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dissertation entitled

PERSISTENCE IN THE FACE OF SELF DOUBT: THE EXPERIENCES OF AFRICAN AMERICAN AND HISPANIC WOMEN IN SELECTIVE HEALTHCARE PROGRAMS

presented by

Elaine Marion Murphy

has been accepted towards fulfillment
of the requirements for the

Doctorate degree in Educational Administration

Major Professor's Signature

2/18/05

Date

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PERSISTENCE IN THE FACE OF SELF DOUBT: THE EXPERIENCES OF AFRICAN AMERICAN AND HISPANIC WOMEN IN SELECTIVE HEALTHCARE PROGRAMS

By

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A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Educational Administration

2005

ABSTRACT

PERSISTENCE IN THE FACE OF SELF DOUBT: THE EXPERIENCES OF AFRICAN AMERICAN AND HISPANIC WOMEN IN SELECTIVE HEALTHCARE PROGRAMS

By

Elaine Marion Murphy

Increasing diversity and growing numbers of minority populations in the United States have lead to the need for a more diverse healthcare workforce. Diversity is especially important in healthcare where patient outcomes or recovery can be affected by the patient-caregiver relationship. In spite of the growing need for diverse employees, the literature reports a long history of low minority student completion rates as compared to white students in selective healthcare programs.

The purpose of this study was to gain an understanding of the experiences of eight African American and Hispanic women who persisted in selective programs at two campuses of a Midwestern career college. The initial framework for this study was multiculturalism but as the study evolved, it became clear that the findings were situated in the literature on support networks of kith and kin, connected knowing, and the importance of caring relationships.

The subjects in this study were enrolled in the caring professions of nursing, occupational therapy, orthotics and prosthetics, physical therapist assistant, and surgical technology programs. To qualify for their programs, the women had to successfully complete prerequisite coursework and apply for selection. If seats were limited in any of the programs, competition was based on grade point averages.

This study had a qualitative framework and was a phenomenology, which used a psychological approach. The method of data collection was multiple semi-structured interviews of individual students. The interviews were audiotape-recorded and transcribed following the interviews.

The major themes that emerged from the women's stories told of complex lives that revolved around family, high levels of stress, the importance of support networks, and motivation in spite of self-doubt. The women's perceptions that they were neglecting their roles as women and "good" wives and mothers lead to self-doubt. However, relationships of kith and kin appeared to provide the women with the support they needed and motivated them to persist.

Conclusions of this study demonstrated a strong connection between the women's support networks and their ability to persist, relationships based on care empowered the women as well as motivated them, and the women's strong connections to their helping professions made it possible for them to visualize future benefits for themselves and their families.

Although colleges would prefer clear and inexpensive solutions to increase student retention rates and graduation, this study demonstrates that persistence is a complex problem. The reason retention is complex is secondary to the fact that students are complex. Colleges must understand their students from the time of admission and provide support throughout their college experiences. This support should come in the form of nurturing, which the students experience through caring relationships.

This dissertation is dedicated to my parents, James and Estelle Schauf. Although they never had the opportunity to receive a formal education, they always encouraged me to do well in school.

I would also like to dedicate this dissertation to my husband Michael, who encourages and supports me through all my learning experiences.

ACKNOWLEDGMENTS

I would like to acknowledge my advisor Marilyn Amey, Ph.D., who not only provided me with academic advising, but also encouragement and moral support throughout my learning experience at Michigan State University. I would like to thank my committee, Marylee Davis, Ph.D., John M. Dirkx, Ph.D., and Lynn Paine, Ph.D., for their interest and ideas. I am grateful for the relationships I have established with this caring group of very knowledgeable people.

I would also like to thank Margaret Hale-Smith Ph.D. and Jo Anne Crain, Ph.D. for their assistance with this study and ongoing support. And finally, I want to say thank you to everyone who contributed, in any way, to my success and persistence.

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INTRODUCTION

In 1995, I made a career change from healthcare to Higher Education. I went from managing a hospital department to directing and teaching in a program at a private Midwestern four-year college whose mission is to provide education and training that prepares students for multiple careers. Because the college has an open enrollment policy and offers many two-year degrees, it is quite similar to most community colleges. Working with students in an associate's degree healthcare program, it became apparent to me that many African American and Hispanic students were starting the program but less than three percent of those starting were completing it. Investigation of retention and completion rates of minority students for other healthcare programs at the college revealed similar statistics.

A conversation with the college retention coordinator who talked to students after withdrawing from classes or dropping out of school revealed students did so for multiple reasons. Students left because they found jobs, had transportation problems, family obligations, poor academic performance, health problems, financial aid issues, went to other institutions, etc. A dominant reason or pattern for leaving was not evident. However, I continued to question specifically why African American and Hispanic women did not complete the healthcare programs.

Because of my life experiences, I was continuously drawn to looking at this problem from the perspective of culture. In 1983 our family was transferred to Luxembourg, Europe for my husband's job. I remember the frustration, isolation, confusion, and anger I felt the first year I lived in Luxembourg because of cultural differences. I had difficulty communicating because of the language. My clothing

identified me as a foreigner, which made me feel different. I did not feel sure of myself when trying to grocery shop or go to the post office. I became angry when it took months to have our telephone installed and our street repaired. Most of the time in the first year I felt sad and lonely.

In addition to looking and feeling different, this was the first time in my life I experienced prejudice because I was an American. Rhoad's (1995, p. 268) statement, "culture not only provides the parameters for our social interactions, it provides a framework for how we define ourselves in relation to others," was a significant part of my experience. When I went out in public and people were speaking together, I felt as if they were talking about me. I felt inadequate. I apologized when I did not understand what people were saying. My confidence was shaken and I found myself looking to other local Americans for assistance, support and understanding. I wanted to "fit in" but at the same time I wanted to reject the European culture and people because they seemed backward and inflexible. I felt like an outsider and if I had had the choice, I would have returned to the United States after the first two months of living in Luxembourg.

After about a year, I felt I had made the transition to living in Luxembourg. I began to dress more like the local people. I learned the language well enough to carry on basic conversations. I learned how to use public transportation. I began to enjoy traveling. Eventually, I realized I would never totally fit in to this other culture but could enjoy the multiple cultures I was experiencing without denying my own culture.

My experiences in Luxembourg helped me develop empathy for others who live with prejudice and discrimination. Although my experiences were not racially related like African American and Hispanic women born in the United States, my experiences in

Europe made me wonder about the experiences of African American and Hispanic women in predominantly white middle class selective healthcare programs. Who are these successful women and what makes them persist? What challenges do they face in their lives? Why do they persist in spite of challenges? What support systems do they have to help them? From a cultural perspective, how do selective healthcare programs include or exclude African American and Hispanic women? And finally, how do these women make sense of their experiences?

My study takes place at Career College (a pseudonym). Hearing the stories of African American and Hispanic women's experiences in selective healthcare programs at Career College will assist in understanding why they are successful in these programs. This study illustrates how African American and Hispanic women make sense of their experiences and attempts to understand why they persist in selective healthcare programs. The findings of this study will inform the leadership of Career College as it works to meet the needs of its increasingly diverse student body, increase retention and program completion rates.

CHAPTER ONE

Statement of the Problem

Poor retention and low completion rates are a general problem the college is dealing with at this time. Completion rates of less than five percent of minority students in selective healthcare programs is especially troubling. One approach to understanding this problem is from a cultural perspective. The definition of culture is vague and covers a broad spectrum of issues. To demonstrate the complexities of culture, Geertz (1973), an anthropologist, used the metaphor of a "web" to describe how complicated and interrelated culture can be. How people behave, dress, speak, what they eat, their customs, traditions, and artifacts are some of the more observable aspects of culture. Other aspects of culture, which are less observable, include unspoken rules, expectations, values, beliefs, and myths.

Knowing successful African American and Hispanic women and understanding their experiences in selective healthcare programs is important as community colleges work toward increasing graduation rates. If culture is currently a positive factor regarding retention and completion rates, other strategies can be employed. If culture is a negative factor regarding retention and completion rates, efforts to change culture can be instituted.

Graduating greater numbers of minority students is important because increasing diversity and growing numbers of minority populations in the United States have increased the need for a more diverse workforce. In spite of the growing need for diverse employees, the literature reports a long history of low minority student completion rates as compared to white students in selective healthcare programs. African American and

Hispanic graduate numbers are not keeping up with the increasing proportion of African Americans and Hispanics in the United States. Diversity is especially important in healthcare where patient outcomes or recovery can be affected by the patient-caregiver relationship. In nursing, for example, "the political and socioeconomic ramifications of the under representation of minorities in nursing are reflected through increasing mortality and morbidity rates in the minority population at large" (Greer, 1995, p. 44). Therefore, it is critical that greater numbers of minority students complete healthcare programs and become healthcare employees. Some fields concerned with a lack of minority employees include Nursing, Physical Therapy, Occupational Therapy, Surgical Technology, and Orthotics and Prosthetics. Nursing, for example, reports, "in this new millennium, the nursing profession can no longer afford to continue to overlook or ignore a number of its continuing problems. One of the most pressing problems is the lack of racial diversity in nursing" (Barbee, 2001, p. 243).

In 1996, the Commission on Accreditation of Physical Therapy Education (CAPTE) began to collect statistics to track the diversity of physical therapist assistant students and graduates. National statistics of students enrolled in two-year, associate degree Physical Therapist Assistant (PTA) programs show a trend of increasing percentages of enrollment for African American and Hispanic students (majority are female). However, the overall number of African American and Hispanic graduates of PTA programs remains low compared to Caucasian graduates. Low numbers of African American and Hispanic enrollees and graduates in Physical Therapist Assistant programs reflect a lack of diversity and indicate a low number of African American and Hispanic

graduates entering the workforce. See Tables I and II (data for 1997-1998 not available) and Figures 1-4.

	1995-1996 N=7,534	1997-1998 Information Not Available	1999-2000 N=9,455	2001-2002 N=5,662
American Indian	0.3%	-	0.5%	.5%
Asian	1.2%	-	3.0%	3.0%
African American	1.9%	-	5.8%	11.0%
Caucasian	92.7%	-	81.8%	75.4%
Hispanic	3.2%	-	7.3%	8.8%
Other	0.7%	-	1.4%	1.1%
Unknown	N/A	-	0.3%	0.3%

Table 1. Ethnicity of Students Enrolled in Physical Therapist Assistant Programs
Source: *2002 Fact Sheet Physical Therapist Assistant Education Programs December, 2002.*

	1997	**1998**	**1999**	**2000**	**2001**
	N=5090	N=5727	N=5455	N=4433	N=3390
African American	3.1%	3.4%	3.9%	5.5	6.7
American Indian/Alaskan Native	0.5%	0.6%	0.5%	0.4	.6
Asian/Pacific Islander	2.1%	3.0%	3.0%	3.4	3.4
Hispanic/Latino	4.2%	4.55%	5.4%	7.3	8.2
White	88.5%	86.3%	85.6%	82.7	81.3
Other	0.8%	0.8%	1.0%	.9	.7
Unknown	0.6%	0.8%	0.4%	.9	.4

Table 2. Ethnicity of Graduates of Physical Therapist Assistant Programs
Source: *2002 Fact Sheet Physical Therapist Assistant Education Programs December, 2002.*

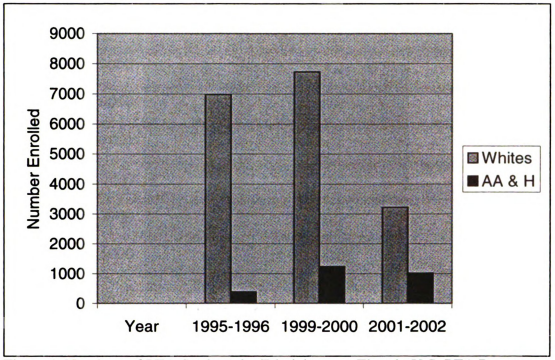

Figure 1. Numbers of PTA Students by Ethnicity over Time in U.S. PTA Programs
Source: *2002 Fact Sheet Physical Therapist Assistant Education Programs December, 2002.*

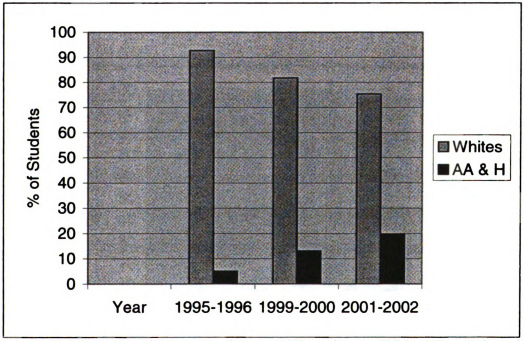

Figure 2. Percentage African American and Hispanic over White PTA students in U.S.
Source: *2002 Fact Sheet Physical Therapist Assistant Education Programs December, 2002.*

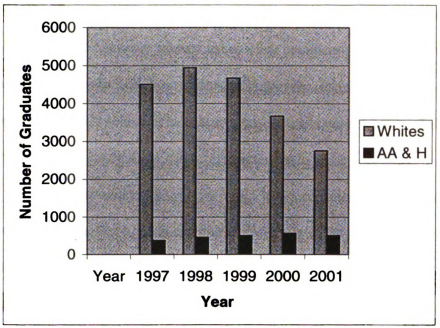

Figure 3. Ethnicity of PTA Graduates in U.S.
Source: *2002 Fact Sheet Physical Therapist Assistant Education Programs December, 2002.*

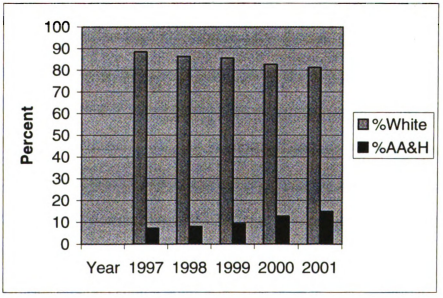

Figure 4. Percentage of African American and Hispanic over White PTA graduates
Source: *2002 Fact Sheet Physical Therapist Assistant Education Programs December, 2002.*

Purpose of the Study

Outside of nursing, few studies have focused on the experiences of successful African American and Hispanic women in selective healthcare programs. Therefore, the purpose of this study was to gain an understanding of the African American and Hispanic women who persisted in selective healthcare programs at two campuses of Career College and how they made sense of their experiences in these programs from a cultural perspective. This information is important to guide future generations of students in healthcare professions. The knowledge gained from this study will enable Career College to give other students insight into a successful educational experience.

As greater numbers of diverse students enter community colleges, the cultural mix in classrooms is increasing. Along with the difficulty in defining culture are the struggles, which arise when multiple cultures exist within one context. For this reason, this study was grounded in critical multicultural theory, which combines critical theory and multiculturalism. Although by definition, culture may appear to be a neutral experience, critical multiculturalists (Darder, 1991; Giroux, 1995; Rhoads 1995; Tierney, 1998) argue that culture promotes social inequities. Critical multiculturalism transgresses traditional education in which a group in power (monoculturalism) makes policies and educates its own with the intention of maintaining the dominant culture and marginalizing other cultural groups. "Education that is multicultural challenges the traditional approach to education that is based on one culture—the Western, middle-class, Protestant culture" (Moss, 2001, p. 3).

