through self-hatred, awe of authority, resistance to change, avoidance of initiative, and internal conflict (Fagin & Maraldo, 1988; Jenny, 1990; Roberts, 1983). According to Freire (1970), the behavior of an oppressed group is based on an attempt to internalize the behavior, norms, and values of the dominant group in society in order to become equally successful and powerful. Nurses who adopt the technological, cure-oriented stance of the dominant medical profession are often rewarded by being given leadership positions within the profession of nursing (Roberts). However, these nurses not only demonstrate a dependence on the profession of medicine and a self-hatred toward themselves as nurses, they also promote this attitude among other nurses through their positions of power (Roberts). Roberts calls this a form of horizontal violence in which nurses are engaged in confrontation with other nurses rather than their oppressors. These nursing leaders who function from a position of dependence with respect to the medical profession and a position of authority with respect to the nursing profession have been described as "queen bees" (Staines, Tavris, & Jayaratne, 1974, p. 45) who hoard their knowledge and skills, who resist making any changes in the system which promoted and supports their position as leaders, and who perpetuate the oppression of nurses through their own controlling behavior and by devaluing what the dominant group devalues (Roberts). Caring, which has been called the essence of nursing (Barnum, 1987), is perceived as an
inherent feminine quality (Reverby, 1987) and, therefore, not adequately valued or practiced (Tanner, 1990a; Wolf, 1989). Intuition, which has been defined as "understanding without rationale" (Benner & Tanner, 1987, p. 23), is not given legitimacy by the fact-oriented medical profession and, therefore, not by nurses (Miller & Rew, 1989). It has been suggested that it is unlikely that nursing can develop further as a profession and have a significant impact on the health care delivery system until nurses cease to oppress each other (Ashley, 1980; Klaich, 1990; Rosenfeld, 1986).

**Powerlessness in Nursing Education**

It has been argued that educational practices in nursing fail to promote the development of a positive professional image in students (Hammer & Tufts, 1985) and, in fact, socialize nurses to "subordinate themselves and their ethical commitments to the authority of physicians" (Noddings, 1990, p. 406). Having been denied power and control in nursing and in education, faculty tend to exert power over students by placing them in submissive roles and utilizing manipulative strategies to maintain authority (deTornyay, 1977). Faculty do not foster student independence, creativity, sensitivity, and self-motivated learning; they make students feel threatened, powerless, and incompetent (Griffith & Bakanauskas, 1983).

The notion of students as an oppressed group lends impetus to the curriculum revolution. Freire (1970) describes the "banking" concept of education in which the education of students is under the control of teachers who make deposits of information into the minds of the passively accepting students. Students learn, directly and indirectly,
to submit to the dominant group—the teachers—and are manipulated into thinking, feeling, and behaving in accordance with the wishes of their oppressors. Education is a one way process, and the inequitable power relationship between teachers and students is explicit.

Instead of being nurtured, nursing students are judged and overwhelmed with unrealistic study loads and unrealistic expectations by nurse educators (Meissner, 1986). Students learn to compromise their standards and learning suffers as teachers fail to devise teaching methods that promote self-motivated learning and generic thinking skills (Holbert & Abraham, 1988). By imposing predetermined learning objectives, the previous educational and life experiences of students are negated and the individual learning needs of students are ignored (Hedin, 1989; Pitts, 1985). Students quickly learn that their own beliefs and values are less significant than those of others who hold positions of power (Pitts).

deTornyay (1977) states that traditional nursing students no longer exist and that nursing education is failing to address the issue of diversity in students who have different life experiences and values. It has been suggested that the power held by nurse educators and an unreasonable focus on grading and evaluation requires students to conform and to devise manipulative strategies to survive the educational process (Diekelmann, 1990). Students lose freedom and humanity by becoming a product (Pitts) and, ultimately, become compliant and obedient but dependent, angry, and unthinking practitioners (Allan, 1990; Hedin & Donovan, 1989). The message is conveyed to students that there is only one right answer to questions, only one right way to do
things, and creativity is stifled (deTornyay, 1988). The oppression of nursing students leads to a sense of powerlessness and a sense of anger that interferes with the learning process and leads to a loss of commitment to the profession of nursing (Hedin & Donovan; Munhall, 1988).

**Empowerment in Nursing Education**

Empowerment in nursing education calls for a more democratic learning environment that empowers students to acquire and analyze information on their own (Allen, 1990). This process of empowerment of nursing students necessitates a more egalitarian relationship between teachers and students, recognition and affirmation of the knowledge, capacities and past experiences of students, permission to create and explore, and explication of the moral foundations of nursing and health care issues (deTornyay, 1988; Hedin, 1989). Learning becomes meaningful for every individual and students are empowered through an awareness that meanings and answers lie within them and they need not depend on others to tell them what to think and do (Hedin & Donovan, 1989).

Empowerment in nursing education entails the deliberate building of self-esteem through respect and caring, encouragement, interest, and trust (Martin, 1990; Zerwekh, 1990). It occurs through experiences in which students develop a sense of connectedness with other students and faculty; it occurs when students are guided to increase their sense of control through affirming feedback, clear expectations, appropriate responsibilities, strong role models, opportunities to make choices, and opportunity to risk failure and to grow from the experience (Zerwekh). Emphasis is placed on learning how
to learn and transferring learning from one situation to another (Martin). It means helping students to develop the knowledge and skills that will equip them to function as independent, critically-thinking practitioners who will be able to fulfill the mandate conferred on the profession of nursing (Martin). Students who are empowered come to see themselves as participants and creators of their worlds (Hedin & Donovan, 1989).

Undergraduate Nursing Education

Research that reflects the educational experiences of undergraduate nursing students describes some of the problems in nursing education as well as proposed solutions. It should be noted that while most studies are quantitative in nature, some of the more recent studies are qualitative and thus capture the students' perceptions of their educational experience.

Beck and Srivastava (1991) studied the perceived level and sources of stress in baccalaureate nursing students. Their findings revealed that students experienced relatively high levels of stress throughout all years of the program and that the items ranked highest as sources of stress included workload, exams/grades, lack of free time, lack of timely feedback, difficulty with patient responsibilities, and relationships with faculty. Although experiences with patients were seen as stressful, relationships with patients were also seen as the most satisfying experiences. The authors noted strong evidence of negative feelings of inadequacy, frustration, and discouragement with the program. In view of the students’ perception of the faculty as nonsupportive, the authors recommended exploration of strategies to
improve student-faculty relationships. Beck and Srivastava were also interested in the finding that the students' greatest uncertainty was about the choice of nursing as a career and about university education for nurses. They theorized that these feelings of ambivalence may influence the students' motivation to learn and their commitment to the profession of nursing. The authors speculated that the students' feelings might reflect the struggles that the profession of nursing is experiencing in establishing a positive self-image.

The study by Beck and Srivastava confirmed the findings of earlier studies by Zujewskyj and Davis (1985) and MacMaster (1979) in which the sources of highest stress identified by baccalaureate nursing students were academic workload, the clinical instructor, and clinical evaluation. These authors pointed out that these elements, which are intended to promote learning, seem to have the opposite effect as well as undermining the students' self-esteem. The theme of threat to self-esteem was echoed in Pagana's (1988) study of baccalaureate nursing students' perceptions of their initial clinical experience. Although students tended to perceive their experience as challenging rather than threatening, content analysis yielded six themes of threat including personal inadequacy, fear of making errors, uncertainty, the clinical instructor, being scared, and fear of failure. Kleehammer, Hart, and Keck (1990) similarly reported fear of making mistakes as anxiety-producing in the clinical area among third and fourth year baccalaureate nursing students. The major theme from content analysis of their data was that the students' anxiety was increased in the clinical setting by their perception of faculty as being nonsupportive.
Ramsborg and Holloway (1987) reported a high level of congruence among faculty, student, and graduate perceptions of positive and negative learning experiences. The most positive learning experiences were situations in which students mastered a new skill or technique, had an instructor who was supportive and enhanced feelings of confidence, were given appropriate levels of independence in learning and practice, and were able to engage in open dialogue with faculty and peers. Negative learning experiences were those perceived as damaging to self-concept such as condescending comments by instructors in the presence of others, lack of positive feedback, insensitivity to the student's individual needs, lack of support when problems arose, and berating a student's judgment.

There have been numerous nursing studies that report the characteristics of effective clinical teachers. Windsor (1987) reported that the instructor was the most important variable in the students' perception of their clinical experience. Bergman and Gaitskill (1990) found a high degree of congruence between faculty and students in their identification of important characteristics of clinical teachers. Both groups regarded the student-instructor relationship to be more important than the instructor's professional competence. The highest rated characteristics were: conveys confidence in and respect for students, is well informed and able to communicate, encourages students to feel free to ask questions and ask for help, is objective and fair in evaluations, shows genuine interest in patients and their care, and is honest and direct with students. These findings confirmed earlier findings by Mogan and Knox (1983). A later study by Mogan and Knox
(1987) that was subsequently replicated by Nehring (1990) showed that, although being a good role model was the most significant characteristic of clinical teachers, two of the other most critical characteristics were encouraging mutual respect and providing support and encouragement.

Flagler, Loper-Powers, and Spitzer (1988) surveyed baccalaureate nursing students to determine clinical teaching behaviors that were perceived as most important in promoting their self-confidence. The findings showed that these behaviors included showing confidence in the student, being accepting of questions, and giving positive reinforcement. Students perceived evaluation as least confidence-producing, possibly because of its threatening implications. They perceived receiving no feedback or only negative feedback and being criticized in the presence of others as destructive to their self-esteem. Thus, students found that teachers who created an atmosphere that was conducive to learning were most helpful in promoting feelings of confidence. This study confirmed Kushnir's (1986) findings concerning the high levels of stress produced by the teacher's evaluative role and their perception that the teacher's primarily role was an evaluator rather than a facilitator.

Theis (1988) investigated baccalaureate nursing students' perceptions of unethical teaching behaviors. Using the American Association of University Professor's Statement on Professional Ethics as a conceptual framework, Theis separated the students' statements into the categories of respect for persons, justice, and beneficence. She found the large number of student reports related to faculty disrespect and insensitivity most troublesome and noted the profound impact that
Vaughan (1990) surveyed nursing students' preferred teaching methods and found that they preferred student-centered participatory methods rather than teacher-centered methods such as lecturing. He warned that failure to consider the students' preferred teaching methods might result in long-term negative attitudes toward learning.

Two qualitative studies described the undergraduate nursing education experience from the perspective of caring student-teacher encounters. In the first study, the teachers' professional caring behaviors included "professional competence, genuine concern, positive personality, and professional commitment" and formed the basis for a relationship that resulted in the student responses of "sense of acceptance and self-worth, personal and professional growth and motivation, appreciation and role modeling, and long-term gratitude and respect" (Halldorsdottir, 1990, p. 98). Conversely, an uncaring student-teacher encounter was characterized by the teachers' "lack of professional competence, lack of concern for students, demand for control and power," and destructive behavior such as "manipulation of students, disrespect, ignoring, and ridiculing students" (p. 103). The relationship with students was characterized by "lack of trust and distance" which led to student responses of "puzzlement, anger, thinking about leaving the program, turning to supportive others, and long-lasting negative feelings about the experience" (pp. 104-105). Halldorsdottir concluded with the words of one student who expressed the idea that learning requires the freedom to learn and that teaching requires an understanding of how to allow that freedom.
In the second study, Miller, Haber, and Byrne (1990) described students' perceptions of a caring teaching-learning interaction as one in which support and a concern for the student both personally and academically is implicit throughout the interaction. The teacher is "nonjudgmental, respectful, patient, available, dependable, flexible, supportive, open, warm, and genuine. She is available, protective, nurturing, and empowers the student through enabling students to autonomously reach their personal and academic potential" (p. 129). The faculty's perceptions were similar to the students but included "acting as a role model, providing a nonjudgmental climate of support, validating the students feelings and self-worth, and enabling students to move toward personal and professional autonomy" (p. 130). Themes of trust, sharing, and respect were inherent in caring teaching-learning encounters.

Bradby (1990) presented a qualitative study that described the experience of undergraduate nursing students as they were socialized into the student nurse role. Although the students were eventually able to develop a professional identity, it was not without feelings of confusion and being overwhelmed, perceiving that their identity had been divested, and having to become "egocentric in order to find a sense of reality" (p. 1224). The author noted that high self-esteem and low anxiety levels were associated with an easier transition into the student nurse role.

Graduate Level Education

Both the research and anecdotal literature articulate the negative effects of graduate level education on the students' experiences as
learners. Taylor (1975) provided insight into the graduate student experience in an article based on a review of essays submitted by students about their lives in graduate school. Taylor was profoundly struck by the overwhelming theme of loss of self-esteem expressed by the students. "From social scientist to performing artist to law student, all feel that they barely hold themselves together under the pressure. For the most part, graduate school is seen as a demeaning process, one that is set up to test the student deliberately or perhaps do more than just test - but to subject the student to rigors of deprivation" (p. 36).

Mechanic's (1962) highly-regarded study of the experiences of master's and doctoral students as they prepare for departmental written examinations vividly portrayed the self-doubt, self-degradation, and anxiety experienced by these students. The students' lack of knowledge about the graduate student experience led to feelings of uncertainty about self and, consequently, a continuous process of comparison with the behavior, efforts, and performance of other students—a process which was both reassuring and, in itself, stress-producing.

Other research attests to the high level of stress experienced by graduate students regardless of the program (Butler, 1972; Clark & Rieker, 1986; Firth, 1986; Goplerud, 1980; Heins, Fahey, & Leiden, 1984; Khanna & Khanna, 1990; Lloyd & Gartrell, 1983). Graduate students perceive stress to be associated with academic expectations (Butler; Clark & Rieker; Firth; Goplerud; Heins et al.; Khanna & Khanna; Lloyd & Gartrell), personal expectations (Clark & Rieker; Khanna & Khanna), instructional processes (Butler; Clark & Rieker; Firth; Katz & Hartnett,
1976; Khanna & Khanna), time constraints (Butler; Clark & Rieker; Heins et al.; Katz & Hartnett; Khanna & Khanna; Lloyd & Gartrell), relationships with faculty (Heins et al.; Katz & Hartnett; Khanna & Khanna; Lloyd & Gartrell), and disruptive influences of graduate education on personal life (Firth; Khanna & Khanna). Responses to stress were cognitive, such as lack of concentration (Khanna & Khanna); emotional, such as feelings of inadequacy, feelings of powerlessness, frustration, anxiety, and depression (Butler; Firth; Goplerud; Katz & Hartnett; Khanna & Khanna; Lloyd & Gartrell); and somatic, such as weight fluctuations, GI tract problems, headaches, and fatigue (Goplerud; Khanna & Khanna).

The literature also reveals information about factors that hinder or enhance the educational process such as effective characteristics of the teacher (Butler, 1972; Khanna & Khanna, 1990), changes in instructional processes or workload (Butler; Goplerud, 1980; Khanna & Khanna), increased participation of students in the learning process (Butler), an orientation to the school (Rimmer et al., 1982), academic counselling (Goplerud; Rimmer et al.), opportunities to develop a support network (Butler; Goplerud; Rimmer et al.), and stress management counselling (Khanna & Khanna).

Graduate Nursing Education

There is little research in the area of graduate nursing education, and this lack has been identified as a major concern in Canada (Allemang & Cahoon, 1986). Mancini, Lavecchia, and Clegg (1983) found that course requirements were the major cause of stress in graduate nursing students. They noted that faculty members’ awareness
of stressors in students' lives and approaches to diminish stress may facilitate learning. Stressors that are within the control of faculty include coordination of assignment due dates, scheduled breaks in classroom routines, emphasis on meeting individual learning goals rather than student competition, judicious use of positive reinforcement, and avoidance of unexpected changes in scheduling and assignment due dates (p. 333).

Klaich (1990) studied the graduate nursing student role using a transition framework and a qualitative approach. The focus of the study was the influence of master's level nursing education on the development of the students' professional self-image. The findings extracted from in-depth interviews with the participants showed that the participants perceived positive changes in cognitive skills, acquisition of a broader perspective of the nursing profession, and the development of a supportive network of peers. However, the educational process was also perceived as disruptive to the students' personal self-image and personal life, and the students also perceived that changes in their lives were not valued by significant others or by society in general. Klaich stressed the pivotal role that can be played by nursing faculty in enhancing the personal self-image of students. She stated that a positive self-image in each nurse is a prerequisite for a strong professional image and, ultimately, for a strong image of nursing as a profession.

Van Dongen (1988) provided a description of the life experience of the first-year doctoral nursing student in her phenomenological study. Van Dongen described the significant impact of beginning doctoral
studies on the development of a "life experience pattern of high stress, restriction of nondoctoral activities, intense focusing of energies, tendency to egocentric behaviour" (p. 23). Students experienced multiple losses and changes including losses of self-esteem, status, income, social and recreational activities, free time, sense of security and predictability, changes in interpersonal relationships within the family, and allocation of time. Stressors were related to academic requirements and produced a feeling of vulnerability and a threat to self-concept. Stress was manifested through physical and behavioral symptoms and managed by the students through the use of personal coping measures and the use of situational supports. A significant sustaining factor was the students' strong commitment to achieving a doctoral education and their perception that rewards associated with this achievement were more meaningful than the sacrifices and hardships associated with the educational process.

Appleton (1990) conducted a phenomenological study of the meaning and experience of caring during doctoral education in nursing. Caring was conceptualized as a personal, relational, situational, and environmental phenomenon. The personal dimension related to caring for oneself; the relational dimension related to caring that occurred among students and among students and faculty; the situational dimension related to caring that arose from teaching-learning experiences and associated school activities; and the environmental dimension related to the breakdown of hierarchies, sufficient time to express and engage in a process of caring, and suitable surroundings that allowed and fostered expressions of caring. Appleton emphasized that freedom was a critical
aspect of caring relationships and caring in education encompassed freedom to learn. Although Appleton's study was limited to only two participants, it reinforced the notion of caring in nursing education as a prerequisite to the achievement of students' educational goals.

**Returning Registered Nurse Students**

Master's nursing students are most often registered nurses with an undergraduate degree in nursing (Stinson, Field, & Thibaudeau, 1988) and who may have had work experience in nursing prior to enrolling in a master's nursing program. They may fit the profile of the "reentry woman" who is reentering higher education after an absence of more than four years (Perry, 1986) or the "mature RN learner" who must fulfill multiple roles as an adult student (Green, 1987). Therefore, because master's nursing students often enter programs with educational and work backgrounds in nursing, with a personal lifestyle that is complex, and with a lack of recent familiarity with the demands of scholarship, they are thought to have unique educational concerns and learning needs.

Rendon (1988) studied the effects of returning to school on registered nurse students. Rendon noted that, among the stresses and dissatisfactions most often reported by students, two significant areas were feelings of being overwhelmed by academic responsibilities and the perception that they were not respected by faculty in regard to their previous knowledge and accomplishments. The major finding of the study was that students with predominantly compliant trends evidenced the highest congruence to the student role (p. 176). Rendon questioned the desirability of compliance as a personality feature in student nurses when this quality is antithetical to an autonomous professional nursing
role. While recognizing that it is possible that individuals with more compliant personalities may be more attracted to the nursing profession, Rendon recommended further study into whether nursing faculty value compliance and possibly reinforce this trait in nursing students.

Lee (1987) reported that the predominant stressor for returning registered nurse students was inadequate instruction. Although she did not provide information about the nature of the students' perceptions of inadequate instruction, Lee questioned if modes of instruction for registered nurse students fail to meet their adult learning needs. Beeman (1988) found that registered nurse students did perceive that their baccalaureate nursing program was meeting their adult education needs. She noted that students favored independence in learning, required much support from the educational environment in order to make the transition into the student role, preferred learning that could be applied to specific problems, and found repetitious learning to be an inhibiting factor in achieving personal educational goals. Beeman noted the wide variation found within the student population studied and advocated for the individual assessment of each student if students' learning goals are to be met.

Summary

The literature strongly suggests that the nursing profession suffers from a negative self-image and social image that contributes to a condition of powerlessness. Theories of oppression provide a perspective for the development of this state of powerlessness in both the profession of nursing and in nursing education.

The literature offers the opinion that the educational practices
in master's level programs and nursing programs often lead to experiences and learning that are not desired or intended. These practices may produce high levels of stress and low self-esteem that interfere with learning, create negative impressions of learning, and fail to develop the personal self-image and professional competencies that contribute to the development of personal empowerment. Although the majority of the literature has a negative orientation, there is some that addresses positive aspects of the teaching-learning process and positive learning experiences. The primacy of the student-teacher relationship is evident throughout the literature.

Although there is literature that addresses theoretical perspectives about the nature of personal empowerment, there is scant literature that specifically addresses personal empowerment in nursing education, and none could be found that was research-based. Few studies could be found that addressed the experience of master's nursing students from the students' perspective, and no studies could be found that spoke specifically to the development of personal empowerment in the experience of master's nursing students. These deficits underscore the necessity of researching this phenomenon.
CHAPTER THREE

METHODOLOGY

Introduction

In this chapter, the research process, as it was guided by the ethnographic approach to qualitative research, is described. Specifically, the following areas are addressed: the selection of informants, data collection procedures, data analysis, reliability and validity, and ethical considerations.

Selection of the Informants

Consistent with qualitative methods, the informants for this study were selected based on their willingness and ability to speak to the phenomenon under study. This type of theoretical sampling makes use of the notion that individuals who have experienced the phenomenon are the most legitimate and accurate source of information (Oiler, 1982; Omery, 1983; Sandelowski, Davis, & Harris, 1989). The researcher selected informants until theoretical saturation was achieved and no new data was found that would add to the understanding of the phenomenon (Morse, 1989). These sampling methods were used to provide depth and breadth to the knowledge about the phenomenon of personal empowerment in master’s nursing students and to ensure the representativeness of the informants’ accounts (Morse). Although the sample size could not be predetermined, the researcher estimated that between six and ten participants would be sufficient to extract the full meaning of the phenomenon and achieve theoretical saturation.

Criteria for Selection

The informants for this study were selected based on their
willingness and ability to share their experiences as master's nursing students. All of the informants were either currently enrolled in first or second year studies in a master's nursing program, or had graduated within the past year. Only students who were enrolled on a full-time basis were selected because it was felt that the experience of part-time students would be qualitatively different.

Selection Procedures

Approval to conduct the study was obtained from the University of British Columbia Screening Committee for Research Involving Human Subjects. The names of all currently enrolled full-time students in the master's nursing program were obtained from the School of Nursing. An introductory letter (Appendix C), which included an overview of study, was placed in thirteen students' personal mailboxes in the graduate nursing student lounge. Five of the seven second year students whose participation was solicited responded that they were interested in participating in the study; five of the six first year students expressed the same interest. These ten students were contacted by telephone by the researcher to provide further information about the study, to answer any questions, and to make arrangement for the first interview. The ten informants met the selection criteria and were enthusiastic about sharing their experiences as master's nursing students. The researcher was able to contact two of the three students who chose not to participate. These two students indicated that they chose to not participate because they felt vulnerable in their position as students who were still currently enrolled in the master's nursing program.
Data collection and analysis were conducted simultaneously in the first half of the school year. It became apparent that, although the five first year students were able to speak about their experiences in the first semester and the five second year students were able to speak about their experiences in the first three semesters, there were no informants who were able to give accounts of their experiences from the beginning of the fourth semester until the end of the master’s nursing program. Consequently, it was determined that additional informants should be invited to participate in the study. A list of students who had graduated from the program within the past year was obtained from the Graduate Student Advisor. Three graduates were contacted by telephone and expressed a willingness to participate.

Characteristics of the Informants

A total of thirteen students participated in the study. All of the informants were female and currently resided in the metropolitan area. Six of the informants had moved to the province from another province in order to study nursing at the master’s degree level. Three of the informants had moved to the city from another location within the province, and the remaining four informants had resided in the city before entering the master’s nursing program.

The informants ranged in age from 26 years to 58 years with an average of 35 years of age. Eight of the students were single, and the remaining five were either married or divorced. Of the five latter students, three had at least one child.

The average number of years between graduation from an undergraduate nursing program to enrollment in the master’s nursing
program was approximately seven years with the longest period being 16 years and the shortest period being four months. Four of the informants obtained their baccalaureate degree from the same university at which this study was conducted.

The most recent work experience for two of the informants was in teaching nursing at the community college level. Two of the informants had most recently held administrative nursing positions. Three of the informants were most recently employed in public health or community nursing positions. The remaining six informants had most recently been employed in staff nurse positions.

Two of the informants had selected administration as their functional stream; five had selected the teaching stream; and six had selected the clinical nurse specialist stream.

The following description of the master's nursing program, at which this study was conducted, provides the context for understanding the informants' experiences as master’s nursing students. Much of the following information was obtained from two sources: The 1991/92 University calendar and the 1991/92 University program planning and advising information guide.

The university is located on the outskirts of a large Canadian city and has an annual enrollment of approximately 39,000 students, of which, approximately 5,000 are graduate students. The School of Nursing is located centrally on campus and conveniently adjacent to a medical sciences library. The School, which offers programs at the baccalaureate, master’s, and doctoral levels, is on the third floor of a university-affiliated hospital. Classrooms, laboratories, the business
office, the faculty members’ offices, student lounges, and computer facilities are all located on the third floor. Students are assigned to their own study carrel and given an individual mailbox in the graduate student lounge. There is also an area in the lounge with chairs and sofas where the students can socialize and discuss school-related matters on an informal basis.

The program, which leads to a Master of Science in Nursing degree (MSN), consists of 34 credits of required course work. This course work includes: five core nursing courses; one graduate level statistics course; two courses in one of the three functional streams of clinical nurse specialization, teaching, or administration; and one support or elective course in the teaching stream. In addition to the course work, every study is required to complete either a thesis or directed study course for six credits.

Learning experiences take place in the classroom, in small seminar groups, and in selected clinical facilities. There are approximately 40 full-time and 100 part-time students enrolled in the program. Although a few full-time students are able to complete the program within two years, the large majority of the full-time students require two and a half years or more. The students have created three semi-formal mechanisms to share information and experiences, to provide support to each other, and to plan and organize social activities. These mechanisms include the MSN Network meetings, the MSN newsletter, and a "buddy" system for new students. Recently, students have also organized wine and cheese parties to promote informal interaction with faculty members.
In addition to the director of the School of Nursing, there are approximately 68 members of the academic staff including professors, adjunct professors, and clinical associates. Of this number, there are approximately seven faculty members on the graduate nursing teaching team who guide the students' learning experiences in the classroom. These faculty members, as well as other members of the academic staff, may also serve as seminar leaders, as members on thesis committees, as advisors to students who have elected to complete a directed study course, or as preceptors for students in the clinical area. One faculty member serves as a graduate nursing student advisor.

The faculty organize and conduct an orientation day for the master's nursing students during the week that precedes the beginning of the academic year. There are no examinations in the nursing courses with the exception of the oral comprehensive examination for students who have elected to complete a directed study course. Instead, students are assigned grades on written assignments which they refer to as "papers." Some assignments are completed by small groups of students who are all subsequently assigned the same grade. However, most of the assignments are completed individually by the students. There are usually two to five assignments in each course.

Data Collection Procedures

Ethnographic data collection methods that were used included semi-structured interviews, informal interviews, and participant observation (Lipson, 1989). Each method contributed to the completeness of data in order to faithfully describe the phenomenon of personal empowerment in master's nursing students.
Formal Interviews

Open-ended, semi-structured interviews were conducted that allowed the interview to take the directions informed by the key informants' responses within a range that was appropriate to the study (Field & Morse, 1985). Trigger questions, based on the research questions and the review of the literature, were used to provide a guide to the parameters of the study (Appendix A). This method of data collection was appropriate because rich and diverse data were desirable and the free expression of thoughts and feelings was not inhibited (May, 1989).

Interviews took place at a mutually convenient time in a natural setting or a setting of each informant's choice (Rosenbaum, 1988). In most instances, these interviews took place in the informants' residence. Several interviews took place in the researcher's residence; two took place at the School of Nursing; one took place in a quiet restaurant setting. Interviews were audiotaped and transcribed verbatim to capture the experience in the informants' own words (Sandelowski et al., 1989). Demographic information was gathered from each key informant in order to describe the essential characteristics of the sample (Germain, 1986, p. 156).

It was recognized that the researcher must use herself and sound interviewing techniques in order to develop a trusting relationship with each informant and, thus, elicit the most candid data (Lipson, 1989). Most of the informants were eager to disclose their thoughts and feelings about their experiences as master's nursing students. Many of the informants expressed their appreciation for the opportunity to share
their experiences. Field notes were recorded as soon as possible following each interview to capture the context of the verbal data provided by each informant (Lipson).

Ethnographic data collection methods allowed for flexibility such that revisions could be made in interview questions as new data arose from both interviews and observations (Germain, 1986). As the study progressed, a second interview was conducted to focus on and explore areas that require elaboration or confirmation (May, 1989). Data collection continued until theoretical saturation was reached and no new data were elicited (Catanzaro & Olshansky, 1988).

Eight informants were interviewed on two occasions. Two of the original group of ten informants were interviewed on only one occasion. In the first instance, the informant temporarily withdrew from the study in response to an academic crisis. This informant returned to participate in a third interview that was conducted with six of the informants to validate the entirety of the thematic descriptions that emerged from the data analysis. In the second instance, the informant was not interviewed on a second occasion because of the timing of the first interview and because theoretical saturation had been reached. The three informants who had graduated from the master's nursing program were interviewed on only one occasion. The purpose of those interviews was to compare and contrast the perspective and experience of these informants with those who were still enrolled in the program. Further, because the third interviews were conducted late in the academic year, data were collected from second year students that confirmed the graduates' experiences and validated the themes relevant to experiences
in the last section of the master's nursing program.

**Informal Interviews**

It was recognized that informal interviews with the key informants might occur due to the presence of both the researcher and informants in the same university settings. These interviews were recorded in writing with the consent of the key informants as soon as possible after the interviews to add to the completeness of data.

Other members of the masters nursing student group were also sources of data. Data that arose from informal conversations with individuals or groups could not be ignored. These data were recorded in field notes and assessed for their utility in the generation of interview questions with the key informants.

**Participant Observation**

Participant observation means participation of the researcher in the activities and in the settings in which the group being studied carry out their daily activities; it includes observation of these activities and settings (Appendix B) (Germain, 1986). In this study, the settings were locations within the school of nursing such as classrooms, the student lounge, and the cafeteria. Direct observation of the behavior of master's nursing students yielded data that validated and added to the data provided in interviews by key informants. Discrepancies between the observed data and interview data were described, assessed, and explained through further data gathering and data analysis (Germain).