By viewing program culture through the lens of critical multiculturalism, the voices of African American and Hispanic women, which have traditionally been

suppressed in the United States (hooks, 1994), were heard. It was insightful and informative to hear how this group of successful women experienced and made sense of culture in selective healthcare programs when so many of these women fail to persist. Hearing their stories and learning why they persist in challenging selective healthcare programs contributes to the body of literature on critical multiculturalism as well as informs policy and pedagogy at Career College.

The Research Questions

The research questions that guided this study were:

1. Who are the African American and Hispanic women currently enrolled in the professional portions of selective healthcare programs at two campuses of Career College?
2. What are the experiences of the African American and Hispanic women currently enrolled in the professional portions of selective healthcare programs at two campuses of Career College?
3. How do African American and Hispanic women make sense out of their experiences in the professional portions of selective healthcare programs at two campuses of Career College?
4. What do the African American and Hispanic women in the professional portions of selective healthcare programs at two campuses of Career College identify as reasons for their success and persistence in the programs?

Because I was seeking to understand the experiences of individuals, this study was a phenomenology. The phenomenon in this study was participation in a selective healthcare program at two campuses of Career College. The unit of analysis for this study

was individual African American and Hispanic women, their experiences in selective healthcare programs, and the impact of these experiences on their decisions to persist in their programs. Individuals were asked to describe their experiences in selective healthcare programs. The selective (limited enrollment) healthcare programs included in this study were Nursing, Orthotics and Prosthetics, Physical Therapist Assistant, Occupational Therapy and Surgical Technology.

Importance of the Study

This study is important for several reasons predicated on the belief that an increasingly diverse patient population requires a more diverse workforce in healthcare and that understanding student experiences in healthcare preparation programs can affect recruitment and retention into the profession. First, based on the literature, not much is known about the African American and Hispanic women in selective healthcare classrooms and their experiences in these programs. The information from this study will contribute to the literature on student engagement and multiculturalism in selective healthcare programs. Second, from a teaching and learning perspective, it is important to know if African American and Hispanic women find programs inclusive or marginalizing, empowering or disempowering. Third, it is important to understand what contributes to the success and persistence of African American and Hispanic women in selective healthcare programs. The information in this study will inform changes in program policies and practices with the goal of improving retention and completion rates of minority students in selective healthcare programs.

Definitions

The following section presents definitions of key terms used in this study, including: classroom culture, critical multiculturalism, cultural capital, and selective healthcare programs. The definitions and theory related to these terms will also be the topics included in the literature review.

Classroom Culture

Defining culture is difficult because, "almost as many definitions of culture exist as scholars studying the phenomenon" (Kuh and Whitt, 1988 p. 5). Peterson and Spencer (2000) point out that culture as a construct or concept has evolved from anthropology, sociology, linguistics and studies of organizational behavior and psychology. "Although culture is fairly stable, it is always evolving, continually created and recreated by ongoing patterns of interactions between individuals, groups, and an institution's internal and external environments" (Kuh and Whitt, 1988, p. 30).

For this study, I define classroom culture as the "behavioral patterns and processes" in the classroom. Peterson and Spencer (2000) draw this definition of culture from a conceptual model of organizational culture. See Figure 5 on next page.

Critical Multiculturalism

In relation to the classroom, critical multiculturalism argues that the dominant culture sets itself and its knowledge up as superior and other cultures as inferior. The dominant group creates a hierarchy of knowledge (Rhoads, 1995). Based on this hierarchy of knowledge, the canon or core curriculum, defined as what is taught, what is excluded and how it is taught is created. "In short, the hierarchical nature of the canon silences cultural diversity" (Rhoads, 1995, p. 260).

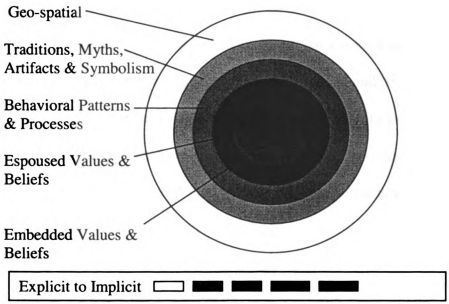

Figure 5. Conceptual Model of Organizational Culture
From Organization & Governance in Higher Education, Peterson and Spencer (2000)

Those who have the power consider deviations from the established culture or canon a threat. "These differences are viewed as a threat to the middle-class, European-American cultural capital that characterizes those who wield the power to secure the authority of the canon and enforce its claims to a specific view of history, teaching, and learning" (Giroux, 1995, p. 133). In fact, classroom culture and the canon are often used as a means to maintain the status quo. "The canon promotes a unitary and simplistic view of culture and strives to produce and reproduce a homogeneous society . . . By logical necessity, the canon both centers and marginalizes types, ways, and sources of understanding" (Rhoads, 1995, p. 259).

Multicultural Education

Multicultural education employs democratic pedagogy and a culturally diverse canon. "The *multicultural education* approach, or *cultural democracy*, attempts to redesign classrooms and schools to model an unoppressive, equal society which is also

culturally diverse" (Sleeter, 1991, p.11). Learners' voices are heard in the classroom through active participation. By sharing their stories and voices, learners are empowered. Sleeter (1991) defines empowerment as the ability to realize and believe in one's potential to question the status quo and take action when inequities exist. "Critical multiculturalism seeks to transform educational institutions from monolithic centers of power to democratic constellations in which organizational structures reflect diverse cultures and perspectives" (Rhoads, 1995, p. 264).

Cultural Capital

I refer again to my experience in Luxembourg to illustrate cultural capital. Although I was educated and had worked as a professional in the United States, in Luxembourg I could barely order a meal in a restaurant much less work as a physical therapist. I did not have the knowledge I needed in that culture to function and "fit in." I was at a definite disadvantage compared to people familiar with the culture.

Learners who are from the dominant culture in traditional monocultural classrooms have advantages over other learners. "Because the academy is predominantly framed by a European white, male, middle- and upper-class perspective, women, members of diverse racial groups, and the lower and working classes are inherently disadvantaged" (Rhoads, 1995, p.260). Pierre Bourdieu (1986) refers to knowledge of the dominant culture as "cultural capital." Cultural capital allows one to trade knowledge of the culture for academic success. Upper and middle class learners inherit cultural capital from their families giving them more power and greater success.

Teachers have great opportunities and challenges in creating multicultural, as opposed to monocultural classrooms. "A strange alchemy occurs when the cultural

baggage carried by marginalized students intersects with the middle-class dynamics of the community colleges. A pattern of alienation is created that frequently results in the failure of the student" (Kincheloe, 1996, p. xii). By inviting diversity, including all learners and writing multicultural curriculum, teachers can create democratic classrooms, which empower students. Classroom culture will no longer be hierarchical, advantaging some learners and disadvantaging others.

Selective Healthcare Programs

A standard for college admission does not exist in the United States but historically, public community colleges have accepted all students (Cohen and Brawer, 1996). Like community colleges, Career College has an open admissions policy. Open versus selective enrollment policies encourage students to attend community colleges who may not qualify or be able to attend four-year colleges or institutions with specific academic admissions criteria. "Right to try" or open enrollment policies allow any student with a high school diploma or equivalent to enroll. "The perception is that community colleges are a place where virtually anyone can succeed, regardless of race, ethnicity, gender, socioeconomic status, or cultural capital" (Amey, 1999, p. 60). Within the college itself, there may be programs that have open enrollment policies or that practice some alternate admissions criteria to that used by the college overall.

The myth that anyone can succeed at an open enrollment college is hardly supported by the fact that, "among two-year colleges, degree completion *within three years* of initial registration was reported to be 43.4 percent among full-time students" (Tinto, 1993, p. 19). Tinto defines degree completion rate as "the rate at which individuals who begin their programs in a particular college or university complete their

degrees within a given time frame in that college or university" (Tinto, 1993, p. 18). These statistics do not take into account students who have no intention of completing a degree or transfer to other colleges and finish degrees, so may not accurately represent the academic success rates of community college students. At the same time, community colleges continue to face critics of the open enrollment policy who argue that it adds to high attrition rates.

At Career College, there are "open enrollment" and "limited enrollment or selective" healthcare programs. Examples of open enrollment programs include Competency Evaluated Nurse Aide (CENA), Medical Assistant (MA), Massage Therapy (MSG), Health Information Technology (HIT), etc. When students register for open enrollment programs, they are automatically accepted into their programs. Selective healthcare programs have specific requirements students must meet before they apply and are accepted into their respective programs, such as successful completion of prerequisite courses, minimum grade point averages and completion of an application process.

The majority of students who apply to selective healthcare programs are women whose average age is twenty-seven. Approximately twenty-five percent of the students taking the prerequisite courses are African American or Hispanic while only about ten percent of minority students make up the number of students in the selective portions of the programs. Most of the students work outside the home, are responsible for small children and are focused on finishing school so they can work in helping professions. Students are allowed to attend school on a part-time basis while taking the pre-requisite courses. This arrangement works well for students who work or have commitments outside of school because they can carry fewer credits and most of these courses are

offered as both day and evening classes. However, after students are accepted into the professional portions of their programs, they must attend class during the day and be full-time.

The rationale for restricting enrollment in selective healthcare programs is based on the fact that there are a limited number of clinical seats available. A healthcare supplement to the Career College catalog states that the college sets program expectations higher for selective healthcare programs to be consistent with standards of practice for particular professions and so students will be able to successfully pass registration/certification or licensure examinations. The college policy to limit enrollment intends to guarantee that each person will be able to apply the knowledge he/she obtained in the "world of work."

The selective or limited enrollment associate degree healthcare programs included in this study were Nursing (RN), Physical Therapist Assistant (PTA), Occupational Therapy (OT), Orthotics and Prosthetics Technician (OPT), and Surgical Technology (ST). Student selection into the healthcare programs included in this study is based mainly on grade point averages but may include letters of recommendation, observation hours in the field and application forms. Students must complete prerequisite science and healthcare courses with a minimum prescribed grade point average of at least a "B-" or 84%.

CHAPTER TWO

Review of the Literature

The concept of culture has taken on significance in multiple fields as people have realized that culture pervades every aspect of their lives. "Culture provides a framework for interaction within social groups" (Rhoads and Valadez, 1996, p. 22). For example, organizations have studied culture from the perspective of leadership and change. Effective management and organizational change often require an understanding of organizational culture. Anthropologists have studied culture to gain a better understanding of the ways people organize and live. Culture is taught to children and outsiders so they can become socialized or acculturated and "fit in." Psychologists are interested in culture because it helps them understand what influences people's behaviors. Educators are interested in knowing how culture affects learners.

From a broad perspective, understanding culture in education is important because it can affect all aspects of the institution, its participants, teaching and learning (Masland, 1985; Tierney, 1988). Culture affects everything from the institution's mission and policies to its curriculum and classrooms. Peterson and Spencer (2000) call culture the "organizational glue" which holds the institution together.

The anthropologist Geertz (1973) refers to the complexity of culture by describing it as "webs of significance and meaning" spun by people themselves. However described, culture implies shared norms and rules, which shape and guide group behavior. "The core of culture is comprised of assumptions and beliefs shared – to some degree – by members of the institution that guide decision making and shape major events and activities" (Kuh

and Whitt, 2000, p. 169). Therefore, people who share the same culture may fit into an organization better than those whose culture is different.

Every organization is unique and so is its culture because it is made up of different individuals who exist within a social context. "The culture of an organization is grounded in the shared assumptions of individuals participating in the organization" (Tierney, 1988, p. 4). Therefore, to understand the culture of an organization, it is important to obtain "thick descriptions" from participating members and be phenomenologically oriented (Geertz, 1973). Culture is interpreted from the meaning given to it by individuals.

Subcultures exist within cultures. Rhoads (1992) identifies four subcultures in education. Students, faculty, administrators and staff create these subcultures. Further differences may be demonstrated within these subcultures based on discipline, length of service or academic rank (Becher, 1981). Therefore, it is important to examine culture at all levels of the organization and talk to a variety of people to get a clearer understanding of culture.

Classroom culture is the study of particular webs of significance within a classroom setting. Tierney (1988) says that we can look at a classroom as a traditional anthropologist would look at a particular village or clan. Viewing the classroom as a subculture of the organization, it is possible to use a cultural framework when studying classroom behaviors. When education takes place in the field, students often experience cultural differences from one setting to another. Most healthcare programs require students to do their fieldwork experiences at more than one hospital, clinic or lab. Because it is not known what type of setting the graduates will work in, students are

required to spend some time in different work environments. Program accrediting agencies also want programs to offer students a variety of fieldwork experiences.

The similarities of Career College to community colleges, my interest in how African American and Hispanic women experience classroom culture in selective healthcare classrooms, and its effect on their decisions to stay or leave healthcare programs lead me to focus my review of the literature on community colleges and classroom culture. Several themes emerged, which I found interesting and significant related to my research questions. The themes that appeared most in the literature and resonate with my personal experience can be summarized as follows:

- Community colleges could be better at responding to diverse cultures.
- Multiple factors influence selective healthcare classroom culture.
- Students enter the classroom with varying amounts of cultural capital.
- Classroom culture can affect student performance.
- Multicultural education as an ideology is inclusive of all students and empowers learners.

Responding to Diverse Cultures

The student bodies of community colleges are more diverse than ever. Community colleges have recognized the need to change and have been focusing on diversity. However, "community colleges often do not respond appropriately to the academic and social needs of students from diverse cultures" (Shaw, Rhoads and Valadez, 1999, p. 10). Although colleges are adapting to the needs of their students, the student-college cultural "fit" is not matching well (Zamani, 2000). Traditional scheduling of classes, teacher-centered classrooms, monocultural curriculum and lack of diversity in

the faculty no longer serve the needs of the "nontraditional" and minority students who attend community colleges.

Although access and opportunity exist at community colleges, low retention, completion and transfer rates, especially of minority students, is an ongoing concern (Seppanen, 1994; Tierney, 2000; Zamani, 2000). Internal and external stakeholders expect colleges to be financially accountable. State and federal funding agencies hold community colleges accountable for student outcomes and monitor loan default rates (Laanan, 2001). Taxpayers have a vested interest in students utilizing funding effectively. Students expect to find gainful employment as a result of their education and if students do not graduate, their chances of finding gainful employment decrease. Even more importantly, "to neglect abysmally low student retention and transfer rates is to contribute to the perpetuation of social injustice and inequity" (Rendon and Mathews, 1994, p.352). The question remains, if student needs are being met, why do student retention and completion rates at community colleges remain such a concern?

The literature discusses several factors that contribute to the fact that community colleges are culturally diverse. Whether seeking an associate degree or beginning a four-year degree, community colleges are frequently the entry point to higher education for a large portion of minority and working class students (Cohen and Brawer, 1996). "Community colleges are often the primary vehicle of postsecondary opportunities for first-generation, low-income students and underrepresented racial/ethnic minorities" (Zamani, 2000, p. 1). Community colleges may be the choice of minority students because of diligent recruiting of this group, availability of financial aid, open enrollment policies, lower tuition costs, proximity to home, etc. (Cohen and Brawer, 1996).

Whatever the reason, community colleges remain the schools of choice for a large portion of minority students.

Tinto's student retention model (1993), which is based on "student-institutional fit," has been used to understand why students leave school. Tinto suggests that most students find the transition to college challenging. Students may leave school if the transition is too difficult. Students in selective healthcare programs are challenged a second time when they transition into their specific programs after completing prerequisite courses. In addition to the difficulties of transitioning into selective healthcare programs, students carry the added worry of maintaining minimum grade point averages to remain in the program.

Tierney (2000) maintains that transitioning can be difficult but rejects Tinto's model because he believes it is theoretically flawed and because it does not take into account the history of ethnic oppression and discrimination in the United States. "The task of implementing achievement models in institutions historically committed to access is, above all, a task of managing culture" (Richardson, 1994, p. 304). Minority students in selective healthcare programs must make multiple transitions or cultural "border crossings" before graduation (Ortiz and Rhoads, 2000). Border crossings may create additional stress to healthcare students already under pressure to perform. Colleges must restructure the environment to encourage self-actualization and matriculation for students of color (Zamani, 2000).

Attendance in class and the clinic is expected and often mandated in selective healthcare programs. A growing number of students in these programs are considered "nontraditional students" because they work, have families, are single parents, have

multiple commitments outside of school, etc. Students may feel distressed when their work schedules conflict with their school schedules, their children are ill and cannot go to daycare, or family members make demands on their time, causing them to miss school. Poor attendance can also put students in jeopardy of completing programs.

The curriculum in selective healthcare programs must reflect the increasing cultural diversity of the student body. "Many subordinate groups argue that the act of knowing is integrally related to the power of self definition, which, in part, necessitates that more diverse histories and narratives be included in the curriculum" (Giroux, 1995, p. 132). Currently, anatomy models, diagrams, charts, etc., for example, often reflect the white race. Illustrations in textbooks often depict white women as the healthcare givers. Medical techniques and theory are classified as "Western" versus "Eastern" medicine. If minority cultures are not included in the curriculum, marginalization of groups may occur. "Through what curriculum excludes, as much as by what it includes, students are socialized into particular structures of society that benefit the dominant culture" (Darder, 1991, p. 21).

Teaching at community colleges must reflect the diverse academic preparation students have as they enter school. A decline in literacy, poor writing, weak science background and weak math skills contribute to the need for remedial education at Career College and other community colleges (Cohen and Brawer, 1996). Shaw (2001) defines remedial education as postsecondary courses whose content is generally considered "precollege." Just as it is true that there are disproportionately large numbers of minorities in community colleges, it is also true that disproportionate numbers of poor and minority students test into remedial education courses (Shaw, 2001). Because

selective healthcare programs require the application of math and science, students who enter college weak in these areas are at higher risk of dismissal from selective healthcare programs for poor academic performance.

Selective Healthcare Classroom Culture and Influencing Factors

To gain a better understanding of culture in selective healthcare classrooms today, it is important to discuss the differences between monoculturalism and multiculturalism. Rhoads (1999) clarifies that monoculturalism emphasizes that a single culture prevails or should prevail as opposed to multiculturalism, which has a more democratic view and recognizes the existence of multiple cultural identities in society. Similar to traditional modernist thinking, "Schooling based on monoculturalism reinforces an authoritarian view of education" (Rhoads, 1999, p.111). The multicultural approach to education parallels postmodern theory, which supports multiple ways of knowing and constructing knowledge. This section will focus on selective healthcare classroom culture and multiple influencing factors as they relate to theories from the literature, including modernism, postmodernism, and critical theory.

Historically, the allied health professions of nursing, physical therapy, occupational therapy and surgical technology in the United States were added to the college curriculum in the mid-1900's when modernism was the prevailing paradigm in education. Rhoad's (1999) work states that modernist thinking leads to monoculturalism, the concept of a single superior culture. "Monoculturalism relates to the notion that a unified culture is needed to form a common sense of connection within a given society or organization" (Rhoads, 1999, p. 111). Based on my training in the healthcare field, over thirty years of experience working in hospitals, and almost ten years teaching physical

therapist assistants, I clearly find the influences of modernism persisting in healthcare education. Most teaching is delivered in a lecture format and competency testing of skills is clearly defined by the instructors. In addition to learning theory and skills of their healthcare professions, students are expected to understand their profession's culture and change their behaviors to match the expectations of that culture.

Critical theory argues that modernism leads to a hierarchical ranking in which one culture, usually the dominant culture, becomes superior to other cultures (Giroux, 1996). In the United States, the white, European, middle class culture has been the dominant culture. Other cultures, including African American and Hispanic cultures, have been viewed as inferior to the dominant culture. In education, monoculturalism has led to the "deficit model," which thinks of minority students and others outside of the dominant culture as inferior or at risk (Tierney, 1994). The culture of medicine in the United States has been centered on Western culture. The foundation of healthcare education is Western medicine, and by extension, Western (White, European) culture influences healthcare classrooms today.

Opposing modernism is postmodernism, in which culture is socially constructed and open to multiple meanings. "'Culture,' then, is not something one group has and another does not; rather, culture is an area for struggle over meaning. Individuals and groups produce culture within a social and historical context" (Tierney, 1994, p. 5). Because knowledge is recreated in the classroom, those persons in power may consciously or unconsciously promote hegemony, the acceptance of perpetuated myths as truth (Giroux, 1996).

White women and a growing number of white men have been the dominant group in nursing, physical therapy, occupational therapy and surgical technology. As the national leaders of organizations, members of advisory boards, directors of programs and faculty, these professionals have had a greater opportunity to interject their culture into healthcare programs. As the majority, white women have been in positions of authority and power to construct and reconstruct white culture. Because white middle-class women have taught in the majority of healthcare classrooms, directed accrediting agencies and led national organizations, the dominant culture has been the primary influence on what gets taught and how it gets taught in selective healthcare classrooms (Sleeter and McLaren, 1995).

Cultures in selective healthcare classrooms are open systems, which are shaped by many external forces, as opposed to closed systems, which are influenced by internal forces. Classroom culture is affected by accrediting bodies, outcome-based learning, competency requirements, media, licensure examinations, employers, program viability, and state and national organizations. Some healthcare programs must follow "normative models," which outline what skills should be included in programs. For example, the American Physical Therapy Association has developed A Normative Model of Physical Therapist Assistant Education Version 99, which includes curriculum guidelines and program outcomes (American Physical Therapy Association, 1999). These normative models are designed by national organizations. Clinics mandate student skill levels and behaviors by accepting or rejecting student placements. The dominant white, middle-class culture affects classroom culture because white men and women control the

majority of these external decision-making bodies (Kuh and Whitt, 1988) and therefore have the power to dictate cultural preferences .

Cultural Capital

In addition to white privilege in the classroom, Pierre Bourdieu (1977) discusses the advantages upper and middle class students have based on their knowledge of the dominant culture. Bourdieu calls this knowledge "cultural capital." By virtue of their family's position, some individuals inherit linguistic and cultural competencies, that are valued in the classroom, while other students inherit competencies, which are not valued. For example, growing up speaking Standard English places upper and middle class students at an advantage when writing a research paper or giving a classroom presentation. In many college classrooms, entering a classroom with an understanding of what behaviors are expected, knowing the norms and the "unspoken rules," places upper and middle class students at an advantage over working class students.

Language in particular provides cultural capital (Darder, 1991; Lather, 1991; Williams, 1991). In the United States, Standard Academic English is the dominant language. For students from diverse cultures, speaking Standard English in the classroom is a cultural difference, which may require conscious effort. If the language differences make the student uncomfortable, the student may remain silent in the classroom. This kind of enforced silence does not give the minority student the same learning experience as white students who speak Standard English, and may affect the teacher's evaluation of the student such as participation, resulting in lower grades (Darder, 1991).

It is definitely easier to win a game if you know the rules before the start of the game than if you have to figure them out as you play. "Students from the dominant class

and possessing high culture begin school with key social and cultural cues, which students from working-class backgrounds do not have and must learn in order to have a successful school experience" (Grant and Sachs,1995, p.98). Without the appropriate cultural and social cues, both the working class students and students of color must struggle to catch up to their classmates. Working class students may "stick out" in the classroom because of their attire, the volume of their voices, or using language considered inappropriate for the classroom. "Rough around the edges" is how one teacher described one of her working class students at Career College.

> Culture defines what knowledge is important and valuable.
>
> Academic success in community colleges, then, is often determined by possession of the cultural capital with the most 'exchange value,' which we term academic cultural capital. . . . Consequently, minority and working-class students often find that their cultural capital (cultural knowledge) and academic preparation does not facilitate movement through the educational pipeline. (Trujillo and Diaz, 1999, p. 128)

Without academic cultural capital, students do not do as well on written assignments and keeping up with the class is more difficult.

The knowledge that working class and nontraditional students have may be valuable in their culture and community, but it is not the standard by which they are measured in college where white, middle-class values are the norm (Bourdieu, 1986). For example, without academic cultural capital, standardized tests can be more difficult because of the content of questions asked. Learning how to move through the system and figuring out where to go for help can be more challenging for those with less academic cultural capital.

Academic cultural capital that students receive from parents, siblings, or other extended family members who have attended college before them is an advantage

(Suarez-Orozco, Suarez-Orzco and Doucet, 2004). Many students in community colleges are first generation students and, therefore, do not inherit knowledge from family members who have preceded them in college. A student cannot turn to his or her family when there are questions about classes because the family members have no experience with college classes. Family members cannot offer the support that college students sometimes need because they do not have the academic cultural capital from which to obtain that knowledge.

First generation working class and minority students may feel alienated or isolated from their own cultures if they go to college. Students may struggle with crossing the cultural borders between school and their lives outside of school (Rendon, 1999). "Nontraditional students. . .break and often redefine their family history. In the process they must learn to operate in multiple worlds---the world of family, work, barrio or ghetto, and the new academic world" (Rendon, 1999, p. 197). Moving back and forth between cultures may prove to be too difficult for some students.

Families may also struggle with the cultural changes they see in their college students. Tension can arise in families if the perception is that the family member is moving into a higher social class. The family can be both an asset and a liability to the nontraditional student. In fact, Jun and Tierney (1999) describe family and community as "loci of risks," pushing the student to go to school but not wanting the student to leave the culture of the family.

Classroom Experiences Can Affect Student Performance

My experiences and reactions to culture while living in Luxembourg for four years were similar to some of the experiences students report in the classroom. For

example, at times I felt isolated, angry and sad. Culture is unique to each classroom and each student is unique. Therefore, each student's experience is unique. Students enter the classroom with varying amounts of academic and cultural capital and because classroom culture varies, students' reactions to classroom culture are unique. This section will discuss some of the reactions to classroom culture as reported in the literature and its effects on student performance.

Classroom culture can affect student performance. "An appreciation of student performance has more to do with cultural difference and social interaction than most other factors"(Rhoads and Valadez, 1996, p. x). If a student feels alienated, this can lead to feeling like an outsider or not " fitting in". One minority teacher talked about his negative experiences as a student. "My response to this situation was to disengage from school, to withdraw from my classes, both intellectually and physically. I shut down academically; I stopped going to classes and spent an increasing amount of time not in school at all" (Ambrosio, 2003, p. 24). On the other hand, graduation rates increase when students are able to affirm their own cultural identities (Tierney, 2000).

Another form of student isolation may result when minority students feel they must assimilate to the dominant culture to succeed. By assimilating, minority students feel they are rejecting their culture and therefore,

> must either maintain separate identities, behavioral patterns, and peer associations or they are forced to leave one cultural world behind and uneasily accept the dominant culture. Frequently, they become uncomfortable in both cultures, resulting in a profound sense of isolation or loss. (Laden, 1999, p. 174)

Because culture is so tightly woven into personal identity and self-concept, cultural exclusion can be perceived as personal exclusion. Feeling "invisible" is a way of describing this feeling. If classrooms have more diverse students, classroom culture must

be multicultural to include the diverse cultures of its participants. If the classroom culture is not multicultural, some students will most likely be marginalized and devalued. Feeling devalued could affect the performance of these students or cause them to leave.

Different individuals may construct very different meanings out of similar situations. The classroom culture for one student might make him or her feel right at home while another student might feel displaced. Some students may say that they feel anxious, fearful, confused or alienated in the classroom, while other students might report that they feel understood, supported, stimulated and accepted in the classroom. Positive self-esteem and high levels of comfort are conducive to learning. Feeling uncomfortable and low self-esteem can have just the opposite effect on learning.

The fact that selective healthcare programs are perceived as "competitive" because of the admissions criteria could send the message to students that they are competing against each other. This competition could carry over into the classroom and have a disproportionately negative effect on students who prefer collaborative learning environments. As a result, students may focus more on grades than on learning in healthcare programs. This competition could be harmful in building community, a factor conducive to learning.

Cultural power struggles among students in the classroom can exist. When working in groups or teams, students from the dominant culture can alienate minority students if teams are allowed to self-select by choosing to work only with students who are most similar. Minority students may find that they are always left to work together and not welcomed into the majority student groups. If this happens, minority students could feel unwelcome and marginalized. If groups are not allowed to self-select, a

minority student on a predominantly white team may feel marginalized by the other team members. If it is a positive experience for the individual, student-to-student relationships in the classroom can promote learning. However, if it is a negative experience, student interactions can add to cultural power struggles.

Multiculturalism and Critical Multiculturalism

One response to the increasing cultural diversity found in the classrooms of community colleges is a multicultural approach to instruction. Multiculturalism is an ideology constructed within an organization or classroom, which includes multiple cultures and meanings (Tierney, 1994). As a philosophy, multiculturalism welcomes cultural diversity and difference. In addition to welcoming difference, multiculturalism prescribes what should be done to ensure equitable treatment of diverse groups (Gay, 2004). The classroom must be designed to allow for sharing of cultures through the voices of the participants.

Combining critical theory and multiculturalism, authors including Christine Sleeter, Peter McLaren and Ira Shor argue that education must move beyond simply being "politically correct." Critical multiculturalism goes beyond celebrating difference to recognizing white privilege and promoting equity. From a critical perspective, the classroom as a microsociety reinforces the unequal distribution of power as seen in the larger society. There is a "play of privilege and oppression within any learning context" (Durie, 1996, p. 229). White teachers must recognize their positions of privilege in the classroom. "Critical multiculturalism relates not only to what gets taught, and what gets defined as relevant knowledge, but also to the very nature of teaching itself" (Rhoads, 1995, p. 269).

Multicultural classrooms are democratic and community-oriented. "The multicultural education approach, or cultural democracy, attempts to redesign classrooms and schools to model an unoppressive, equal society which is also culturally diverse" (Sleeter, 1991, p. 11). The community-oriented classroom requires more collaboration and less competition. "Increased collaboration encourages students to link their own success to the success of other students and thus encourages a more caring and cooperative learning environment" (Rhoads and Valadez, 1996, p.164). A democratic classroom also implies voice and hearing student voices (Valerio, 2001). Teachers solicit feedback from the students. Knowledge is created through dialogue and reflection. Culture is shared and reconstructed in the classroom. The students take ownership of their class culture. Class culture includes "what is done, who is involved in doing it, decisions, actions, and communication both on an instrumental and symbolic level" (Tierney, 1988, p. 3).

As active participants in the multicultural classroom, learners are empowered. Empowerment is "the process through which students learn to critically appropriate knowledge existing outside their immediate experience in order to broaden their understanding of themselves, the world, and the possibilities for transforming the taken-for-granted assumptions about the way we live" (McLaren, 1989, p.186), and it is a fundamental goal of multicultural education and the multicultural classroom (Sleeter, 1991). Students become empowered when they have voice and realize they have the ability to effect change.