Ethnography recognizes that behavior is context-related and aims to capture that context in detail (Germain, 1986). Thus, the physical
characteristics of the settings and artifacts within the setting provided contextual data for understanding the data collected through interviews and observation of behavior (Ornery, 1988). In the beginning, broad observations were made; ongoing analysis of data guided the researcher to more specific and selected observations to explore or confirm previous data (Germain; Ornery). Data obtained through participant-observation were recorded in dated field notes during the event in an inconspicuous manner or as soon after the observations as possible (Germain).

As a participant in the group under study, this researcher recognized the dilemmas that were inherent in this position. Doing research in one's own culture may elicit emotional responses when faced with ideas, beliefs, values, and behavior that are contrary to one's own or may interfere with data collection and analysis (Field, 1989; Lipson, 1989). Thus, a journal was maintained by the researcher to record personal experiences in the research process in order to recognize the influence of personal biases and feelings on the study (Lipson, p. 71). The journal contained personal reactions to each formal interview situation and thoughts on how the interview and informant might have been influenced by the researcher; it contained thoughts on what was being observed or attended to in order to determine the presence of preconceived ideas, personal issues, and biases (Lipson). It was also used to record questions, ideas, preliminary perceptions, mistakes that had been made, problems that arose, reactions to the research process, decisions about the research process, and personal feelings about the data that had been collected (Catanzaro, 1988; Omery, 1988; Spradley,
A second problem that arises in doing fieldwork in one's own culture is that the researcher may assume to be familiar with the field and feel too comfortable with the group to be studied (Field, 1989). Significant data may be ignored or misinterpreted under these circumstances (Field). The researcher's thesis committee was asked to assist in providing objectivity in this respect.

A specific problem that occurred during the course of data collection was related to the researcher's overinvolvement with one of the informants. This informant was experiencing an academic crisis and, consequently, the interview process generated intense emotional reactions and personal pain. The researcher's personal and professional tendency to empathize and care for this informant resulted in the provision of counselling and emotional support. Consultation was sought from the researcher's thesis chairman in relation to the implications of this overinvolvement with the informant. Further, as could be expected, this informant's perspective was decidedly negative. Therefore, the informant's perceptions have been included in the study, but only with care to avoid uncritically accepting the perspective of this informant and jeopardizing the credibility of the findings. Ultimately, although this informant had the most negative perspective of the experience of being a master's nursing student, data analysis revealed that several of the other informants' perspectives approached the same level of negativity. Consultation with others and awareness of the implications of "contaminated data" (Robinson & Thorne, 1988, p. 73) have been identified as appropriate strategies to manage problems associated with overinvolvement with research participants (Watson, Irwin, & Michalske,

Data Analysis

Collection of data and preliminary data analysis proceeded simultaneously. The following steps to analysis of the verbatim transcripts were guided by Giorgi's (1975) method of data analysis.

1. Each transcript was read in its entirety to achieve a sense of the whole.

2. Meaning units were extracted from each transcript by noting natural transitions in meaning.

3. Meaning units from each transcript were compared and contrasted with each other and in relation to the whole in order to eliminate redundancies. Simultaneously, the meaning units were clarified or elaborated upon.

4. Through the processes of synthesis and integration, essential meaning units were organized into clusters of themes.

5. An exhaustive descriptive account of the phenomenon under study was written using verbatim quotes related to these themes.

Reliability and Validity

Measures used to ensure reliability and validity in qualitative research are distinctly different than those measures used in quantitative research. The naturalistic-qualitative paradigm of inquiry seeks to explicate meaning, views each human experience as unique, and recognizes that qualitative research processes are not intended to be replicated (Sandelowski, 1986). Sandelowski's four criteria of credibility, fittingness, auditability, and confirmability to achieve rigor in qualitative studies were adopted by this researcher.
First, internal validity in quantitative research is analogous to the notion of credibility in qualitative studies. Credibility is achieved when the description of an experience is presented so faithfully that people having that experience would recognize the experience as their own, or when others would recognize the experience after having read the description. Credibility is enhanced when the researcher is able to describe personal behaviors and experiences in relation to the behavior and experiences of the informants. The use of a personal journal and the recording of field notes, as described in the section on data collection, served to promote credibility. Data were checked with the informants at several levels, from the use of reflecting or rephrasing to ensure accurate interpretation of what was being said during interviews, to verifying the validity of the results of ongoing data analysis, and to verifying the validity of final thematic descriptions and conclusions (Catanzaro, 1988). Observations of student behavior in the informants' natural settings were validated or disconfirmed by the key informants (Aamodt, 1982). A panel, in the form of thesis advisors, verified the construction of the analysis (Catanzaro). And finally, verbatim quotes related to each theme were included in the final descriptive account of the informants' experiences to enhance credibility.

Second, external validity in quantitative study refers to the control of the study such that representativeness and generalizability are ensured. However, because the goals of qualitative methods are not consistent with the goals of quantitative research, the criterion of fittingness is applied instead of external validity. Fittingness refers
to the fit of findings "into contexts outside the study situation" and when the study's audience "views its findings as meaningful and applicable in terms of their own experience" (p. 32). In this study, fittingness was promoted through the use of data collection procedures in which repeated and intensive interviews were conducted with the informants (Sandelowski et al., 1989). As evidenced by the characteristics of the informants, there was diversity in the sample such that the informants' experiences would be representative of the experiences of the master's student nurse group (Aamodt, 1982). A continuous process of comparing the results of various levels of analysis to the data was maintained. The possibility that informants would control presentation of data for personal reasons was monitored through comparison of data with other informants and with the literature, and through determination of the stability of the informants' responses to similar questions (Brink, 1989; Woods & Catanzaro, 1988). Specifically, the intense negativity of many of the informants was interpreted with caution. Sampling continued until theoretical saturation was achieved and no new variations in the data were elicited (Catanzaro & Olshansky, 1988).

Third, reliability in qualitative research, which refers to repeatability of a study, is analogous to auditability in qualitative research. Qualitative research recognizes that each human experience is unique and that variations in experience, rather than similarities, are sought. The goal of qualitative research is not repeatability but rather auditability, in which another researcher can readily follow the decision trail used by the investigator and would arrive at similar, but
not contradictory, conclusions. The decisions made by this researcher were recorded in the researcher's personal journal and have been described in the research report in order to achieve auditability.

Fourth, objectivity in quantitative studies is similar to confirmability in qualitative studies and is promoted through the achievement of credibility, fittingness, and auditability. The description of the background to the problem and the theoretic context reflect information about the researcher's personal perspective about the development of personal empowerment. This information was bracketed in order to avoid bias in the study (Sandelowski et al., 1989). Bracketing is the conscious setting aside of one's preconceptions (Knaack, 1984). In addition, because of the researcher's current position as a student in the master's nursing program, the nature of personal experiences, made explicit in the personal journal, was recorded and examined for their potential influence on data collection and analysis. Consultation with thesis committee members was sought to manage problems that potentially threatened the confirmability of the study's findings.

Ethical Considerations

Written consent (Appendix C) was obtained from all participants before interviewing took place. This consent indicated that the interviews would be audio-taped, that the tapes would be transcribed verbatim for the purposes of analysis, and that sections of the transcribed data may appear in written form in the final product. The consent also indicated that the informants could refuse to answer questions, stop the interview at any time, and that tapes would be
erased when the study was completed (Field & Morse, 1985). Measures to protect anonymity were communicated on the consent form.

Specific precautions were taken to protect the informants' rights in view of the fact that the thesis committee members might have a direct relationship with the informants. Potential informants were informed of the identity of this researcher's thesis committee members prior to volunteering to become an informant. Because of possible voice recognition, committee members had access to the transcripts but not to the audiotapes. Transcripts were modified if there were data that might suggest the identity of informants, or the identity of specific faculty members or courses. Data that were collected in informal interviews with master's nursing students, other than the key informants, were used only to provide structural questions for interviews with key informants. Data that might suggest the identity of the student did not form the basis for structural questions. Observations of the activities of master's nursing students and settings served as contextual data and these data in the research report were modified to protect the identity of students.

Informants were informed that, although the findings might have implications for educational practices in master's nursing programs, potential benefits might be experienced only by future classes of master's nursing students. However, the informants might benefit from having the opportunity to express their thoughts and feelings with an attentive listener.

Summary

This chapter has described the methods used to conduct the study
of the development of personal empowerment from the perspective of master's nursing students. The selection of informants, data collection procedures, data analysis procedures, reliability and validity, and ethical considerations were described.

A total of 13 students participated in 27 interviews which was the primary method of data collection. Data collected through the use of informal interviews and observation of students in a variety of settings were used to formulate questions and to clarify and validate the experiences of the informants. Analysis of the data resulted in the identification of relevant themes that depicted the development of personal empowerment in the experience of master's nursing students. In the next chapter, the findings of this study will be presented.
CHAPTER FOUR

FINDINGS

Introduction

This chapter presents the results of the analysis of data generated from interviews with the informants. Although each informant recounted the experience of being a master's nursing student with uniquely personal details, it was evident that all of the informants were relating a descriptive account of their experiences as well as chronicling a process of responding to the impact of these experiences. In the chapter's first section, which is entitled, "the dream versus the reality," the informants' hopes and dreams, relative to their professional nursing goals and to their experiences as master's nursing students, will be discussed. In the second section, "experiencing the reality," the informants' descriptive accounts of their experiences are recounted. The three significant components in this second section include the work, the interdependence, and the art of being an MSN student. Within each component, there are common themes representing the shared reality of the informants' experiences. In the third section, the informants described these experiences as occurring within the context of an ongoing process of "responding to the impact" of their experiences. The three facets of this process include losing control, regaining control, and personal empowerment. Again, each facet of this process is characterized by common themes that emerged from the informants' accounts.

The findings of this study are, therefore, organized to reflect the informants' dreams, the three descriptive components of the
informants' experiences, and the three facets of the process of responding to the impact of these experiences. The essence of each theme within each component and each facet is explicated. Verbatim excerpts from the informants' narratives serve to illustrate and validate the researcher's portrayal of the informants' experiences. The letters, "I" and "R" correspond to the informants' accounts and the researcher's questions respectively.

The excerpts are candid and, often, intensely emotional disclosures that speak to the profound personal significance of the informants' experiences as master's nursing students. For many of the informants, the interview process was a kind of cathartic experience. Thus, as will be seen, although the informants recounted positive experiences in the master's program, there are decidedly strong negative overtones in their accounts. It appeared as if the informants felt a need to talk in detail about their negative perceptions and to convey the profound impact of these experiences.

All of the informants made the decision to enter into the master's nursing program in order to move toward realizing their professional nursing goals. The informants' experiences as master's nursing students are significant in relation to these goals. Therefore, the first section of this chapter describes the informants' professional aspirations and sets the scene for the informants' experiences with the reality of being master's nursing students.

The Dream Versus the Reality

All of the informants had a vision of professional goals that they hoped to attain upon completing the master's nursing program. These
dreams were, therefore, the impetus for entering the program, and in some way, they were all based on a commitment to the profession of nursing. As one informant said, "My choice to come and do nursing was a calculated well thought-out decision. Nursing is my love." The informants believed that they had the potential to make a difference in nursing. The knowledge, skills, and attitudes that they would acquire in a master’s nursing program would move them toward realizing their dreams. The following accounts are examples of these dreams.

I: When I was a staff nurse, I found that my closest resource person was someone who was in administration . . . I heard that she was incompetent as a clinician . . . she was either off at meetings or, you know, in her office, or just wasn’t there for the staff nurse. I saw a big need for the staff nurse to have someone who had the clinical expertise, had the time and, I guess, the motivation to help the staff nurse as well as the patients in education—on-going education in a very specific area. Since I wanted to combine this with going back to school, the best option I saw was to do a clinical nurse specialist education.

I: I thought that if I want to put a dint in [this area of nursing] and influence some changes, so to speak, I was going to need to get to a level where I could have some impact . . . . And I realized that there was so much I didn’t know about what’s happening politically and otherwise that might impact on [my area of nursing]. I became very aware of what I didn’t know, and so I decided that I needed to apply.

As they entered the program, the informants experienced a mixture of excitement and anxiety. They realized that they had the opportunity to move toward their dreams, but that they were also putting themselves into a vulnerable position that would be characterized by challenge.

I: I thought, "My God, this is going to be a lot of work and my God, what have I gotten myself into? I must be crazy. I could be making money, and I was foolish to do this, and I don’t really
think I can do this." All those kinds of self-doubts. At the same time, talk to myself and say, "You got here because it was meant to be, and that's what you want. You want this bad enough and, therefore, you will succeed. Even if it takes you ten years, you will get through this program (laugh)." So initially, I guess it was the excitement to be accepted and the challenge of it.

I: We all worked very hard to get into the master's program. We did a lot of stuff to make it even possible for us to be here. And we were all giddy and happy and really positive. . . . But it's intimidating because now you're in with a very knowledgeable and well-educated group who have obviously all come with the same scholastic achievement that you did. . . . You're now with a whole bunch of driven people who all work at the same pace as you. It's that equality that's frightening and intimidating because just doing the work is not going to get you through anymore.

Despite some anxiety, the informants also expected to have the resources to meet the challenge. They expected to be able to depend on themselves—their own intellectual abilities, coping skills, self-discipline, and work ethic. They expected to be able to depend on others to support and to share in their dreams. They expected to have the physical resources available that would facilitate their learning. And they expected that their learning experiences would provide the knowledge and skills that would help them to realize their dreams.

I: All the courses were what I wanted to get out of a program, and I planned that. I looked at this program, and I thought that, yeah, I really want to learn these things. I could really relate to the way the program was laid out and what I wanted.

I: My vision was that in grad school, there was going to be some sort of camaraderie and an open-door kind of policy where the profs would say, "My door is open. If you have any questions, come to me and I will try to help you out. I'm here for you as a resource person, and I'm going to be a facilitator for your learning." That was my vision—that they would be there to provide a greater outline, a structure for the learning because we would be working toward a mutual goal.

I: I thought it should prepare you to think at a high, abstract,
nonjudgmental, open-perspective way. I thought it should give you a solid foundation in the stream that you want to go in, and it should prepare you to do research. . . . I thought it should prepare you to be a leader in the profession, and I thought it should prepare you for a PhD program.

Most of the informants were taken aback by how quickly some of their perceptions of the MSN experience changed. Based on some of their earliest experiences in the program, they became wary of the prospect that their expectations might not be met, and a few of the informants perceived that their dreams were threatened by the possibility of not successfully completing the program.

I: I think the whole tone of the [orientation] day changed when we got the pretest. It was before Labour Day weekend. I thought I had one more weekend without homework before I set into this for two years, and that was just destroyed. I thought it was not a very welcoming, friendly thing to do—to hand out a pretest during orientation and expect it—typed, two copies, and handed in. I just thought it was terrible. . . . I left feeling like it’s already begun; we haven’t even got our feet wet, and it wasn’t that welcoming or friendly. It was cold. . . . It was just really formal. The faculty just sort of stood up and introduced themselves and sat down. . . . It was cold.

I: It was the first assignment—the first mark that we got back. . . . Whoomp! First thing we get back, most, who used to get 90’s, had below 70’s. The mark carried the message. It just killed everyone. . . . I was really pleased at the beginning when they told us that we were an elite group. Then we got slashed when the elite group all got 60 on our papers, and I thought, "Hum, we’re elite but stupid. Well, that’s good." . . . It was not nice to devastate on the first assignment. One can devastate on maybe the second or third, but save it for a while. . . . So this big decision to finally come and to lay one’s eggs in this place and then to have this happen, right off the bat, was like, "Whoa-oh. I made the wrong decision here."

In summary, the informants made a decision to pursue a master’s in
nursing degree primarily because they perceived that they would be more prepared to accomplish their professional goals. They felt a commitment to nursing as well as a sense that they would be able to achieve the objectives of the program. One informant stated, "People don't move half-way across the country, give up a job, leave their family, and become a student again without being serious about the program and feeling like they can do it." However, early experiences in the program led most of the informants to suspect that their expectations of themselves and of the program would not be met, and some perceived that their dream might be threatened by the reality of being a master's nursing student. The next section describes this reality.

Experiencing the Reality

The Work of Being an MSN Student

The work of being a master's nursing student was a significant focus of all of the interviews. When informants were asked to identify the types of work in which they were engaged, their responses were uniformly simple and straightforward. For instance, one typical response was . . .

I: You go to class, you go to the library, you photocopy, you try to learn how to use your computer ... you do a lot of study group meetings. You read forever. . . . Write papers. Lots of papers--lots of long papers. Group process (laugh). You do a lot of group processing.

This informant described many of the tasks involved in the work of being a master's nursing student. In performing these tasks, the informants hoped to achieve the goals of doing the work. These goals
were learning and achieving. Although the tasks seemed simple and straightforward, trying to learn and trying to achieve were infinitely more complex and challenging.

**Trying to Learn**

For all of the informants, the primary reason for entering a master’s nursing program was in order to learn and thus, to realize their dreams. Consequently, it was important to the informants that they make the most of their opportunity to acquire the knowledge and skills that would be consistent with their individual learning needs.

**Keeping up.**

In attempting to fulfill the requirements of the course work, the informants perceived that they were continuously straining to keep up. There were three characteristics of the work which accounted for the challenge of keeping up—the quantity of the work, the pace at which the work had to be generated, and the quality of the work expected.

First, all of the informants spoke of the quantity of the work as being very heavy and difficult to manage. They perceived that there was sometimes an overwhelming amount of work involved in preparing to write their papers and in the actual writing of these papers.

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I: It’s a lot of work. It’s a lot of reading, a lot of assignments. . . . It seems like you eat, breath, and sleep it. But you know, from September to December 1st, I don’t think there was a day I didn’t do homework. . . . There were days when I would do it from five in the morning to two in the morning.

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I: In October, things build up, and you think that November won’t be that bad because we’ll all have the group paper in, and that’s the heaviest. But I think that November was the heaviest by far. I felt like I was constantly on the computer. I was keeping up with the readings, but I didn’t get some of them done in November. I tried, but I thought, "It’s just not my priority. I have to use
my brain for something else."

I: I'm used to working six or seven days a week and working until I go to bed, and that's okay because I love doing it. But God knows, the last few weeks have been hell. And there just isn't enough hours in the day. . . . There just isn't enough hours unless I don't want to sleep, and I'm not about to give that up. It's my one luxury.

I: The assignments were so outrageously monstrous. They were so huge. You had to produce every single bit of knowledge that you had learned in the previous four or six weeks or whatever--to reproduce it, to regurgitate it--every single thing onto this assignment. Can't we just use the sampling technique that we learned? Going through every single little itty-bitty bit of knowledge, I thought, was so unrealistic, tedious and, you know, like, what's the point? It made learning tedious.

Second, the informants described the workload as heavy and, at times, overwhelming in terms of the pace at which they had to work. Most of the informants perceived that there was inadequate planning, coordination, and collaboration among the members of the graduate nursing teaching team in relation to the number of assignments and their due dates.

I: First semester was a whirlwind. It just happened so fast. It was like being on a treadmill and spitting out essays, so you didn't have time to sit and think about anything. It just had to happen.

I: I don't even know if the profs talk to each other. I mean, do they know how many papers we have to write the first term? . . . it's an incredible number of deadlines to meet. And I think that's worn me down. There's 11 or 13 papers to write in 12 weeks, and for the first few weeks, having nothing. It would have been better if it had been spread out. That's the only thing that I keep coming back to. Everything is due at the same time, and all the organization in the world can't get around that. You can be organized and work your butt off, and it doesn't matter because they're all due at the same time.

I: There was a time in October that I thought that, if I lived until November the 9th, that I can live through anything because
we had like four assignments and one presentation due in two weeks. . . . It was like two weeks that I thought, "Lord, if I get through this, I'll get through anything."

Third, compounding the challenges of the quantity of work and the pace of the work was the challenge of academic scholarship. The informants were not advocating that the standards of scholarship should be lowered but, rather, that there should be recognition that they did not necessarily enter the program with the knowledge and skills that seemed to be required of them in their earliest learning experiences—either because they had never been learned or because the informant had been absent from an academic setting for a prolonged period. Moreover, the informants perceived that there was a great deal of pressure to acquire this knowledge and skills as quickly as possible.

I: The program was very unwilling to meet me where I was at. It wasn’t able to say, "Well, this is where you’re at, and this is going to be how we’re going to help you get to where you want to be."

I: . . . writing a paper in a group . . . writing skills . . . articulating my thoughts based on critical thinking . . . responding when my ideas are challenged. . . . I’m getting a little frustrated . . . they want those skills now. And I’m finding—well, that’s not realistic. If we haven’t been shown or if we haven’t had the opportunity to develop them, how do they expect us to get them?

I: "Go out and write a belief paper." Pardon me? "Go out and write a belief paper about nursing (laugh)." First of all, at this point, we don’t know the difference between beliefs, values, and assumptions (laugh). And we’re going to get marked on this?

I: You come in with this great pressure from them to upgrade your writing skills. . . . It was enough to give you writer’s block.
However, despite the informants' perception of an apparently unmanageable workload, all of the informants perceived that they were learning.

I: I'm enjoying the assignments. Like [this course] is extremely difficult and a hell of a lot of work—beyond anybody's expectations, but I'm learning a lot from it. This [other assignment], as horrible as it is in terms of time, I'm understanding the course as a result of doing it, so I can see the value of it.

I: We're being challenged, and it's draining. I'm just so tired all the time, but it's a good kind of tired. It's, "I got a lot out of that and I thought about a lot of thing." So it's all good—draining, but good.

Meeting personal learning needs.

Although all of the informants described the course work as being instrumental in helping them to meet some of their learning needs, they also expressed dissatisfaction with the extent to which their learning experiences contributed to meeting individual learning needs. Many of the informants perceived that many aspects of the nursing program were aimed at a group that was erroneously assumed to be homogenous and thus, failed to recognize the existing diversity of individual learning needs.

For many of these informants, the problem was a lack of choice within the structure of the program or within specific courses. Even when there appeared to be choices, the informants perceived that it was actually a case of manipulated non-choice. Thus, what the program or the course had to offer was not necessarily congruent with the informants' individual learning needs.
I: There's a great deal of control in first year . . . much more control and structure within that first year. Here's what you need to know, here are your papers, here's this, here's that.

I: There are choices but within a very controlled structure. Like in this course, you had a choice of which topic to sign up for, but really, what is the choice? Is that really a choice? Your choices are very limited choices.

I: I personally found it a very frustrating experience in first year. I think that it was largely that I came into the program with some sense that I was going to learn things relevant to my stream. And the courses in first year couldn't have been further away from what I perceived to be preparing me for it.

I: I wanted to come out of this two-year program with a bit more comfort in verbally expressing my thoughts—also with the security of knowing that my thoughts and opinions will be challenged, but I've experienced this over the last two years, and I've survived in a sort of more supportive environment. It was going to be hard but the group was going to help me . . . . That was my ideal. I've been robbed. That part of my education can't be brought back.

The informants described some of their more positive learning experiences as ones in which they were able to fulfill individual learning needs, interests, or goals.

I: I was really happy with [that course] because we could do an independent paper. I designed and produced a paper based on [my work background]. I loved that assignment. It allowed me to learn more about [the required course content], but I was able to put it into a context that was familiar to me for a change.

I: In [this course], we take a concept, and we do some reading on it. And then, we take it back to the practice setting. You know, what your idea is about this concept from your own personal experience. Everybody gets an opportunity to sort of make their comments, and then we relate it back to the theory or what's known about the concept. That, to me, is a really good forum for group discussion. And I can see the practical use of doing a lot of research and reading about a concept.
More troublesome for some of the informants was their perception that the resources were lacking to assist them in the process of learning. The emphasis seemed to be on the product, and little attention was given to the process of producing the product.

I: The research proposal—it just seemed like this was supposed to come out of the blue or something. . . . the feasibility of ideas . . . research question . . . method . . . tools. . . . Like all of that stuff is just supposed to amazingly fall out of the sky it seems.

I: You have to help the person . . . give them direction as to how to go about meeting their learning needs incorporating their learning style and building on their learning style. You can learn to learn better. . . . It's only now in second year that I know, "This is the way I think, and it gives me difficulty in putting things together," and I know that's normal. I don't have a learning deficiency.

I: . . . didn't help you to identify what your learning needs were in that course. The expectation was that, somehow, you would just be able to identify them—just pick them out of the air. . . . To me, they were saying, "You're going to base all this on what your learning needs are," but I was too intimidated to say, "I don't know what the heck my learning needs are."

I: For this assignment, I had to come up with this idea on my own, and there was absolutely no structure for coming up with that idea. It just took weeks, and it was something that I struggled with for a long time, and I guess that imposed a high demand on me. It was a demand that hadn't been made of me before. It was very painful coming up with it. Struggling with it and, you know, feeling the pressure of, "I have to get this idea."

Looking for constructive feedback.

Part of the learning process was contingent on the informants being able to learn from previous mistakes or to build on strengths. Consequently, the informants perceived getting constructive feedback as crucial in assisting them to learn. Many of the informants' experiences
in relation to getting constructive feedback were positive in that the feedback clearly conveyed what had been done well, what could be improved and, often, suggestions as to how to improve. Some of the informants described this feedback as "an effective combination of praise and criticism," "helpful in pointing out what the gaps in my knowledge or conceptualization were," and "sometimes painful, but always made me think more and work harder." However, almost every informant spoke of problems in obtaining constructive feedback.

One of the problems was the inadequate amount of feedback. Many of the informants perceived that some faculty members were not taking the time or putting the effort into reading assignments carefully and then commenting in a constructive manner.

I: I had a real problem with putting my guts and my blood and my soul into a paper and not getting decent feedback. I had a great problem with that . . . I really believe that if you're going to give a student feedback, it has to be something that she can use. And there was only a very small handful of professors that actually put the effort into giving feedback.

I: Some of them . . . I thought, this person bothered to read my paper and bothered to think as she was reading my paper. The others were more disappointing in that there wasn't anything to build on. . . . I remember being really afraid to write the next paper—getting back no feedback, bad feedback, no constructive feedback. No note saying, "Come and see me. Let's work out your concern." I felt like I was cut off. "You tried dear. Too bad. Let's see your next paper. Maybe the next one will be alright."

A second problem was in the timing of feedback. The informants stated that they had difficulty in coping with the uncertainty associated with not knowing how well they were progressing. Moreover, many of the informants perceived that the only feedback they got was
from their papers.

I: There's such a level of uncertainty. We don't know if we're on the right track half the time, and your success depends on being on the right track. We didn't have any idea of how we stood until mid-November. . . . the only mark we had back was from the first paper. . . . If you'd done alright on that paper, you had that to carry you. But when you were sitting there with a low mark, you start thinking, "What do I do now? What happens if I don't get a good mark on the next paper?" You have that uncertainty and anxiety about what you're doing. You kind of have to have something to keep people going throughout.

I: Going for so long without having any feedback about how we were doing, was very stressful. I felt that the only feedback that really mattered were your marks--not that we got any feedback necessarily in any other form. No-one ever saying verbally how you were doing. So you had to wait for eight weeks to get any marks back, and it was hard to be in such a tenuous position.

A third problem was the vague generality of the feedback. Often, the informants had difficulty in understanding the faculty member's comments and the implications of the comments in terms of making changes. They often found it necessary to speak to faculty members on a one-to-one basis in order to clarify written feedback on assignments.

I: They were very short comments. It was sort of like she didn't have a lot of time to read the paper, and she just said, "This isn't clear, this isn't clear." And that means nothing to me. And I sort of thought, "For me who wrote the paper, it was clear in my mind, so I'm not sure why it's not clear to you. If it hadn't been clear to me, I would have written something else. Obviously, to say it's unclear is useless." So I went to her, and I discussed with her for half an hour, and now I know what she meant. But I did need to go and talk to her about it.

I: You get a mark, and you have no idea where that mark came from. It's sort of, was it pulled out of a hat, or did I do well on this part of the paper and not so well on this part? Like it's a summative statement and one mark. You want something that you can concretely pick up and do something to make a change.
I: There wasn't anything that you could say, "Okay, these are my strengths. This is my foundation. I can build from here." It's all, "Do better here, do better there, needs more work." It wasn't anything that you could latch on to and say, "This is what I do well and go from there." . . . When professors were constructive, it was like a blinding light. When things were constructive and positive, it was really helpful and encouraging.

And fourth, some informants had difficulty in dealing with what they perceived as a preponderance of negative feedback. There was little or no recognition of what had been done well or of learning that had occurred pursuant to previous learning experiences.

I: The feedback that I've had so far has been to say, "You're not doing this and you're not doing this. You're not doing it right. . . . You're not accomplishing what you should be accomplishing."

I: There was so much negative feedback that I don't know how we got the mark we did. . . . At the end of the paper, there was a token remark saying, "Overall, quite well done," and then just sort of thrash whatever else you had in there. . . . negative comments on every page and things slashed out.

I: If you're expecting a person to have a logical and consistent argument, when they succeed in doing that, and if you've been critical of them for not doing that, then there should be some recognition of that success. If I looked at what was missing from the comments, I could say it would seem that I've improved in these areas, but there was then a whole new set of negative comments. I found that very, very difficult to cope with. From what I know about motivation theory, one needs to blend praise and reward with criticism. Criticism can be very constructive if given in a constructive way, and I didn't find it constructive.

Trying to learn was, therefore, characterized by work that challenged the informants' ability to keep up and that, at times, was perceived as being inconsistent with individual learning needs. The informants described problems in obtaining feedback from the faculty
that would be constructive in promoting learning. Furthermore, they perceived that there was inadequate guidance and support to engage in the process of learning. A common thread running through the informants’ accounts was a sense of frustration with the process of trying to learn.

**Trying to Measure Up**

Although they were inescapably entwined, there was a distinction between trying to learn and trying to measure up. According to the informants, it was not enough to just learn—there also had to be an evaluation of that learning. Trying to measure up refers to the informants’ attempts to measure up to certain evaluative standards. The criteria for this evaluation were based on standards set by faculty, the informants’ personal standards of achievement, and the standards set by fellow students. These standards were most often in terms of marks but could also be in terms of other work-related standards such as the speed with which work was completed or the length of papers.

**Hitting a moving target.**

Achieving the standards set by the faculty was perceived by many of the informants as being an elusive goal—like trying to hit a moving target. The rules or criteria for achieving desirable grades were unknown, ambiguous, or subject to randomly being changed with or without the knowledge of the informants.

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I: It became clear to me, over time, that the evaluation system was somewhere out there in the nebula. If you happened to hit it, you were lucky. And if you didn’t happen to hit it, it had very little to do with the objectives that were laid out for us.
Although the informants knew the truth to be otherwise, some of them expressed doubt that first-class grades were ever given out.

I: It appears that "A's" aren't given out, and it would take a truly exceptional paper—truly exceptional.... You walk into a class and you're told, "You had good marks in the past. Don't expect them here. This won't be happening. You won't be getting those good marks. We don't give them out unless it's a totally exceptional paper." It's like, if they're not going to give them to us, then what does one have to do to excel? Like you would have to spend all your time on one course which would be the detriment of other courses, and it would be a 24 hour job. You would not have a life.