What We Need to Know

The literature contains a great deal about organizational culture and its importance related to change. Less is known about selective healthcare program cultures and their affect on student success. More specifically, little is known about program culture in selective healthcare programs at community colleges. It is important to know more about program culture and power struggles that might be occurring in healthcare classrooms. The way to do this is by listening to minority students and their experiences related to culture in selective healthcare programs.

Critical postmodernism supports the need to hear the stories of teachers and minority students in selective healthcare classrooms to clarify the meaning they attach to their classroom cultural experiences "What counts as legitimate knowledge, culture, history, and speech can only be understood by interrogating the conditions of exclusion and inclusion in the production, distribution, circulation, and use of power and authority in the classroom" (Giroux, 1995, p. 136). This information will inform changes that can be made to improve retention and completion rates of minority students.

CHAPTER THREE

Methodology

Based on the research questions and the nature of this study, a qualitative framework was used. The research questions that guided this study included:

1. Who are the African American and Hispanic women currently enrolled in the professional portions of selective healthcare programs at two campuses of Career College?
2. What are the experiences of the African American and Hispanic women currently enrolled in the professional portions of selective healthcare programs at two campuses of Career College?
3. How do African American and Hispanic women make sense out of their experiences in selective healthcare programs at two campuses of Career College?
4. What do the African American and Hispanic women in the professional portions of selective healthcare programs at two campuses of Career College identify as reasons for their success and persistence in the programs?

To define the qualitative paradigm, Creswell (1994) sites multiple authors' descriptions including: a constructivist approach or naturalistic, the interpretive approach, or the postpositivist or postmodern perspective. Individuals create meaning from their experiences. The qualitative paradigm assumes that reality is subjective and that there are multiple realities as seen by the participants in the study.

The qualitative paradigm employs inductive logic, which was applicable in this study. Individuals were asked to talk about their experiences in selective healthcare

programs. From these individual experiences and meanings, themes emerged. Qualitative studies do not begin with a theory, which is tested or verified. "Instead, consistent with the inductive model of thinking, a theory may emerge during the data collection and analysis phase of the research or be used relatively late in the research process as a basis for comparison with other theories" (Creswell, 1994, p. 95). Creswell outlines the inductive process in a flow chart. See Figure 6.

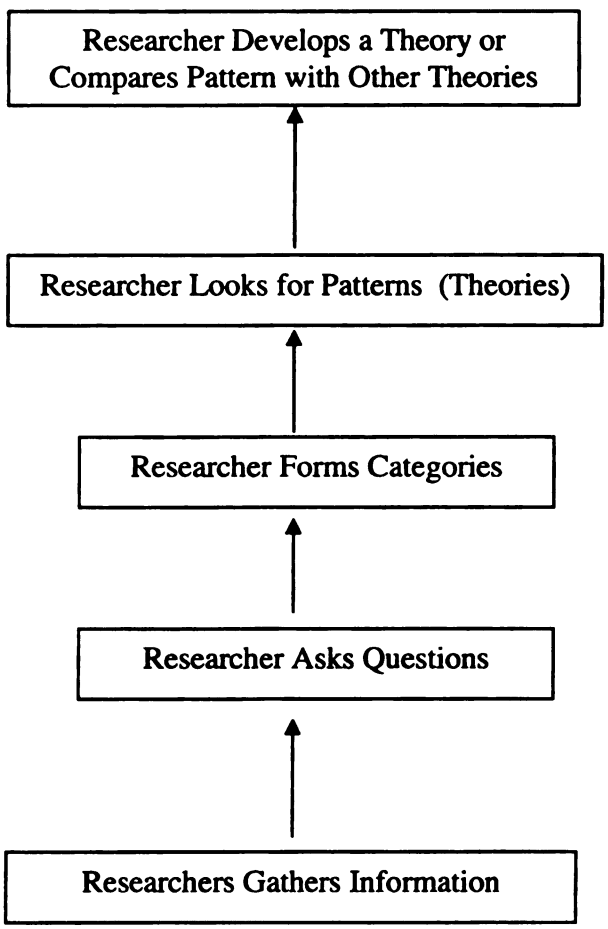

Figure 6. The Inductive Mode of Research in Qualitative Study (Creswell, 1994, p. 96)

Phenomenology

Phenomenology was the qualitative tradition of inquiry applied to this study. For clarification purposes, this means that the study had a phenomenological focus. I did not use phenomenology to philosophically justify the methods of qualitative inquiry as a legitimate research framework (Patton, 2002). I used Creswell's definition of a phenomenological study. "A phenomenological study describes the meaning of the lived experiences for several individuals about a concept or the phenomenon" (Creswell,1998, p.51).

Several assumptions must be clarified when discussing phenomenology. Philosophically, Husserl (1913) pointed out that people can only know what they experience by focusing on perceptions and meanings that are brought to their consciousness. Therefore, what people experience and how they interpret their world becomes important to know. Secondly, the only way for us to really know what another person experiences is through direct observation or thick, rich description of the person's experience. And third, phenomenology assumes that there is an essence or essences to shared experiences. "These essences are the core meanings mutually understood through a phenomenon commonly experienced" (Patton, 2002, p. 106).

The unit of analysis for this study was the individual and therefore, I used a psychological approach to this phenomenology. "The psychological approach, also focuses on the meaning of experiences but has found individual experiences, not group experiences, central" (Creswell, 1998, p. 53). The psychological approach states that general or universal meanings can be derived from individuals' meanings created out of

their experiences. The central tenets of the psychological approach as stated by Moustakas are:

> To determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individual descriptions, general or universal meanings are derived, in other words, the essences of structures of the experience. (Moustakas, 1994, p. 13)

The Phenomenon and Study

The phenomenon of this study was participation in a selective healthcare program. Specifically, I was interested in knowing the meaning, structure and essence of the lived experience of African American and Hispanic women in selective healthcare programs at two campuses of Career College. I was also interested in understanding why these African American and Hispanic women were successful and persisted in selective healthcare programs when similar minority students are not successful and do not persist. The method used to collect data for this study was multiple semi-structured interviews of individual students.

The subjects for this study included eight African American and Hispanic female students, between the ages of twenty-one and thirty-nine in the selective portion of their healthcare programs at two campuses of Career College (a pseudonym). Because they are in the selective portions of their programs, it implies that they have completed prerequisite courses. The subjects have also achieved minimum required grade point averages, met all selection criteria, and have been selected into their respective healthcare programs.

I submitted a letter to the presidents on both campuses requesting permission to use information from the college database and to interview students (Appendix A). Subjects for this study were selected from programs including nursing, orthotics and

prosthetics, surgical technology, occupational therapy and physical therapist assistant. Physical therapist assistant students at one campus were excluded from the study because this is the program that I direct and in which I teach. I identified eligible subjects for this study by accessing the college database and speaking with program directors. Some eligible students did not show up on the college database because their program status was not correctly coded. I obtained this information by consulting the individual program directors. Twelve women were identified as eligible for the study.

When permission was granted from the college presidents, I telephoned all the eligible African American and Hispanic women in the study's identified selective healthcare programs at both campuses, introduced myself and invited them to participate in the study (Appendix B). The reason I telephoned the students before sending a letter was based on institutional history. Students report they do not receive or they do not respond to written communications. Verbal communication and confirmation of a correct mailing address was completed prior to mailing an invitation to ensure enough subjects for the study. If the student was willing to participate, a written letter clarifying the study was mailed following the telephone invitation to participate (Appendix C).

The two campuses of Career College included in this study are both urban campuses in the same state. The cities in which the campuses are located vary in size, but the proportion of minority populations in both cities is approximately equal. Both campuses are included in a larger system and therefore, use the same curriculum and similar policies. Faculty and administrators from individual campuses meet together on a regular basis to work on assessment and curriculum development to keep the programs consistent.

The researcher/subject relationship must be considered in qualitative research because it can affect the responses of the interviewees. Because I conducted the interviews myself, I made it clear to the subjects that I am an administrator and instructor of a selective healthcare program at Career College. I clarified to the subjects that I had no influence on their programs or their progress toward completing their degrees.

Privilege and power must be recognized as possible influences on the responses that I received in the interviews. As an administrator and teacher, I recognized my position of power in relation to the subjects and its influence on the responses of the subjects. As a white, middle class woman and therefore, considered privileged in the United States, I acknowledged that interviewing African American and Hispanic women also places me in a position of power. Because I am fifty-four years old and interviewed students much younger than myself, I recognized that this age difference could affect the subjects' responses as well.

Data collection consisted of two interviews per subject, which I conducted myself (See Appendix E and F). The first interview was the main data-gathering tool. The purpose of the first interview was to learn about the subject's background and experiences in her selective healthcare program. The first set of interviews was transcribed in three weeks. Three weeks after the first interviews, the second set of interviews was conducted.

The second set of interviews was conducted three weeks after the first set of interviews because the quarter ended the following week and I was concerned that it would be difficult to reach all of the students in the summer. In addition, some students were graduating and technically would no longer be students in selective healthcare

programs. The purpose of the second set of interviews was to explore in detail, themes revealed in the first set of interviews. These interviews focused on the main themes from the first interviews and allowed for additional comments the subjects may have left out of the first interviews.

I read the "Informed Consent" form to each student prior to the start of the first interview (See Appendix D). Students were asked if they understood the "Informed Consent" information and if they had questions before they were asked to sign the form. When the "Informed Consent" form was signed, the first interview began. Before the second interviews, the students were again asked if they wanted to review the "Informed Consent" form they had signed before the first interviews.

Semi-structured interviews with open-ended questions were conducted with eight subjects for this study. Twelve students qualified to be subjects but were either not willing to participate or had not completed the first quarter of the professional portions of their programs and therefore, would not be able to give a fair response to questions regarding the professional classes. Five subjects were interviewed from one campus and three subjects from a second campus. The participants from the first campus included two nursing students, one occupational therapy student, one orthotics and prosthetics student, and one surgical technology student. The participants from the second campus included two surgical technology students and one student taking physical therapist assistant classes but enrolled in the rehab studies bachelor program. The second campus does not have the nursing, occupational therapy or orthotics and prosthetics programs on their campus. Participating students were given a gift certificate in the amount of $10 to their student food center to encourage participation.

Face-to-face interviews were conducted on the students' home campuses. The first interview lasted approximately sixty minutes. The second interview lasted approximately forty-five minutes. To conduct the interviews, private rooms were reserved in the library. I took notes during the interviews and also audiotape-recorded them for transcription at a later time. Students were informed that the tape recorder would be turned off at any time during the interview if requested by the interviewees.

Risk to subjects was low as a result of participating in this study. However, if any of the subjects experienced any negative reactions as a result of participating in this study, I referred each student to a counselor in the Academic Office on her campus. The recorded interviews have been kept, and will continue to be kept, in a locked cabinet in my office when not in use.

The tape-recorded interviews were transcribed for analysis. Handwritten notes were used to recall information collected in the interviews. Each subject's story was carefully reviewed to understand her experiences in a selective healthcare program and how it has affected her. The subjects' stories were then compared and analyzed for common themes.

Analysis and Verification

Phenomenological analysis of the data involves several phases. Patton (2002) describes this process in four phases. Phase I is the epoche or time to refrain from judgment. The epoche requires the researcher to be introspective and become aware of bias and assumptions about the phenomenon. Phase II is "phenomenological reduction" in which the researcher "brackets out" the world and presuppositions. The researcher looks for key phrases and statements that refer to the phenomenon. From these phrases

and statements, the researcher offers a definition or interpretation of the phenomenon. In Phase III data are "horizontalized." This means that all aspects of the data are treated with equal value. The researcher then identifies invariant themes or "clusters of meanings" (Creswell, 1998).

Phase IV is the synthesis phase in which what was experienced, the "textural description" and how it was experienced, the "structural description" are formulated (Creswell, 1998). "The textural portrayal is an abstraction of the experience that provides content and illustration, but not yet essence" (Patton, 2002, p. 486). The structural synthesis looks beneath the emotions in the experience to deeper meanings for the individuals who make up the group. From this synthesis, the researcher reports the "essential, invariant structure (or essence)" or single unifying meaning of the experience (Creswell, 1998).

In a qualitative study, Polkinghorne (1989) refers to validity as making sure an idea or theory is well grounded and well supported. Polkinghorne goes on to say that there are five key points important to validity of a phenomenology. The interviewer should not influence or bias the subjects, which could change the way the subjects describe their experiences. The transcriptions should be accurate and convey the meanings of the interviewees as given in the interviews. The researcher must be careful to identify all possible conclusions in the analysis phase. The transcriptions must have examples, which support the general structural description. The structural description must be applicable in other situations and not situation specific.

Verifying the findings of a qualitative study relies heavily on the researcher but can include outside sources. "Phenomenonologists view verification and standards as

largely related to the researcher's interpretation" (Creswell, 1998, p. 207). Moustakas (1994) also stresses the importance of verification by looking outward from the researcher. Outside verification can come from having others read the data and verify the descriptions of the researcher. Having the interviewees read the descriptions and make corrections is another way of outside verification.

For this study, I used several of Polkinghorne's keys to validity as described above. In addition, I used peer debriefing. I sought outside verification by asking two other women to review the transcripts of the data, assure appropriate inserting of the data into the writing, and to verify the structural descriptions I derived. One of the women involved in the process of peer debriefing was an African American administrator of academics at Career College and the other was a white administrator/instructor in the occupational therapy program. The two women assisting with the verification process were asked to be as objective as possible and critical of the analysis and conclusions results of the study. Both women agreed that my analysis and interpretation of the data was accurate and did not demonstrate undue bias. The African American administrator asked for more specific recommendations as a result of this study. These recommendations were added after further research and reflection.

Prologue

My interest in researching culture began with a personal experience in 1983 when my husband was transferred to Luxembourg in Europe to work as an international service employee. It was from this experience that I developed empathy for people who are not of the dominant culture and may be subjected to undue prejudice. The company paid to move our family, helped us find a place to live, and provided a liaison at the international

site. In addition, the company provided an intensive four-week language and cultural training program. In spite of this support, I experienced an emotional, frustrating and disorienting adjustment period. My norms, values, rules, beliefs or in other words, my culture was no longer the same as the dominant culture. I was the foreigner, an outsider, who felt marginalized.

Initially excited about the move and experience, I was determined to "fit in" to the Luxembourg culture. The wonder of living in another country quickly turned to feelings of isolation, sadness and anger when I realized what a difficult task "fitting in" could be. Because I did not speak the language, I could not communicate easily when I left my home. It was difficult to drive a car, grocery shop, make a phone call or even mail a package. Added to these frustrations was the prejudice I experienced as an American living in Luxembourg and traveling to other European countries. Examples of prejudice included such things as waiting for service at a counter while the Luxembergers were served, people talking about me in languages I did not understand, and not accepting my check because the amount was not written in French. From these experiences, I learned the true meaning of prejudice and developed empathy for anyone affected by it.

For about the first twelve months when I was living outside of the United States I often felt stressed and thought, "I just want to go home. No one understands me. I hate living here. I dislike the people and what I am experiencing." I experienced how "a dominant culture presents difficulties to newcomers or members of underrepresented groups when trying to understand and appreciate the nuances of behavior" (Kuh and Whitt, 1988, p.31).

After four years, my family was transferred back to the United States. Interestingly, it took some readjustment moving back because I had changed and the culture I knew had continued to change while I was gone. My understanding of culture was transformed and I realized, "although culture is fairly stable, it is always evolving, continually created and recreated by ongoing patterns of interactions between individuals, groups, and an institution's internal and external environments" (Kuh and Whitt, 1998, p. 30).

On our return to the United States, similar feelings of frustration, disorientation and even anger surfaced as I once again interacted with family and friends. Returning to work required some retraining. There was some personal readjustment to reintegrate into the culture I had understood and felt comfortable in four years earlier.

CHAPTER FOUR

The Women's Stories

The following information is both the subjects' autobiographical data and my impressions of the eight students I interviewed for the study. Semi-structured interviews were conducted for this phenomenological study. Creswell claries that a phenomenological study, "describes the meaning of the lived experiences for several individuals about a concept or the phenomenon" (Creswell,1998, p.51). It is imperative to remember that interpretation of the data by the researcher is influenced by his or her perspective and biases.

Most of the topics, which were discussed in the first interview, were predetermined. Questions for the second interview were composed after reviewing the information gathered in the first set of interviews. The first set of interviews appeared to give good answers to "Who are the women who persist in the selective healthcare programs at Career College?" In the second interviews, I was interested in finding out more about the experiences of the women in their selective healthcare programs. Therefore, I focused questions in the second interviews to ask the women what it is like to be in their programs and what their experiences have been.

Some of the discussions moved in unplanned but interesting directions as the women talked in detail about personal experiences they have been going through while in school. If areas evoked an emotional response or appeared significant regarding the woman's persistence, I probed deeper, asking her to explain what she meant by the response. A review of the data collected from the interviews gives an interesting picture

of who these women are and what has influenced their lives. For ease of understanding, I will talk about the students one at a time in the following sections.

Anita

Anita has served ten years in the navy, survived a difficult divorce, remarried, has two children and is finishing her bachelor's degree in occupational therapy. At thirty-nine years of age, Anita is the oldest of the students interviewed and she also has the most varied life experiences. As hard as life has sometimes been, Anita feels strong and confident that she can handle the stresses in her life. "And so, I kind of just pride myself on I'm Puerto Rican. I'm strong stock and I'm going to get through this." Anita takes full responsibility for her education, children, financial obligations, job, and other commitments in her life.

Being so responsible for things is not new to Anita. Her father left the family when Anita and her younger brother were very young. Therefore, the responsibility of raising two children fell to her mother. Anita, her brother and her mother had to work very hard to make ends meet. At a young age, she learned that she was expected to contribute to the household.

Although strict, Anita speaks with great affection and respect for her mother. "Mother was very strict so we (Anita and her brother) were afraid of her, but even worse, we never wanted to make her cry." Anita's role models are her mother and the other women in her family. She sees these women as strong and tough women, and hates weak, whiny women. "Um, I always say I come from strong stock. The women in my family are tough on my mother's side. My mother's got a bunch of sisters. And even my cousins, we're just tough women. We don't let anything (get in our way)." Anita's

mother returned to Puerto Rico after her children were grown, but a strong bond continues today with almost daily phone calls and when possible, some money from Anita to her mother.

Family and family connections are very important to Anita. She feels bad that she is so far from her brother who lives in New York. If she had a choice, she would live closer to her family. Her divorce and court orders do not allow her to do this. Because of the distance, Anita feels isolated from her family and sad that she cannot see them more often. She also feels a bit isolated because her family in Puerto Rico sees her as "Americanized." Anita interprets it differently, saying that she "dips" into both cultures and enjoys them both.

Anita identifies strongly with and is loyal to her Puerto Rican culture. She wants to pass this culture on to her children and is proud that they identify themselves as Puerto Rican. For example, she cooks Spanish food at home and is happy to see her children enjoy it. She and her children also share many of the superstitions from the Puerto Rican culture. Anita not only speaks Spanish, but if she has a choice, she prefers it to English. When she calls her mother in Puerto Rico, she always speaks Spanish with her.

As an American, Anita sees herself as a blend of multiple cultures. She enjoys what she considers the best of all the cultures she has been socialized to and experienced. Although she is aware of differences, Anita seamlessly blends aspects of the Puerto Rican, New York City, Pacific Islands, and other cultures into her life. She identifies herself as both American and Puerto Rican and is pleased that she can be comfortable in both countries.

Growing up in Brooklyn, New York, Anita describes herself as "high keyed, high strung, and tough." But Anita adds that "despite my rough edges, and everybody thinks I'm so obnoxious, I have a very compassionate side." Anita's story expresses a strong sense of integrity and loyalty to her children and family, ideals she learned at home. Energized and direct, Anita demonstrates a no nonsense approach to life but finds humor even in difficult situations.

The inner city neighborhood Anita grew up in consisted of Polish and Puerto Rican immigrants. In spite of the fact that the cultures were very different, the neighbors got along well. Anita attended the local parochial grade school in her neighborhood where she experienced the same strong structure and organization she lived with at home. "The nuns don't tolerate a lot and there's a lot of order," she shared. However, due to financial reasons, Anita had to attend a public high school, which was much more culturally diverse.

High school was very difficult because she had to leave her neighborhood and the comfort of the Polish and Puerto Rican cultures where she felt accepted and understood. There was just a handful of Hispanic students at the high school. Anita felt that the African American girls picked on her mercilessly. She learned she just had to make it work, and when she finally stood up to those who were picking on her, they became her friends.

After high school, Anita worked in an office position in a factory for a couple of years. Wanting something more and a desire to move out of the neighborhood, Anita followed in her brother's footsteps and joined the military. She described her military experience as "great." There was no separation by race or culture. Everyone was treated

equally and teamwork was stressed. While in the military, Anita lived in Hawaii for several years and enjoyed the variety of cultures she encountered there.

When Anita's marriage was falling apart, she realized she had to return to school so she could get a better job. She started at a local community college, but found it too chaotic and overwhelming; it felt too much like high school. However, when she came to Career College, it was not as crazy and "it just stuck." Starting in pharmacy technology, one of the teachers, also from New York talked to Anita. Anita related to this teacher because she felt the teacher understood her culture. The teacher suggested Occupational Therapy and it was at this point that Anita changed to the Bachelor of Occupational Therapy program.

In spite of her many life experiences prior to beginning the Occupational Therapy program, Anita felt like an outsider when she first started. She thought it could be because of her Puerto Rican culture or because she was from Brooklyn and her classmates were from the Midwest. Although she does not socialize much with her classmates, she now feels like she fits in with her group.

Anita and one of the other Caucasian women in her class have grown very close since the start of the program. She does not share Anita's Puerto Rican culture but they share a strong bond. They study together, share their worries and call each other when stress levels are high. Because they are having similar experiences at Career College, Anita thinks her friend understands what she is going through. In the absence of her family, Anita's friend has been important to her.

The instructors in Anita's program have been supportive and helpful. Like her close friend, these teachers are Caucasian. On an academic level, Anita does not think

that having Hispanic teachers would make it better for her. However, on a deeper emotional level, she thinks her teachers would understand her even better if they could communicate in Spanish.

> Yeah, if I know that somebody speaks Spanish (snaps her fingers) I automatically change gears and go into Spanish. The minute, for one second believe that somebody might speak Spanish, my thinking shifts into Spanish, my vocabulary shifts into Spanish, and it's like there's almost like a connection really fast. A connection that I don't find with other people I guess. Sounds weird.

Although she is doing well, Anita worries constantly that she may fail her courses and not make it through the occupational therapy program. This is a big stress in her life. She feels she has to finish school because she has to get a job that pays well and she cannot disappoint the people who have been supporting her. The pace of the program feels very fast at times and every term, Anita wonders if it will be her last because she cannot keep up with the multiple demands on her time.

More than anything, Anita wants people to know that she is a good mother. Anita says, "my kids and I are very, very, very close." She sees this as a personal choice as well as a cultural issue. She said in her culture, interdependence is valued and it is not unusual for children to stay with their parents as long as they think it is necessary. The caring relationship between Anita and her children is reciprocal. Anita tries to protect her children from the emotional trauma of her divorce. She has high standards for her children because she worries they will fall behind in school. She also feels emotional comfort and support from her children when she is having a difficult time. Anita looks forward to a brighter future for herself and her family. "I didn't kill myself for five years, got myself into debt up to here, so that I can go backwards. I want to go up."

The key descriptors that come to mind when I think of Anita are "tough," "experienced," "determined," and "responsible." She identifies with the strong independent women in her family. From a cultural perspective, Anita identifies strongly with her Puerto Rican heritage but also her experiences with other cultures. These multicultural experiences are incorporated into her life.

Anita has demonstrated a strong sense of responsibility throughout her life. As a teenager, she worked twenty to thirty hours a week so she could earn money to help her mother pay bills and make ends meet. As a young adult, Anita joined the military and served her country for ten years. As a mother, Anita feels extremely responsible for the welfare of her children. Although school is hard, she is determined to finish so she can provide for her children.

Maria

Maria is an ambitious woman of Mexican descent who has a bachelor's degree in health care administration, an associate's degree in surgical technology and is currently finishing the registered nursing program. This means she will earn a second associate's degree. Maria credits this success to her willingness to work hard. When describing her drive, Maria says,

> I think because I'm willing to work, give that extra umph to get over. If it's staying up all night to type that paper or finish . . . then I'll do it. And I guess that's what's probably been able to make me successful, being able to go that extra mile.

Maria has worked six years as a surgical technologist, and has been very happy with her job, but wants to move up and do more. This is why, at thirty-four years of age, she is in school again to become a registered nurse.

Of the three degrees Maria has earned, she finds the nursing program is the hardest and most stressful. She describes herself as an average student getting mostly "B's" and "C's." She does not think she could make it without the support of her employer, co-workers, instructors, classmates and most of all, her family because she would not have had the time to study, work, and take care of her family. Maria feels especially close to one instructor and one classmate in her program because they help her with academic questions and encourage her when she feels she cannot handle the workload. Both of these women are white but this does not affect Maria's relationships with them. Maria's support systems also appear to motivate her to persist because she does not want to disappoint the people who support her.

Maria is grateful for her family and parents, especially her mother. Even though she has always felt close to her family, Maria feels even closer now that she is in the nursing program. She now understands how supportive her mother has been and that she will do whatever she can to help Maria. In addition to her mother's support, Maria's father helps her financially. Maria is very aware of the great sacrifices her family has made for her.

Maria's strong work ethic comes from her parents who have always worked hard to make life better for their children. Although her parents met in the fields while working as migrant workers, Maria thinks they have accomplished a lot. Her father is illiterate and works in the factory but has always been a good provider. Her mother is a high school graduate and is one of the hardest working women Maria knows. As always, her parents stress the importance of good attendance at school and work. These values are the same values Maria demonstrates in her life.

Maria feels she received a lot of love and support from her parents and family while growing up. This love was expressed through honesty and respect for other family members. "If it was bad news, good news, just be honest with them. Don't lie. My Dad would always say, don't lie." To demonstrate their respect for each other, Maria says all members of the family were expected to help with "chores" and work together in the home.

Maria grew up in a neighborhood and in schools where there were few other Hispanics. "I think we were the only Mexican family (in the high school). And maybe there was only one or two African American kids at the school." Maria downplayed occasionally being picked on by other students while growing up. Generalizing, she said, "Kids can be mean," and she never thought that it was a big issue.

> I remember being picked on and that was maybe something they could use because it was easy (emphasis) for them to say, "oh you're Mexican" or this or that . . . But it was never a real issue that bothered me because I was able to relate to everybody.

On the other hand, Maria spoke out when her children experienced some negative racial comments at school. She went directly to the principal and the issues were cleared up immediately.

Maria is aware of differences based on race in America. Maria told me her husband is Hispanic and he is fluent in Spanish. She said her sisters both married white men and then said, "I don't know if it's proper to say that?" It appeared she qualified her statement because I am a white woman and she did not want to offend me. When asked if she sees herself as a woman of color, Maria said, "yes." However, she said that she has never seen the fact that she is Hispanic as a limiting factor in her life.

Maria is very proud of her children and husband, and loves them very much. Part way through the first interview, Maria took out two pictures. One picture was of her children and the other was of Maria and her husband. "Hang on, I've got a picture of my children. You have to see 'em. That's my kids." It was easy to see the pride in Maria's face as she showed me her pictures. This is her motivation to keep struggling and working so hard in school. She is trying to make a better life for her family and make them proud of her, like her parents did before her. "I want to show my children, you work hard and good things can happen to you. And I think being a nurse is going to be one of the best things I could have done." She also sees the RN degree as "opening doors" for her.

Maria's days are long and tiring. She goes to school, then to work, then home. She tries to keep up with the many demands placed on her. She has had to make concessions at home because she just cannot do it all. Maria's goal was to work full-time as a surgical technologist while going through the nursing program. However, towards the end of the nursing program, Maria found she had to drop her hours to thirty per week and eventually, about twenty hours per week to keep up with her schoolwork and her other obligations.

The didactic portion of the nursing program is extremely difficult for Maria who says, "As far as my class, I'm at the bottom and I've always been." The nursing students must maintain a minimum grade point average of 84% in each of their nursing classes or they are dismissed from the program. Maria finds this a constant stress in her life, sharing, "I wish I didn't always have to be biting my nails to see if I'm going to be able to pull it off this time." Due to Maria's poor performance on written tests, she feels she is

barely getting by with her classes and worries from one test to the next. Added to her concerns are her assumptions about the high attrition of other minority students in her class. "There were three black students in my class and now I'm the only minority student left. Sometimes I wonder if I will make it."

Compared to the didactic portion of the program, Maria feels the hands on or clinical portion of the program is less stressful and the most rewarding. Her experience working as a surgical technologist for the past six years makes working in the hospital a bit easier. More importantly, she credits her ability to communicate and connect emotionally with patients as the reason why she enjoys the clinic so much. Connecting with patients is what she sees as most valuable about the struggle to become a nurse.

Key descriptors I find appropriate for Maria include: "determined," "hard working," and "caring." Maria chose to be a nurse so she could advance in her career and make a bigger financial contribution to her family. She also wants to be a registered nurse so her children and family will be proud of her. Maria's philosophy is that even if things are difficult, if she works hard, she will get better.

Jackie

Jackie is finishing her associate's degree in surgical technology but is already planning on returning to school. "Like right now I'm almost to my goal and once I master doing what I want to do, after a year, I'm going back to school." When asked what she wants to go back to school to study, Jackie answered, "I want to be a CRNA, which is a certified registered nurse anesthetist. So I know that's probably going to be a lot harder but it's just another challenge and something I want to do." The fast pace of surgery and the operating room do not bother Jackie. She likes the adrenaline rush she feels when she

is working under stress. She likes things organized and finds surgery chaotic and methodical at the same time.

Jackie appears to be a fun loving and vivacious twenty-four year old woman in the surgical technology program. Jackie selected "Hispanic" on her admission form to Career College and also chose biracial. She told me her father is Hispanic and her mother is white. When I asked Jackie if she identifies herself as a woman of color, she said, "No, not really. I look white so everybody thinks I'm white. I tell them, no, my dad's Mexican. I'm half."