Most of the informants identified lack of clarity in the requirements of the assignments as being problematic. They perceived that it was difficult to achieve high grades when the expectations for the assignments were confusing or when the assignments appeared to be graded on criteria that were not explicit.

I: There was a lot of vagueness in what they asked for in our papers, and you found yourself asking, "Considering the paper itself is a difficult endeavor, couldn't we at least know what is expected?" That vagueness and the unknown adds more stress to it. You could flunk on the basis of you haven't met the terms of the agreement because you weren't agreeing on the same thing.

I: I don't think that you have to be spoonfed but, at the same time, there were parts that I didn't do on the assignment because I didn't know that it was expected of us. We got the assignment back, and it said, "You were supposed to do this," and you looked at the assignment, and nowhere does it say that you're supposed to do that.... I thought the expectations were unclear and, like, I don't know why they did that. I don't know what they were trying to prove by doing that. It was just so frustrating.... It's like why are they doing things this way? I've already got enough things going on. I've already got enough stress.

I: I would have expected that there would have been more direction as to what this assignment is all about, you know, rather than leaving it all to your interpretation and then saying
if your interpretation was right or not right according to the
mark that you got. Like why set somebody up for failure? Why not
state, "Here are some true guidelines," and just like give a
little more clarity to the process?

As well as unclear expectations, some of the informants stated
that achieving desired grades was an elusive goal because some students
were in an unfair, advantageous position.

I: It sort of bothered me that so many people got extensions on
their papers... some people presented and then handed in their
paper, and other people handed in their paper and then presented.
... It just seemed a little bit—not unfair, but it just seemed
like you almost got rewarded for handing your paper in late.

I: Sometimes, there are discrepancies that aren't fair....
When you chose a particular topic, the workload isn't always
equal. I don't want to sound like they didn't work as hard
because they obviously did, but the workload was different because
the topics are different. I don't think there was any allowance
for that difference.

Some of the informants perceived that there were other factors
operating which made achieving desirable grades not totally within the
control of the informants. Such factors might include the whim of the
teacher or perceived administrative requirements.

I: It may be great work, but... if I like it, I'll give you an
"A", and if I don't like it, you won't get an "A".

I: There's this "A" thing where some people have to get "A's" to
stay in the program. That just blew me away. I think it's a
terrible pressure to put on people that they have to get these
"A's", but it looks like they give them to them. Someone who is
sitting at a 78 that needs an "A" to stay, they give them the two
marks, and that's not fair to the person who got 79 and probably
deserved the "A".

I: I think that the end result of every course is a few high
"A's", a few low "A's", a heck of a lot just below an "A", and a few below that. And if there's some assignment where everybody does well . . . and the marks are really high, you will see the marks on the second assignment be a wider range to balance them out. You don't always have control. It's hidden. I saw that happen in maybe three different courses. There's something going on here beyond our control. I remember saying to one prof that they don't bell the marks here, and she said, "We don't?"

Some of the informants also thought that the workload was so heavy that it was difficult to find the time to devote to each assignment that would reflect their best effort. Consequently, achieving desired grades was more difficult.

I: I have no idea how to get an "A" on an assignment. . . . In undergrad, you did extra work. But you can't work more now. . . . I'm not even meeting the minimum with the time that's been allotted for everything. So as far as doing extra to get that "A", I can not see where that time is going to come from. Cause if I'm already spending all my time doing homework and not getting it all done, then I can't imagine getting an "A".

I: I'm getting everything done. Not to the extent--it's not as well-written--some of the things as I'd like them to be. Like the last three school days, we've had three things due. And the first thing due, I was happy with. It was well written. The next thing was--it was okay, I could live with it, and the thing I'm actually handing in today, I'm not terribly happy with, and it's just because there wasn't enough--there wasn't enough hours in the day to do the amount of work on it that I wanted to do.

And finally, some students perceived that the faculty in the master's nursing program had inconsistent expectations in matters in which the expectations should be uniform among all faculty members.

I: They all have different ideas. APA. I could scream. Every time we handed in a paper, the same thing kept coming up at the end. It was such a stupid thing. The reference sheet--does it need to be double-spaced or single-spaced. I mean, we hand one
in, get it back, this is wrong, it should have been single-spaced. Changed it for the next paper, get it back, this is wrong, it should have been double-spaced. And this went back and forth for four or five times, and we all got sick of this and said, "Would you people please all get together and decide what you want because you don't all want the same thing."

Meeting personal expectations.

The second standard by which informants measured their achievement was in relation to personal expectations. Informants had expectations of the grades that they should be able to achieve usually based on previous experiences as learners.

Comparing one's self with others.

The third standard by which the informants measured their achievement was the group norm. Informants either discretely asked other selected students or heard, through the grapevine, what marks other students had received on a given assignment or how other students
were progressing with papers or with their thesis.

I: You ask yourself, "Where do I fit in? Am I doing okay?" You have to use your peers to get a sense of that. We do the work and learn, but you want to know how you're doing. You have to feel like you're normal.

I: It's a comparative process—comparing where you are to others. . . . You're looking at where you are at—where you are workwise in terms of getting it done and in comparison to marks to see if you're in the same ballpark. You're an independent student but within a student body. There's a population of you. . . . a body of students who are working toward the same goal, and to measure how you're doing, it's almost like normative referencing—making sure that you're where you think you should be. You reinforce your own self-concept by comparing yourself to others in the class. . . . I had one close friend, and our marks were pretty similar. I thought that if our marks were about the same, then I did fine. If there was a wide discrepancy, then I would question what happened.

Some informants gained comfort in this process of comparison.

I: Once I realized that the marks weren't in the 90's . . . then I felt comfortable. . . . They were about 10% less and that's the norm. . . . That was about where my marks were, so I realized that I was still doing okay.

I: This process of comparing has been reassuring for the most part. It's important for me to know that I'm measuring up to the people that I'm going to have to compete with—not in a negative sense—in life, jobs, and things like that. That I can do it. Not that I'm on top, but that I'm in the ballpark.

Other informants found this process oppressive. There was a discomforting sense of pressure to do as well or better than others.

I: You want to know that you're not doing worse than everyone. But when you ask everybody what they got, and they all did better than you. . . . Somebody has to make the lowest marks, and I don't know if I am; I haven't asked enough people. But it can be
depressing.

I: I get tired of talking about my thesis. "When are you going to graduate? Are you going to be done by March?" I think we put a lot of pressure on each other. "How far are you? Have you gone through Ethics yet?" Sometimes, it seems to be the one and only topic of conversation.

Some informants also perceived that some fellow students compared their marks or other measures of achievement with their peers for the purpose of promoting their own self-esteem at the expense of others. A sense of competition was created rather than a sense of collaboration.

I: The rumor mill has it that our full-time class has been very competitive, and I have to agree with that. I think that, at times, it was very competitive with marks—at least among the full-timers. Like, "What'd you get? What'd you get?"

I: Within the class, we have people who want to do the best and want to know how everybody else is doing, so they can know that they're doing better than everybody else. That's competition, and that's very real in our class.

Interestingly, of the three class years from which the informants were selected, only informants from one class year experienced a sense of destructive competition. The informants from the other two class years found competition to be minimal.

I: I don't think my class was competitive because we needed each other. We were such a small group that we needed the support. We weren't going to do anything to jeopardize that source of support.

I: It wasn't that you got 90, and I got an 80, and I've got to work harder, and I'm not going to tell you "X" and "Y". That's no way of doing it, and we've come too far for that kind of craziness, I think. . . . It's not conducive to one's person but certainly not conducive to teamwork and helping one another.
Thus, having to measure up to evaluative standards put a different complexion on the process of learning. The informants experienced the pressure of trying to meet the evaluative standards of the faculty, their own standards, and the standards established by their fellow students. In many instances, the informants discovered that it was a formidable task to meet these standards. Moreover, some of the informants experienced a destructive kind of competition that arose from the demands of trying to measure up.

Changes Over Time

Most of the informants who had completed the first year of the program experienced positive changes in the work. Not only was the workload lighter, but they perceived that it fulfilled more of their personal learning needs. The informants were able to direct more time and energy into studies related to their chosen functional stream. Moreover, the thesis, on which they were working, originated from a personal interest in specific research questions. Consequently, the informants felt that they had more control over their learning experiences and opportunity for personal creativity.

I: I think there's less time pressure. Maybe the same amount of stress as last year but less time pressure. Last year, we only had two days to think about this stress and hand it in and on to the next one.

I: In second year, workload was less in terms of pumping out papers and that sort of thing. You're not pulled in a hundred different directions. . . . It went to a different level. More creative, perhaps. . . . In first year, they say, "Here are the rungs to your ladder. You're going to have to put on the sides, but here are the rungs, and here's how they fit together." In second year, they say, "Now you can put on your own sides and
place that ladder wherever you want it."

Even though there was a decrease in the quantity of work and the pace at which work had to be generated, the second year of the program was characterized by the unrelenting tension of doing research and completing a thesis. The informants perceived that, although the thesis process was a valuable, and in many ways, satisfying learning experience, there were obstacles, and the informants did not always feel that they were in control of the process.

I: The proposal goes back and forth, back and forth. What has been deleted in one meeting gets reintroduced in the proposal two or three meetings later. It's extremely discomforting. . . . I felt fear. I was afraid that I wasn't going to be able to do this. I was afraid that I was not going to meet my own personal agenda to get out of here and get to work.

I: At times, it's a picky process of writing, and something passes one reading, and they find fault with it, and it's more on style. I think it has to be scholarly and linked, but everyone writes a bit differently. I think it should still look like your writing when you're done and not theirs (laugh). At times, I think we're rewriting sentences to rewrite sentences.

The most common characteristic of the thesis was that it was an omnipresent force in the informants' psychological environment.

I: This year, I feel like I have this--I wouldn't say black cloud hanging over my head. I have a cumulus cloud hanging over my head--fluffy and white--and that's my thesis--just sitting there all the time. You don't know whether it's going to darken with rain and fall on you or whether the sun's going to come out. . . . You know the cloud is going to move off eventually, but it's there. Last year, it seems that there were little black clouds, and every time you handed a paper in, a cloud went away. You don't have that this year. You're always under pressure this year .... Last year, it was more pressure-release, pressure-release.
Now, it's always there. It's a process. It's got its ups and downs--its sunshine and its rain--really gruelling at times, really rewarding at times. . . . You take one step at a time, and you have these hurdles, and with each little hurdle, you have to reward yourself. It's a process. . . . You don't get a break. I don't think you ever quit thinking about it.

Most of the informants became more comfortable with trying to measure up. They realized that the evaluation of their work would probably be within a specific range. However, they never took it for granted that they would be able to maintain their level of achievement--there was always a sense of insecurity.

I: I wanted to get 75 on my papers and stuff. Once I was getting 75's for the most part, then I knew I was doing okay. . . . But I don't know that I ever felt more relaxed about the marks.

I: When I started getting papers back, I realized that I was doing okay, and I think more than anything, it made me feel that I hadn't made the wrong decision to come to graduate school. It was sort of a tightrope that you walked because I never assumed that I would do that well again. . . . I never took for granted that I was going to do well on a paper.

In summary, the work of being an MSN student was demanding both in terms of trying to learn and trying to measure up. The informants perceived that they were being asked to produce a great deal of work, that might or might not meet individual learning needs, within a short period of time, and at a high level. Moreover, support and guidance, including feedback from the faculty, were perceived as often being deficient in promoting the process of learning. As if trying to learn was not enough, there was also an evaluative component to the work of being an MSN student. The informants experienced the pressure of
meeting the standards established by the faculty, their personal standards of achievement, and the standards set by fellow students. Often, the informants had to lower their expectations of themselves, and some of the informants suffered the effects of the unhealthy competition that existed in one of the classes. Over time, there were some changes in the characteristics of the work, but it continued to be demanding in terms of both trying to learn and trying to measure up. However, despite the demands of the work of being an MSN student, all of the informants perceived that they were learning knowledge and skills that would be useful in their future professional nursing roles. In the next component of experiencing the reality of being a master’s nursing student, the nature of the informants’ significant relationships will be described.

The Interdependence of Being an MSN Student

The informants identified two groups who were the most influential in shaping their experiences as master's nursing students. These were the faculty in the master's nursing program and the informants' fellow students. These two groups were seen as being critical in relation to the informants' professional and personal growth. Although a mutually supportive, interdependent relationship was sought with each group, the informants did not always experience this type of relationship.

Relating With the Faculty

It would be unfair and not representative of the informants' accounts to characterize all of their experiences in relating with the faculty in the master's nursing program as painful or negative. Many experiences contributed significantly to the informants' professional
and personal growth. These experiences are recounted throughout the following construction of the informants' accounts.

However, almost every informant had reservations about endorsing the nature of the student-faculty relationship. This reservation may not seem to be unusual in view of expected likes and dislikes that occur within two groups of individuals. However, the degree of personal pain and negative emotion experienced by the informants was unusually intense and enduring. The themes of, "conditional respect" and "unintentional indifference," which reflect that personal pain and negative emotion, are explored here.

**Conditional respect.**

A sense of conditional respect was one feature of the relationship between many of the informants and the faculty. The informants perceived that mutual, unconditional respect was absent in their relationships with faculty.

The informants felt unreserved respect for the faculty in terms of the knowledge and expertise that the faculty brought to nursing and nursing education.

I: On the whole, I think I have a lot of respect for the tremendous amount of knowledge and expertise that they bring to nursing. I think that developed over time. Initially, I think that you're only looking at how they teach or mark your papers. But now I can step back and say, "Yes, I do respect them."

I: She makes you think, she leads a seminar, she sits back, and lets the group talk. she interjects, she paraphrases beyond belief. She can . . . somebody in class says something, she gets the essence of what they said in two lines and says it right back which makes everybody think, "Yeah, that's what she said" and that's even at a higher level when she gave it back. . . . Like you always knew that she was listening to everything that was being said. . . . Sitting back and watching her—most of the time,
you think, "Wow--boy, I hope I can do that someday."

I: It's like a seminar setting. The professor is very open to dialogue. The way she conducts the class is different from most of the other professors. She relies on our input to conduct the class. And she will guide us and keep us on track. She has us do a little sort of checkpoint--a little assessment in our own heads about our experience with that particular topic and everyone is made to feel that it's valid, that it's okay to be different.

I: I have great respect for her because of her teaching ability and she is just . . . she takes very abstract things and she makes them very easy to understand.

However, some of the informants had less respect for the faculty as teachers and expressed dissatisfaction with the faculty's ability to lead classes in a graduate level seminar format.

I: I thought that class dealt too much with looking at concrete things as opposed to it being a seminar course, and shouldn't we be looking at a more conceptual or abstract level? Like why regurgitate everything? Why not discuss it and make applications from it?

I: I often didn't sense that the teacher was leading the class in the way that she should be. It's like, do they know learning theory? Do they know what their philosophy of teaching is? Do they know what the course objectives are? Are they putting that all together?

I: A seminar group should be a blending process of information that they give us and the information that we bring from our experiences. If they have the group process abilities—which they appear to lack—then this blending would occur. . . . This instructor had a very traditional approach to instruction. She stood up in front of the class, and she gave a lecture. She didn't encourage a whole lot of participation, and when she did, she didn't seem to have to ability to get it out of us—to get us to participate. So there was lots of times when people just didn't speak, and it was a very uncomfortable situation.

The informants expected differences of opinion and philosophical
positions to exist naturally in an academic setting. However, a fundamental lack of respect between some faculty members could readily be detected by the informants and was problematic in terms of the example being set for professional working relationships.

I: I couldn't believe how this prof won't work with that prof... I've heard a lot about making sure that you find people for your committee who are compatible. I know that it's all political, and that occurs in any workplace but, I mean, some people can't stand each other, and you get caught in the middle of these people who are both trying to be in control and who don't want to listen to each other or compromise.

I: There's more than just a difference in opinion about things. There's something going on. I saw [two faculty members] in [a group setting], and one of them was saying something, and the other one almost turned her back like, "What are you saying and who really cares?"

I: ... obvious to me that there is conflict between various members of the faculty. It's between individuals and not just between the individual's ideas. That's unfortunate, and I think that students pick up on it very quickly. It's not very healthy. The credibility of both parties comes into question, and it's hard to see them as role models for how to work together.

The informants were most distressed by their perception of the lack of respect shown toward them by the faculty. There were multiple problems in relating with the faculty that led to this perception. To begin with, the informants perceived that the knowledge and expertise that they had acquired from their professional practice and educational experiences was ignored or negated. In some instances, the faculty member appeared to deliberately discourage students from discussing classroom topics in the context of their personal experiences.

I: I couldn't believe that people at the graduate level--faculty
at the graduate level would treat me like I was some kind of kid. It's like I didn't have a history. It's like I hadn't done anything before.

I: I had one instructor, and I mentioned the role that I had played in my last job and that you were really seen as a resource in the community. And she said, "Well, in your case, it was probably an oddity." And it kind of detracted—it negated my experience. Dismissed it.

I: There doesn't seem to be a recognition in the school that you are a competent person before you come in.
R: At the beginning of each course though, we would go around and introduce ourselves and describe our background. They did ask us about our background.
I: They asked us, but they didn't hear. . . . We heard each other, but I don't get the sense that the instructors heard. . . . It's like they went through a textbook, and it said, "Now when you start a class, you do A, B, and C." And it was like they did A, check it off, they did B, check it off, they did C, check it off. And now, "Let's get on with what I have to do with this class."

Many of the informants also perceived that they were not respected for their contributions in class, especially when they expressed an opinion that differed from that of a faculty member. As one informant stated, "Your participation is expected but not valued."

I: Why can't our thoughts be validated and given, "Oh, that's a really good point but," . . . It's almost like somebody is barking at you and not respecting your thoughts. . . . I found that really sad because school should be somewhere where you can learn, where your ideas can be expressed. But it's obvious that, sometimes, that's not what happens.

I: Within three weeks of that course, people were shutting up, one by one. No one was challenging what was being said anymore. It was sad. No-one spoke up.
R: Why did that happen?
I: Because they kept being told, "No, you're not right. No, that's not how it is. This is how it is." There wasn't any kind of "That's an interesting point; why don't you explain it to me?" It was, "That may be what you believe now, but this is what you're going to believe from now on." . . . Remember [two fellow students] at first? Wind and fire in them. And in the end,
people shut up. The spirit was gone. I'll never forget.

Some of the informants perceived that the failure on the part of some faculty members to make use of the knowledge that the informants brought from their previous educational and work experiences contributed to less productive learning experiences in the classroom.

I: The teacher would sit there and read her notes and never take her eyes off the paper. The assumption was made that we knew nothing about the topic, and the purpose of the class was to teach us. That people had some pertinent previous knowledge and experience, was never acknowledged. And this was supposed to be a seminar group for goodness sakes. It was just so demoralizing.

R: ... could you characterize that as a lack of mutual respect?
I: Yes. I guess I find that really difficult.
R: Is that too strong?
I: It's not really. It's just that it's a really sad statement. ... There should be more respect, and I'm thinking, respect for students—if things were more personal, and faculty knew the students better—where they came from and what they're capable of and what they can contribute, and if that was shared more. In some classes when that happens, the learning that can take place from your fellow students is tremendous. There's so much there.

Not all of the informants perceived the classroom interactions in a negative way. Some of the informants described a refreshing openness and receptivity to diverse ideas. Further, some of the informants offered a different explanation for some fellow students' perceptions that their participation was expected but not valued.

I: I like the group even though it's too big to be perfect. But I do like the open discussion that people can say what they want—that they can be at total opposite ends and that's okay and that's respected.

I: I believe that we can still express our opinion even though
there is a right answer at hand. I don’t think there’s going to be any punitive measures should our opinions differ greatly from the teachers at this point. . . . Right now, you’re allowed to ask questions and say, "This isn’t possible," or, "I can’t believe you can actually use this."

I: I think that course was the best course in the program. I think it was structured to make you think. I think we had an excellent group. Our group just seemed to build off—you know, thrive off each other—build off each other. We did thinking. We thought about it out of class, in class. The teacher made us think. She let us do our own thinking as a group.

I: I find that that prof. . . . I think there may have been method to her madness. It seemed like she wasn’t particularly receptive to another opinion and didn’t seem to like to be challenged. But I think it was more, "Don’t challenge me unless you can give me the details of it. If you can’t back it up, don’t challenge me." I think that she gave the wrath of God to everybody and, yet, I saw people challenge her who could back themselves up, and that was fair game. She was delighted by the intellectual pursuit. But if you didn’t have it, it was, "Don’t bother me."

I: [The professor] talks to us in a forum that I feel she respects us as individuals with intelligence and she wants to challenge us—not a challenge to trip us up—it’s a challenge to make us think and to become critical thinkers. I think she’s trying to help us to learn.

According to many informants, another way in which the faculty demonstrated their lack of respect for the opinion of students was the faculty’s lack of response to teacher and course evaluations completed by the students. The informants described instances in which teaching behaviors or course content had not been altered despite long-standing critical feedback from students.

I: I filled out the evaluation forms thinking, "This isn’t really going to make a lot of difference." Even if we all say the same thing, I can’t see a lot changing in some of these courses. I’ve talked to people who have said the same thing for years, and they’ve made the same comments, and nothing’s changed. So you wonder if it’s worth filling them out. They know what they’re
going to do, and they're going to do this, and that's that.

There were several instances in which the faculty did respond to the students' suggestions about curriculum changes. These changes did not go unnoticed by the informants.

I: I see that [the professor] has made some changes in the way [that course] is taught. I think she was actually listening to us and it's nice to know that someone is listening.

I: I don't think that they should change things just because we're expressing a concern or complaint--not that we don't have some legitimate concerns and complaints. But it's nice to see that some people are trying to make things better. Like I know that [the professor] tried to get [a situation] changed, and it didn't work out. But at least she responded to our suggestion and tried.

Some informants also perceived that respect was too dependent on the grades achieved by students. They stated that students who were able to achieve the higher grades were treated differently.

I: They look at you and say, "Look at all the stupid people who have been riding 60," and people treat you differently--in a different light. . . . You can tell who got what marks by the way the teacher addresses people and whether they're regarded or disregarded.

I: They favor the people with the highest marks. . . . The professors get more excited when they're talking to those people in class. The people who are making the best marks are usually the most articulate and have the broadest knowledge base, so they're the ones who are saying the creative things in class. So the professors are lighting up in response to them and giving them the positive feedback. And it just perpetuates itself.

I: Like this person is not going to respect me unless I make an "A" on this, and I felt that very strongly with the faculty--the nursing faculty. We know that they're going to respect us if we do well and get good marks. . . . It doesn't matter if they don't
like us, but they have to learn to accept us for who we are and where we're at. . . . like the professor that I had in [a non-nursing graduate level course]. He really wanted us to all do well at our own level. He was never judgmental. Like he didn't seem to convey, "Well, she's not an "A" student." He accepted where I was at and was interested in me doing the best that I could. . . . I never got that sense of empathy from the nursing profs--that extra sense of empathy.

I: . . . one person, in particular, in the group who set the standard for the professor, and nobody else could live up to this standard that this person had set. And in a way, the rest of us were all looked down upon and just were not up to snuff.

The most compelling of the informants' narratives reflected situations in which the inequality of the student-faculty relationship was evident. One informant stated that, at times, the faculty abused their position of authority--"In many situations, they pulled rank on us."

I: I went through one experience with one teacher in class where she literally yelled at me. You know, I decided that she was having a hypoglycemic reaction because there was no other way to explain it. I mean, if I took it personally, I would have shrivelled up and died. I mean, she literally yelled and screamed at me, and I don't think that was necessary. Maybe I caught her at a bad moment, but she let me have it. I don't think that should happen to any student, under any circumstances. Ever!

I: I was pulled into the office and told, "That's not the appropriate dress." That made me feel like a teenager; that I wasn't bright enough to know how to dress before I went outside my room. I've always prided myself in the way that I look. I'm not a high-fashion person, but I like to think that I'm dressed appropriately wherever I go. If I want to dress the way that I dress, that's my responsibility. The image I project is my own.

I: There was some mix-up in the communication. Well, the professor came in the next day, and she was furious. She was just furious at us and made us feel like school kids. I certainly phoned her afterwards and apologized to her because I felt that, yes, we had inconvenienced her. But on the other hand, we didn't need to be treated like school kids. She basically took away our decision-making about whether we would have a tutorial or not because we were going to meet for every tutorial from here on in. You had to show up.
you know, to go into somebody's office and they're filing—they pull out their nail file while you're talking to them. Or they don't bother to turn their head when you're leaving to say, "Good-bye." It's kind of a little slap in the face when they can't be bothered to turn their head to say, "Good-bye," or they're still flipping through their papers. I mean, you are a person in that office—regardless of whether you are a student or you are their superior, you are a person.

Unintentional indifference.

Some of the most painful experiences, which the informants recounted, were in relation to the indifference that they sensed from the faculty. They perceived that there was a general lack of caring about them as unique individuals. The informants acknowledged the academic community imposed multiple demands on the faculty's time and energy, but as one informant said, "Most of them, I feel like I'm taking up their time because they're so busy."

I: We did hear that there's a hundred and sixty people in this program. That's a lot for faculty, but that's a problem that has to be addressed by administration. And if it's a detriment to the students and to the faculty, they why is it happening? I think that at the master's level, there should be time for each student.

I: They're not rewarded for doing a good job teaching. They're rewarded for their research and their publications, and they reward each other for that. People who do the research and have the publications are the ones who have the status. They don't get rewarded for teaching or being with students.

Although the informants acknowledged that the indifference demonstrated by the faculty was most likely unintentional, the pain that the informants experienced could not be denied. Many informants felt that the faculty made little effort to know them as individuals and that
they were merely faces in the crowd.

I: We're talking about a two year relationship. I don't think that you can spend that kind of time with people and not develop relationships; somehow, that's not happening here.

I: She never once acknowledged anybody by their name in class the whole semester. . . . She did not do that all semester. She knew our names. . . . And I thought, "Why don't you acknowledge us by our names in class?" I found that really disturbing. I don't know, but it really ate at me. . . . It just really bothered me.

I: . . . caring, I find, is when the teacher is supportive, treats you with . . . trust, treats you with respect and dignity, and values who you are, values your past experience, values your knowledge. And sort of cares about you in a broader context beyond the nursing role, the student role. And I would say that they care to some degree, but I didn't really feel that a lot of them got to know me to value me.

As described previously, many of the informants perceived that their individual learning needs were not met. The informants perceived that a major reason for this deficiency was because the faculty did not make any effort to know them as individuals and, therefore, were unaware of the informants' unique learning needs.

I: There needs to be a sense of recognition of the individual . . . with different needs, different abilities. And I'm sure that it's very difficult for an instructor, but in graduate education with small numbers, I think that this could be realized—knowing you as an individual. We don't come to this with defined commonalities among us. We couldn't be more diverse.

I: We're at a graduate level. We have all identified why we're here, what we want to do with it. How can we go into a program that's going to give us a kind of blanket education and expect that we're going to be able to go out there and do it? I agree that we need fundamental courses—everyone of us. But I think that somewhere in there, there has to be more dialogue. There are 20 or 30 students in a class, and if you don't have any dialogue, then there is no way that you're going to know the individual
learning needs of the students, let alone address them.

Many of the informants were disturbed by their perception that the only feedback that they received was in the form of marks or written comments on assignments. Giving verbal feedback that would support the informants through the learning process seldom occurred, yet it was clearly a significant and meaningful validation to the informants when the faculty took the time and made the effort to do this.

I: I went to talk to [a faculty member] about the possibility of being on my thesis committee, and she said, "Well, you're a strong student," and I thought, "I am?" I remember thinking, "Oh, really?" I was really surprised. I remember that making my whole weekend to know that she thought that. I think that was one of the few times that I had ever gotten verbal feedback before.

I: I get good feedback when it's solicited. If it's not solicited, then it's not provided. It has to come from me first. And I don't know that there's really anything wrong with that. It's just that, every now and then, it's nice to have someone give you positive feedback when it's unsolicited.

Many of the informants described the faculty's lack of sensitivity to the rigors of student life and to the sense of vulnerability that the informants experienced in the student role. When some of the faculty did demonstrate this kind of sensitivity, the informants perceived that, "someone out there is aware of what we're going through and can understand that it's not easy," or "that professor could really understand the student condition and the frustration and uncertainty and anxiety." However, many of the informants perceived that either the faculty were ignorant of the students' situation, or the faculty were
aware and didn't care.

I: There is no sensitivity or . . . even a realization by our professors that we are going through this tremendous, unsettling process when we become a graduate student. And so there's no nurturing going on; you're out there in the cold.

I: We had three papers due this week, and we were supposed to have done some reading for class. There was just no way. And we sort of had mentioned this to her, and halfway through the class, she said, "You people—you're just not giving me any feedback. I need you people to start talking to me." And we were all just drained, and it was sort of, "We need you to understand just a little bit more than that. You have to understand that we're just a bit tired." I wanted her to be a little more understanding.

I: I don't remember having a conversation with anybody on faculty about how I'm doing with school. No one said, "It's okay if you're feeling this way, people usually do," or, "The first part is really tough, but it gets better." . . . They don't try to anticipate what students are going through or what the peak times are for high stress. I'm sure that they're aware because they were students at one point. . . . Where is the compassion?

Many of the informants also perceived that some of the faculty did not care enough about them as learners to put their best effort into fulfilling their teaching responsibilities. It was not that the faculty were deliberately intent on making the learning process difficult and unpleasant; it was perhaps more that the faculty were not going to take pains to facilitate the learning process. In the following narratives, it is evident that although faculty members may have perceived that their actions would have a beneficial effect, the informants perceived these actions or lack of action as inhibiting the learning process.

I: A lot of the other instructors, I get the impression that . . . they feel that students are going to have to go to hell and back before they get their master's. Or they're thinking to themselves, "When I went to graduate school, we had 16,000
courses, and I had to go to school barefoot through the snow, so you’re going to have to too.”

I: I mean, to give a reading list from 1985, I don’t feel that’s good enough. And not that I want to be spoonfed; I don’t think that you can go far with that attitude. But I think that reading lists are important. And I know that it’s kind of like go out there and do it yourself. We’re all doing that anyway, so I don’t think that it’s much of a problem if we got a decent reading list.

I: I like the idea that some teachers had the readings ready for us. I don’t think that at the master’s level that there’s anything to be gained by making us look for them in the library.

R: Maybe to teach us to be independent?

I: It’s not teaching us to be independent. It’s just teaching us that you’re a low-life student. . . . We’re going to be independent enough—doing our thesis, doing lit reviews for our papers over and above our readings. There’s no way you can go through this without knowing how to use the library. . . . I think that, if it’s important enough to read, and they have one in their little drawer, they could arrange it so we could all have it. . . . The ones who had the readings ready because they had them themselves and who share them with us are treating us like adults.