Jackie said there were two Hispanics at the hospital where she is working, one of whom was also Mexican and white. Jackie did not appear eager to talk about racial issues. She just said that she gets along with all kinds of people. When I asked Jackie if she had ever felt any negative or positive treatment because she is biracial, she said,

> I don't think so. It's kind of weird that everybody that I work with at the hospital like now, like everybody's white. I see two black people there because I'm on the first shift. I don't know people on the second shift. I think I've seen one Hispanic girl, no two. Cause the girl I work with, she's Mexican-white. And I seen another one. But everybody's white there. Not that it's like, no big deal.

Jackie has a strong bond with her family but at the same time she is seeking her independence. She wants to be on her own and separate from the family but is still financially dependent on them. Jackie is thankful to live with her parents, who do not charge her any rent, but qualifies her statement that she thinks at twenty-four years of age, she should be living on her own.

Jackie did not realize how hard college was going to be and how much she was going to have to study, "because in high school you know, you can just do pretty much whatever, you don't really have to study." She started in an Anatomy and Physiology

class her first quarter at Career College and then withdrew. Jackie then took the Basic Anatomy course, got an "A" and did well in the following Anatomy and Physiology classes. Because she is focused on her goal of finishing the surgical technology program, Jackie is willing to do whatever it takes to graduate. Even though she had to repeat a math course and found microbiology and anatomy very hard, she knew she had to get through these classes. Jackie's attitude is,

> Because it's part of my program and I have to do it. I can't just say screw it (laughs). It's a challenge. It's something I want to do. Even though I hate Math, to be honest with you, it's something that I had to do and it's kind of like, it's something that like I overcame. It was a goal.

Because of school and work, Jackie has long days. Tuesday through Friday, she gets up at 5:00 a.m. and shares a ride with another student to their clinical internship. Wednesday through Friday, Jackie leaves the hospital at about 3:00 p.m., heads home to change and get ready for work at 4:30 p.m. She usually works until 9:00 p.m. Standing in surgery most of the day and then working as a waitress at night, Jackie said, "Yeah, that is a long day. So by the time I leave there, my legs hurt. When I get home, I take a shower, go to bed and do it all again the next day." On Saturdays, Jackie does not go to the clinic but she often works until 10:00 p.m. Sunday through Tuesday, Jackie does not go to her job and tries to spend some time with her boyfriend who works third shift. "It's really hard right now." If it were possible, Jackie would not work and would focus more time on her studies.

Jackie is pleased that she can help people in surgery. Her favorite class was the clinical experience where she was participating and contributing. She said that even though her patients are asleep, she feels a connection to them and she feels she is making a difference in their lives. Jackie says she is "learning something new everyday" and

enjoys that. If she does not go to school, Jackie knows she will not have anything. "I'm not going to have nothing if I don't work. I don't want to be a statistic on welfare. . .To work in the medical field, I'll always have a job. I'll have benefits and I get to help people."

The key descriptors I use for Jackie are "ambitious," "independent," and "young." Jackie has high aspirations and wants her independence. She has set some goals and is ready to face the academic challenges that come with those goals. She would like to be more independent of her family but depends on them for financial support while going to school.

Linda

Linda always thought she wanted to be a doctor but a few years ago, she discovered physical and occupational therapy and sees this as her niche at this time. Linda completed the occupational therapy assistant associate's degree and is working on a second associate's degree as a physical therapist assistant. With both of these degrees, Linda is on her way to finishing the bachelor's degree of rehabilitation studies. At this time, Linda is ready to get out and work for a while but she does not discount the possibility of continuing her studies one day. "Definitely, I'm not out of options. (Becoming a doctor)...It's still out there. I just want to see how far (therapy) will take me."

At twenty-one years of age, Linda is the youngest of the students interviewed for this study. Even so, Linda gives the impression that she is very mature and dependable. She takes her studies very seriously and identifies a great deal with her Hispanic background. When talking about her family, their customs and traditions, Linda speaks

with great interest and sincerity. For example, describing the sweet fifteenth birthday celebration for girls in her culture, I could tell what a special occasion this is for Linda and her family. Fourteen family members "stand up" for the girl. These fourteen people represent the first fourteen years of the girl's life and the support the family gives to this girl.

Linda is the oldest of five children ranging in ages from twenty-one to five years old. She is close to her Hispanic culture because she spent several of her early years in Texas with her grandparents. When growing up, Linda's family moved around a lot. When Linda was one year old, her parents moved to Texas where they lived with her dad's parents until she was three years old. After that time, Linda's family moved back to the Midwest and lived with her mother's parents until Linda was six years old. When Linda was seventeen, her family lived with her grandmother again while they were looking for another house.

Collaboration is very important in Linda's family. She gives the money that she earns from her work-study job and financial aid to her parents. When she needs something, she knows she can ask her parents and they will do what they can to meet her needs. Sometimes Linda needs financial assistance and sometimes she just needs some quiet time to study.

Linda has a strong desire to stay connected to her family. For this reason, she lives at home and attends Career College. She chooses not to attend a larger university where she could be enrolled in a master's degree program for Occupational Therapy because Career College is close and the university is forty-five minutes away from home. She wants to teach her siblings about the family's culture. She especially wants to be

around so that as her little sister grows up, they will have a relationship and get to know each other.

One of the cultural values Linda wants her siblings to understand and demonstrate is being respectful to their elders. In Spanish, proper titles and words are used to demonstrate respect. The English language does not express this distinction as clearly. By using specific language and assisting with the care of her grandmother, Linda acts as a role model for her siblings. Linda's grandmother recently moved to the Midwest from Texas and is still adjusting to the move. She is also recovering from knee surgery, which she had a couple of years ago. Linda said, "And she's had a couple falls recently so everyone just kind of worries about her. So we kind of take turns like going over and checking up on her and making sure she's alright and stuff like that."

As a result of the feelings she has for her grandmother and culture, Linda wants to complete her education in Rehabilitation Studies. She wants to work in Occupational and Physical Therapy for now and sees the likelihood that she will continue her education. As a therapist, Linda sees the opportunity to provide care in a medical field and make a special contribution to Spanish-speaking patients.

> After seeing what [my grandmother] went through with her knee surgery. I just kind of knew, this is what I need to do. Cause when she went through her knee surgery, me, my Mother and two of my Aunts had to stay the night with her at the hospital so we could translate to her what the nurses and the doctors and the therapists were telling her to do or what they wanted her to do. After that, then I thought, ok this is really what I need to do. And it would be helpful because being that I'm bilingual, I could help other people that knew the language and could translate.

Linda wants to recruit more minority students to the fields of Occupational and Physical Therapy. She thinks that "not a lot of minorities really attend or you know, go for this program (occupational therapy assistant or physical therapist assistant)," because

they do not know about it. She thinks more should be done to inform minority students about the fields of physical and occupational therapy. "I think the biggest thing is that a lot of minorities, they don't know. Because the only thing that you really see is nursing . . . It's not being vocalized out to the minority." Linda wants to be an example to her brother and sisters so they can see that you can do what you want to do. "It's kind of nice because now I can kind of like inform my family what exactly a physical and occupational therapist does."

Key descriptors for Linda are "dependable," "sincere," and "respectful." Perhaps it is because she is the first born child in her family or because of her family values but Linda is very respectful of her parents, grandparents, teachers and others people who represent authority. She wants to be a positive role model for her siblings. She sincerely wants to educate other minority students about the fields of physical and occupational therapy and recruit more minority students to the field. Because she is bilingual, Linda thinks she can play a special role in treating Spanish-speaking patients.

Kanika

Like a runner with her sights on the finish line, Kanika, who is African American, is focused on finishing the surgical technology program. She will not let anything come between her and her degree. "I have an agenda. . . If you're not in my agenda (tsk) I'm sorry. I have to get this. . . I have to stay focused." For example, Kanika does not think her female cousins understand. They want her to go out on nights when she has school the next day. They call her "goodie, goodie" because she goes to school and is married.

Kanika wanted to go to college right after high school but had a baby one month before graduation, at eighteen years of age. After having her baby, Kanika worked two jobs and went to the local community college for a while.

> I ended up having to drop out (of college) because it was kind of hectic working two jobs (in a group home and at a department store) and going to school and my grandmother used to keep her, my daughter while I would go to school. And (my grandmother) started getting sick a little bit so I just stopped going to school and I just worked the two jobs . . . I just didn't want to be one of those teen parents that didn't work and so I got sick.

Now, at twenty-five years of age, Kanika says she has no time to waste in finishing her degree and graduating. "And I always said, I probably won't be a surg tech for long cause I got like other stuff that I want to do (laughing)." Kanika is considering a bachelor's degree in nursing or medical technology but is, "most definitely going back for a bachelor's."

Kanika has a clear vision of her future aspirations. Ultimately, she has plans to own her own business by the time she is thirty-five. Her experience working in group-homes and as a home health aide will give her a good background for her plan.

> Actually, I want to own, I want to call it a daycare. I want it to be something more. I don't want to say like a nursing home. I don't know what it is. But my intent is for to work with disabled kids. And I want to own a business called 'Give Me a Break,' which gives the parents that have to take care of these kids all the time . . .just give them a break. . .You know, you go to some nursing homes and it has that sick smell. My home will smell so beautiful.

Kanika's attitude could be a result of the strong influence her mother has had in her life. Her mother always made her feel like she could do anything she put her mind to do. Growing up, Kanika said it was somewhat rough but her mother's belief was if you stick together and trust in God, things will work out. "We might have it rough but if you

keep just praying and go on, it will be all right." The two things Kanika always counts on being there for her when she is in need are still her mother and God.

Kanika feels like her mother understands what she is going through. Her mom also attended Career College and worked while raising her children. She thinks her mother had it a lot harder than she does because her mother was a single parent. Kanika's husband is supportive and he helps her a lot. This is something her mother's ex-husband did not do. So Kanika said she talks to her mother when she is on the "pity potty" because her mom understands what she is going through.

Kanika's mother and stepfather set high expectations for her. Her parents "got on her" to go back to school because her husband had finished an associate's degree. Kanika's parents work in the "shop" (factory) where Kanika's mother is a committeewoman for the union and her stepfather is a skilled tradesman. Kanika's mother also has a degree in interior design and her stepfather owns a landscaping business. In addition to these careers, both of Kanika's parents are ministers.

Teachers have been a positive influence for Kanika as well during her time at Career College. Although almost all of Kanika's instructors are white, she feels supported by them. She is not as concerned about their color as much as she is concerned if they can teach. As an example of her priorities where teachers are concerned, Kanika talked negatively about the one black instructor that she had while at Career College. The instructor was from another country and therefore, it was difficult to understand her because of her accent. In addition, the teacher did not invite questions during class and Kanika thought she had a condescending attitude toward students. Kanika said that not only the black students but also the white students had difficulty with this instructor.

Because of the long hours in school during the day and evenings at work, Kanika was away from her two young children and husband a great deal. She thinks, "I was gone so much my marriage was starting to fall apart." In spite of the fact that her husband was supportive of her going to school, Kanika was upset when he sought attention from another woman.

> And I'm like, you know what? Not right now. I'm like, we been together since we were sixteen and we just like had our nine year anniversary like last week. And I'm like, we been together too long (laughing). I mean, you know, we just need some kind of break for a minute. So I moved in with my mother. And I left him everything. I said, well you know, if you want to play like that, then go right ahead.

Kanika almost left the program at the time when she and her husband were having so many problems. Normally her attendance was outstanding but at this time, Kanika missed four days of class and her grades suffered. The emotional stress was almost more than she could take.

Support at this difficult time came from Kanika's mother, her faith, and one of her teachers. Because her mother is a minister, Kanika talked to her a lot. She also spent a lot of time praying. One of her teachers also talked with her, encouraging her to keep going and not give up. Kanika remembers her teacher saying she understood that there were some problems but that Kanika should "suck it up" and so she did.

> And when I went to my clinicals I was like, hey this is it, this is where I have to make my mark. If I don't make my mark here, it won't be made. So I went in fighting and I said, I just can't let you (her husband) mess me up. I came a long way and I graduate in June and you think if you doing whatever you're doing for to mess me over.

In the end, Kanika decided that not anyone or anything would come between her and her goal of graduating.

In March, Kanika and her husband got back together. She is working only a few hours a week now in addition to going to school. This gives Kanika more time to spend with her husband and family. With more time together, she thinks her relationships with her husband and children will be more stable. There are still some issues between Kanika and her husband but Kanika is hopeful that from this point on things will go better for them.

Now that Kanika is working on the clinical portion of the program, she is very happy that she persisted because her confidence is growing and she loves what she is doing. She was happy because the clinic where she is working as a student has already offered her a job when she graduates. She might take the job or she might look for another. At this time, there are many options and possibilities open to Kanika because of her degree.

The key words that I think of when I think of Kanika are "determined," "aspiring," "hopeful," and "a fighter." Kanika wants everything to work including her marriage, graduating from the surgical technology program, working, and having time for her children. She is willing to fight for herself and her beliefs. In the process of making sure she attends to all of these commitments, Kanika is planning her future endeavors and has her sights set on her own business. She has a great sense of faith and hope that everything will not only work out, but will be better.

Teisha

Teisha grew up in the same city where Career College is located and has lived there all of her life. She just turned twenty-five years old and is the second of three girls. Her parents are divorced but she has a good relationship with both her mother and father.

Teisha explained that she is biracial. Her father is African American and her mother "has a little bit of Irish (and) she's French too."

Teisha works part-time at a local hotel. This is a job she started six years ago while still in high school. She works in the restaurant and bar at the hotel and enjoys the people with whom she works. The job is tiring but Teisha has fun at work. She feels comfortable and finds this job allows her to express her huge sense of humor. Familiarity with the people and work make it hard for Teisha to think about leaving this job.

In addition to working, Teisha has been a student in the surgical technology program since 2000. She discovered surgical technology while reading an article about Career College in a local newspaper. Because she took some classes in the certified nursing assistant program in a vocational program in high school, she knew she did not want to be a nurse. However, her interest in the medical field was sparked when she read about the surgical technology program.

> And as soon as I read the article, I saw [my instructor] on the front page and I called one of the advisors the next day and set up an appointment. And he showed me around and I came. Hey, I've got nothing to lose, so I might as well just go. And I've been going ever since.

Some academic struggles and personal experiences have slowed Teisha's progress in the program. She had to repeat microbiology and that put her behind in her surgical technology classes. While she was waiting to get back on the surgical technology rotation, she started the sterile processing certificate program. However, just before she was going to finish that program, she got pregnant and did not finish.

Having a baby while trying to finish school has been difficult and stressful for Teisha. Her greatest supporters are her mother and her sisters. Currently, Teisha and her son live with her mother who watches the baby while she is at school or work. When her

mother is unavailable, her older sister helps out by babysitting. Teisha is pleased with this arrangement because her nephew is four months younger than her son and she is glad the boys can spend time together.

When talking about her mother and sisters, Teisha began to cry. She explained that when she thinks about the love and support she receives from them, she is overwhelmed with emotion. She does not want to disappoint them but wonders if she can handle the stress she constantly feels.

> My sister helps me out a lot, too. She has her son and [my son's] over there a lot. She's like his second mom. Just like my mom . . . she just wants me so bad to finish school. So I'm struggling. At the beginning of the program, I just wanted to quit. I'm just like, there's just no way I can do this. I miss my son when I'm at work. And so I just wonder if I'm doing him a favor by doing this but it's just like . . . I don't know. Man, I'm like right there. I just don't want to quit but it's stressful. It's a lot of stress.

Teisha's stress is creating a barrier to her timely graduation. She relates her stress to many sources. As a single parent of a fifteen-month-old child, she finds it hard to balance her time among work, school and home. Although she sees a job in surgical technology as a means to a better life for herself and her son, she would rather spend more time with him. She feels great pride in her son and demonstrates this by showing off his most current pictures.

Being a single parent is stressful to Teisha. With minimal support from her baby's father, Teisha feels financially and emotionally overwhelmed at times. Her baby's father helps out by babysitting but he does not contribute financially because he is unemployed. Teisha thinks he could do more to help. She notes that married students have an easier time because they have more support and time for their studies. In spite of working, she

has very little money and feels she is barely making it. She does not know how she will pay for her summer quarter classes.

Teisha feels she is at a disadvantage to other students because she does not receive extra help from her instructors. She prefers to go home immediately after class rather than wait in line to talk to a teacher. Teisha does not want to "waste precious minutes" waiting, because she wants to get home to her son. Therefore, if she has questions or needs extra help, Teisha believes she is missing out and has to try to learn things on her own. She finds this lack of assistance very stressful.

As a mother, any activity that competes for time with her son is stressful to Teisha. Her clinical internship is Monday through Friday and takes about twenty-eight hours a week. On Wednesday through Friday, Teisha leaves the hospital about 2:00 p.m., sees her son for about an hour and then heads for a long night of work. "Wednesday through Friday, I'll see him for like an hour and then I won't see him for the rest of the day when I get out of work. So it's kind of hard. . . Sometimes I don't get to see him very much."

Not getting enough rest and spending many hours a day on her feet is physically challenging to Teisha. She is exhausted most of the time. Often, her son does not go to bed until midnight so she only gets about five hours of sleep a night. Although Teisha finds it hard to keep going when she always feels so tired, she does not see any solutions to her problems.

Believing the internship would be less stressful, Teisha was looking forward to finishing the didactic portion of her program. However, the internship is harder than she thought it would be. As a student in the hospital, she feels she has little control over

situations. The way she is treated by other healthcare personnel as a surgical technology student is a very different experience as compared to the support she feels from her co-workers at the hotel where she works part-time. For instance, some surgeons are very demanding. Teisha explained,

> Some of them (personnel at the hospital) can be really nice and some can be really not so nice. So I'm trying to get used to that. . . I had one (demanding) doctor like that. It was just like, oh my God, I just wanted to quit that day. I was just like, I got to get out of here.

Teisha identifies other issues she has with her clinical experience. She thinks there are some people at the clinic who do not want to teach her. At times, she feels she is competing for needed student experiences with a student who is more advanced than she is. "There's another girl (student) and she's very good. . . and she's more ahead. I'm still trying to learn and she's pretty much already there at what she needs to be." Often, this other student gets the cases that Teisha needs but she is not assertive and does not say anything to her instructor at the hospital. Teisha continues to work at being more assertive and building her confidence at the clinic but finds it difficult.

> [My instructor at the hospital] knew I was having a rocky start my first week. When I got my evaluations back, I got a bad evaluation back. She talked to me about it. I kind of like sat down for a minute. And then I talked to [my instructor at the hospital] about it. And she set me straight about it too. She just said, "You have to work and prove yourself to everybody." So that's what I did. I did better.

Conversely, Teisha responds positively to the people at the hospital who are helpful. When a doctor is friendly and shows her something interesting in surgery, she gets very excited and knows that this is the field she wants. Teisha is close to one of the registered nurses at the hospital, who she describes as "mixed like me." Teisha is not sure if she is drawn to this nurse because there are not a lot of minorities working in surgery at

that hospital or just because they get along. Regardless, Teisha appreciates the interest this woman shows and is glad the woman is there for her.

With the need to provide for herself and her son, Teisha elects to put in more hours at the hotel than her internship. Her limited attendance in surgery threatens her completion of the program. As a result of limited hospital hours, Teisha does not participate in the required major surgeries. She explains how she feels about this situation by saying, "It kind of put a damper on things cause I always have to leave early."

Another of Teisha's worries is her lack of confidence in unfamiliar situations. For example, she states that her best class is one that was a repeat of another class. The teacher, "put her on the totem pole," and asked her and other students to share their knowledge. Sharing her knowledge with the lower level students was a positive and rewarding experience. This is very different from how she feels in the clinic where she is unsure of herself.

Teisha thinks that if she had less stress, more time and felt more confident, she would do better in the clinic. She works at building her confidence but it is easily shaken in unfamiliar situations and when she is facing new learning experiences. When Teisha talks about the sterile processing program, she sounds confident and sure that this is a job she knows she could do well. She sees being a surgical technologist as much more difficult and stressful. Often she wants to quit the surgical technology program and feels like she is merely "surviving" rather than flourishing in the clinic.

Descriptors I would use for Teisha are "stressed," "unsure," and "at risk of dropping out." From the beginning to the present stage, Teisha voiced a desire to quit the program. She sees the difficulties as obstacles in her way of completing the surgical

technology program. The responsibilities of motherhood, lack of financial resources, limited interactions with her instructors, and difficult people in the clinic are all stressors in Teisha's life. Her mother and sisters are supportive of Teisha and want to see her graduate. The high level of stress she feels combined with her lack of confidence are not positive forces in her life.

June

June is a determined woman who lives by her strong faith in God. She is thirty-one years old and the single mother of four children. June's boys are twelve and eleven years old, and her twin daughters are nine. Without complaining, June shared that one of her sons has been sick for most of his life. At times, he still gets sick and is hospitalized. June takes this in stride with her other responsibilities, misses class sometimes because of this but does not let it stop her.

June's children are very important to her and she wants to be a role model for them. She feels that by going to school, she is setting a good example for them and as a result, they will learn persistence from her. She also hopes that if her children have an education, they will have a better chance of finding good jobs in their futures.

> The biggest thing was to show my kids that even though you make some mistakes, things happen in life that you can't control, the importance is that you keep trying and you can do it. That was the biggest one. And then you look at the job market and there's nothing really out there unless you have some form of education, higher level.

June is the first and only African American ready to graduate from the orthotics and prosthetics program at Career College. In the orthotics and prosthetics program, students learn to manufacture braces and artificial limbs. Students must learn how to work with a variety of materials and work with many different tools, heavy equipment,

and to construct medical aids. June enjoys this kind of work. She aspires to continue her education after completing the orthotics and prosthetics program. "Actually, my goal is to go on. Actually, my goal is to teach eventually."

June wants to earn a bachelor's degree at Career College and then go to Northwestern University in Chicago and complete their program in orthotics and prosthetics. Some day, she wants to complete a master's degree or earn whatever degree it takes to be able to teach at the level of an associate's degree. June is very confident and she is going to take it one step at a time and reach this goal.

June grew up in a family of six children where the message was, "a family always sticks together and you're supposed to look out for family." June has a brother, two older sisters, and a sister five years younger than her. There is a twenty-year span between the oldest and the youngest of the siblings but they and their children are all very close. Education and reaching goals regardless of the difficulties were considered very important in June's family. This may be due to the fact that June's parents wanted more for their children. Her father went to college for a while and became a skilled tradesman. June's mother dropped out of school in junior high to pick cotton in Mississippi and help take care of her children. With June's dad, there was no such thing as men's work and women's work. Everybody had to work. June remembers when she got her first car; her dad made her go out and help him change the brakes. June knows how to change a tire on a car and do different things. She said it "shocked" people. But this taught June that there is no limit to what she can do.

June went to grade school, middle school and one year of high school in the city. These schools were predominantly African American. June loved school and was very

active in junior high school playing in the band and singing in the choir. In high school, June was in a textile and clothing class, which involved making quilts for senior citizens, visiting nursing homes, and community involvement.

In June's sophomore year, her grandfather got sick so her family moved out to the country to help take care of him and she went to a predominantly white high school in that area. "The year I graduated, there were eleven black kids in the school, total." Although there were so few African Americans at the school, June said the teachers did not tolerate racism. According to June, this move was a big change because of the way things were taught. "The way that they actually delivered the material and the way that they taught us to do the work was a lot different." June said her high school experience prepared her well for college.

June could not go to college without the support of her parents. On days when June has class from 8:00 a.m. until 6:00 p.m., her parents help take care of her children until she gets home. On Tuesdays, June has class from 9:00 a.m. until 10:00 p.m. with breaks in between.

> I normally stay in [the city] because of the driving. I don't see good at night. And I fall asleep when it gets dark really easy. So I normally, when I leave Tuesday morning, I'm in [the city] until Thursday after school and then I go home.

During the time she is away, June stays near the college with a sister or cousin and her parents take care of the children. Not only do June's parents help out, they also act as surrogate parents for her children. June's dad is often there at the school for her kids. Her dad also helps the kids with homework and will take them for June when she gets stressed out. "He's the Grandfather but he's also there to guide them and help with their work."

Because June was away from school for nine years before coming to Career College, she found coming back was challenging. She started in the nurse's aide program and after completing that program, she decided to go on for an associate's degree in orthotics and prosthetics. June found the prerequisite courses and grade requirements to get into the orthotics and prosthetics program were not easy. The anatomy and physiology courses were especially difficult. She was very sincere when she explained how she made it through these classes. "I prayed my way through 'em and just a lot of hard work." Fortunately, June did not have to repeat any classes.

Feeling a connection to her program director, instructors and classmates has also helped June through her program. A tight bond has developed between June and her group. Feelings of acceptance are mutual between June and her classmates. She calls her cohort a family because they stick together and look out for each other. June parallels the feelings she has for her group to those she has for her family.

Being the only minority student in her group has not affected June's success in the Orthotics and Prosthetics program. Her attitude is that the ability of a teacher to teach is more important than his or her color. However, she thinks if more minorities are seen teaching and working in her field, other people would realize that they are everywhere. She sees this presence as important and another reason why she wants to go on to teach.

June smiles and radiates when she talks about going to school and working in orthotics and prosthetics. One reason for her happiness is that she thinks she will be making a difference in other people's lives. One of her favorite classes included information on helping patients with diabetes. Because this disease is prevalent in her family, June found it very interesting and important to her. As a result of her strong faith,

June believes working in orthotics and prostheics is her destiny and what was intended for her life.

The key descriptors I give to June are "a woman with conviction," "trusting," and "sincere." When you talk to June, she convinces you that she will graduate and then go on to become the teacher she aspires to be. It is June's strong faith that supports her convictions. June trusts that with the help of her family, especially her parents, she will be able to go to school and accomplish whatever she needs to do to go on for more education. The motivation for this desire to succeed comes from her desire to be a role model for her children and live her destiny.

Sherry

Sherry is a self-determined, no-nonsense, straightforward twenty-four year old African American woman. She is doing something she always wanted to do: studying to be a nurse. Her sister is currently a nurse working in Atlanta, Georgia, but that was not the reason Sherry decided to take up this profession. She decided to be a nurse because this is what she wants to do. She states, "I didn't do it (enter the nursing program) because somebody else was going to do it or go to school because somebody else was going to school."

Sherry's persistence and determination are demonstrated in her accomplishments. She has completed a medical assistant certificate, earned a nursing assistant certificate and will soon receive an associate's degree in nursing. She does not plan to go on for a bachelor's degree, but feels as a registered nurse, she will have many options.

Sherry did not go directly from high school into the medical field. She went to

the local community college and studied for a variety of careers. First, she studied information systems but found that boring. She switched to elementary education but decided she did not want to watch kids all day. Sherry realized she wanted to be a nurse at age nineteen when she was in the hospital delivering her first baby. It was because of the care and understanding she received from the nurses that helped her make this decision.

> Well, when I first figured out what I wanted to do was when I had my son. And it just seemed like everybody who worked there was nice and smiling and happy. In my mind, hmmmm, and I just cussed these people out yesterday when I was in so much pain and she's still telling me like, how you doin? I'm like, that was some nice people. I think that's what it was. They were so nice and it seemed like they were happy about their job and in my mind, hmmm, I might want to do this.

In 1999, Sherry left the community college and went to a private school to become a medical assistant. She selected this school because years before, her mother had gone through this program. Sherry finished the program and worked as a medical assistant for seven months. Since the pay was low, she quit work to stay home to raise her children for the next three years. "It (medical assisting) didn't make that much money and it was a lot of work for not to make that much money."

Following the birth of her youngest child in 2002, Sherry started at Career College in the nursing assistant program. She saw it in the paper and thought it would be manageable because it was only ten weeks long. With three young children, she was not sure she could do more than that to start. Sherry took the state certification exam and passed it. After starting at Career College, Sherry saw greater possibilities for herself and decided to continue with the nursing program. While Sherry never worked as a nursing assistant, she thought the training helped her with some of the nursing classes, especially

the clinical portions of the program. Other requirements of the nursing program have been very difficult in spite of her previous education.

Going to school and raising a family have been difficult, so Sherry is grateful that both of her parents have been supportive of her education. Her mother helps with her papers and her father with finances. Sherry said,

> I always have (my mother) go over my stuff . . . Yeah, if I need like book money or something like that, or if I need a book, (my father) will buy it or if I just need something for clinicals, he'll buy it for me and stuff like that.

Not only Sherry's parents but also her grandparents are supportive. Sherry's grandmother, who she calls "Grannie," encourages her to go to school. Grannie watches Sherry's three and five year olds and the baby goes to a private daycare while she is at school or work. Sherry's boyfriend lives with her and her children but works first shift so he is not available to help with the children during the day. Her grandfather helps by picking up the kids from school.

Sherry also feels support from the faculty and majority of students in her nursing program. Her instructors are there for her when she needs them. She is in a study group with two other women, who encourage each other to do well. Sherry is glad that she has this support in addition to that, which she receives from her family.

The demands of the nursing program require most of Sherry's time. She attempted to work at a clothing store but as the demands of the nursing program increased, she found she could no longer manage her family, school and work. Even without a job, Sherry is busy. Illustrating her time limitations, she sums up her life since she quit working: "Basically, now it's just go to school, do clinical, study, go home, take care of the kids, take a bath and go to sleep. My life is school."

Before starting school, Sherry had more time to participate with her children's activities. She still wants to be more involved with her children but because of school, she does not have enough time. For example, when her son first started the head start program, she always went on fieldtrips and joined in with activities at the school. Now Sherry is unable to participate in her daughter's school programs. "My daughter's group, I think on Thursday is going to the zoo. And I won't be able to go because of school. I just can't fit it no more."

During the summer quarter, Sherry will not have class and is planning on working as a nurse extern at one of the local hospitals. She thinks this will be a good experience and will add a lot to her education. She also appreciates how the externship will give her more time. "It will be nice just to do one thing instead of having to do a whole bunch of things at one time. . . So it will be good to have just one thing to do and get the kids ready instead of work, school and get the kids ready."

Not only time constraints, but also Sherry's class work has been challenging. The prerequisite nursing courses were not too difficult but she said she could have done without the English courses. "I just don't like writing papers. And I hate this about this program . . . That is my pet peeve. I don't like English." Sherry had to repeat English 102. Facing her shortcoming, she repeated the class and moved on in the program. She is committed to do whatever is required to graduate. As she says about being a nurse, "If I don't do it now, I know I probably would never do it. So I just want to do it now, get it over with, so I'll be done."

Sherry sees a career in nursing as a means to fulfill her needs. She looks forward to being able to financially support her children. As an educated woman, she feels she

honors her family and believes her children and family will be proud of her. She wants to be a role model for her children. She hopes her example will encourage her children to, "go to school and be successful too."