The informants clearly respected those faculty members who went out of their way to enhance learning.

I: I really like this professor. She’s so flexible in helping us to get what we want out of the course. Like she goes out of her way. . . . We were all having some problems with writing and so like, she comes to class and she’s got ten articles xeroxed for each of us on writing skills. Some of it was kind of finicky stuff like on the use of the comma, but she did go out of her way for us.

I: I just found her very approachable and she always made time for me even when she was really busy. If I was confused about something that had been brought up in class, and I had reread the material, I could go to her and say, “Look, I’m not sure about [this concept],” or “I’m a little confused about what [this] means.” And she was very good at taking time to explain it and to give you references that would help.

The following narratives address the distance that most of the
informants perceived existed between themselves and the faculty. The informants perceived that there were no mechanisms established by the faculty to create and maintain collegial relationships.

I: I think there needs to be a little more informal dialogue between the faculty and the students. There seems to be a wall--almost a class distinction. And that's destructive and it's counterproductive, and it doesn't foster positive working relationships. . . . It's a bit labour-intensive, but if the professors could have done just a really brief interview with each student. Just a one-to-one interview to try to get to know them a bit, their background, what they want to get out of the course. I think that would help to break the barrier that seems to be there.

I: I would like sort of an informal--perhaps see something set up as an informal discussion thing--say, three weeks into the program or something. "Okay, we're available, come and see us. We're going to be in this room at such and such a time and talk about problems or issues that have come up. How is your course load? Do things need to be adjusted? Is one assignment conflicting with another? Are you finding this? Are you finding that? Is there any input?"

One informant's experience with a personal crisis is a sad commentary on the distance that the informant perceived between herself and the faculty.

I: My mother had a heart attack when I was in first semester. At that point, I wanted to go home, but I felt that I couldn't go home because I felt that I would lose the whole term. There was really no-one to go to with that sort of information. I felt there would be no support for that kind of information. . . . Before I came to school, everyone talked to me about nurturing. I didn't have any nurturing at the School of Nursing, and I think that's a common experience.

Some of the informants' most positive interactions with the faculty occurred in situations in which the informants perceived that
they were able to relate to the faculty in a collegial way rather than in a student-teacher mode. Although the following accounts describe faculty's members actions that may seem relatively minor, they clearly had a significant positive impact on the informants.

I: I felt better about the professors who were a little bit less standoffish. It's small, but one of the professors, at the end of her course, invited us over for coffee and dessert. And that was a nice touch.

I: Last year, when we were introducing ourselves twenty times, I remember one teacher sharing something of herself and I really appreciated that. She told us [some personal things about herself] and that was really important at the time. Now it sticks out even more. I don't know why.

I: I would be sitting there in her office and talking about an assignment or something. But we would sit there and talk about ideas too. Like I had this idea about the model or nursing as a profession. And we would sit there and talk about other stuff besides just the assignment. And she was always so accepting and open and listened to my ideas.

I: Like [this professor] has a magnificent sense of humor and that's not something that is generally well known. She's a gem. I feel like I can say anything to her. And like, we called her on Friday—out study group—and we were a bit off-the-wall and off-the-cuff in what we were saying. And she was wonderful on the phone. You know, kibbutzing around.

The accounts of the informants' relationships with the master's nursing faculty demonstrate a wide diversity in their perceptions of these experiences. Clearly, there were numerous positive experiences and many of the informants described instances of collegial and caring interactions. However, the informants narratives also clearly reflect how troubled most of them were about the distance in the relationship between themselves and the faculty. This distance was understandable in
view of the informants' perception of the indifference shown toward them by faculty and the absence of mutual respect. The informants perceived that they were not valued as unique individuals, that they were not treated as colleagues, and that they were not accepted as they were. Moreover, the informants felt that they could not always depend on the faculty to have their best interests at heart. There were repeated requests for more dialogue with the faculty in order that more effective, collaborative relationships might be developed. One of the informants described how the distance in the student-faculty relationship persisted even up to the time of her graduation...

I: When we graduated, there wasn't anything after we graduated except what the MSN students had put together. As I understand it, even previous graduations, the faculty don't put on a tea or anything after the ceremony. . . . And I thought that was really telling.

Relating With Other Students

In contrast to the informants' experiences in relating with the faculty, almost every informant described experiences in relating with fellow students in a positive way. A bond developed among the students based initially on common needs and shared goals. From this arose mutual respect and trust and, ultimately, a sense of interdependence.

Doing group work: a matter of trust and respect.

Group work played an instrumental role in the development of an awareness of mutual dependence and a sense of community among the informants. Initially, many of the informants experienced a certain amount of trepidation in engaging in this group work. As individuals
who were accustomed to achieving on their own or being in control, they
now were forced to trust others and to respect the opinions of others in
order that a common goal might be achieved. Despite the fact that there
were some painful moments, most of the informants perceived that they
had learned a great deal both personally and professionally.

I: It shook me. Like I don't know that I like to have control,
but it was like, "Let me be the editor, let me have one read of
this before we hand it in." But when I did the second paper, I
didn't have that need. I basically left it to another person in
the group. I decided that I'd gotten to know that person. I knew
that person would do a good job. I guess it's a sense of trust
with a peer that I knew that I didn't need that sort of control.

I: Three people have different writing styles, three different
ways of thinking about things. It was sort of painful in the
beginning, but I noticed about halfway through the paper, we were
feeling a little bit more at ease. . . . You had to get used to
the process and try and feel comfortable that, sometimes, your
ideas are not going to be included or, sometimes, you may have
been working on something for ten hours, and you're still not at a
consensus. . . . I've learned that if I really believe in
something strongly, try and hold on to it and rationalize through
why I feel that way. And back myself up. And I've learned to
challenge the other two members.

I: I had a wonderful group to work with, and not that we agreed
about everything, not that we had the same ideas, but that we just
worked really, really well together. We listened to each other,
and we were supportive of each other. We were able to get the
task done, and we could rely on each other to have done the work
that we were supposed to have done and stuff like that.

Not every experience with group work was positive. In fact, for
several of the informants, it resulted in a threat to their self-esteem.
In these instances, it was clear that trust and respect did not exist
even though the group was able to achieve on an academic level.

I: I wasn't validated. It wasn't, "I know what you mean, but I
don't think that's important here." It wasn't even that. Usually, I was just ignored. My comments were ignored. I felt like I wasn't even there. It made me start doubting myself.... I felt like they thought that I was stupid, and I wasn't doing a good job, and why was I in the group?

I: I gained confidence, but I also got a few scars during the process. One person in the group— it's not that she says, "Well, that's interesting" and respects it.... I was getting frustrated because she couldn't appreciate my perspective on some things. It was obvious that it had to be her way or no way.

An exclusive fellowship.

The most significant features of the relationship that the informants experienced with their fellow students were a sense of empathy and a sense of caring. They recognized each other's vulnerability and could identify with each other's joy and anguish. Most of the informants identified the support that they shared with their fellow students as the most positive aspect of their experience as master's nursing students.

I: People are very supportive with each other. We all seem to be going through the same thing, and everyone's always asking me how I'm doing, and I'm always asking other people how they're doing.... People really do care.

I: Without the other students, I don't think that I ever would have survived the first term.... We were a real needy group.... We boosted each other up through telephone conversations and lunch and just talking about our frustrations and things that had worked for different people. And I found that very helpful.

I: I think the relationships that I've developed with my fellow students have really contributed to me, as a person, because they're reassuring you that you're okay—that you're an intelligent person, that you're worth listening to, that you may not always be right, but that's okay.
The relationships that the informants had with their fellow students were based on a shared language and shared experiences. Therefore it was difficult for the informants to find the same level of empathy and understanding from even family and friends. Being a master’s nursing student resulted in entrance into an exclusive fellowship.

I: You can't discuss it with the general population or your boyfriend or your husband because they don’t understand the language.

I: I was trying to tell this person that I used to work with about what it's like here, and it was hard. I kept using people's names, and she had no idea who they were. And I would talk about doing some assignment, and she just couldn't appreciate how hard it was. ... I mean, I think she could understand on some level, but it wasn’t like talking to someone who’s been through it.

The informants described sharing their experiences with their fellow students to validate perceptions, to justify reactions, or to vent feelings. The trust that characterized the relationships that the informants had with their fellow students is apparent.

I: There are other people in the class that I trust enough and I feel comfortable enough with to sit down and say, "Oh, I didn't enjoy today's class," or "That really bugged me," and I know that they would give me some good feedback on that.

I: I asked one of my classmates after class. I said, "Do you think I was getting too heated in class? What did you think of my point?" And they said, "No, no, I think your point was good." ... I think that the people that I trust as a support, they would tell me the truth.

I: I complain. For me, that's therapy--if I can sit down and get it off my chest with a group of people that I trust. We just tear [the faculty members] apart. We talk about her hair, the moles on
her face. Did you see what she wore today? Not say a positive thing if our lives depended on it.

Many of the informants spoke about the significance of the relationship between first and second year students. The first year students were able to turn to students who had already gone through the experience for advice and support. In turn, the second year students experienced an altruistic sense of satisfaction from providing that support and sharing what they had learned.

I: It's been a real value to get to talk to people in second year to see that they've survived—to see that they still have a sense of humor. They have a life and all those things.

I: I think we were in awe in October and November about how calm you guys were. . . . Most people would take the time to be available, and the buddy system was available . . . just to talk to someone about what your experience was, and that was really helpful. All of you were really good at empathizing . . . giving advice and reassurance. There was a lot of camaraderie.

I: Second year's relationship with first year is big . . . being a [buddy] or talking to them in grad lounge. You become very important to them. By you sharing and trying to help them, it makes you feel good, and it makes it a more positive experience. You put your arm around them and say, "How's it going? This is a rough week." It made me feel better about myself and the whole process if I could help someone else.

The informants perceived that they had predominately positive relationships with their fellow students. In doing group work, the informants usually experienced a sense of respect and trust as well as learning to work with each other toward a common goal. Moreover, the informants depended on each other for support and caring. In sharing their joyful and painful experiences, a lasting bond was created. A
sense of instinctive empathy existed because the informants shared experiences that would not readily be understood by persons who had not experienced the reality of being an MSN student.

Changes Over Time

As the informants progressed through the program, there were some changes in the relationships with the faculty and with fellow students. Relationships with faculty tended to become more positive, and those with fellow students continued to be positive, but a more selective support network was developed.

Most of the informants who were engaged in the thesis process perceived that they had a close, collaborative, and effective relationship with the faculty members who sat on their thesis committees. This was primarily because many of the informants went through a deliberate process of selecting individuals for their committee whom they perceived as meeting both their personal needs and academic learning needs.

I: I need somebody who has a sense of humor. I don't really know if that's my top priority, but I'll need somebody who will support me. I can accept criticism, but I need to hear positives first. I need someone to give me reassurance because this is the first time I'm going to go through this. I'm not so concerned with finding someone who knows the content, but I'll look for someone who knows the method and someone who's available. I have to make sure they have time.

I: I liked them and had respect for them and thought that I could work with them. I wanted them to be supportive of me through it. I knew that they would challenge me. I trusted that they would challenge me to the level that I could achieve.

For most of the informants, experiences with their thesis
I: The committee was very supportive—extremely supportive in what I was trying to do and how I was trying to write. They pushed things. They didn't push me necessarily, but they pushed things so that when I was on a roll, they would be there, and they would bend over backwards to be there with my writing. They kept to their word in terms of a time line. They were good with their suggestions—very good. I never had the sense that I had to do it their way. I felt that they were both accomplished people. That's one of the purposes of having a thesis committee—they've gone through the process. Let's learn from them. I trusted them. I trusted them implicitly. I had the utmost faith in them.

Relationships with faculty who were not on the informants' thesis committees also tended to be more positive because many informants felt more confident about their progress through the program. Moreover, they were usually more comfortable with faculty they had learned with previously because they were less intensely involved with them and had established a reputation for being able to succeed in the program.

I: I see a big difference this year and maybe because they know you, they know you've done okay to get to where you're at. They know you've got your head screwed on right and you're on the right track and you're going to make it. . . . So they treat you differently. Now they're concentrating on a whole bunch of new people, and you're no longer in their psychological environment. You're out there in their hull somewhere. Therefore, they treat you more human or something. . . . Maybe I treat them differently too because they're no longer in my psychological environment.

I: There were times when I thought, "This is ridiculous. We're being treated as if we don't have a brain in our heads" kind of thing in first year but not necessarily in second year. And I think that may, in part, have been my own feelings of insecurity.

In the preceding narratives, it is interesting that the informants point
out that the faculty may not necessarily have changed but, rather, that there were other factors operating within the informants that changed their perceptions of the faculty. Nonetheless, it is noteworthy that the first informant refers to the faculty treating her in a more human way because it reinforces the notion that respect from the faculty was dependent on the informants' ability to demonstrate academic competence.

The informants' relationships with their fellow students changed in that almost all of the informants developed their own smaller support group that was selected from the class population. Although relationships with the other class members remained friendly and supportive, it was with the smaller support group that the informants tended to share more of their more intimate experiences and to share in getting the work done. These smaller groups were usually formed by the end of the first semester of the program and, in some instances, resulted in distinct, readily recognizable cliques.

I: You have your support system by second semester some time. These are the people that you really trust and want to spend time with and who think the same as you. And those are the ones that become your friends for life.

I: I have the people that I talk to most--the ones that I turn to when I'm stuck on a paper or bogged down or drowning. . . . If someone finds an article that might help someone else, then she'll share it with the other person .... It's not that I wouldn't do that with other people in the class, but you know more about what your closest friends are doing.

To summarize, the relationships that the informants sought were interdependent ones that would be characterized by mutual respect, trust, sharing, and caring. In so many instances, the informants and
faculty did not get to know each other well enough for these relationship qualities to develop. There was a certain distance between the informants and the faculty that appeared to be based on a state on inequitable roles. Emotional tones of anger and regret were evident in the informants’ narratives. One informant, somewhat defiantly, stated, "They can demand authority and be authoritative, but it doesn't mean that I have to respect them". Another informant said about the indifference in the student-faculty relationship, "If only they cared more. I'll always wonder what could have been if they had cared more."

Fortunately, more productive and positive working relationships tended to develop between the informants and the faculty in the second year of the program. This change occurred partly because the informants carefully selected faculty members to be on their thesis committees. However, as several informants noted, perceptions of the faculty changed over time as the informants gained more confidence in their abilities. This increased confidence apparently allowed the informants to perceive the faculty in a less threatened and, perhaps, more objective manner.

The relationships that the informants had with their peers were initially built on need. They needed their peers both to get the work done and to have an emotionally supportive network. As time progressed, a bond, based on shared experiences, was maintained among the informants and their fellow students even though each informant developed a smaller supportive network with whom they developed the most intimate relationships. Thus, the relationships that the informants shared with their fellow students were ones that were characterized by connection and a sense of community; they were the ones that were characterized by
respect, trust, sharing, and caring.

In the next component of experiencing the reality of being an MSN student, the art of being an MSN student will be explored. Learning how to function as a master's nursing student was important in both getting the work done and relating to others.

The Art of Being an MSN Student

The art of being an MSN student refers to the knowledge, skills, and attitudes that would enable the informants to most effectively and successfully negotiate the educational system and, ultimately, earn their degrees. Thus, fulfilling the role of master's nursing student meant that the informants had to know and practice the behaviors that were the most productive in terms of getting the work done. Moreover, it meant that, for the most part, they had to know and practice the behaviors that were most likely to be approved of, valued, and rewarded by their fellow students and the faculty.

Getting the Information

Beginning the master's nursing program was often a chaotic and overwhelming experience for the informants. It was crucial for the informants to obtain information that would allow them to function most comfortably and effectively as master's nursing students. The following excerpt illustrates one informant's initial experiences in becoming a master's nursing student . . .

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I: It was so confusing. . . . This person in the office was such an absolute haven of knowledge and comfort. She knew all our names the first day, and I'm thinking, "... I barely even know my name today" . . . just feeling so lost . . . I don't know if incompetent is the right word but just intimidated. . . . It was
overwhelming. I just had no idea of what was going on.

One source of information was the faculty. In many instances, written or verbal information obtained from the faculty was beneficial. However, the informants also cited many instances in which the quantity or quality of the information was deficient in assisting the informants to function capably in the master's student role.

I: I think that we should have been told to have a computer before coming here. In the second term, I wrote those 13 papers, and I had to have them done a week ahead of time, so I could get them to the typist. . . . Many times, when the paper had to be in on a certain day, I was at the typist at 7 o'clock in the morning to make the revisions. I never knew how long the paper was going to be. It was really stressful.

I: They should explain what this program is all about. . . . We're never given any direction with that. . . . It came down to they wanted to make us think and to reason things through and to logically organize that in the context of each course. And at the time, I had no idea. It wouldn't have been so anxiety-producing if I had known that back then.

I: I didn't find we really got a lot of insight into the difference between a thesis and a major paper. It seems like almost a given that you're going to do a thesis. . . . And I think the school lacks some organization on the thesis process. There's one handout that sort of says, "Do this, do that," but there could be a lot more explained for you. . . . That it is a process with stepping stones and hoops you go through and, then, when you're in it, you wouldn't feel like you were the only one having some holdup or problem. You wouldn't feel so isolated.

Because the informants perceived that accurate and timely information could not always be obtained from faculty, the informants turned to other students. They were able to learn a great deal from each other by sharing information and experiences. Sometimes, the
informants learned by talking directly with other students. At other times, they acquired information "through the grapevine" or by "tapping into the rumor mill"—that is, hearing information or about other students' experiences secondhand.

I: I think you learn a lot from just sitting in the grad lounge and talking to other people. You might be talking to people in your class or someone from second year. . . . You hear things about how certain professors want things or how to go about getting a paper done or where you can find things.

I: They were a tremendous resource. Somebody had found an article or found this out, and somebody knew something or someone had done something similar. . . . Like a lot of us were just starting out with computers, and there was a lot of sharing of knowledge from one person to another.

The information obtained from other students might or might not be accurate, and the informants had to consider the source of the information. Inaccurate information could result in undermining the credibility of faculty as well as undermining the self-confidence of the informants.

I: They said that second year was going to be a breeze (laugh). Well, let me tell you. . . . That was really destructive. Here's everybody saying, "It's a breeze. No problem." I completely pooped out, and that really compounded the destructiveness of it.

I: A lot of the information from student to student is undermining, and you don't realize this. Someone has come out with this impression about this teacher and, now, that's what's spreading. That's not the impression that I got about the her, but that's what I heard. There's a tremendous rumor mill. . . . You try and stay away from the negative stuff, but you can caught up in it when you're feeling down or you're feeling pressured. That type of thing can have a horrendous effect on people and it can wash over the whole room and you can see it. . . . I think it's undermining. It's not intentional. They're trying to protect their fellow students, but it works the opposite.
I: You have to take it with a grain of salt because it's only
their perception anyway. You don't learn that until you get to
know people and know where they're coming from. Like this person
exaggerates all the time. There's a bit here, and this is what I
might need to know, but the rest is just attention-seeking or
blown out of proportion or whatever. I sift out what is
meaningful for me and let the rest go.

Interestingly, many of the experiences that the informants shared with
their fellow students involved negative experiences. Positive and
joyful experiences tended to be shared within the informants' smaller, more
intimate support group. The stories that one might hear in the grad
lounge tended to be negative.

I: It might be an unwritten underlying rule that we don't talk
about our good experiences. We don't hear a lot about them. When
people did really great on a paper and got a really good mark—
like, "I really felt good about that paper, and it really all came
together for me," they don't say it. I guess you don't want to
look like a braggart. I mean, this course was an excellent
experience . . . the group paper . . . our group process,
everything. It just went so well. And I know that wasn't the
case for the rest of the class. I think our group felt pretty
good about it, and we felt good about the classroom experience as
well . . . . We talked ourselves about how good we felt. . . . We
didn't share our good experience with the rest of the class.
R: Would you share that kind of thing with first year students?
I: Oh yes.
R: But you would hesitate to with your peers?
I: Uh—um. Maybe they had a different experience, and I don't
want to conflict with that. I would do it with next year's class
though.

It was difficult to ignore or avoid listening to the negative or
painful experiences of other students. One informant said, "They're
horror stories. It's like an accident on the side of the road. You
don't want to look but you always do." Hearing the horror stories could
have both positive and negative consequences.

I: In a way sometimes, it was a validation that it's not just me; other people are having difficulty too. Other times, it was, "Oh my God. What am I doing in a craphole like this where there's such a lack of respect and a lack of caring?" In that way, it was a real downer.

I: Sometimes, I'm glad that it wasn't me. I know that sounds selfish . . . but it's just that I'm finding this tough, and if someone else is having a worse time, then I feel fortunate that things aren't that bad for me yet.

It is significant that many of the "horror stories" were in relation to students difficulties with the thesis process. Although most of the informants had positive relationships with their thesis committee, some were not so fortunate. In the following narrative, one informant accounts for the interest in stories about the thesis process and echoes what was said in a previous narrative about the attention paid to "horror stories" when one feels vulnerable and uncertain.

I: I've heard lots of stories about how the thesis process has been horrendous for some people. I think that some people's problems are their own fault because they don't conceptualize well or can't write well. But I think that the way that some people have been treated—they end up firing people from their committee because the committee has put them through hell. . . . It's sort of like the committee is toying with them or, maybe, the committee is incompetent. Anyway, here we are in this situation where we have no idea of what we're doing because we've never done it before, and this is the biggest thing that we've probably done in our lives--well, at least in terms of an academic, scholarly kind of thing. I mean, we think that every word that falls out of their mouth is a pearl, and it's devastating when we find out that they're not. . . . So anything that I can find out about what not to do . . .
Finding Their Way Around

The informants also had to become familiar with the physical layout of the school of nursing and the university, and the location of resources. Some had to refamiliarize themselves with the library system and, in some cases, the informants had to become familiar with a new city.

I: You go down these hallways and you find out they’re dead-ends and you feel like a rat in a maze. You can’t find anything and then they tell you to go to the office to talk to the secretary and you can’t find the office... have to go and get keys and you have to find key control, and that’s over on the north side of the campus—or is the west?... You’re getting used to where things are at the university, and at the same time, you also have to find your way around the city—just knowing the bus schedule and where a drug store is... I think I spent the first month finding out what was where.

I: You have to find clinical placement, but you don’t know what the resources are or who the important contact people might be. Not having been in the library for a while, I was amazed at the machines—the computers that they have now.

Sometimes, once the informants found the resources, they were disappointed with them. Many of them found that it was often difficult and frustrating to try to obtain the written resources necessary for learning in the library.

I: The old WY’s in Woodward need some work. It’s a mess. It’s falling apart. It’s not nursing’s fault, but the WY’s are a mess.

I: When I go to the library, I photocopy (laugh). Or else I spend hours searching for a book that isn’t there. In fact, I have been quite disappointed with the library... When I look at some of the materials there and the lack of materials—like they’ll have one or two copies for the size of the nursing
department. That is totally ridiculous. And some of the newer editions of books are not available at all. There won't be one copy in there, and their reserve section is minute.

There was also some disappointment with the classrooms which were inadequate in providing the optimal environment for learning. Often, the classroom were too small to accommodate the number of students.

I: It's supposed to be a seminar, but there's too many people to be a really true seminar. And in one of the classes, there's so many people that people can't even sit around the table, and they end up in the second row. I've ended up in the second row, and it's like you're not even in the room.

Learning the Language

Another aspect of the art of being a master's nursing student was learning and using the language consistent with the MSN student role. The informants found themselves using words and phrases that had not been a natural part of their personal or professional lives. Using certain words and phrases that had a special or exclusive meaning to the informants was a significant part of fitting in.

I: I found that when you start off in a graduate program, it's almost like talking a different language. I remember going to class and not being able to contribute one word to the conversation and thinking that perhaps I was in way over my head.

I: That came with the courses, didn't it? Like models and concepts. We could probably use simpler words, but it's more fun to use words like, "explicate, congruent." They really explain well what I mean. . . . I didn't use them before, but I didn't think like that before either. . . . I think we take the language for granted now.

I: You don't talk about the idea, you talk about the notion. Things are in your psychological environment or she's a positive
force or we've entered into a critical period. We don't state our thoughts, we articulate them. . . . I wonder if we'll ever talk normal again.

Deliberate Accommodation

There were unwritten rules about how to behave as a master's nursing student. Certain kinds of behavior were more likely to be approved of, valued, or rewarded by both faculty and peers. Learning these behaviors involved listening and watching carefully.

I: You develop very good listening skills because a lot of the information is there if you listen to all the comments.

I: You have to play the system. It doesn't take long to find out that, if you want to make it, you have to be aware of the signals.

Playing by the rules.

Playing by the rules was an important part of creating and maintaining the right image and not drawing negative attention from either faculty or fellow student. The following transcript excerpts illustrate some of these rules . . .

I: I probably censor what I say in class because I can be pretty off-the-wall at times . . . class clown and all that. Well, it doesn't seem to be something that most people want to hear in the class. . . . I worry about the way I dress because everybody is so well-dressed—master's level—there's a lot less jeans around.

I: I'm actually sitting back and listening to people and formulating my ideas and opinions from a distance, instead of jumping in, which is a new thing for me. I'm really weighing what I say because you can't just speak—it must be critical and intelligent.

I: In class, you really want to pay attention. That's real important so you don't repeat what somebody has already said.
There's nothing worse than being redundant. But really try and add to the discussion as much as you can and, maybe, even ask questions out loud.

I: Be on time for classes. Go to class (laugh). Everybody goes to class. You don't miss class. If you're sick, phone in.

With respect to fellow students specifically, playing by the rules helped the informants to fit in so that they could take advantage of the support that the student group offered. Moreover, the image projected by all the students was an important consideration when the informants developed their more select and intimate support group.

I: You listen to the horror stories, and you're horrified back, even if you don't feel that way. You listen and go along . . .

I: You can be different but not too different. . . . It's okay to be yourself, but you want to be normal at the same time. You don't want to be on the outside looking in.

I: The first term establishes your reputation, and the ones that you choose after that are the ones that you get to know more personally. . . . The way that I projected myself . . . in first year has never changed. And the ones that I thought were off-the-wall in first term are still off-the-wall. . . . First impressions are long lasting in the student body. I made sure I found positive people to hang around with. We call all bitch, but the bottom line is that we're all positive people.

One behavior that guaranteed a negative reaction from fellow students was "brown-nosing." The informants looked down on behavior that was intended to develop a special and advantageous relationship with the faculty. This might involve flattery, fake hero-worship, or obvious obsequious behavior.

I: I don't know how they can do it. I mean, they're almost
bowing and scraping and being so nice and agreeable and sweet. Like you know that they're just such manipulative fakes.

I: Being a brown-noser will not win you a lot of brownie points. It might with the professor but not among your fellow students... There's a line. If you cross that line, you're brown-nosing. ... If you go and see the prof every five minutes, then I sort of question what's happening.

I: It's their body language in class—the way they sit, the way they look like they brown-nose the prof, and the minute she turns her back, they're rolling their eyes. That bugs me.

A second behavior that was frowned upon was being obviously competitive.

I: Every time she asked a question, it was geared toward what she wanted to know about an assignment. She never asked a question other than that, and that was competitiveness. ... I always got the feeling that it didn't matter if she was learning anything, it was the assignments. Get them done and tell everyone what you got ... really oppressive and not respectful of people.

I: She had to make sure that everybody knew what her marks were. And she would ask you what you got, and then pretend that she was so happy for you. She was just happy because she beat you. ... I never got the sense that she wanted to share anything. ... She was just so ... actually, it was kind of sad.

Playing the game.

All of the informants described a constellation of behaviors that they referred to as, "playing the game." These behaviors were based on calculated decisions and directed toward creating and maintaining the most advantageous position possible in relating with the faculty. This position was one in which conflict could be avoided with faculty members, and the informants' behavior would be rewarded. As one informant stated, "You have to find out what they want and give it to them." Most of the informants believed that playing the game was a
natural phenomenon consistent with fulfilling the student role. For some informants, the purpose of playing the game was to "get through the program." For others, it was a way of getting the highest grades.

I: I play the game, but I think that's indigenous to the student role. Whether we need to play the game or not, I'm not in a position to test the professor. She says, "Don't. That's wrong." I think it would be stupid to pursue the topic in light of the history of the course.

I: I think everyone does it to a certain degree. . . . I don't think I'm a total game-player, but I'm not so stupid that I'm going to jeopardize my degree. I'm going to be true to myself, but there are times that I will play the game. If there's cues being given out, and you choose to ignore them, then that's stupidity.

I: Certain people want certain things. . . . They all have their own thing, so it's sort of jumping through the hoops for each person, and they all have different hoops that they want you to do, so it's finding out what their little niche is.

I: I've started to learn to play the upper academic game. . . . I squash my opinion a bit more than I used to. My whole linguistic performance—I call it being a linguistic chameleon—is probably altered to meet the needs of the people that teach me—the way I talk, what I say, what I don't say. . . . I'm not pushing limits as much as I used to. . . . I feel that I need to protect myself a little bit more than I used to. . . . I don't know if that can be considered negative or positive because if you don't do it, you're not going to get anywhere. You're selling out which, to me, is negative. But at the same time, it's positive because it will get me to where I can do what I want to do.

The informants perceived that playing by the rules and playing the game were necessary because, ultimately, the faculty held the upper hand. They were the ones in a position of power, and they could reward or punish the informants.

I: They're the ones who have the power. Are they going to take the power and oppress us? If we don't call in sick, are they
going to think that's horrible, or are they going to treat us like adults?
R: You're saying that if there wasn't so much inequality in the power structure, we wouldn't be doing this as much?
I: Precisely. We would know what our expectations are for our own behavior, and we would feel that they were reasonable. We would live by them.

I: I guess it comes down to you don't have total control. They're going to pass you or fail you. They're going to give you 79 or 80—a "B" or an "A".

Changes Over Time

As the informants progressed through the program, they became more familiar with the knowledge and more accomplished with the skills that were associated with the art of being a student. All of the informants perceived that getting the information, finding their way around, and learning the language were valued activities, regardless of whether they were beginning or ending their experience as master's nursing students. In contrast, the informants, over time, varied in the extent to which they practiced the skills related to deliberate accommodation. Some of the informants perceived that deliberate accommodation made them feel more in control of the MSN experience; others perceived that it contributed to a sense of losing control. The changes in how informants played by the rules and played the game will be discussed in the third section of this chapter.

When the informants entered the master's nursing program, it was important for them to learn the art of being a master's nursing student; that is, to learn the knowledge and skills that would enable them to fulfill the role of a master's nursing student and to negotiate the academic system. This meant that they needed to get useful information,
they had to learn their way around, and they had to learn the language. Moreover, they had to learn the skills involved in deliberate accommodation in which they made decisions to behave in ways that would create the most functional relationships with faculty and with fellow students. By playing by the rules and playing the game, the informants, at least initially, perceived that they would be most likely to be comfortable and successful in completing the program.

Summary

It is clear that the reality of being a master's nursing student was a complex experience that, at the least, presented a tremendous challenge to the informants. None of the informants anticipated that doing the work would be easy, but many of them were surprised by the extent to which their personal resources were stretched in trying to learn and trying to measure up. Some of the informants suggested that they did not receive adequate support and guidance from the faculty in order to accomplish the work of being an MSN student. This was confirmed in the discussion in which the informants described relationships with the faculty that were characterized by conditional respect and unintentional indifference. Many of the informants concluded that the faculty did not always facilitate the learning process and, in fact, often inhibited it. They repeatedly asked for more personal, more collegial, and more caring relationships with the faculty. In contrast, the informants usually experienced positive, interdependent relationship with their fellow students, in which they supported each other emotionally and also in getting the work done. In response to the need to successfully accomplish the work of being a
master's nursing student and in order to develop and maintain the most functional relationships with faculty and fellow students, the informants learned the art of being an MSN student. This meant learning the knowledge and skills consistent with the master's student role and practicing the behaviors that would most likely be approved of, valued, and rewarded by faculty and fellow students. The activities in the art of being an MSN student were generally perceived as being useful and, sometimes, as vital in assisting the informants to negotiate their way through the master's nursing program efficiently and effectively.

Responding to the Impact

The Impact: Losing Control

In response to the reality of being a master's nursing student, all of the informants experienced a feeling of disequilibrium—a sense of not being in control of their experience as master's nursing students. One informant said, "Being a student is not fun. It's very painful—not knowing what I'm doing or where I'm going—feeling out of control." Most of the informants did not experience a loss of control to this degree; there was a wide variation. But in many cases, the disequilibrium that the informants experienced resulted in a loss of control that was intense or sustained or both.

Shaking the Foundations

All of the informants realized that the experience of being a master's nursing student would change them in their professional identity and in their personal identity. This process of change would involve a loss of security consistent with a change in self-concept. It would mean questioning previously held beliefs, values, and assumptions.
As one informant said, "There's this whole sort of pulling the rug out from under you that affects every aspect of your life." Although most of the informants anticipated change and loss, they were not prepared for the depth to which their foundations would be shaken.

**Transition into the student role.**

In making the decision to enter into a master's nursing program, many of the informants experienced losses and changes. For most of the informant, there was loss of status and credibility associated with a prior professional role, changes in financial and living circumstances, and disruptions in interpersonal relationships.

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I: I not only had to make the transition to being a student, but I also had moved to a different province, moved to a different city, left my family and friends... It definitely shook my personal life... I was in a new home, and I couldn't even come home from school to a secure foundation. It was shaky because I didn't even know all the ins and outs of where I was living.

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I: First year was a real adjustment. I had to cope with so many changes and losses... I think it was almost a process of grieving for what you'd left behind when you came in... Being back in a full-time student situation, after not having been a student for [more than 10 years], was very difficulty. I think you lose your sense of meaning because you don't have a job... There's really not much credibility for your decision-making here. I left a position where I had a lot of responsibility and a lot of accountability, and people really consulted me. When you're in graduate school, that doesn't happen... I basically walked into the school like a blank slate. I found that very difficult... it was sort like trying to establish a new identity in a new situation. Basically, no-one knows you, no-one knows what you've done. I think more than anything, I found that really difficult. I felt extremely affected by it.

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Leaving behind a secure background as a respected professional practitioner was often more difficult when the faculty appeared to
ignore or assign little value to the knowledge and skills that the
informants had acquired in their educational and working experiences.
It was devastating to many of the informants that there seemed to be so
little regard for what they had already been able to accomplish.

I: The past experience of students isn’t particularly valued in
any way. It’s, "Okay, you’ve done that. Put it on the shelf." I
think that’s where a lot of the lack of self-confidence comes in.

The challenge to professional beliefs, values, and assumptions.
The informants recounted how the program challenged their
professional beliefs, values, and assumptions. With the exposure to new
ideas, new perspectives, and new knowledge, they underwent a process of
questioning their previous notions about nursing. Although it was an
exhilarating challenge, and they derived a great deal of satisfaction
from the process, many of the informants found it somewhat
disconcerting.

I: All of a sudden, the things that you believed and that you did
are challenged. . . . You start breaking down bits and pieces, and
you sort of question everything and challenge everything. And I
think that’s part of the critical thinking process. . . . You were
forced to try and justify what it was that you believed about
nursing and why. . . . And suddenly, it’s very frightening, and
the strength that you drew from in being good or competent at what
you had been doing is suddenly pulled out from under you. You’ve
done it yourself. You’ve pulled the rug from under yourself
because you’ve done all this introspective thinking.

I: . . . a lot of things that I thought I knew, and the way that
we’re sort of learning things or thinking about things, I had to
really question whether or not that’s how I felt anymore. For
right now, I would say that it’s more upsetting than it is
soothing. A lot of my ideas are getting changed.

I: I went in to learn what I didn’t know which threw me into a
panic. "Oh my God, I'm back here to learn, and I'm finding out how much I don't know. Even those things I thought I did know, I don't know anymore." So the whole structure of my knowledge base and even my clinical base started to get ripped away.

The threat to self-esteem.

Although the informants perceived the questioning of professional beliefs, values, and assumptions as challenging, they perceived the questioning of personal beliefs and values as threatening. All of the informants described experiences which lead them to question themselves and, ultimately, resulted in a threat to the informants' self-esteem.

The most profound impact that the informants' experiences as master's nursing students had was on their self-confidence. All of the informants recounted experiences in their belief in themselves as competent individuals was shaken.

I: I was at the point where there was total vulnerability. As a person, you feel that you get to [my age], and you've been able to survive in the world quite well. And somebody has the ability or the program or the stress of the program has the ability to really knock down that self-confidence.

I: The joy was gone from my eyes. I was really just walking around looking terrible, feeling terrible, had lots of doubts in my mind. I thought I should be able to do this. I've gotten through everything else, and it's never been this tough. It did a number on my self-confidence. I'm a strong believer that the only way that you can learn is if you trust in yourself that you can do it, that you're an intelligent individual, that if you work hard enough that you can make anything happen. And when someone takes that away from you, it makes you question your ability.

Some of the informants expressed self-doubt about being able to keep up with the workload—doing the amount of work required, within the specified time period, and at the level demanded. Not keeping up meant
that there would be more work later on and therefore more pressure in relation to succeeding in the program. Moreover, it was difficult for the informants to feel a sense of accomplishment because there was no time to reflect on what had been learned.

I: . . . "My God, I really don't what the hell that person is talking about." Thinking, "Oh my God, I'd better go home and read ten more articles because I don't know what they're talking about." And there's a sense of, "Oh my God, I have to keep up. I have to get through."

I: I worry about flunking, and I think that's realistic. There's just a huge workload, and it scares me that despite my efforts . . . my great fear is flunking.

I: I remember handing in an assignment on a Monday and having an exam on the Wednesday and not even having studied for the exam. I mean, I've never done that in my life--walk into an exam and not having opened a book. I mean, talk about stressful. And you know that in the end, that's going to have a cannonball effect with how you do, so it puts more pressure on you later on.

I: You get one thing done, and it doesn't even feel like an accomplishment. You've got to move on to the next one.

While struggling with keeping up with the workload, some of the informants felt intimidated by the level of scholarship that they were expected to demonstrate. The informants perceived that the faculty did not know what competencies the informants had brought with them into the program. Moreover, even if the faculty did know, it did not appear that the faculty were always able or willing to nurture the informants' growth. These circumstances perpetuated the informants' feelings of self-doubt.

I: It seemed to me that the discussions in class were way beyond where I was. And I had a lot of difficulty in understanding and
feeling intimidated because I didn’t understand and feeling as though I should be understanding. Thinking, “Well, I can’t ask a question because everybody else understands it, so obviously, there’s something wrong with me if I don’t.”

I: I had done everything that I could do, and I still didn’t feel that I had learned what I was supposed to learn. I had attended all the classes, read all the readings, had reread my notes, had thought things through, had gone to the library, had gone to see the professor. I had done everything that a normal person could be expected to do. When I went and saw the professor, I think she meant well, but I walked out of her office, and I still had a lot of questions. I went in saying that I felt lost, but she didn’t understand what I was saying. . . . I finally just wrote the paper and handed it in. I felt like things were beyond my control.

There was a strong relationship between scholastic grades and self-esteem. Many of the informants found themselves measuring their self-worth based on grades. Furthermore, there was the frustration of dealing with the notion that one could have done much better if one only had more time.

I: I was used to getting marks in the 90’s, and I couldn’t understand it when my marks dropped so much. I can remember sitting outside crying with the mark that I got back from one course; I know now that the mark was fine. It was 79.2 or something but, at the time, it was like, “Wow, what’s wrong?”

I: [The] mark on that paper was so devastating to me. I mean, I walked around campus for two hours with tears dripping from my eyes. I just could not believe that I could get this kind of mark. I found it absolutely annihilating. I won’t allow the devastation to occur again. They’ve done exactly what they set out to do— to knock us off our pedestal.

I: I’ve been fighting this thing about marks all semester. It’s like, “Oh great, you got 75 or 78. Oh shoot, I could have got an 80 or 82 if I had more time to put into it.”

Many of the informants were dismayed that their sense of self-worth
could be so dependent on their grades. However, it was easy to lose perspective when, as one informant said, "It was the only kind of feedback that they gave and the only kind that mattered to them."

I: Even though, consciously, you're aware of the fact that it shouldn't—you've tried to disregard marks—somehow we are so caught up in a mark that the initial reaction is, "Oh, I only got this. What a dummy!" You know in your heart of hearts that it doesn't matter. As much as I like to think that I'm not affected by marks, I am, and I can't help it. And we all try to grow above it and think that we're not the one that's going to be impacted because of marks. I hate it. But at the same time, it's so bloody ingrained. You measure yourself by your marks. And I cannot grow out of that. If anything, it's even worse.

I: I find marks very oppressive, and I've really struggled with them. I never considered myself a mark person and then, I got into this program and all of a sudden, I was starting to measure my sense of self-worth next to my marks... Psychologically, I can tell myself to put them into perspective. I'm learning a lot, and I should be measuring myself against myself. A competition with me and not with anybody else. But that's so hard.

Experiences in relating with the faculty and with fellow students also led some of the informants to doubt themselves at times as competent individuals. Even experiences related to the art of being an MSN student led the informants to question their own capabilities; in the third transcript excerpt, the informant describes how misleading information transmitted by a faculty member undermined her confidence.

I: One day, I got torn apart in class. And although I was saying, "Well, she's not doing this to be mean to me personally," it was really hard to take. . . . I wonder if she feels threatened by us? It almost seems that she wants to attack us before we attack her. I just wonder why they can't be more tactful... It's really sad that I would think that way because well, I'm here to learn. But if you get slammed down every time you talk in class, you're not going to want to say very much.
I: I had two bad experiences with group work, but a lot of that was tied in with where we were at in terms of the program and my lack of sense of self-worth. I always doubted myself. I always felt, "These dynamics are happening because of me," and "My expectations are out to lunch," or whatever.

I: For that assignment, she said, "You can do it in four or five hours." Well, 20 hours later, you're still working on it, and you're thinking, "Am I stupid that it's taking me 20 hours?"

Some of the informants perceived that they were forced to be excessively dependent on the faculty in order to get their work done because there was such uncertainty about the faculty's expectations and the criteria for achievement. This constituted a threat to their perception of themselves as individuals who were able to take fulfill their responsibilities independently.

I: I found I started going to people a lot more. . . . Figuring out exactly what it is that they want seems to be the big thing, and that's been one of my biggest problems. I've gotten really used to going to see them to make sure I'm on the right track. I keep thinking that everyone is doing it, but I also wonder if there's something wrong with me that I'm not figuring out what they want.

I: They were off to see the prof three times before writing a single paper, and it wasn't just one person in the class. And I realize that it's important to have some clarity in what you're trying to do, but it seemed to me, "Why is this happening? Why does everybody feel the need to do this?" I think it gets pretty demoralizing to have to do that. I couldn't bring myself to do it. I'd feel like a total incompetent if I had to go in there three times.

I: I feel as though I'm asking too many questions, and I'm looking for too much support. . . . I feel as though I'm inadequate because I have to ask her questions or I have to look for support to get through. . . . I always think that when I ask questions, they're stupid questions, and I find that very intimidating—to have to always be asking questions.
Some informants felt that they had to act in ways that were inconsistent with personal values. In playing by the rules and playing the game, the informants found themselves in a precarious position. It was a matter of finding the balance between behaving in ways that would enable them to achieve and fit in, and behaving in ways that would not compromise their sense of personal integrity. Some of the informants found themselves close to compromising their own values.

I: It was evident to me that there was definitely an instructor's preferential way of doing something. . . . And I went along with that for a while, and I became very frustrated because it didn't fit with the me--the kind of person that I am.

I: I've sold myself out a few times in that I'm not giving my absolute opinion on things. I'm playing the game. I'm altering my response to things so I can pass. . . . One thing that I don't like about myself is that I'm willing--I am actually willing to change [this] to meet the needs of the mark.

R: You had to compromise a little.

I: That was a major compromise.

Some of the informants were dismayed at the extent to which some of their fellow students comprised their personal integrity. In one sense, the informants could understand the feelings of frustration or desperation that led to what they perceived to be dishonest behavior; in another sense, they found this behavior shocking and disappointing.

I: I think there's a fair bit of dishonesty in the master's program among the students. The whole first year, I never had one other assignment to look at, but everyone knows that papers float around graduate class like you wouldn't believe. I sort of resented the fact, too, that people came to school and reported clinical experiences they didn't participate in. I think it says something about the person, but I also think that says something about a program—that we're that desperate that we have to do that. Maybe for some people, it was to get ahead but, for some,
I: The assignment that I was working on was stolen off my desk. . . . I have it on file at home, and I have a hard copy so I'm not screwed that way. But I'm a little upset that somebody did that. . . . It's just not right. . . . And somebody else—when you get your assignment back from [this professor], she tapes it and staples it shut—this person went in her mailbox, and it was opened. There's something going on in our class. . . . even the grad lounge isn't a safe place.

Many of the informants perceived that they were at the mercy of forces beyond their control. Their experiences were such that they experienced a threat to self-determination; they perceived that they were not in control of their own destiny. This threat was often a result of experiences related to the work of being a student.

I: You feel like you don't have control in the sense that even if you work really, really hard, you'll never get that "A". I run around a lot, I spend a lot of time in the library, and all of that. The work is never reflected in the mark. You can work as humanly possible, and you just aren't allowed to get there.

I: Those marks represent my future. It's as simple as you need the marks to go on, and they don't give them. . . . It eliminates you from the chance of going on to do a doctorate because of the extremely high average that is necessary to gain acceptance into a good school. There'll be no scholarships. I'll never be able to get that 95% necessary to get money. So basically, they've decided that I'm not going to get any money and I'm not going to get into a doctoral program.

In some instances, the informants experienced the threat as a result of their experiences in relating to the faculty.

I: No, I don't know that we have any choice or control sometimes. Like with this professor—she has her agenda, she has her assignments, and there's no room for any flexibility.
I: [Faculty members] are saying to me, "It's all part of the process," and this is the answer that I'm getting for what's going to happen. . . . Which is saying that I have no control, and then I just feel anxious. They're going, "It's all part of the process, and you just can't tell." I have my own personal agenda, and I'm getting the old patronizing, "It's all part of the process."

And in still other instances, the threat was a result of information that was or was not conveyed to the informants by faculty members.

I: In that course, she said that she wouldn't be handing out the outline for like till the end of September. I'm just like, "What!" And I thought, "Well, I'm a full-time student, and I want to make sure that I have my time managed well." I don't even think she told us when the assignments were due till three weeks into the course. I didn't like that. It made me feel a little bit threatened. Like I like to prepare. I like to be organized. I like to know what's going on.

I: I think that when you're told as a class upfront that you're not going to get "A's", it takes away from the desire to do well. I think that it's kind of a self-defeating prophecy that when you tell people that their marks aren't going to be good, and they have that kind of expectation, then people live up to that expectation. That philosophy, I question, in teaching and, in particular, in adult education.

As a result of their experiences as master's nursing students, the informants perceived that their foundations had been shaken. Change, loss, challenge, and threat disrupted the informants' professional and personal self-concept and led to feelings of uncertainty, self-doubt, and powerlessness. However, "shaking the foundations" was only one part of the experience of losing control.
The Pervasive Pressure of School

The informants described school as a pervasive presence in their lives. Virtually every aspect of their lives was affected leading one informant to describe her life as, "abnormal". If the informants were not engaged in school-related activities and responsibilities, then they were talking about them with their family and friends, or they were thinking about them. Life revolved around school.

I: It's always there. It's there in the middle of the night, and it's there first thing in the morning. It doesn't mean that you're always doing something. You are in the fact that it's in your head, and you're thinking about it. But it's always there.

I: There were times that I thought, "This is too overpowering. There's just too much here. I'm just pumping out papers and stressed to the nines. I have no social life. It's too all-involving, too all-encompassing."

I: My husband and I agreed that one night a week, from 5 o'clock on, I wouldn't do any homework, and we'd go out. And I could not do that the entire semester. We'd go out to a movie, but when we got back, I'd be leafing through my books and, "Oh, I'm just going to do a little bit of reading."

Many of the informants had to make significant changes in their lifestyle in order to accommodate the demands of the work. The following narratives illustrate the restrictive lifestyle of the informants and the difficulty in completing some of the simplest, most basic activities.

I: The workload. It's really high, and by that, I mean every minute counts. . . . At this point in time, you have to concern yourself if you've got time to do your laundry.

I: In November, you did well to be getting dressed and getting to class. You could see the grooming of the class had deteriorated,
and I'm sure there wasn't an armpit shaved.

I: What suffers are other components of my life that are really important to me. My physical is important; I was no longer exercising. There wasn't time. I had to give that up. . . . My spiritual; I stopped going to church. I just didn't have the time.

A great deal of planning occurred in an attempt to accommodate both the demands of school work and the desire to have a "normal" life. For some informants, life had to go on, and responsibilities in other roles that they occupied, had to be fulfilled. However, despite the planning, interpersonal relationships suffered often suffered.

I: Life goes on. You can't put your life on hold to go to school. . . . When you assume the student role, that doesn't mean that you give up other roles. I'm still a person with multiple roles. . . . When I had to go home for Christmas, I took my thesis with me. . . . When my girlfriend at home got married, I borrowed a computer so I could work on the computer. It affects all facets of your life, but you learn to work around it so you can still be a family member or a friend or whatever.

I: I have a child who I should at least spend some time with. So I took Friday evening off, and we went and had some wonton soup. . . . trying to organize play times to get her out of my hair so I can get some work done. . . . I can't get rid of this child. I have those responsibilities. . . . trying to beat this path down to higher education and taking this child along with me . . .

R: What kind of things aren't normal anymore?
I: My family is here . . . and I don't see them hardly. . . . And I'm really close to my grandmother, and she's my next door neighbor, but I haven't seen her that much. . . . She likes for me to come and visit her, not just for ten minutes, but for an hour. And I feel time-pressured, so I know that I can't see her.
The Threat to Physical and Emotional Well-being

Many of the informants also perceived that the unrelenting pressure and stress of their experiences as master’s nursing students had an negative impact on their physical and emotional well-being.

I: By the time I got home for Christmas, my family was concerned . . . and didn’t want me to come back. I didn’t look well. I didn’t feel well. And I didn’t know it, but I was emotionally drained. I’d lost seven pounds, and when you weigh as little as I do, seven pounds is a lot. I was a mess. . . . A couple of days before I had to go back, I started to cry, and I said, "You know, I don’t want to go back. This is not what I signed up for. I don’t want to be hurt ever like this again. I don’t ever want to be in this position again."

I: There’s been a whole flurry of colds and that type of thing because people are run-down. You see whole lifestyle changes—no exercise, drinking coffee, up all night. I drink a lot of coffee. I don’t do any exercise, stay up late. Lost weight—lost ten pounds the first month. . . . People in the class were coming up to me and saying, "I don’t know if I’m going to make it through the week without having a major breakdown. I’m on a thread."

Every informant described experiences in which they felt a sense of emotional vulnerability. They experienced intense emotional reactions to experiences which ordinarily would not have generated the same level of emotional intensity. These emotional reactions were both positive and negative, but the informants were somewhat disconcerted by their lack of emotional self-control. Some of the informants felt like they were on an emotional roller coaster.

I: Last week, every time I turned around, I had tears in my eyes. Someone talked to me, and I would be holding back tears.

I: It’s frustrating. It’s enjoyable. Sometimes, I’ve thought that it’s been impossible. Sometimes, I think that I can do it. At other times, I’m quite sure that I can’t. Sometimes, I’m angry
at the program, I'm angry at the profs, I get angry at myself. It jumps around depending on what week it is and what's happening.

I: I felt in November that I couldn't control my emotions. Last week, when I didn't cry all term, all of a sudden, I just broke down. I really don't think it was any particular incident that caused it. Maybe it was all the stress that had compounded, and I just had to have a good cry.

Many of the informants experienced feelings of guilt when they took time to engage in activities that were not related to school. In other instances, the informants felt guilty when they compared the amount of work that they were doing with the amount that other students were doing. One informant characterized the experience of being a master's nursing student as a "guilt-ridden process."

I: Sometimes, it's not so much that you don't have time, but you feel guilty if you use that time for something like that. You feel like you're wasting time. Like, I'll come home and waste the hour but, if I go somewhere, I feel guilty. I don't feel quite so guilty at home. It's a funny phenomenon. . . . Guilt comes from the idea that I'm a student, and a student has this role and should always be working away. And you talk to some of your classmates, and they're doing exactly that—working all the time and driving themselves crazy.

I: . . . the assignments and program are the driving forces behind everything that I do in a day. My personal growth and socialization are important too, but . . . when I'm not working, I feel guilty.

Other emotions that the informants frequently experienced were anger, frustration, and anxiety.

I: My initial reaction was anger because of them deciding that you were going to be marked according to the fact that you were all smart once and, now, you're not going to be smart.
I: The professors--some of them were really good. But sometimes, there's a real sense of anger when you look back and see how they weren't as supportive as they could have been.

I: There's this unattainableness about [getting an "A"] I don't know if this sort of mirrors what the real world is going to be like; we all have to be working all the time toward making nursing better. And maybe, we're never going to get there, and we have to just keep on fighting and trying all the time.

I: I remember feeling really anxious--outrageously anxious--about going in and talking to a faculty member about my thesis idea... The anxiety that I was feeling certainly was there because it manifested itself in insomnia, and I had to see a psychiatrist for insomnia.

Experiencing the reality of being a master's nursing student ultimately led to a state of disequilibrium in which the informants felt a lack of control. There were multiple changes, losses, challenges, and threats. There was an inevitable change in self-concept associated with the experience of being a master's nursing student. Unfortunately, for most of the informants, this change in self-concept resulted in a threat to their self-esteem. There was unrelenting pressure for the informants such that they had to make changes in lifestyle. Furthermore, the informants' experiences created a threat to their physical and emotional well-being. In response to their feelings of loss of control, the informants had to find ways to regain control. In the next facet of responding to the impact, the process of trying to regain control will be described.

The Response: Regaining Control

The process of regaining control was different for each informant. There were variations in how, when, to what degree, and for how long they were able to regain control. The informants described a variety of
ways in which they responded to the experience of losing control. Some of these measures were more effective than others in promoting a sense of equilibrium, and the informants usually used a variety of measures at any given time. Some of the informants found it difficult to regain a sense of control, or they regained control only to lose it again. One informant felt that she had never been able to regain control.

In many instances, the informants found that the work of being an MSN student contributed to a sense of losing control. However, this loss of control then interfered with the informants' ability to do this work. A cyclical or spiraling dysfunctional pattern was sometimes established.

I: I was doubting myself so much that I transferred my doubt of myself to that course, and what I did, I just avoided the assignments. Like I was paralyzed. I didn’t know where to begin. I didn’t understand it. I couldn’t conceptualize it. And I found myself getting further and further behind.

I: I’m not going anywhere with my thesis actually. I don’t know what I’m going to do about it. I keep thinking that the ideas that I have are stupid ideas, and I don’t know why I want to do this kind of thing. . . . I just keep doubting myself, and the thesis goes nowhere . . . I’m worried if I’m ever going to get started on it or not. I keep putting it off.

I: I went through about six weeks there with a lot of self-doubt. I couldn’t make up my mind about whether to do a major paper or a thesis. . . . I had this thing in my mind that I wanted to get on with my life, and I felt that if I did a thesis, there’d be all these hoops to jump through, I wouldn’t have any control over the process, and I would find that very stressful and frustrating. I didn’t want to go through that anymore. I’d had enough of it already. I wanted to have a life. . . . I was paralyzed by indecision. I really felt powerless.
The Passage of Time

For many of the informants, a sense of control was established, to some degree, because of the passage of time. Even for informants who were in the first year of the program, a sense of more control was experienced as they developed supportive relationships with their fellow students and became more familiar with the art of being an MSN student. Students who had progressed past the first year were able to look back at what they had accomplished and were beginning to realize that they were moving toward completing the program.

I: In September, I felt more out of control than I did in November because I had gotten to know a little bit more about the system, who you could go and talk to, which profs you can sort of have a little more flexibility with. . . . You know what the rules are now, you know how to act, what the expectations are. You're more comfortable.

I: Second year was a lot better. Your level of anxiety is a lot lower. You've got courses behind you. You've made it half-way--more than half-way then. Your thesis is exciting. And you can almost see--you're probably getting to the crest of the hill and you know that, from then on, you're going to make it.

Manoeuvring for Survival

Many of the informants used measures to regain control that were usually only partially or temporarily effective in making them feel in control. However, they were effective enough that their survival through the experience of being a master's nursing student would be ensured.

Some of the informants used defensive measures to protect themselves from the multiple threats posed by their experiences as
master's nursing students.

I: I think you blame, scapegoat all your frustration and your anger. I chose one particular instructor, and I chose to target all my anger and frustration on this particular teacher. . . . So I released a lot of stress where perhaps it didn't belong.

I: I didn't feel I put enough emphasis on that paper. I put time into it and stuff . . . but I could have done more. I rationalized my discomfort with that by saying that getting my thesis done was more important.

I: There was myself and three others, and there was a pattern going on where, once a week, somebody was having a breakdown (laugh). And one week, a girl broke the cycle and she cried sooner than she was supposed to, and it was my turn next. And I said, "Oh no! I just had one. I don't want another one." So we tried to find humor in it. It was a difficult time, and if I didn't maintain my sense of humor, I don't know how I would have gotten through.

I: I try not to get too involved in the negative stuff because I know how damaging it can be. But it happens. You're vulnerable too. I'm as vulnerable as the next person. . . . I think if you were to focus on the negative, you would be doing yourself a major disservice. It's not that they're not there to focus on, but it's just self-defeating.

Other informants took control by making a decision to persevere in the program despite their adverse experiences as master's nursing students. This decision to persevere was based on their commitment to completing the program and realizing their professional goals. As one student said, "You just get on that treadmill and keep going."

I: I think there are some times when I really think, "What the hell am I doing here?" But most of the time, I know that I have to do this so that I can carry on and get on with what I really want to do.

I: I had second thoughts about coming back after Christmas, but I had to. I had some doubts, but I was also committed to doing this to become a CNS.
I: There's always self-doubt... But there was more, "Well, you're still here, and you can have all the self-doubt that you want, sweetheart, but it's not going to get you through this program." Had I failed a course, it would have been difficult. That would have been extremely difficult for me, but I would have survived, and I would have taken that course over again. I would have done something. I wouldn't have just said, "Well, I failed a course. I'm going to leave the program." I would have done it over again because I wanted a master's.

I: I had some problems with my thesis, and I shed the odd tear or two. And I thank God for the friends that I had to support me for a couple of days. But I just got back into it... I made a decision to come here, and I'm going to make the best of it. And being unhappy or sad or crying or fighting the system or giving in, is not the way to go about it... I mean we all have our moments, but I decided that I would do my best, and if I was having problems, I would keep working at it to do better.

The Perceptual Shift

Some of the informants took deliberate measures to regain control by changing the way in which they thought about themselves, about the program, or about some of their negative or painful experiences. They were able to modify their perceptions so that even though they experienced a loss of control, they did not feel helpless or powerless to make changes and regain control. The informants moved away from "deliberate accommodation" and made conscious decision about their behavior so that they would be in control of their experiences as master's nursing students rather than just reacting to some one or some thing in the program.

Redefining priorities.

Some of the informants redefined their priorities based on an examination of what they truly valued. Instead of behaving in ways based on the values or expectations of others, the informants decided to
behave in ways based on their personal values and expectations.

For many of the informants, it was a matter of putting grades into perspective. They were able to identify things that were more important to them—the learning, the camaraderie with peers, a life outside of school, or their own personal standards.

I: I had, by this time, developed the notion that I was there for an education. . . . I went there for knowledge. That was my goal. And, therefore, whether they told me I was a first-class or a second-class, was not the reason I went back to school. . . . I got to the point of thinking that the marks were not as important to me anymore. I decided that what was important was the collaboration, the sharing, and support amongst my colleagues. . . . That was what nursing was all about and should be about.

I: I bought into a philosophy of aim for 75, hope for an 80, and have a life. . . . It seemed that, in the end, I would be happier with getting an 80 and having some balance in my life than working 18 more hours for one more mark.

I: If you're taking someone else's values about marks, and "I should be getting 'A's'," and you really believe it, then you have to rework that and believe, "I'm still a good person if I get 78."

For other informants, they reconceptualized the amount of time and energy spent on school-related activities as opposed to other aspects of their lives. One informant said that it was a matter of, "how school relates to my life," rather than "how my life relates to school."

I: I have a family . . . and a home to run. At one point in the process, [someone in my family] became very sick . . . and then my schooling didn't seem quite so important. . . . I had all these other factors that were far more important to me than my schooling. At that point, I made a choice.

I: I had really high expectations that I was going to do really well, and I'd be a wonder student. But I decided that I have to attend to me as a person and my life. . . . I see people around me and, literally, their health is suffering. It's not that school
is not important and I do want to do well and I want to learn something and that's why I'm here. So it's a major commitment that I made, but there has to be other priorities in life—health and self first. So I think I've kind of let go a little bit, and my stress level has come down a bit because I'm just more accepting of where I am and what I'm doing and what I want. . . . This program was not going to get the better of me; I was going to get the better of the program. I decided that this program was not going to run my life.

I: You have to learn to set your priorities and take control. . . . I realized how much school had control of my life. . . . worrying about getting the assignments done but jeopardizing a lot of things. I may not get done by April, but . . . I don't want to look back and think that all I ever did for two years was related to school.

A shift in locus of control.

Some of the informants regained control by coming to the realization that they were not at the mercy of the program. The informants stopped focusing on how the program had failed them or on how negative or painful their experiences had been.

I: I guess my philosophy—there are certain things you have to go through in life to attain what you want to attain. Some of them are pleasant, and some of them aren't. But you get through it if you want them. . . . And if you want to fight the bloody system, you're going to waste an enormous amount of energy, and you're not going to get anywhere with it. Now I'm not saying that if people are very unhappy and they have a legitimate concern, that they shouldn't follow the proper channels. I think they should. But we went into the program to learn. . . . There are some things we're not going to like. So either decide you're going to buckle down or decide that you're going to waste a lot of energy.

I: I decided that you may not like it, but you gain from it. You can choose not to gain from it and bitch your way through and come out the other end thinking you didn't learn diddly-squat. That's your choice. Mine was, "I may not like it, but I'm going to get through it, and I will learn something."

I: I think, initially, I started out with certain expectations of the instructors or whatever they would teach. And those, in some instances, were not met. But out of that came a renewed
confidence that, irrespective of whether my expectations were met or weren't met, there were other avenues that I could meet them myself. Dwelling on what should be or could have been--it doesn't always work out that way.

There was a shift from blaming and feeling like a victim to taking responsibility and being accountable for their own learning.

I: I realized that I had some responsibility for this—that people are not doing unto me. I'm part of the interaction. And realizing that if I'm very unhappy, I can say to the person, "What's going on?"

I: I never expected that I was going to fail because I can always muster up whatever it is--when it comes down to the crunch, I'll go and say, "I did not put my career on hold and sacrifice everything to come out here and fail." And I will be blunt about it. . . . I'm verbal about what I need, and they have to acknowledge me. I make sure that they're aware of my learning needs and that they take that responsibility as an educator seriously to help me meet my needs.

I: I never felt that I didn't have options. Sometimes you can't see the options because you can't see the forest for the trees but, when push comes to shove, there's always something more you can do.

I: I found myself victimizing myself at various times through the program like, "Oh, if that were different, I'd do this and do better at this, and if only that person was different." But you have to take responsibility for yourself, and I've always believed that. As a person, we're responsible for ourselves.

Finding meaning.

On an informal, social level, students tried to understand the motives of the faculty and the purpose of the experiences that they were undergoing. "We try and do that. . . . Back in the grad lounge, we talk about how they must be doing those things for a reason. You have to come up with that. Otherwise, why would we even stick around?"
However, in making a perceptual shift that leads to a sense of control, some of the informants began to understand how their current experiences, painful though some of them might have been, would be part of the process of acquiring the knowledge and skills that would help them to realize their goals within the program and as well as after they had completed the program. Most of the individuals were able to achieve this kind of perspective by looking back on their experiences.

I: At times, you say, "It doesn't make any bloody sense. You people don't know what you're doing." And then I'd have to step back and say, "These people are educators. They're competent people. They've gone through the process. Wake up and smell the roses. There is a purpose here... It's a process and remember that, and you're going to have to trust these people to bring you through the program."... It's something that I think you do. You look at things in retrospect, and they look different. At the time, you might say, "Damn it, I don't want to do that." In retrospect, you realize that it was not a bad thing to do.

I: I think this whole semester was built around writing scholarly and getting our thinking process down and articulating ourselves, and isn't that what the thesis is? We're going to have to be able to conduct research. So all this is probably an exercise so we can get into that level.

I: I had to find a reason for all this work. I had to think, "What's the purpose here that there's so much?" I realized that part of it is... to put this amount of work on you to stretch the mind, to get you to take apart all of the things that you once knew because it's no longer good enough to say, "It's just because I know." I think the whole process was--you have to go beyond, "Because that's the way I've always done it, that's the way I know, and that's the way I've been taught." You have to get more into an independent thought.

I: There is a point when you take all this new information, and you decide for yourself what you're going to take from it back into your practice... So there's a sense of restructuring in bringing practice to the forefront again and then streaming it through to the end of the program. You have a sense of direction or vision or whatever word you want to use for it. And the process doesn't seem so onerous anymore or so complicated. There's a sense of fulfillment.
The informants' experiences with the reality of being a master's nursing student led to a situation in which they experienced a loss of control. Using a variety of methods, they were able to regain control. However, regaining control was sometimes only a temporary or partially experienced state. Often, informants who were able to make a perceptual shift by redefining priorities, shifting their locus of control, or finding meaning were more successful in regaining control. In the next facet, the informants' perceptions of their experiences as master's nursing students will be discussed in terms of the concept of personal empowerment.

**Personal Empowerment**

The informants have described their experiences in terms of the three components of experiencing the reality of being a master's nursing student and in terms of the process of responding to the impact of their experiences with this reality. In this final facet of responding to the impact of their experiences, the consequences of the totality of the informants' experiences are discussed in relation to the notion of personal empowerment. The informants discuss personal empowerment both as an outcome and as a process.

**Personal Empowerment as an Outcome**

The informants described what they had been able to accomplish or achieve as a result of their experiences as master's nursing students. These outcomes are discussed in terms of professional growth and personal growth.
Professional growth.

As discussed earlier, some of the informants perceived that all of their individual learning needs had not been or were not being met. Nevertheless, all of the informants stated that they were growing professionally as a result of their experiences as master's nursing students. This professional growth consisted of gains that had been made in knowledge and skills that the informants identified as being significant in terms of realizing professional goals.

I: You were certainly challenged on your ideas which is the idea of graduate school because certainly when you get out, you are challenged. Now I can defend them better. . . . I learned how to be more effective within the health care system . . . and I certainly know now why some of the forces act the way that they do. . . . And I have the ability to look at the overall situation which I'm not sure I had before—to look at all the alternatives before drawing a conclusion or making a decision.

I: I'm grounded in something. . . . What I believe in now has backing, and I can articulate why we need something or why we should do something some way. . . . I have more of a theoretical basis for what I'm doing.

I: I feel more confident about my delivery, and I'm much more conscious of the way that I think and how I present my ideas. I feel more confident about expressing an opinion in a scholastic rather than a guttural sense. I think before I speak most of the time . . . and listening to other people's opinions and formulating mine based, not just on intuitive but, I think, rational thought. . . . sway a group of individuals to think or accept or even to challenge, to give credence to my statements even though they may not agree with them.

Moreover, many of the informants also stated that their learning experiences had given them a greater appreciation for the profession of nursing and had strengthened their commitment to it.
I: It opened my mind for just seeing what else is out there in nursing. . . . gave me such an incredible appreciation for what has gone on in nursing in the past and where nursing can go in the future or what the capacity of its potential is for the future.

I: I mean, I feel as one with the profession. I've never felt so close to it. . . . recognize the depth of the profession—the knowledge base, the dedication, the impact that the profession has on the future of health care, and the camaraderie.

**Personal growth.**

Many of the informants spoke about personal growth in relation to the notion of adversity. As one informant said, "All this pain we've gone through? We'll grow."

Some informants perceived that they grew in terms of self-awareness because the adversity of their experiences forced them into a position in which they had to confront themselves—their strengths and weaknesses, their beliefs and values.

I: Running into myself. . . . Even though it's been very a painful and negative thing—well, probably more positive—running into myself. . . . I mean that I had to confront things about myself personally that I haven't had to before. . . . Like putting things out of proportion and getting overwhelmed and paralyzing myself. . . . The program gave me the critical periods where things weren't working—like my old coping strategies. And the various crises that happened in the program, I thought, "I just can't live like this anymore."

I: Getting through what we've got through, I had to try and use whatever abilities I had. . . . Maybe it was so challenging, it put me into a critical state to have to respond. . . . learn about what's important to me . . . challenging parts of my personality or how I did things or thought about things or who I am . . . how I manage my time, how I manage stress.
Most of the informants gained a higher level of self-confidence in realizing that they were able to achieve what they had set out to achieve despite the adversity that they had undergone.

I: The fact that I will have worked very hard to achieve this will have an impact on my self-esteem because I'll be able to say, "I've done it. I had a goal and I achieved it. And it's going to enable me to now do what I want to do."

I: I probably have a very high level for tolerating frustration now. . . . I do feel a sense of accomplishment, partly because it was such an onerous process, but I think just recognizing that—valuing myself, reaching a personal goal. Just being able to give up so many things. Sort of put your life on hold. . . . When you do finish, you have an incredible sense of accomplishment and achievement. I carry that with me. I know that I can do it. And I think that it's like learning survival skills. If you can get through graduate school, you can get through anything.

I: Some experiences made me feel really bad, but I took control, and because I have been in a bad situation, and I have learned to take control of it, I feel really good. It was hard, but I can take control of a bad situation.

Personal Empowerment as a Process

The informants described their perceptions of the process of personal empowerment within the context of their experiences as master's nursing students. In doing so, they accounted for the level to which they perceived that they had been personally empowered as a result of their experiences as master's nursing students.

At the very least, all of the informants perceived the experience of being a master's nursing student as being challenging. In some ways, they recognized that if the process had been easy, then they would not value what they had learned and achieved as much. They would not feel
as empowered. As one informant said, "Empowerment comes from struggle." Therefore the informants acknowledged that the process had to be challenging.

I: I didn’t think that they were going to settle for something less than my best—which made me feel good. It’s too big a thing. I went through the master’s program to work for my master’s. I didn’t want to get through thinking that somebody had allowed me through. There’s no accomplishment to that.

I: You need to be able to handle some stress. Even though I don’t know whether it’s put out that way or written anywhere that you need to be able to handle stress, you need to be able to cope well or cope period. You need to be able to cope with this, and you need to be challenged. You came into this program for intellectual challenge, and that’s what you’re going to get. And I think that’s what they very much succeed in doing.

I: As horrible as it is and the deadlines have been and some of the marks have been, I still think that I’m learning things and I know a lot more than when I came in. . . . The assignments are extremely difficult and a hell of a lot of work but I’m learning a lot.

However, most of the informants perceived the process of achieving professional and personal growth as exacting too high a cost. Although they were growing, the adversity that they experienced was personally destructive and interfered with learning.

I: It was too hard. The cost is tremendous. . . . I don’t, ever again, want to cry silent tears of exhaustion at the back of the bus.

I: I know that I’ve gotten a lot, but I lost so much. . . . Part of me grew tremendously, but other parts were shattered, and I haven’t got them back. . . . You can look at it in a very concrete way in terms of having all your foundations shattered, and you just sort of have these bricks tossed on top of this crumbled foundation. They’re just sort of pieces that have been tossed in for good measure.
I: I think it would have been less painful, and probably, the growth would have been accelerated if the resources were there to help us with the process of learning. If you’re busy dealing with your self-esteem or struggling to cope, you can only learn so much. You have to be creative to learn, and if you’re spending so much of your energy—you need some anxiety to get you going, but if it’s over and above the normal anxiety—the energy from that anxiety could be put toward learning. . . . They don’t build on your self-esteem, they tear it out.

Some of the informants questioned how much they had to sacrifice in order to get through the program.

I: Like how much am I giving up as an individual to do this master’s in nursing program? I know I want to do it, but is it at the detriment to the rest of my life? . . . I have a couple of friends who just recently completed their master’s, and when I talked to them, they were so excited, “You’ll love it. You’ll love getting in there. Everybody helps you out.” You don’t get that sense here. I haven’t had that sense. I haven’t got the help yet. I don’t love it yet.

Many of the informants spoke specifically of the loss of self-esteem that they were experiencing or had experienced.

I: Maybe you felt great when you got there, but then you’re allowed to go down that ladder to far. It’s okay when you’re doing something new to feel uncertain and lack some confidence. That’s understandable. But that dive—that deep dive—it seems to go to far. And when it happens, they say, “Well, you’re going back to school, and that’s all part of the student role,” and that’s not necessarily so. A lot of people have been in school for quite a while, and they’re used to it. There’s got to be a way for students to feel better about themselves. But it doesn’t seem to be a priority to build the student up.

Still others perceived that the process was not empowering specifically because of the negative relationships between themselves
and the faculty—relationships that were not only lacking in nurturing
but also counterproductive to the process of empowerment. The themes of
conditional respect and unintentional indifference have already been
explored in detail, and it was those aspects of the student–faculty
relationship that prompted most of the informants to perceive the
process as not empowering.

I: ... reminds me of Outward Bound. Like, dump you out, run
ten miles, get in those canoes and, no matter what, you have to
get to point "B". And I feel we have been put into this
horrendous situation, and they just said, "Okay, this is what
you're going to do, so do it."

I: I feel it's been a very cold, empty process. It seems to me
that giving us information has been the whole thrust of the
program. .. there's no nurturing going on. And so you're out
there in the cold, and they're just feeding into it with lots of
negative criticism, and not acknowledging the knowledge and
expertise that you bring with you.

I: Everybody has that power to give to the other person, and I
don't see that happening here. ... I think that you have to take
responsibility for helping yourself and learning, but I think the
process should be stimulated or encouraged or whatever. They've
certainly got a lot to share, but I don't see that happening here.

I: Any respect I had for them was just sort of thrown out the
window when they treated me like, "just a student". They get into
their tenure track positions and into positions of power, and do
they just forget why they're there?

I: I have friends who have gone through other programs, and that
was their biggest thing—that you're not treated with respect and
you're not acknowledged by the professor. That just seemed so
horrific to me. I just couldn't believe it. But now I've lived
through it. And I know exactly what they mean. ... They could
have made it a lot easier. It could have been less painful. ... I
didn't feel that I was validated, acknowledged as a person, or
accepted for where I was at."

Many of the informants perceived that they had learned a valuable
lesson about how not to treat others should they assume leadership positions in the future.

I: I look at what it's done to me and my fellow students, and I say, "One cannot do this to one's subordinates." You look at the impact, and this is so important. You have such an important lesson on what not to do when you move into that leadership position that they keep telling us about.

I: I think I'm much more decisive about what I am going to tolerate. I think for me, that was a real growth. I certainly came away with the idea that this isn't the way that a group of people should be treated.... Right now, I know that I've learned a lot, but there's lots of turmoil in doing that. I'm not sure I'd do it again.

In summary, all of the informants perceived that they had grown professionally through the acquisition of knowledge, skills, and a new appreciation for the scope of the profession of nursing. They grew personally by meeting the challenges associated with the experience of being a master's nursing student and strengthening their capacity to overcome adversity. However, most of the informants perceived that, although, although they had grown both professionally and personally, the process was not empowering in terms of either professional growth or personal growth. The experience of being a master's nursing student exacted too high a cost in terms of personal pain, personal sacrifice, and loss of self-esteem, and thus, the process was thus perceived as inhibiting personal growth. Moreover, it was seen as interfering with learning and the level of professional growth that the informants were able to achieve. The informants were challenged by their experiences as master's nursing students but they were not necessarily supported in
meeting the challenge. Thus, the informants were able to describe positive outcomes in their experiences as master’s nursing students. These outcomes resulted from positive experiences in learning and relating with faculty and fellow students. As well, they arose from a sense of being able to overcome adversity. However, it is apparent that the informants’ negative experiences in relation to the experience of being a master’s nursing student had a profound impact on their perception of the level to which they had been able to develop a sense of personal empowerment and on their perception of feelings of satisfaction and accomplishment as master’s nursing students.

**Summary**

Experiencing the reality of being a master’s nursing student resulted in a state of disequilibrium for the informants—a state in which they experienced a loss of control. Many facets of the informants’ self-concept were challenged or threatened by change and loss. The most significant threat was to the informants’ perception of themselves as competent individuals. At the same time, the pervasive pressure and stress, associated with school, forced the informants to make sweeping changes in lifestyle to accommodate doing the work of being an MSN student and often, resulted in a threat to the informants’ physical and emotional well-being. In response to losing control, the informants used a variety of strategies to regain control. Depending on the strategies used, they were able to regain control for varying lengths of time and to varying degrees. A perceptual shift that enabled the informants to reconceptualize their experiences as master’s nursing students was usually the most effective strategy in promoting the
The reality of being a master’s nursing student had an impact on the informants such that they experienced a loss of control. Their experiences challenged and threatened the stability and security of their professional self-concept, their personal self-concept, their lifestyle, and their physical and emotional well-being. Regaining control was a difficult process but through the passage of time and the use of a variety of strategies, almost all of the informants were able to regain control, albeit to varying degrees and for varying lengths of time. Ultimately, it was an experience that resulted in personal empowerment—an outcome of both professional and personal growth. Conversely, it was also an experience that interfered with the degree to which the informants were empowered; it was a process that was not empowering.

Thus, the experience of being a master’s nursing student was one of dreams and disillusionment; joy and pain; adversity, and ultimately, triumph. As can be seen from the informants’ accounts, the negative and painful experiences took precedence over their joyful and triumphant experiences. One informant’s narrative summarizes the experience of being a master’s nursing student . . .

I: I feel like that person . . . in mythology who rolls a huge rock up a slippery slope every day for eternity. He spends all day pushing that rock to the top of the hill, inch by inch, and once he gets it to the top, it rolls back down at the end of the day. Well, I’m going to get my rock to the top of the hill and it’s going to stay there. I’m going to make it.
This chapter has presented the findings of the study of the development of personal empowerment in the experience of master's nursing students. In the next chapter, these findings will be discussed and compared in relation to relevant literature.
CHAPTER FIVE
DISCUSSION OF FINDINGS

Introduction

This chapter presents a discussion of the findings of the study of the experience of master’s nursing students in relation to the concept of personal empowerment. These findings will be considered in light of relevant literature, which was described in Chapter 2, as well as additional theory and research that will elucidate the meaning of the findings. The discussion will be organized in the same format in which the findings were presented in the preceding chapter. Therefore, the discussion will begin with "the dream versus the reality," followed by a discussion of each component of "the reality of being a master’s nursing student," and conclude with a discussion of each facet of "responding to the impact."

The informants' accounts of their experiences as master's nursing students represented a broad spectrum of experiences that can be visualized along a continuum of positive and negative experiences in relation to the notion of personal empowerment. The intent of this researcher was to record and recount this range of experiences. However, during the process of data collection and data analysis, it became apparent that the informants' negative experiences had a profound and enduring impact on their perception of the process of personal empowerment during their experiences as master's nursing students. The accounts of negative experiences took precedence over and overshadowed the informants' positive experiences. Thus, although most of the informants described distinctly positive experiences that were
consistent with the development of personal empowerment, their negative experiences tended to color and influence the informants' perceptions of their experiences as a whole. In view of the significant impact of the informants' negative experiences, a predominant focus in the following discussion will be on these negative experiences and the role that they played in shaping the informants' perceptions of their experiences in the master's nursing program in relation to personal empowerment.

However, it is appropriate at this time, to consider some of the possible reasons for the negativity of the informants' accounts. First, most of the interviews occurred during the school year when the informants may have experienced a high level of stress. Second, the informants may have focussed on their negative experiences much as they did with each other in their interactions about the program and the faculty. Third, because many of the informants perceived that they had little opportunity to make their concerns known to the faculty, they may have perceived their participation in this study as a way of communicating these concerns. And fourth, as adult learners fulfilling multiple roles, the master's student role may have been perceived as a more stressful and difficult role to fulfill. Further discussion of the informants' negativity about their experiences will take place throughout this chapter.

The Dream Versus the Reality

The informants described a vision of what they hoped to accomplish in terms of professional goals upon completing a master's nursing program as well as expectations of their experience as master's nursing students. These elements—the informants' hopes and expectations,
constituted "the dream." Underlying this dream was a strong commitment to professional nursing goals. Moreover, the informants had expectations that participation in studies at the master's level would help them to achieve these goals and that they would probably be successful in their studies. These findings are consistent with theoretical formulations about the motivation of adult learners to participate in educational experiences (Cross, 1981; Knowles, 1978). Nurse researchers substantiate the finding that returning registered nurse students tend to be motivated by specific professional goals (Beeman, 1990; Fotos, 1987; King, 1986; Thompson, 1992). Further, like the informants in this study, they are deeply committed to being successful in their studies and, often, feel pressured to succeed in view of the sacrifices and adjustments that accompany a return to school (Shane, 1983; Thompson).

The informants described ambivalent feelings about pursuing a master's degree in nursing. They felt eagerly excited with the prospect of the challenge of a higher level of academic scholarship and, at the same time, somewhat anxious and vulnerable. Despite having certain expectations of their experiences as master's nursing students, there was a high degree of uncertainty about the reality of the experience. These feelings of uncertainty and vulnerability are thought to be normal emotional responses to novel situations in which there is ambiguity or a lack of clarity about the significance or meaning of events (Lazarus & Folkman, 1984). A similar finding of conflicting feelings and a sense of uncertainty and vulnerability has been reported in studies of returning RN students (Beeman, 1990; Shane, 1983; Thompson, 1992) and in
a study of doctoral nursing students (Van Dongen, 1988).

The informants' high level of motivation to pursue a master's degree and their commitment to professional goals speak to the high value that they placed on being successful in the master's nursing program. Lazarus & Folkman (1984, p. 58) suggest that in situations that are ambiguous or in which an individual is deeply committed to a goal, there is a heightened sensitivity to cues that might serve to confirm or disconfirm the possibility of harm or loss. Thus, it is not surprising that the informants were unusually vigilant and sensitive to cues that might give meaning to or clarify the reality of the experience of being a master's nursing student. Even on the orientation day, the informants were sensitive to cues that suggested that their hopes and expectations of their experiences in the program would be met or not met. Similarly, a heightened sensitivity to cues in order to prepare for potential danger was reported in the findings of a study of returning RN students (Lee, 1988).

Therefore, the results of this study suggest that students entering a master's nursing program have a high level of motivation and a deep commitment to the goal of achieving at this level of education primarily for the purpose of professional growth. Moreover, they are in a state of psychological vulnerability that renders them unusually sensitive to environmental cues that might confirm or disconfirm cognitive appraisals of threat or harm. This sensitivity tends to generate high levels of uncertainty and anxiety.
Experiencing the Reality

The Work of Being an MSN Student

Trying to Learn.

It was not surprising that all of the informants described feeling frustrated and overwhelmed in response to the amount of school-related work and the pace at which the work had to be generated. This finding is consistent with that of other researchers who have studied the experiences of graduate-level students and reported work-related stress associated with work overload and deadlines (Becker, Geer, Hughes, & Strauss, 1961; Clark & Rieker, 1986; Heins, 1984; Khanna & Khanna, 1990; Lloyd & Gartrell, 1983). Similar findings are reported in research on nursing students from the undergraduate level (Beck & Srivastava, 1991; Gunter, 1969), to the master's level (Mancini et al., 1983), to the doctoral level (Van Dongen, 1988). Interestingly, in this study, the pressure that some of the informants felt in keeping up with the work was self-induced. Based partly on information obtained through the "grapevine" about the rigors of conducting research and writing a thesis, these informants deliberately arranged their course load so that they would have only one course and their thesis to complete in the second year of the program.

From the perspective of empowerment theory, unmanageable workloads in nursing education are not empowering. According to Allen (1990), although large amounts of work to be completed in a short period of time may result in adaptability, it also restricts the ability of learners to engage in the time-consuming activities of reflective and critical thought. Thus, in this study, the informants' perceptions of inadequate
time to engage in reflective and critical thought and to demonstrate the development of these skills led to the expected result of frustration and low self-esteem.

The informants perceived that their learning experiences in the program did not always address their needs and interests as individual learners. There were two issues associated with lack of individualization of learning experiences. First, the informants perceived that there was little recognition of individual abilities and needs in relation to academic scholarship and in relation to the ability to be self-directing or independent learners. The emphasis appeared to be on meeting the requirements of academic scholarship and little attention was paid to the process of helping the informants to meet those requirements. Second, the informants perceived that their individual learning goals and interests in relation to specific content and skills were not considered. Learning experiences, especially in the first semester of the program, did not always appear to be significant or relevant in view of past learning and work experiences and in view of future professional goals. Thus, the informants perceived a control over learning experiences and a lack of flexibility with the courses and within the program such that their individual learning needs, interests, and goals were not necessarily met.

The notion of diversity among adult learners is recognized in the literature in terms of cognitive development, learning style, content and skill needs and interests, and ability to be self-directing (Brookfield, 1985; Cross, 1981; Grow, 1991). Numerous studies of nursing students have been completed in this vein and, although the
findings are mixed, they reflect this diversity (Beeman, 1990; Brooks & Shepherd, 1990; Frisch, 1987; Gross, Takazawa, & Rose, 1997; Hodson, 1985; Jones & Brown, 1991; Laschinger & Boss, 1989; Merritt, 1983; Pardue, 1987; Russell, 1990; Sullivan, 1987; Tiessen, 1987; Valigna, 1983; Wells, & Higgs, 1990; Williams, 1988). Specifically, there are other studies of returning RN students that substantiate that students desire, and/or need, and/or do not get individualized learning experiences (Beeman, 1990; Linares, 1989; Mattson, 1990).

There is considerable support in the literature for the notion of more personalized or student-centered learning or self-directed learning. Participation in defining and planning learning experiences that are personally relevant is thought to increase and maintain motivation for learning in adult learners (Ennis et al, 1989; Knowles, 1973; Rogers, 1969). However, the realities of fundamental required course content and of academic standards of scholarship cannot be ignored (Brookfield, 1985; Garrison, 1992). Thus, the stance that is advocated by many adult educators (Garrison) and nurse educators (Bevis, 1990; Hedin, 1989; Tanner, 1990a) is one of negotiation of learning experiences to satisfy both the institution's requirements and the needs, interests, and goals of the individual student. Indeed, educational experiences in which learners are able to make choices and to participate in decision-making and goal-setting are thought to be empowering (Hawks, 1992; Sellers & Haag, 1992; Zerwekh, 1990).

An educational process that is empowering respects the capacity of individuals to be self-determining (Haney, 1988); understands diversity among learners (Fahlberg, Poulin, Girdano, & Dusek, 1991; Sellers &
provides learners with the knowledge and skills to achieve professional goals (Mason et al., 1991); and permits freedom to explore, experiment, and be creative (Chally, 1992; Chavasse, 1992). Moreover, the focus is on process rather than on content (Diekelmann, 1988; Myers, Stolte, Baker, Nishikawa, & Sohler, 1991). In a process-driven curriculum, the orientation is toward developing the students' abilities to obtain, select, construct, and use knowledge. The development of skills of inquiry and knowledge-making such as analysis, synthesis, logical argumentation, and perspective-taking are thought to be the critical elements in learning experiences. Content is used to facilitate the process, and, thus, can vary with students' interests and goals. In short, educational experiences that are empowering enable students to become both motivated and able to be self-directed, lifelong learners. Movement toward the goal of increased independence in learning must be based on consideration of the learners' beginning point and acknowledged as a process in which both the student and teacher are involved and committed (Cross, 1981; Garrison, 1992). In fact, it has been suggested that independent learning requires more time and energy on the part of faculty than more traditional approaches to teaching and learning (Garrison). These notions of collaboration, process, and negotiation of learning experiences are very different from the findings in this study.

The informants described constructive feedback as an important and critical aid in the process of learning. However, they reported that they often found the feedback on papers to be deficient in terms of providing an awareness of current strengths and weaknesses and in terms
of providing direction for growth. Had the feedback been constructive, timely, and regular, it would have decreased their level of uncertainty about their progress toward academic goals and boosted their self-esteem. Similarly, other studies of student populations indicate that inadequate feedback contributed to feelings of intense stress or had a negative impact on self-esteem (Beck & Srivastava, 1991; Katz & Hartnett, 1976; Flagler et al., 1988; Mechanic, 1962). In contrast, empowerment theory speaks to the need to build on the individuals' strengths (Pinderhughes, 1983; Rappaport, 1984) and to provide affirming feedback (Zerwekh, 1990).

The findings related to the theme, "trying to learn," imply that masters' level nursing students, by virtue of their previous educational and work experiences, have diverse learning needs, interests, abilities, and goals that may not always be acknowledged or addressed in the master's nursing program. The workload may have been perceived by the informants as particularly onerous in view of this apparent failure on the part of the nursing program. Deficiencies in constructive feedback appear to have contributed to feelings of frustration and low self-esteem. Undoubtedly, more individualized attention to students' needs, interests, abilities, and goals would be empowering. The same is true of critical selection of learning experiences that prevents the imposition of "busy work," and of affirming and constructive feedback to promote learning. Moreover, the findings suggest that informational support might also be effective in decreasing the frustration of "trying to learn." Faculty advisement in relation to course selection and workload might be instrumental in mediating the informants' perceptions
of being overwhelmed by the workload particularly in the first and second semester of the master's nursing program. Many of the informants developed an appreciation for the value of their learning experiences from a retrospective position. Thus, ongoing dialogue between students and faculty directed toward an understanding of the purpose or rationale behind learning experiences might promote increased feelings of satisfaction and motivation in the students during the learning process.

Trying to measure up.

The evaluative component of the work of being a master's nursing student was conceptualized in terms of "trying to measure up." The informants reported trying to meet the standards set by faculty, their personal standards, and the standards of their peer group. The standards set by faculty appeared to be the most difficult standards to achieve for most of the informants. The theme, "hitting a moving target," reflected the notion expressed by the informants that achieving the standards set by the faculty was an elusive goal whose attainment was not always within their control. The informants identified several reasons for this notion, including reluctance on the part of faculty to assign first-class grades, lack of clarity in the requirements of the assignments, inequitable grading, work overload, and lack of consistency in the faculty's expectations. These elements in the educational process were perceived as being barriers to achieving expected standards of performance. Similar findings have been reported in other studies of graduate level students (Butler, 1972; Khanna & Khanna, 1990) and in studies of baccalaureate nursing students (Beck & Srivastava, 1991; Olesen & Whittaker, 1968).
Several of the informants described measuring their achievement in relation to personal expectations. However, the informants quickly discovered that personal expectations, based on past academic achievement or current levels of exertion, were not significant predictors of grades. Consequently, the faculty's standards and those of their peer group became more meaningful standards. Further, many of the informants expressed that, regardless of whether they received high or low grades, they had little personal conception of the quality of their work. Self-evaluation was a relatively meaningless exercise—there was always some uncertainty about the quality of their work until the faculty stated their opinions.

In comparing their performance with the standards set by their fellow students, the informants can be said to be making use of a reference group for the purpose of comparison (Lum, 1988). According to Lum, "comparison groups . . . set standards . . . against which a person can evaluate self and others" (p. 259). In this study, the informants were comparing, not only performance achievement, but also the fairness or equitableness of their situation. Some of the informants found this process reassuring while others found it disconcerting. Similar findings were reported in studies of the experience of being a medical student (Becker et al., 1961) and the experience of being a graduate student (Mechanic, 1962).

Lum (1988) theorized that making use of reference groups to compare one's behavior can be done in either a competitive sense or normative sense. Although all of the informants compared their achievements with peers in a normative sense, it appears that informants
in one of the three classes used their peer group in a competitive sense. Interestingly, Becker et al. (1961) suggest that little competition occurred among the medical students in their study because they were so individually intent on being able to survive the educational process. However, in other studies of graduate students, competition was found to exist and acted as a source of stress (Butler, 1972; Clark & Rieker, 1986; Khanna & Khanna, 1990). In a study of baccalaureate nursing students, Olesen and Whittaker (1968) reported that the students took pains to conceal an innate sense of competition.

In empowerment theory, evaluation is considered a shared responsibility between students and teachers and, thus, a process dissimilar to the findings in this study. Through mutual agreement of evaluation criteria, expectations are clear for both parties and there are no hidden agendas or secret criteria for success (Brookfield, 1985; Zerwekh, 1990). Grading is a collaborative process so that the learner engages in self-evaluation and reflection on current strengths and limitations (Diekelmann, 1988). Limitations are perceived as temporary problems to be solved rather than personal-deficits; evaluation is a measurement of the process of growth rather than a judgment (Funnel et al., 1991). Furthermore, competition between students would not exist because the focus would be on collaboration and the notion that power comes from the collective (Kieffer, 1984). Empowerment is not about oneupsmanship but rather a process by which everyone grows (Wheeler & Chinn, 1989). Farly (1990) describes evaluation practices that are disempowering as rooted in "power garbage." "We come out of the woods after the students have done the best they could do under the
circumstances. We come out of the woods after their war is over and shoot them down with our 'power garbage'" (p. 89).

Measurement of achievement in relation to standards is an essential element in education. None of the informants advocated that the standards of scholarship that were expected in the master's nursing program should be lowered. Instead, they suggested that barriers to achieving these standards should be examined and addressed by the faculty. Action in this vein as well as in promoting and acknowledging the credibility of students' self-evaluation might significantly decrease competition among students and convey that learning is a process. These measures might reinforce the notion that evaluation can be an empowering experience.

The thesis process was perceived as the most challenging element of the master's nursing program. There was a certain mystique about the process and the challenge was perceived as one that would confirm the informants' scholarly abilities and as one that would require a large commitment in terms of time, and physical and mental energy. In order to cope with the thesis process, the informants usually sought information about the experience through the "grapevine." As well, they sought out faculty members to serve on their thesis committees whom they perceived as likely to meet both their academic and personal needs. This finding is supported by theoretical literature that addresses the needs of nursing students, engaging in a thesis process, for informational support and support from significant others in the environment (Baj, 1987; Cronenwett, 1987). Ultimately, although the thesis process was perceived as the most challenging element in the
master's nursing program, it was also the most personally and professionally satisfying. For many of the informants, the relationships that they developed with their thesis committee members were the most caring, collegial, and growth-producing. Significant pre-requisites for these relationships included mutual trust and respect and the informants' perception that their thesis committee members believed in their ability. Thus, the process of creating and producing a scholarly piece of work was usually an affirming, positive experience.

Feelings of insecurity and uncertainty about achievement continued into the second year of the program though to a lesser degree. Because the thesis process was a new experience for the informants, it is possible that it contributed to these feelings. As suggested by the findings, a positive self-concept arising from the students' perception of competence and achievement in the first year of the program might contribute significantly to feelings of confidence and control in the second year of the program.

The Interdependence of Being an MSN Student

Relating with the faculty.

The themes that arose from the informants' descriptions of their relationships with faculty were "conditional respect" and "unintentional indifference." They reflected the personal pain and negative emotion experienced by most of the informants in many of their interactions with faculty members. It is possible that the informants' predominantly negative stance regarding relationships with the faculty was a function of telling the researcher what they thought the researcher wanted to hear or that it was easier to externalize blame for disappointments in
academic achievement than to consider personal reasons. More often than not, it appeared that a relatively small number of negative experiences in interactions with faculty colored the informants' overall perceptions of their relationships with faculty. Nevertheless, the informants' perspectives of the pain of their experiences cannot be denied.

The first theme, "conditional respect," reflects the informants' accounts of the scarcity of interdependent relationships with faculty based on acceptance, respect, trust, and sharing. Many classroom interactions appeared to be controlled and inhibited by the faculty either through the choice of a lecture teaching method or through verbal and nonverbal messages that the informants' contributions were not correct, valued, or significant. This appeared to be particularly true when the informants offered perspectives based on previous educational or professional life experiences. In this study, many informants described speaking only after careful deliberation and in a way that reflected critical thought. Moreover, in several classes, what one uttered in class was data used for evaluation purposes by the faculty. Thus, instead of having their thoughts valued and being helped to develop these thoughts, the informants perceived that they were being told that their thoughts were wrong or inadequate. In this way, the legitimacy of being a learner was negated.

The effectiveness and meaningfulness of learning experiences that acknowledge and make use of the students' diverse backgrounds has been reported by nurse researchers (Rather, 1992; Rendon, 1988). This theme is also a predominant focus in the nursing literature on returning RN students (Beeman, 1990; Bramble & Siegel, 1990; Rice, 1992). These
findings are also strikingly similar to those reported by Belenky, Clinchy, Goldberger, and Tarule (1986, p. 107) in their description of women learners as "separate procedural knowers." These women were learning the rules of reasoned argumentation and were vulnerable to criticism by authorities when they introduced any subjectivity into contributions. A collaborative process in which there is sharing of perspectives is widely recognized as being the most effective student-teacher interactive mode for adult learners (e.g., Conti, 1985; Knowles, 1978). This is thought to be especially true in the development of higher levels of thinking (Garrison, 1992). When this philosophical perspective to teaching and learning was actualized in the master's nursing program, the informants in this study perceived the process as being empowering and advocated more universal application of teaching and learning strategies based on this perspective.

The second theme that characterized student-faculty relationships was "unintentional indifference." While the informants acknowledged the lack of deliberate intent on the part of the faculty, they were clearly demoralized by some of the faculty's apparent lack of sensitivity to and caring about them as unique individuals and as learners. Similar findings have been reported in a study of caring and uncaring interactions and relationships between undergraduate nursing students and faculty (Hughes, 1992). Two studies of graduate level students were consistent with the findings in this study that the faculty were generally not interested in them and were not responsive to their needs (Khanna & Khanna, 1990; Lloyd & Gartrell, 1983). In a study of baccalaureate nursing students, Nelms (1992) reported that the students
were surprised at the faculty’s lack of awareness and sensitivity to the experience of being a student, especially since the faculty had once been students themselves.

The themes of "conditional respect" and "unintentional indifference" both speak to the absence of a sense of connection that the informants perceived in many of their relationships with the faculty. A sense of collegiality was the exception; a sense of separateness was the norm. In a study of students from the undergraduate to the graduate level, Magolda (1987) reported that the desired relationship with faculty was one that was characterized by respect, camaraderie, and caring. In studies of baccalaureate nursing students in the clinical area, interpersonal aspects of the student-faculty relationship such as respect, conveying confidence, availability, freedom to ask questions, and honesty were more important than teacher competence (Bergman & Gaitskill, 1990; Brown, 1981). Moreover, the recent studies of the intellectual (Belenky et al., 1986) and the moral-ethical (Gilligan, 1982) development of women substantiate the primacy of caring, connection, and relatedness with others. Indeed, nurse educators and feminist scholars assert that empowerment is a feminist process with themes of consensus, valuation, the power of the collective, a safe caring environment, and "power to" rather than "power over" (Deutchman, 1991; Ruffling-Rahal, 1992; Sohier, 1992; Symonds, 1990).

Contemporary perspectives on empowerment in nursing education advocate teaching/learning experiences that are "congruent with the goal of education for professional practice" (Carlson-Catalano, 1992, p.
Experiences that promote scholarliness and the development of a positive self-concept are based on equality (Bevis, 1990; Sellers & Haag, 1992), mutual affirmation and validation (Allen, 1990; Kosowski et al., 1990), reciprocal and open dialogue rather than a monologue on the part of the teacher (Chally, 1991; Fahlberg et al., 1991), consensus building (Kosowski et al.), and mutual respect and trust (Chally, 1992; Gibson, 1991; Hawks, 1992; Sellers & Haag, 1992). The descriptions of empowering student-faculty interactions in this body of theoretical literature are in stark contrast to the perceived experiences of the informants in the study.

One of the conditions in the teaching/learning situation that is thought to be fundamental to empowerment is a sense of collegiality (Carlson-Catalano, 1992; Hughes, 1992). Collegiality means that nurses "value the support of colleagues and the extensive experience of other nurses" and faculty demonstrate collegiality by the "conscious and consistent outward valuing and rewarding of students' efforts" (Carlson-Catalano, p. 142). Chally (1992) asserts that the teacher structures a learning environment that is empowering by conveying that each participant is integral to the group, and that the diverse knowledge and perspective that learners and the teacher bring into the group learning situation can be used to achieve a shared vision of knowledge. The energy generated in such a process propels each individual in the group to a higher level of empowerment (Chally; Mason et al., 1991; Montisano-Marchi, 1990). The teacher is a co-learner and does not demonstrate an attitude of being the individual in the group who has power or who is the expert. In such a case, the result would be destruction of group
cohesion, and the focus of the group would shift from the process of learning to concerns about papers and evaluation (Chally; Sellers & Haag, 1992). The self-concept of each learner is deliberately enhanced when the teacher values the contributions of each learner and conveys that the learner is a knowledgeable person (Chally; Chavasse, 1992).

Furthermore, faculty behaviors that are empowering include enabling students to acquire the most relevant information in the form of written resources (Lord & Farlow, 1990); promoting creativity and spontaneity (Bevis, 1990); recognizing and responding to the stress and frustration of being a student (Chally, 1992); and "being sensitive to both the negative and positive effects of one's presence and one's words on others" (Copp, 1989, p. 169).

Thus, the findings of this study lend credence to the notion that the nature of student-faculty interactions is critical to the development of empowerment in nursing students. Collaboration, collegiality, and caring are key elements in an empowering educational process. The informants emphasized in their accounts that they perceived that their negative experiences with faculty were the result of thoughtlessness rather than deliberate intent on the part of the faculty. The informants' acute sensitivity to potentially threatening environmental stimuli may have contributed to inaccurate perceptions of the faculty's verbal and nonverbal behavior. There was usually an accumulation of small negatively-perceived events rather than a single experience of crisis proportions. Thus, seemingly inconsequential experiences or events in student-faculty interactions may assume exaggerated negative proportions from the perspective of the master's
nursing student role. The informants' recommendation that measures be
taken to increase dialogue among students and faculty would appear to be
a potentially fruitful beginning to resolving many of the issues and
concerns in student-faculty relationships.

**Relating with other students.**

According to the informants in this study, the nature of their
relationships with the faculty was decidedly different from that with
their fellow students. It appears that the students' sense of a common
vulnerability and shared goals provided the foundation for relationships
that were characterized by mutual respect and trust, caring, and
sharing. Lum (1988) suggests that peer groups within a subculture are
an important supportive resource because "past suffering and successes
serve as a powerful bond" (p. 266). Comparing experiences with those
who shared the same experiences was as supportive and validating a
process (Lee, 1988; Rather, 1992) for returning registered nurse
students as it was for the master's nursing students in this study. It
was a way in which "to feel that someone . . . understands and that you
are not alone in your misery. You also know that you aren't crazy or
misperceiving the entire experience; others have gone through the same
emotions and situations" (Shane, 1983, p. 140). Becker et al. (1961)
characterized the medical student cohort that they were studying as a
"community of fate and suffering, bound together by feelings of mutual
cooperation, support, and solidarity" (p. 267). Additionally, similar
findings were reported in a study of baccalaureate nursing students; the
students had a "do or die--them against us" attitude that drew the
students together (Nelms, 1990, p. 293). There was a camaraderie or a
feeling that "we’re all toughing it out together... knowing that I’m not the only one that feels this way" (p. 293).

The finding that the informants’ relationships with fellow students was an "exclusive fellowship" has been similarly reported in other studies. In Nelms’ (1990) study, the baccalaureate students reported that "no one on the 'outside', so to speak, can ever really understand the intensity of pursuing nursing education" (p. 293). Urbano and Jahns (1988) add that it is common to find that doctoral nursing students’ relationships with each other take precedence over previous relationships because the latter are less relevant to the current daily concerns of the students. Further, supportive peer relationships among graduate students have been reported to have a both a mediating and moderating effect on stress (Butler, 1972; Goplerud, 1980; O'Connor, 1988). Bradby (1990), in a qualitative study of baccalaureate nursing students, reported a low level of group affinity except in terms of adversity. That finding is consistent with the findings in this study, but there was a high degree of affinity within the smaller cliques that developed over time in the program.

From the perspective of personal empowerment, student support for each other is important in the process of empowerment (Chally, 1992) particularly because of the notions of a shared understanding and a shared adversity (Kieffer, 1984; Lord & Farlow, 1990). By extension, the notion of empowerment as a collective process suggests that interactions among the informants would be based, not just shared understanding and shared adversity, but also on mutual valuing, mutual trust and respect, and collaborative efforts. These qualities of
empowering relationships are consistent with the findings in this study. The findings also reveal that there were some negative relationships and interactions among the students and that these were similar to those that the informants experienced with many of the faculty. However, as suggested by the informants, their need for each other tended to promote more sustained efforts to create and maintain effective relationships. Opportunities for the informants to interact with other students were also more common than with the faculty. Thus, in contrast to the relationships that the informants had with the faculty, the relationships that the informants enjoyed with their fellow students can be said to have been empowering.

The Art of Being an MSN Student

The notion that there is an art to being a master’s nursing student arose from the informants’ accounts of a body of knowledge and skills that were associated with successful and comfortable negotiation through the academic system. The initial confusion and loss of security and predictability that the informants experienced on entering the master’s nursing program was consistent with findings in other studies of other nursing students (Bradby, 1990; Shane, 1983; Van Dongen, 1988) and graduate students (Butler, 1972; Lange, 1980).

Vigilance and information-seeking are strategies used by individuals in situations that are ambiguous and arouse feelings of uncertainty and vulnerability (Lazarus & Folkman, 1984; Mishel, 1988; Pearlin, 1985). This theoretical perspective on cognitive appraisal substantiates the findings in this study. The informants were particularly attentive to environmental cues that might guide their
behavioral responses and to information that might have implications for their success in the program. In a study of registered nurse students, Lee (1988) similarly reported that the students gathered information in order to prepare against possible harm. The informants in this study perceived that the faculty did not consistently provide informational support that would help them to adapt to the master's nursing student role. Deliberate attempts by the faculty to discover and convey useful information were minimal; at times, information was deliberately withheld. Sometimes, information was provided that was predictive and enabled the students to plan and make choices about their behavior (Janis, 1985). However, it was often provided in such a negative way that the informants felt helpless to control the implied threat in the message. Informational support that allows for choice, anticipatory planning, and control would be more consistent with the notion of empowerment.

In so much as the information from the faculty was deficient or misleading and channels of clear and honest communication between students and faculty were often closed, the informants in this study reported obtaining information that was based on inferences made by fellow students or on information from the "rumor mill." Warnings about faculty members and "horror stories" seemed to predominate in interactions in the graduate student lounge and often had the effect of undermining the informants' sense of security or competence. Similarly, Shane (1983) reported that rumors were common and often focused on events in the past or involved individuals who were not present in the conversation. The informants in this study stated that stories about
successes and achievements and enjoyable learning experiences were less common. Olesen and Whittaker (1968) also noted that telling positive stories, especially about achievement, was unacceptable to the baccalaureate nursing students in their study because one would be bragging. The authors stated that those students who achieved most successfully avoided censure from fellow students "by relating stories of befuddlement, of failure, of embarrassing errors undoubtedly occasioned by faculty shortcomings in teaching" (p. 191). Exceptional achievement was not the group norm and, for students who did excel, it was a problem to "excel without offending their classmates" (p. 192). "It was bad manners to boast of making an A . . . unless it was done with a tinge of astonishment" (p. 193). Thus, the intense negativity expressed by some of the informants in this study may be due in part to this tendency of students in the master's nursing program to focus on painful experiences in their interactions with each other and, consequently, with this researcher.

Theories about roles contribute several perspectives that have relevance to the notion of an art to being a master's nursing student. A subculture is a collection of individuals within a larger societal group that often has a language that is distinct (Lum, 1988). Learning and using this language is an identifiable sign of membership in that group. This subculture concept may be useful in interpreting the finding that the informants had to learn the language of being an MSN student. The same phenomenon of learning and using a distinct language was reported in a study of the baccalaureate nursing student subculture by Olesen and Whittaker (1968).
Additionally, a subculture "develops perspectives . . . specifying the kinds of activities that are expedient and proper" (Lum, 1988, p. 267), as well as norms and values to which the individual must conform in order to belong to the group. Lange (1980) theorized that an essential part of being a graduate student was to "learn the norms of the already existing student subculture" and get "information on 'how to get things done'" (p. 147). These ideas are consistent with the subtheme of "deliberate accommodation" that was described in this study. By using two reference groups—the student group and the faculty group—the informants compared and modified their behavior to fulfill the role of master's nursing student.

The notion that there are rules for acceptable ways of thinking and behaving in a university setting is not new. There have been research studies in which the purpose was to elucidate the acceptability or unacceptability of certain behaviors from the perspective of students and of faculty (e.g. Amsel & Fichten, 1990). In their seminal study of the socialization of medical students, Becker et al. (1961) reported that the students had a "collective understanding . . . about matters related to their roles as students" (p. 46) and perspectives on handling "problematic situations. . . . those things that everybody knows and everybody does" (p. 36) in order to "get through school" (p. 163). In keeping with the findings in this study, Becker et al. described medical student' collective perspectives on how to deal with the faculty, make a good impression, or handle the workload. Perhaps not coincidentally, the practice of "brown-nosing" was as poorly tolerated in the medical student group as it was in the master's nursing student group. In a
study of baccalaureate nursing students, Olesen and Whittaker (1968) reported the phenomenon of "studentmanship" in which the students learned "how to get through school with the greatest comfort and least effort" (p. 150) by "psyching out" the faculty, knowing when to ask for advice from a faculty member, using the appropriate language, and other useful behaviors. One form of studentmanship was "fronting" (p. 173) in which the students demonstrated the behaviors that they believed would create the most favorable impression with the faculty. This consisted of blending "the correct mixture of assertiveness, humility, and awkwardness" (p. 177), and, of course, demonstrating interest in whatever the faculty member had to say. Going too far in fronting was similar to "brown-nosing" and was considered "in bad taste" (p. 184). Finally, "countervailing strategies," another form of "deliberate accommodation," in order to fulfill role demands, was reported in a study of graduate occupational therapy students (Butler, 1972).

"Deliberate accommodation," "developing perspectives," "studentmanship," and "countervailing strategies" are all similar in that the students perceive them as ways of getting through their educational program efficiently and successfully. They are means of gaining and maintaining membership within the student peer group. More importantly, they are a reaction to a perceived need to protect themselves from the faculty and from what Olesen and Whittaker (1968) called, "the perils of an incomprehensible and unfriendly institution" (p. 292). In view of the fact that the informants in this study felt that they were in a dependent and less powerful position than the faculty, they were more likely to be outwardly accommodating and
less likely to be challenging, assertive, and to take risks. The perspective of the students in this study and in other similar studies was to "find out what they want and give it to them."

This same phrase was used by Belenky et al. (1986) to describe women as separate procedural learners. These authors stated that such students learn and apply the rules of thinking but are unaware of or denied the expression of their own subjectivity and respond in learning situations by "[finding] out what the guy wants and [giving] it to him" even though intuitively they know that this knowledge is "meaningless and unreal" to them. They do so in order to "placate the authorities" (p. 98). Further, similar to one of the informant's narratives in this study, Belenky and colleagues describe separate procedural learners as "chameleons [who] cannot help but take on the color of any structure they inhabit" (p. 129). They accommodate to rather than assimilate knowledge (p. 123) and "many students become adept at playing the academic game of separate knowing" (p. 107).

Thus, in this and other studies, carefully calculated conforming and compliant behavior was a way of surviving the educational process. Conformity is thought to lead to feelings of security because everyone is doing it, but it fails to allow for individual difference and personal fulfillment (Starr and Goldstein, 1975). Compliance is thought to be functional for the student role. However, it contributes to feelings of powerlessness and low self-esteem and, consequently, has negative implications for fulfilling future professional roles because it inhibits independent thought and promotes excessive respect for authority (Rendon, 1988). In empowerment theory, significant indicators
of the absence of empowerment in nursing education are conformity, compliance, and decreased risk-taking (Allen, 1990; Chavasse, 1992; Clay, 1992; Zerwekh, 1990). The authors writing in this area speak to the basic mistrust that students have for the faculty in educational experiences that are not empowering, and to the students' acute awareness that the faculty are in a position to punish them, particularly through the use of grades.

Thus, while the art of being a master's nursing student serves a beneficial function in providing informational support to the students, it is also a potentially harmful phenomenon. Information gleaned through the "grapevine" was not always conducive to the generation of accurate appraisals of events and experiences and thus did not necessarily provide predictive information that would allow for anticipatory planning. Moreover, the art of being a master's nursing student was perpetuated by the informants' ongoing perception of threat and loss in their experiences in the nursing program. The resulting conformity, compliance, and decreased risk-taking ultimately created feelings of powerlessness and resentment.

Summary

Thus, the reality of being a master's nursing student can be said to be a less than ideal and empowering experience. The informants' accounts of positive experiences are diminished by their accounts of negative experiences. Many of these perceived negative experiences could be avoided or eliminated through increased opportunities for dialogue among the students and the faculty. A number of possible factors have been identified that might account for the intense
negativity of the informants' reports of their experiences and, consequently, the negativity must be interpreted with caution. Nonetheless, there is no doubt but that the informants did suffer some excessively negative and painful experiences as master's nursing students.

Responding to the Impact

The Impact: Losing Control

Shaking the foundations.

From the perspective on the informants in this study, becoming a master's nursing student entailed loss, change, challenge, and threat. The predictable and secure foundations on which the informants defined themselves as professionals and as people were shaken. Although the informants anticipated a change in self-concept, they appeared to have been unprepared for the extent to which they experienced this change. Their perceived loss of control over experiences impacted on their self-concept as well as their responses to these experiences.

Loss and change in relation to transition from a professional nursing role to a student role appeared to be the most predictable aspects of becoming a master's nursing student. Challenges to professional beliefs, values, and assumptions meant developing a new professional identity. Threats to self-esteem arose from experiences that disrupted the informants' perceptions of themselves as competent individuals, as individuals who were able to fulfill their responsibilities independently, as individuals with personal integrity, and as individuals who had some control over the outcomes of their actions. Lazarus and Folkman's (1984) distinction between challenge and
threat in the process of cognitive appraisal is a useful way to reflect
the informants' experiences in this study. Both threat and challenge
necessitate coping strategies. However, threat has negative
connotations of anticipated harm or loss and associated emotions of
fear, anxiety, and anger; challenge infers a potential for gain or
growth and associated emotions of excitement and eagerness (p. 33).
Thus, while the informants were excited with the challenge of learning,
their self-esteem was threatened by circumstances and experiences during
the process of learning.

Losses and changes are thought to be associated with role
transition (Hardy & Hardy, 1988; Schlossberg, 1981). In this study, the
informants described the transition into the master's nursing student
role as resulting in the loss of status and credibility, changes in
financial and living circumstances, and disruptions in interpersonal
relationships. These losses and changes are consistent with findings in
other studies of graduate-level students (Butler, 1972; Clark & Rieker,
1986; Khanna & Khanna, 1990) and in studies of returning registered
nurse students (Diekelmann, 1989; Klaich, 1990; Shane, 1983; Van Dongen,
1988).

Challenges to professional identity among returning registered
nurse students are also well documented in the theoretical nursing
literature (Bramble & Siegel, 1990; Throwe & Fought, 1987; Woolley,
1978). Basing her discussion on Mezirow's theory of perspective
transformation, Duff (1989) contends that returning RN students must
undergo a perspective transformation in which current beliefs,
assumptions, and practices are challenged by new knowledge, skills, and
experiences. A changed professional self-concept arises out of the struggle to resolve this cognitive dissonance. In this study, the informants perceived these challenges to professional identity as exciting and yet disconcerting.

Likewise, this process of change or transformation was perceived as disturbing in studies of other students (Butler, 1972; Rather, 1992). In her study of transitions in the professional identity of master’s nursing students, Klaich (1990) reported findings that reflected that the participants in her study were "undergoing multiple changes in self and in their surrounding environment" (p. 21) as were the students in this study. Moreover, similar to the findings in this study, Klaich reported that the process of transition in professional identity occurred concurrently with a disturbing disruption to the students’ self-esteem. Low self-esteem has also been reported in other related studies (Bradby, 1990; Butler, 1972; Khanna & Khanna, 1990; Van Dongen, 1988). These authors’ explanations for the students’ low self-esteem are similar to those identified in this study.

A positive self-concept and a sense of control are thought to be hallmarks of personal empowerment (Gibson, 1991; Hawks, 1992). On the other hand, an attitude of self-blame, feelings of helplessness or hopelessness, victimization, dependence on others, and a sense of loss of control over one’s life are indicators of the absence of personal empowerment (Chavasse, 1992; Gibson). Moreover, according to Stevenson (1990), the development of personal empowerment is contingent on self-esteem. Thus, educational experiences that are empowering will deliberately provide experiences that promote the development of self-
esteem (Zerwekh, 1990). More than any other single factor, the student-faculty relationship is the most critical in the development of self-esteem (Zerwekh). Even simple actions, such as being available to the students and expressing a belief in their abilities, act to enhance self-esteem and are therefore empowering (Hughes, 1992). Again, the difference between the informants’ experiences and theories of personal empowerment is significantly different.

The pervasive pressure of school.

The informants in this study described the ways in which the unrelenting pressure of school impacted on their day-to-day lives. The informants perceived that they had little control over their lives: they had lost the stability of routines and predictability, and they had to give up or reduce usual activities that often were used as coping mechanisms. The notion of "role overload" refers to a state in which either "the demands of a role are excessive" (Hardy & Hardy, 1988, p. 225) or a state in which there is an overwhelming multiplicity of roles. In this study, the informants had to contend with both kinds of role overload. Within the student role, the informants reported having to modify their lifestyles in an attempt to cope with an unmanageable workload. At the same time, fulfilling student role responsibilities had to be balanced with responsibilities associated with other roles such as wife, mother, sister, nursing employee, and friend. Similar findings have been reported in Van Dongen’s (1988) study of the lived experience of being a first year doctoral student. She reported that, "students typically worked a nonstop 17-hour day that included diverse family and student responsibilities. Subjects described the need to
'make every minute count' and routinely strived to accomplish several activities simultaneously" (p. 22). Non school-related activities were curtailed when possible. Van Dongen concluded that such lifestyle changes are "survival strategies that enable the student to meet the demands of doctoral studies within the context of concurrent life events" (p. 23). Changes in interpersonal relationships, including marital relationships, were substantiated in Klaich's (1990) study. In a study by Campaniello (1988), it was found that occupying multiple roles did not significantly influence perceived role conflict but rather the nature of the role. Campaniello stated that, in particular, the role of parent was the most significant in relation to role conflict. In a qualitative study of the experience of baccalaureate nursing students, Nelms (1990) reports that the lived experience was, in part, a "life-pervasive intensive commitment" in which a seemingly insurmountable amount of work created "constant pressure" and necessitated dramatic lifestyle changes. Unlike the findings in this study, however, Nelms reported that a strong theme was "putting life on hold." This is contrasted with the informants in this study whose perception was more that of, "life must go on." This discrepancy is possibly explained by a probable difference in developmental stage of typical baccalaureate students and the more mature master's students in this study.

In empowerment theory, the individual is viewed from a holistic perspective. There is knowledge about individuals within the context of their lives and, thus, there is an awareness and acknowledgement of personal and situational constraints on goal achievement (Katz, 1984;
Kieffer, 1984; Lord & Farlow, 1990). Thus, in a master's nursing program, personal empowerment would require awareness of constraints associated with role overload and appropriate adjustments in teaching/learning experiences to account for such constraints.

**The threat to physical and emotional well-being.**

The finding that the stress and pressure of being a master's nursing student resulted in threats to physical and emotional well-being was anticipated in view of similar findings reported in numerous other studies of students including baccalaureate nursing students (Beck & Srivastava, 1991), returning registered nurse students (Shane, 1983), graduate-level students (Firth, 1986; Johnson & Remus, 1985; Khanna & Khanna, 1990), and graduate nursing students (Van Dongen, 1988). Clearly, personal empowerment is less likely to occur when students are concerned with more fundamental needs for physical and psychological safety.

Before leaving the discussion of the impact on the informants of their experiences as master's nursing students, it is important to consider their preoccupation with grades and how the reality of being a master's nursing student contributed to that preoccupation. Throughout the interviews, the informants focused on grades. The significance of these grades was evident in the strong relationship between grades and self-esteem. In many instances, it appeared that learning was far less important than grades. Three circumstances appeared to have influenced the informants' stance on grades. First, the possibility of failure to achieve was clearly a threat to the informants' short term goal of successfully completing the master's nursing program and to their long
term goals of fulfilling professional dreams in terms of career or further education. As was discussed earlier, the informants had a great deal invested in being successful in the program and were highly motivated to achieve their professional dreams. Second, becoming a master's nursing student removed the informants from the usual basis of their self-esteem—their identities as professional nurses. The work of being an MSN student limited their ability to engage in secure and predictable ways of being and coping, and social relationships were predominately with other students in the program. Thus, developing a new identity and a renewed sense of self-esteem had to develop from the experiences of being a master's nursing student. Shane (1983) theorized that, for the registered nurse student, total immersion in the experience of being a student leads to the student role becoming the only source of "validation, identity, and self-esteem" (p. 142). In view of the fact that the informants received little feedback except in the form of grades, they thus became much more meaningful to the informants. Third, the faculty did not convey a belief in the legitimacy of being a learner to the students. There were few efforts to convey, through acknowledging growth or measures to promote growth, that learning is a process. Feedback in the classroom or on papers was merely a continuing judgment of the informants' inadequacy as scholars (Belenky et al., 1986). Therefore, forces in the teaching/learning environment and within the student inevitably made grades pre-eminent in the eyes of the informants. The reality of being a master's nursing student perpetuated an unhealthy preoccupation with grades and made the process of learning a secondary goal.
Interestingly, studies of students in other nursing programs or of graduate level students did not report the same intense focus on grades as was found in this study. Most of these studies mentioned grades as a stress-producing factor in the students' experience but not to the same degree. Although only one of the informants mentioned the possibility of failing; all of the other informants were concerned about how high their grades were. The only students, reported in the literature, who appeared to match the intensity of concern about grades were medical students and, for the most part, their concern was in achieving passing grades rather academic standing.

Thus, the informants' experiences as master's nursing students resulted in multiple changes in professional and personal identity. This disruption led to the informants' perception that they, not only had minimal control of events in the nursing program that were threatening or harmful, but also that they were not in control of their responses to these events. Moreover, they perceived that they a diminished ability to adapt positively to the reality of being a master's nursing student. Preoccupation with grades appears to have significantly contributed to the perception of threat and harm in the informants' experiences and may have acted as a stimulus for feelings of low self-esteem and powerlessness. However, the informants reported that the most damaging experiences to their personal identity resulted from negative interactions and relationships with faculty members.

**Regaining Control**

Regaining control was a process that did not progress in a linear, forward manner. In particular, situations in which the informants
doubted their abilities most often contributed to renewed feelings of loss of control. In a description of the experiences of returning RN students, Shane (1983) refers to a similar phenomenon which she calls "oscillations" between one stage of a "return-to-school syndrome" and another (p. 107). The two categories of strategies that the informants used to regain control have been conceptualized thematically as "manoeuvering for survival" and "the perceptual shift." The differences between the two are in their passive or active orientation and in their temporary or more enduring effectiveness.

The strategies in "manoeuvering for survival" included defensive measures such as displacement, rationalization, using humor, and being positive. The other strategy was persevering, which required denial of painful experiences to some extent and a repeated refocusing on the commitment to goal achievement. Other researchers report the use of similar strategies by baccalaureate RN students (Mattson, 1990; Thompson, 1992) and by doctoral nursing students (Van Dongen, 1988).

The "perceptual shift" encompassed three strategies for regaining control: redefining priorities, a shift in locus of control, and finding meaning. These strategies required introspective thought on the part of the informants and, thus, the informants described them as deliberate responses rather than mere reactions to their sense of loss of control. In making a perceptual shift, many of the informants were able to transcend the pain and negativity of their experiences.

Priority setting was used by the participants in Van Dongen's (1988) study of doctoral nursing students' coping with the demands of fulfilling multiple roles on a day-to-day basis. That finding is
similar to the one in this study. However, in this study, many of the informants also redefined priorities based on a new perspective on the meaning of grades.

Shifting locus of control meant that the informants moved from believing that they had little or no control to believing that they had significant control over their experiences as master’s nursing students. At the same time, they gained awareness of aspects of their experiences over which they did or did not have control. Thus, instead of feeling victimized and powerless to influence the outcomes of their experiences, the informants took personal responsibility for meeting their own learning needs, interests, and goals.

Finding meaning in their experiences as master’s nursing students was usually done retrospectively by these informants. The focus of many interactions among the students was speculation about the purpose of learning experiences or the motives underlying the behavior of the faculty. Often, such discussions reinforced negative perceptions of the faculty and of the program. Only a few of the informants, either individually or as a result of discussions with selected fellow students, were able to reflect on and gain a more personally significant perspective on the meaning of their experiences as master’s nursing students. This process is similar to the resolution of the “returning-to-school syndrome” described by Shane (1983). She described students who are “bicultural” and who seemed to be getting the most out of their education experience because they were “not fighting any more” (p. 117), but rather were accepting of experiences because they now perceived them as significant personal learning experiences. A parallel phenomenon
occurred in the registered nurse student group studied by Rather (1992). With time to reflect upon their experiences, the students in that study were able to make sense of them and to understand the positive outcomes of a painful process of change in their ways of perceiving and thinking.

Not all of the informants made a perceptual shift. The perceptual shift has been conceptualized as a movement away from "deliberate accommodation." Well into the second year of the program, some of the informants were still feeling victimized, angry, or "playing the game." However, for those informants in whom the shift did occur, the accounts described feeling more personally satisfied with their learning experiences and more committed to the process of learning. It has been suggested that individuals have a greater commitment to a goal and perform at a higher level following a dissonance-produced attitudinal change (Markus & Zajonc, 1985). As a subgroup of the sample, the informants who had graduated from the program were more successful than those still in the program in finding meaning from their experiences as master's nursing students. They found that their experiences enabled them to attain professional goals and to function effectively in advanced nursing positions. Thus, as one informant said, "The proof is in the pudding."

The informants who made a perceptual shift were like the learners described by Belenky and colleagues (1986) who began to "integrate knowledge that they felt intuitively was personally important with knowledge they had learned from others" (p. 134). Similar to the experience of the informants in this study, they were able to achieve this kind of "constructed knowing" after going through "a period of
intense self-reflection and self analysis" (p. 135). Ultimately, they had the same feelings of satisfaction with their learning experiences; their learning had personal meaning and relevance.

Thus, although all of the informants utilized strategies to regain control over their experience as master's nursing students, most of the informants utilized ones which were only temporarily or partially effective and, consequently, merely survived their educational experience. Those few, who were able to make a "perceptual shift," expressed significantly stronger feelings of strength, competence, and confidence than those informants who had not made the shift. However, this shift required personal work on the part of the informants to regain control over their master's nursing student experiences. Such work required time and energy—variables which were identified as being in short supply in the master's nursing student experience. Specific interventions by the faculty to promote this process of making a "perceptual shift," and recognition of the benefits of this process by master's nursing students may significantly impact on the development of empowerment in master's level nursing education.

Personal Empowerment

Personal empowerment as an outcome.

All of the informants related that they were growing or had grown professionally as a result of their experiences as master's nursing students. They identified new knowledge and skills, and an enhanced perspective of the profession of nursing. A study of changes in the professional identity of master's nursing students by Klaich (1990) reflected similar kinds of professional growth.
The personal growth that the informants experienced occurred as a result of responding to adversity in their experiences as master's nursing students. They had endured painful and negative experiences and were achieving or had achieved the goal of successfully completing the program. The result was a new awareness of self in relation to strengths, limitations, beliefs, and values. Further, there was a sense of feeling stronger as a result of being able to deal with adversity and accomplish the goals of the program successfully. These findings are similar to those in other studies of nursing students (Nelms, 1990; Shane, 1983; Van Dongen, 1988). It has been suggested that, in situations in which individuals are tested and able to meet the inherent challenges, the result can be a sense of resourcefulness, resilience, self-esteem, and capability (Younger, 1991). Similarly, Lazarus and Folkman (1984) describe the "growth of competence and the joy of triumph against adversity" (p. 3) in overcoming challenging situations. The theoretical literature suggests that nursing students need to develop skills to cope with ambiguity, disequilibrium, and multiple roles because those are the kinds of stresses that will be experienced in the workplace (Fahy, 1986; Kennedy, Oakley, & Denyes, 1988; Van Dongen, 1988). These coping skills were identified by some of the informants as the type of personal growth that they had experienced.

Therefore, the findings substantiate that the informants in this study perceived that they had developed a sense of personal empowerment in their experience as master's nursing students. The challenge of the work of being a master's nursing student was perceived as resulting in professional growth; achieving successfully in the master's nursing
program despite painful or negative experiences was perceived as resulting in personal growth. These findings introduce the notion that adversity in the pursuit of master's level nursing education may not necessarily be counterproductive to the development of personal empowerment.

The process of personal empowerment.

The informants perceived that they had grown professionally and personally from the experience of being a master's nursing student. However, they were much less satisfied with the process of achieving that growth. First, the idea that the process would be a challenge was acceptable to and anticipated by the informants. However, they did not expect to pay the price that they did in order to achieve the goals of the program. For them, the pain and the adversity had been excessive. Specifically, the informants described a devastating loss of self-esteem during their experiences as master's nursing students which they primarily attributed to the actions of the faculty. One of the informants in this study described feeling like she had grown tremendously, but in the process, "parts were shattered, and I haven't gotten them back." Belenky and others (1986) described a student at the end of graduate studies, who, using almost exactly the same words, stated that she "feared that she had lost parts of herself" (p. 132) in the course of her educational experience. Another of the informants spoke of obstacles to personal empowerment in terms of the energy expended in maintaining a sense of self rather than expanding a sense of self. Second, the informants perceived that they had not been empowered to the extent that they might have been had their relationships with the
faculty been different. They suggested that the faculty were inadequate as facilitators of the process of mastering challenge and overcoming adversity. Williams, Block, and Blair (1978) reported that graduate nursing students perceived that the faculty had not contributed significantly to their learning and that they had learned more from writing papers and from their peers.

The notion mastery has been identified as an outcome of the process of empowerment (Gibson, 1991; Hawks, 1992). Mastery has been defined as "a human response to difficult or stressful circumstances in which competency, control, and dominion are gained from the experience of stress. It means having developed new capabilities, having changed the environment, and/or reorganized the self so that there is a meaning and purpose . . . " (Younger, 1991, p. 81). Mastery goes beyond merely enduring a stressful situation to "transcending the difficulty of the experience" (p. 86) and experiencing a transformation that leads to a sense of harmony. Those students who had been able to make a perceptual shift—particularly those who found meaning in their experiences—most closely approached the notion of a sense of mastery. However, the majority of the informants perceived that their experience as master's nursing students was predominantly one of survival.

Thus, master's nursing students can be empowered to a higher level through deliberate actions on the part of the faculty to promote the students' acquisition of knowledge, skills, and self-esteem. Although some students are able to empower themselves through making a "perceptual shift," this process can be facilitated by the faculty for all students. Suffering, in the form of excessively painful or negative
experiences clearly inhibits the development of personal empowerment; challenge and adversity, combined with the resources to achieve mastery, promote the development of personal empowerment.

In conclusion, although the informants had achieved many of the outcomes of personal empowerment, the process of achieving this professional and personal growth was not necessarily conducive to the development of personal empowerment. Brookfield (1985), a respected authority in adult education, suggests that "significant personal learning may involve anxiety, pain, self-doubt, and ambiguity" (p. 45). However, he goes on to say that only if a sense of "individual empowerment and self-esteem is realized will adults possess the emotional strength to engage in that form of personally significant learning which is seen as the outcome of adult education" (p. 47). As Farley (1990) states about nursing education, "Pain is inevitable, but suffering is an option" (p. 93). Empowerment in nursing education is about stopping the suffering.

Chapter Summary

This chapter has discussed the findings of the study in relation to relevant literature and, specifically, in the context of the concept of personal empowerment. The three major sections of the findings—"the dream versus the reality," "experiencing the reality," and "responding to the impact" have been considered in this light.

The literature supports this study's findings that master's nursing students experience increased levels of stress and decreased levels of self-esteem in response to their academic experiences. These experiences are predominantly associated with the work of being a
master's nursing student and with the perceived negative relationships with faculty. The informants' relationships with fellow students tended to moderate stress levels by providing significant emotional support.

The art of being a master's nursing student was practiced in order to cope with perceived threats in the master's nursing student experience.

The findings clearly suggest that the impact of the reality of the experience of being a master's nursing student is a sense of loss of control. Disruptions occur in professional and personal identity, lifestyle, and emotional and physical health. Regaining control is a process that is more effectively achieved through making a "perceptual shift." The informants reported that, ultimately, they had developed a sense of personal empowerment through professional and personal growth. However, the process, by which they growth was achieved, was unusually taxing and, thus, the level to which they had been empowered was limited.

Several possible explanations have been proffered for the informants' decidedly negative perspective of the master's nursing program. Nevertheless, there are undoubtedly circumstances and events in the master's nursing program which probably inhibited the informants' development of personal empowerment. Many of these have been previously identified in the literature. However, an equally significant factor in the development of personal empowerment were the informants' actions and responses to the experience of being a master's nursing student. Actions to front-load the program requirements created self-imposed pressure. Competition and an unreliable "rumor mill" served to increase stress and undermine confidence. A tendency, on the part of many of the
informants, to respond passively to feelings of loss of control may have perpetuated a sense of powerlessness and interfered with achieving a sense of mastery over the experience of being a master's nursing student. Thus, the implications of these findings is that the development of personal empowerment in master's nursing students is most likely to be facilitated by the deliberate intent to achieve this goal on the part of both the students themselves and the faculty who are shaping the educational experience.

In the following chapter, the study's summary, conclusions, and implications for nursing education and research will be presented.
CHAPTER SIX

SUMMARY, CONCLUSIONS, AND IMPLICATIONS FOR NURSING

Summary

This study was conducted to explore and describe the development of personal empowerment in the experience of master's nursing students. Personal empowerment in nursing education has been recognized as a potentially critical element in the development of professional nurses who will be able to respond to and shape a changing health care landscape. The empowerment of master's level nursing students has particular significance in view of the expected leadership roles that these graduates will assume. No other studies could be found that addressed the phenomenon of personal empowerment in nursing education. For this reason and because of the dearth of studies of the experience of master's nursing students, the initial literature review was conducted to acquire a theoretical perspective that would guide the data collection process.

The researcher selected the ethnographic method of qualitative research. This method was consistent with the researcher's intent to describe the phenomenon of the development of personal empowerment in master's nursing students. Moreover, ethnographic data collection methods enabled the researcher, who was a member of the subculture under study, to maintain a sense of objectivity in data collection and analysis.

A total of 13 female informants participated in the study. Of this total, five were enrolled in the first year of the program, five were enrolled in the second year of the program, and three had graduated
from the program in the past year. Semi-structured interviews were conducted to obtain rich and detailed accounts of the informants’ experiences as master’s nursing students. A total of 27 interviews were conducted. Audiotapes of these interviews were transcribed verbatim immediately following the interviews. Observations, made by the researcher, of events and situations in graduate nursing student settings that required clarification or validation led to the formulation of questions that were posed to the informants. Further, the researcher maintained an ongoing log to record personal experiences in the master’s nursing program and reactions to these experiences in order to consistently be aware of personal feelings and reactions that might influence the process of data collection or data analysis.

Data collection and data analysis were conducted concurrently. During data analysis, the transcripts were examined repeatedly for similar and dissimilar themes. These emerging themes were clarified, elaborated upon, and validated in the data collection process. The final analysis provided a conceptual schema for reporting the informants’ accounts, and the themes contained in this schema were validated by the informants in order to remain faithful to their experiences.

The three major sections of the experience of being a master’s nursing student were conceptualized as “the dream versus the reality,” “experiencing the reality of being a master’s nursing student,” and “responding to the impact of the reality.” A decidedly negative tone pervaded the informants’ accounts and this negativity has been considered in the light of possible explanatory interpretations within
the context of the totality of the informants' experiences.

In "the dream versus the reality," the informants described conflicting feelings of excitement and anxiety in their initial experiences in the master's nursing program. They were highly motivated to achieve specific professional goals and, on entering the program, were excited by the challenge of academic studies at the master's level in nursing. The anxiety that the informants experienced was based on a sense of uncertainty about the reality of being a master's nursing student. Because they had much at stake and because of their sense of uncertainty, the informants were acutely sensitivity to cues that might be interpreted as threats to their sense of self or to their goals.

The reality of being a master's nursing student was characterized by experiences that resulted in feelings of frustration and a sense of low self-esteem. This reality had three components: the work of being a master's nursing student, the interdependence of being a master's nursing student, and the art of being a master's nursing student. The work of being a master's nursing student and relating with the faculty were perceived by the informants in a particularly negative light. Although relating with fellow students was generally perceived as positive experiences, phenomena such as competition among students and the "rumor mill" contributed to frustration and low self-esteem. The art of being a master's nursing student was seen as a necessary but sometimes distasteful way of negotiating the academic system comfortably and effectively.

Responding to the impact of the reality of being a master's nursing student was a process of experiencing a sense of loss of
control, regaining that control, and moving toward empowerment. The informants' perception of a loss of control centered around disruptions to their professional and self-esteem, adjusting to the pervasive pressure of school, and managing threats to physical and emotional health. Grades were the single factor most closely associated with fluctuations in self-esteem. Regaining control was an uneven process and dependent on events in the experience of being a master's nursing student. While most of the informants utilized sufficiently effective strategies to survive their experience as master's nursing students, those few informants who were able to make a "perceptual shift" achieved the highest levels of a sense of personal empowerment. All of the informants perceived that they had been empowered through professional and personal growth. However, the process of the development of a sense of personal empowerment was perceived as being unacceptably painful. Negative experiences in interactions with the faculty were perceived by the informants as the most significant cause of this pain. Moreover, the informants identified the deficit of deliberate efforts on the part of faculty to facilitate their professional and personal growth as inhibiting the level to which they had developed a sense of personal empowerment.

The development of personal empowerment is contingent, to some degree, on overcoming adversity. Thus, while an educational program must present a challenge to the students, there must also be the people and material resources available to assist the students in meeting the challenge. Although the faculty's behavior in interactions and relationships with the students and their selection and shaping of
learning experiences have undoubtedly contributed to the development of personal empowerment in the students, the informants' intense negativity suggests that the faculty have been deficient in providing adequate resources to facilitate this process. In fact, they may have inadvertently inhibited the process of the development of personal empowerment in the students. However, the findings suggest that the development of personal empowerment is a shared responsibility among students and faculty. Master's nursing students themselves have the capacity to respond actively to the experience of being a master's nursing student to personally promote the development of a sense of personal empowerment. Deliberate efforts by both the students and the faculty in a master's nursing program are required to promote the development of personal empowerment. Moreover, relationships between and among students and faculty that are characterized by collaboration, collegiality, and caring facilitate and promote the development of personal empowerment.

Conclusions

Based on the findings of this study, the following conclusions have been drawn:

1. Master's nursing students are unusually sensitive to cues that might indicate a threat to their successful achievement in master's level studies. This sensitivity is heightened in novel or ambiguous situations and may lead to misinterpretation of environment cues as threatening rather than challenging.

2. Insufficient participation by master's nursing students in shaping learning experiences results in decreased motivation to engage
in apparently irrelevant learning experiences. It contributes to the students' perception of a sense of powerlessness and generates angry and resentful feelings about course work. Moreover, students’ unique needs and abilities in relation to meeting the demands of academic scholarship and in relation to individual professional goals may be inadequately addressed.

3. Timely and constructive feedback is critical in promoting a sense of control over the learning process and feelings of competence in master's nursing students.

4. Lack of reliable and useful information from the faculty contributes to students' feelings of powerlessness and frustration. This situation tends to result in the students' reliance on rumor and gossip within the student group. Such a reliance generates and perpetuates negative perceptions of the master’s nursing student experience, and exacerbates feelings of anger, powerlessness, and low self-esteem.

5. Master's nursing students depend more on external standards of achievement to evaluate the progress of their learning than on personal standards when self-evaluation is not given credence or when criteria for achievement are ambiguous or unknown. This phenomenon contributes to an unhealthy focus on grades and to a sense of competition among some students. There is a strong relationship between academic grades and self-esteem.

6. Master's nursing students expect acknowledgement and affirmation from the faculty of their knowledge and skill based on previous learning and work experiences. Moreover, they desire the
opportunity to share their expertise and to use it as a foundation for further learning.

7. Insufficient dialogue among students and faculty creates and perpetuates a sense of separateness in the student-faculty relationship. This separateness inhibits the development of caring, collaborative, and collegial relationships. A hierarchial power structure is maintained which contributes to students' feelings of powerlessness and insignificance. Misunderstanding and misinterpretation of motives and actions tend to occur.

8. The student group can be a significant positive resource for information, emotional support, and academic assistance. However, the student group can also be a significant destructive force in promoting negative perceptions of the master's nursing student experience. In interactions with each other, students tend to focus on negative or painful experiences and to minimize or ignore positive or satisfying experiences.

9. Unwritten information about "rules" and acceptable and advantageous behavior is passed from student to student within the same year and between years. This information facilitates transition into the master's nursing student role, but may have long-term negative effects. Students vary in their continued reliance on such information as they gain more experience in the master's nursing student role.

10. A sense of loss of control is a typical response to the reality of the experience of being a master's nursing student. This loss results from losses and changes associated with transition into the master's nursing student role. It also arises from experiences that
challenge the students' professional identity, disrupt normal lifestyle patterns, and threaten their physical and/or emotional health. Most significantly, there is a grave threat to the students' self-esteem.

11. Students respond in a variety of ways to the experience of loss of control. Those who are more successful in regaining control tend to have a more active orientation to creating and using adaptive strategies.

12. The passage of time tends to promote the regaining of control in all students. Moreover, over time, the students tend to develop more objective and/or positive perceptions of their experiences as master's nursing students. Students who have graduated are able to express their perceptions in light of the implications of their learning experiences on the fulfillment of professional nursing roles.

13. Personal empowerment of master's nursing students entails professional growth in terms of the acquisition of knowledge and skills associated with the individual's professional nursing goals. In this sense, master's nursing students are empowered as a result of their educational experiences.

14. Personal empowerment of master's nursing students also entails personal growth in terms of self-knowledge and a higher level of self-esteem. Students achieve this personal growth from overcoming adversity in the master's nursing student experience.

15. Master's nursing students achieve varying levels of a sense of personal empowerment. While students, themselves, are able to promote the development of personal empowerment, the faculty are a significant influencing force in the process.
Implications for Nursing Education

The findings of this study suggest many implications for nursing education.

1. Nursing faculty members should create more opportunities for informal dialogue between students and faculty. A variety of forums should be provided to enhance learning about one another as unique individuals, and to acknowledge and address the students' concerns, problems, and suggestions for change.

2. Faculty must provide timely and accurate information to master's nursing students that will permit anticipatory planning and judicious decision-making by the students. Predictive information must not negate the students' sense of control.

3. Faculty members should acknowledge the multiple roles that must be fulfilled by master's nursing students. This acknowledgement can be actualized through the provision of information that allows anticipatory planning, through flexibility in assignment due dates, and through the prudent selection and organization of learning experiences.

4. Efforts should be directed toward increasing student participation in identifying, shaping, and evaluating learning experiences. These efforts will require increased dialogue with students to ascertain their unique needs, interests, abilities, and professional nursing goals. Criteria for evaluating learning experiences could be mutually negotiated between students and faculty. Students' self-evaluation can be given more credibility and self-evaluation skills can be developed through dialogue about strengths and limitations, identification of progress in the process of learning, and
negotiation of grades. This dialogue would supplement, rather than replace, written guidelines for assignments and written feedback on papers.

5. The faculty should identify events and experiences that constitute novel situations and, thus, might generate inaccurate perceptions of threat and plan specific strategies to mediate those appraisals. Two such situations are orientation day and the thesis process. In particular, because the thesis process is perceived as the most challenging element in the master's nursing program, accurate and useful information is critical. Students who have experienced the thesis process could be interviewed to determine the informational support required by master's nursing students.

6. The use of teaching strategies that promote participation and involvement of the students should be fostered. Strategies such as discussion, debate, and small group presentation would be appropriate. The lecture style of teaching or regurgitation of written information should be avoided and replaced by a focus on critique, inquiry, and application of information. Acknowledgement and validation of each students' contribution in the classroom is essential. Students' suggestions about classroom learning experiences should be solicited.

7. Written resources should be available and useful to students. Deliberate efforts to provide up-to-date reading lists should be a priority. Teachers who possess articles on the reading list should make these available to the students. Library resources should be monitored by the faculty.

8. Faculty should support students' efforts to create and
maintain semi-formal forums for sharing information and experiences. Support may take the form of information sharing, or material or financial assistance.

9. Faculty should provide information about available resources that would facilitate transition into the master's nursing student role. These resources could include those that address issues related to stress management and those that promote the development of the skills associated with academic scholarship.

Implications for Nursing Research

This study's findings suggest that the development of personal empowerment in the experience of master's nursing students is a complex process. Further research would enhance understanding of the process of personal empowerment in nursing education.

1. This study was conducted with master's nursing students who were enrolled in full-time studies. Replication of this study with other nursing student populations would contribute to a richer understanding of the process of personal empowerment. Further, such studies, conducted with students enrolled in other levels of nursing education, including the diploma, baccalaureate and doctoral levels, or with master's nursing students enrolled in part-time studies, would elucidate similarities and differences in the experiences of each population.

2. The findings suggest that master's nursing students are able to achieve a sense of personal empowerment to varying degrees. Research that sheds light on the characteristics of master's nursing students relative to their level of perceived personal empowerment may
contribute to knowledge about strategies that faculty might implement to promote the development of personal empowerment. These studies might focus on master’s nursing students' personality qualities, educational and professional background, level of academic achievement, or coping style.

3. The quality of student-faculty relationships were identified by the informants as being the most influential factor in the development of personal empowerment. A study of the phenomenon of personal empowerment among nursing faculty would enhance an understanding of the transactional nature of this concept.

4. The data suggest that students' perceptions of their educational experiences change over time and that an appreciation of their experiences in relation to the notion of personal empowerment may not be fully realized until after the students graduate from the master’s nursing program. Therefore, a study of the perceived experience of being a master's nursing student in relation to personal empowerment could be conducted on nurses who have graduated from the program. These nurses could offer their perspectives based on a departure from the program of at least 12 months and based on the congruence or lack of congruence between their educational preparation and the demands of their current professional nursing roles.

5. There is an apparently significant relationship between grades and self-esteem. Measuring up to the standards set by faculty and by fellow students is, thus, associated with the notion of personal empowerment. More specific studies of these relationships are warranted. One such study might entail a quantitative measure of the
relationship between grades and self-esteem. Another might involve research into the factors that promote or inhibit competition among nursing students for the highest academic standing.

In conclusion, this study has explored the development of personal empowerment in the experience of master's nursing students. Forces influencing this process have been identified and described. These forces clearly arise both the students' internal and external environment. It is hoped that the findings of this study will inspire nurse educators and master's nursing students to collectively work toward achievement of higher levels of personal empowerment.
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Sample Interview Questions

1. What is it like to be a master’s nursing student?

2. What are some of the significant experiences that you have had as a master’s nursing student? (to promote elaboration if necessary):
   - What kind of experiences have you had with faculty?
   - What kind of experiences have you had with your fellow students?
   - What kind of experiences have you had in relation to your courses?
   - What are the experiences that have been the most positive? In what way were they positive?
   - What are the experiences that have been the most negative? In what way were they negative?

3. What kind of effect did these experiences have on you as a person? (to promote elaboration if necessary):
   - How did they affect your perception of yourself?
   - How have they changed your behavior?
   - What have you learned about yourself?

4. What kind of effect do you think these experiences will have on you as a nurse? (to promote elaboration if necessary):
   - What have you learned that will affect your performance as a nurse?
   - What experiences have influenced your perception of yourself as a nurse? In what way has your perception been influenced?

5. What does personal empowerment mean to you? Tell me about how your experiences in the master’s nursing program have contributed to your development of personal empowerment.
Appendix B

Proposed Observations

Observations will be made of the day-to-day activities of the participants in their role as master's nursing students and of the settings in which these activities take place. In this study, the settings will be locations within the school of nursing such as classrooms, the student lounge, and the cafeteria. Observations of the settings, such as physical characteristics, available resources, and artifacts within the settings will provide a context for understanding the students' behavior. The students' conversations and behavior will be observed and recorded to validate and add to the data provided by key informants. Relevant observations of the students' conversations and behavior include those related to interactions with each other, interactions with faculty, and the use of resources and artifacts within the settings.
Appendix C

Letter of Information to Prospective Participants

Dear [  ]:

My name is Linda Chow and I am a second year student in the Master’s in Nursing program at the University of British Columbia. The experiences that I and my fellow students have had since enrolling in the program have stimulated my interest in learning more about the experience of being a master’s nursing student. I believe that nursing education should promote the personal and professional growth of its students and that by exploring and describing the experiences that master’s nursing students have had, this growth can be fostered. Consequently, I have chosen to study the experience of master’s nursing students to fulfill my thesis requirement. The proposed title of my study is, "The development of personal empowerment: A qualitative study of the experience of the master’s nursing student".

If you would like to participate in this study, I will arrange to interview you at a time that is mutually convenient and in a setting of your choice. The interview will be audiotaped and then transcribed. If you wish, you may refuse to answer any of the questions during the interview and following completion of the study, the tapes will be erased. Following this initial interview, there may be up to two additional interviews within a two or three month time period for the purposes of clarification, elaboration, and validation. Each interview will require between one and two hours of your time. I anticipate that our presence in the same settings at the school of nursing may lead to some unscheduled, informal interviews. At those times, I will verbally request your permission to record the information that you have shared in the form of field notes and to use the information in my study if it is pertinent.

I will be the only person to have access to the audiotapes. My thesis committee members, Professor Sally Thorne and Professor Elaine Carty, will have access to the transcripts and field notes. Transcripts and field notes will be modified when necessary to protect your identity and to prevent the identification of other students, faculty members, and courses. Excerpts from the transcripts may be included in written reports of my study but no names or identifying factors will appear.

You have the right to refuse to participate and to withdraw from the study at any time. Your refusal or withdrawal will have no influence on your academic progress in the master’s nursing program. If you decide to participate, I will ask you to sign a consent form.

Although the findings may have implications for educational practices in master’s nursing education, participants in the study will not experience these benefits directly. However, as a participant, you may benefit from having the opportunity to express your thoughts and
feelings about the experience of master's nursing education to an attentive listener. There are no financial benefits or expected risks associated with this study.

If you have any questions about the study, please contact my thesis supervisor, Professor Sally Thorne at 822-7482 or me at 738-1550, or you can fill out the following letter of response, place it in the attached envelope, and leave it in my mailbox in the graduate students' lounge in the school of nursing.

Thank you for considering participation in my study.

Sincerely,

Linda Chow

To: Linda Chow

I am interested in your study of the development of personal empowerment in the experience of master's nursing students. I would like to discuss the study with you with a view to possibly becoming a participant.

Signed ________________________________

Phone number ________________________________
Appendix D

Participant Consent Form

Study Title: The development of personal empowerment: A qualitative study of the experience of the master’s nursing student.

Investigator: Linda Chow
Master’s student in nursing, School of Nursing, University of British Columbia
Phone number: 738-1550

Thesis supervisor: Professor Sally Thorne
School of Nursing, University of British Columbia
Phone number: 822-7482

I, ____________________________, hereby agree to participate in the above-named study which seeks to describe the development of personal empowerment in the experience of master’s nursing students. I understand that the findings may have implications for educational practices in master’s nursing programs and thus benefit future students enrolled in master’s nursing programs. I give my consent to being interviewed and to having the interview sessions audiotaped. I understand that each interview will require between one and two hours of my time and that there may be up to three interviews.

I understand that the interviews will be transcribed and that the investigator’s thesis committee members, Professor Sally Thorne and Professor Elaine Carty, will have access to the transcripts. I understand that in situations in which I might share information with the investigator during informal interviews, the investigator will verbally request to record this information in the form of field notes and to use this information in the study if it is pertinent. I understand that transcripts and field notes will be modified when necessary to conceal my identity and to prevent the identification of other students, faculty, or courses. I understand that audiotapes will be erased upon completion of the study. I further understand that my name or other identifying information will not be associated with any published or unpublished reports arising from this study.

I understand that I am under no obligation to participate in the study and that I am free to withdraw from the study at any time without jeopardizing my academic progress in the master’s nursing program. I understand that I have the right to refuse to answer any interview questions. I also understand that there are no financial benefits or expected risks associated with my participation.
I have had the opportunity to discuss the study with the investigator, and my questions have been answered to my satisfaction. I acknowledge receiving a copy of this consent.

Participant's signature

Investigator's signature

Date