Overall, Sherry feels very positive about her experiences in the nursing program in spite of the challenges.

> I like my program. I like the people. I like the teachers. I think it's a good learning experience all and all. I learned a lot since I been in college. I know I know more now than before so I just think it's a good learning experience.

My key descriptors for Sherry are "goal oriented," "focused," and "intent." All of her energy is focused on completing her associate's degree and becoming a nurse. The support she feels from her family, teachers and classmates contribute to her successful progress in the program. Sherry persists because she wants to be a role model for her children and make them proud of her. Even as a student, Sherry identifies with the nursing profession and is confident that this is what she wants to do.

In the next chapter, I will discuss major themes and relevant discussions that emerged from the women's stories. The major themes were categorized into three areas: "Complex Lives," "High Levels of Stress," "Sources of Support," and "Motivation Overcomes Self Doubt." Also included in the next section is information relevant to cultural experiences of some of the women.

CHAPTER FIVE

Major Themes

Major themes emerged from the women's stories and the purpose of this section is to discuss them. This information adds to our understanding of who are these women, what are their experiences in selective healthcare programs and what meaning do they create from these experiences. The threads that hold the women's stories together help us understand why these minority women persist in the selective healthcare programs of nursing, orthotics and prosthetics, surgical technology, occupational therapy, and physical therapist assistant at Career College. Often, I will use one woman's or select womens' experiences to bring to life or illustrate the theme that emerged from the experiences of many of the women.

The major themes that emerged from the interviews include: "Complex Lives," "High Levels of Stress," "Sources of Support," and "Motivation Overcomes Self Doubt." In addition to the major themes, I added a final section to this chapter entitled, "Specific Issues Related to Race and Ethnicity." The topics discussed in this section are not necessarily universal experiences of the women. However, the information contains pertinent details that contribute to understanding the women and their experiences.

Complex Lives

Like many college students today, the women in this study assume multiple roles of parent, employee, classmate, wife, daughter, sibling, friend, etc. Balancing the responsibilities and demands of these roles leads to very complicated lives. Going to school adds another responsibility to the women's full-time jobs of raising children and

work outside the home. The women in this study are far removed from the simple life of the "traditional student" who goes to school and spends his or her free time studying.

As women and the primary caregivers in the home, many of the women describe their days as long and hectic leading to feelings of fatigue and pressure. Those with children get up early to get them ready for school or daycare. If the women have to be in class before the children leave for school, they either depend on someone else for this or drop the children off at a babysitter before class. When finished with school for the day, many of the women rush off to part-time jobs. For some, this could mean standing fourteen hours in one day. If it is not too late, the women go home to get children fed, bathed, and tucked into bed. Nights when they have any energy left, some time is spent studying.

Anita's story demonstrates some of the many complications the women face. Children, divorce, an aging mother, and financial concerns make Anita continually wonder if she can handle school in addition to everything else going on in her life. Money is tight at home and therefore, Anita works part-time at the college in a work-study program. There is some flexibility in the hours, which makes working somewhat easier. Anita has remarried since her divorce and her current husband works a lot of overtime so she can finish school. Each term, Anita must overcome barriers and deal with her anxiety that this could be her last term if she is not successful.

One thing Anita does to increase her chances of success is to make attendance a priority. In spite of some mandatory court appearances because of the divorce, child custody battles with her husband and occasionally a sick child, Anita has had very good

attendance. However, this choice brings with it feelings of shame and guilt because she equates this with neglecting her children.

> I do not miss a day. I don't think I've ever had anything below 95% attendance. I will come to work literally sick. As ashamed as I am to admit it, I've actually sent my kids into school not feeling so well because I couldn't miss a test or whatever.

Her cell phone is her lifeline to her children and mother. To reassure her children, Anita carries it everywhere so she can be reached at all times.

Worry about her mother who lives in Puerto Rico is another complication in Anita's life. She wishes she could see her mother more often and give her more financial support. As a way to compensate, Anita calls her just about every day. Having her mother so far away is a disadvantage. If she lived near by, Anita says she knows her mother would help her with the children, would cook for her and even help her with the housework. Anita feels she stands on her own 90% of the time but when she must, she said, "I turn to my mom when I feel like I can't do it any more."

Like Anita, Sherry's hectic schedule is "normal" for these women. Sherry leaves school about 1:00 p.m. She picks up her daughter from daycare and then drops her off at her grandmother's house, changes clothes, gets something to eat and is on her way to work. If her work schedule allows, Sherry comes home from work, takes care of her children and then studies a little bit. Although Sherry works and goes to school, she relates that her boyfriend does not help with the children because he works.

The women recognize the complexities of their lives, including time constraints, and look forward to having more flexibility in their schedules in the future. Their complex lives add to the high levels of anxiety that the women experience. Some of the many stresses the women deal with will be discussed in the next section.

High Levels of Stress

Most of the women find school is difficult but rewarding. Stress is part of the difficulty they all face. The women feel highly responsible for their academic performance as well as personal commitments and responsibilities. As students, the women know they must maintain high grade point averages to remain in their selective programs. As women, they struggle with the demands of their multiple roles. Academic stresses for the women come in the form of frequent tests, multiple assignments, and difficult material to learn in a relatively short period of time. The demands of full-time programs and high numbers of credit hours do not allow for absences or missed work. Most of the women feel they were academically prepared for college but lack of time to study causes anxiety that they will fail. For some of the women, the didactic portion of their programs is the most difficult. For others, learning and performing unfamiliar psychomotor skills creates the most stress. The women know they are not allowed to go to the clinics and work with patients until they demonstrate competence. Not passing either the didactic or practical portions of the program could result in dismissal.

In addition to academic pressures, most of the women find their personal lives are stressful. One of the greatest causes of stress is the women's lack of time spent with their families and significant people in their lives. This problem leads to feelings of sadness and regret. The women want to spend more time with their husbands, children and families but classes, homework and jobs limit the time they have for relationships. Several of the women talked about "missing out" on family activities, such as a daughter's play at school or not going on a fieldtrip. For example, Maria said that between her job and school, there is just very little time to spend with her children and

she has to miss out on some family events at times. Maria experiences conflict because spending time with her family is so important to her.

Going to school and the need to work outside the home are other sources of worry for the women. Unable to work full-time because of the demands of the program and the added cost of going to school create financial distress. Most of the women manage to handle part-time jobs but would prefer not to work. Financial needs make it a necessity. Some of the women believe that because they are gone from home so much of the time, their marriages and families are at risk. In many cases, the women also feel that because roles are reversed, there is more stress in their homes. The tasks and responsibilities the women usually take care of must be delegated to others. The women worry because their husbands must take over many of the tasks they usually handle. Children have to be more independent and contribute more to the household. Although they are grateful, the women worry that it is too much for their parents and grandparents who provide childcare. They feel they are neglecting their duties and therefore, their families suffer.

I have selected the stories of Teisha, Maria and Kanika as ways to illustrate the stresses the women face. Each of these women responds differently to her feelings but they are representative of all of the women. Through their words, it is clear that handling multiple responsibilities and lack of time for relationships are sources of difficulty in their lives.

Of all the women, Teisha appears to be the most stressed. For financial reasons, she lives with her mother and she depends on her mom and her older sister to watch her son when she is at school, work or when she just needs a break. Teisha finds it helps a great deal if they can watch her son so she can study, "even if it's just for an hour." When

talking about the support her mom and sister have given her, Teisha begins to cry. Part of this emotion is due to the fact that Teisha knows her sister really wants her to finish school. She does not want to let her mom or her sister down by quitting.

Teisha frequently refers to her experience in the surgical technology program as a struggle. This struggle appears to be related less to her inability to learn the course material than to the expectations she places on herself as a mother and the conflict she experiences when she does not have the time to be with her son. Balancing her time between her son, job and school, she feels pulled in many directions and questions if she is being a good mother to her son. The desire to be with her son may explain her poor attendance in the clinic. Difficult days in the clinic and hours spent working at the hotel leave her with little energy to care for her son when she gets home. In spite of her fatigue, Teisha is very glad her son is still up when she gets home because she misses him so much. She struggles with her decision to go to school now while he is so young and thinks it is easier for students who have husbands or older children.

> So I'm struggling . . . And so I just wonder if I'm doing [my son] a favor by doing this but it's just like [Teisha cries], I don't know . . . Honestly, I thought the internships were going to be easy for me but they're not . . . Just a lot of hard work, study time.

In addition to her doubts if this is the right time for her to be in school, Teisha did not receive a good evaluation on her first clinical experience. The fact that she is not doing well is compounded by the fact that she is behind in assisting with the required number of surgeries because she leaves the clinic early to go to her job. These issues could threaten her chances of finishing.

Another stress for Teisha is that she does not see herself as one of the "smart" students in her class. She identifies her older sister as smart because she has a degree in

computers from the community college. "She's been smart. I already knew she was going to go to college. I'm just surprised that she only went to [the community college] cause she's really smart." Teisha has a certain lack of confidence and low self-esteem that contribute to her overall anxiety.

Like Teisha, all of the women worry about being dismissed from their programs for poor academic performance. For Maria, concern over grades creates the most stress in her life. Maria feels the most pressure when she is faced with theoretical tests that she must pass in order to graduate because test taking has always been difficult for her. Since the beginning of her nursing studies, Maria feels like it is always "down to the wire." She constantly wonders if she can pull it off and get the grades she needs to pass. She recalled one practice registration board test in particular, which she took three or four times, that was very, very stressful. Passing this test is required of all nursing students and Maria worried she could not accomplish this. Finally, with help from one of her instructors, she successfully passed the test. Comparing the nursing program to the surgical technology and Health Sciences Administration degrees, Maria says,

> this was the hardest one that I've ever had to do though. It's the hardest program . . . and I know I only did part-time with the bachelor's and the surgical tech program. I worked too when I was doing that but it was nothing compared to (laughs uncomfortably) the nursing program. And probably it is because I'm still working, but even the one's that aren't working, it's tough, it's a tough program.

Learning the practical or hands on skills of nursing is not difficult for Maria because she believes she is insightful and sensitive to her patients' needs. She is skilled at sensing the needs of others and acting as a caregiver. Her experience as a surgical technologist also complements her ability to work as a nurse. Her clinical instructor reinforces Maria's confidence by allowing her more independence than some of the other students.

Trying to work, take care of her family and go to school complicates Maria's life. Added to her academic anxiety, Maria worries that she is not fulfilling her responsibilities to her family. Maria feels her family is stressed because she is in the nursing program and

there is little time to get the work done around the house or spend time with her husband and children.

> It's been stressful on (my husband) too and us and the kids mostly. There will be times when we are just so stressed out and the house could be a mess . . . I'm usually tired because I go to bed very late . . . So as you see, in that day, I didn't have time to sit down with my son or my daughter, or make dinner or do laundry, or you know, I didn't mention any of that stuff because that stuff hasn't been touched.

Similar to Maria, Kanika identifies lack of time spent at home and not being there as sources of stress in her marriage and perhaps the reason that at one point in her program, her husband turned to another woman for attention. For Kanika, conflict exists between being a wife and being a student. When her marital problems escalated, Kanika missed some classes and almost dropped out of the surgical technology program. "I almost gave up. I will admit that. Like, I ain't going, I just ain't going today." When Kanika was having problems outside of school, her teacher gave her a pep talk that helped her turn things around. "Actually, my teacher was quite supportive, like towards the end . . . She was like, I know you were having some problems, and she probably told me like suck it up so I sucked it up." During this time, Kanika lived with her mother who helped her think things through and talk about her problems. As a result, Kanika decided to focus on finishing school and returned to her husband and children. However, she recalls that difficult time.

> Like me, I was gone so much my marriage was starting to fall apart. So the semester before our clinicals started, I was really, I mean I probably almost didn't make it . . . So it will drain you. It will work on some nerves and push some buttons. But I decided to keep going. It's just that I lost weight. I was a mess.

All of the women recognize the multiple stresses in their lives. They know that until they are finished with school, they must deal with these pressures. The conflict that

arises for some of the women is a result of their concern that they are neglecting their children and significant others and therefore, they are not acting as women are expected to act when they are "good" wives and mothers. It is their determination, ability to visualize themselves in helping professions, and the support of others that help them persist. The next section will discuss the sources of support that the women depend on to cope with the many stresses they experience.

Sources of Support

The women recognize that they cannot handle their multiple responsibilities, manage their complex lives and tolerate the high levels of stress they feel without help. They need assistance with housework, childcare, academics, and emotional distress. Also, the added cost of going to school stretches the women's already limited financial resources. Although several tried working full-time in the past, they realized that because of the many hours selective healthcare programs require students to be in class, work in the clinics, and study, this was not possible. Therefore, a major factor in the success of these women is their ability to find support through relationships with family and non-family members, their faith in God, and financial aid.

Support is obtained through relationships established at school and those that are external to the college. Teachers, counselors, classmates, and others make up support systems within the college. The women's relationships with their families, spouses, children, non-school friends, and co-workers make up support networks they bring with them to school. These external-to-the college networks provide assistance for the women's broad ranges of needs. On especially stressful days, a phone call, a pep talk from a parent, a card from a family member or encouraging words provide the emotional

lift the women need and make it possible for them to keep going when they feel like quitting. It is as if the care and empathy received from the people they care for builds the women's confidence and reinforces their desire to work in caring professions. Children and husbands take over some of the household duties and function more independently during busy times, lending a form of emotional support to the women students.

Families play a key role by providing most of the women with financial assistance in various ways. Some women live at home with their parents so they can save on expenses until they are through with school. Parents also help out economically by paying for books and supplies, making house payments and sharing the cost of daycare. Mothers, grandmothers, and sisters absorb the cost of childcare by providing this service. These are ways in which family members provide financial support so that the women can use financial aid obtained through the school and salaries to cover tuition and direct school costs.

June serves as a good example of how the women receive support from their families. Because she is a single parent with four children and lives a considerable distance from the school, June depends on several family members for help so she can continue her studies. June lives about twenty-five miles from the college. She has a class that does not end until 9:50 p.m. on Tuesday evenings and the same on Wednesdays. Because of the distance she has to drive and the fact that she has difficulty driving at night secondary to poor night vision, June's parents keep her four children from Tuesday until Thursday. She stays near the college with her cousin or sister while the children are with her parents. While she is away, her father acts as a surrogate parent to the children

by assisting them with their homework, going to their school, and providing care and guidance.

Close relationships with other women in their families, especially mothers and grandmothers, are significant contributors to the women's persistence. Linda is very close to her maternal grandmother and receives emotional support and inspiration from her.

> She (her grandmother) never learned the English language. She never learned how to write her name. I mean she can kind of write it now but doesn't know her alphabet or anything like that. And so I kind of look at her and I remember her always telling us you guys need to go to college. Cause you have to do better for yourselves. You don't want to end up like me and depend on other people.

This closeness developed in the years that Linda and her family spent living with her grandparents when Linda was young. As an adult, Linda wants to please her grandmother by getting a good education and caring for her in any way she can.

Maria's strong emotional bond with her mother represents another of these important female relationships. Knowing her mother loves her and will do whatever she can to help encourages Maria when she is down.

> But I don't think I could have. Not that my husband hasn't helped me either. But my mom, I go to my mom, I don't even have to tell her. She could tell by the sound of my voice. She could tell by the look on my face how I was feeling if I didn't do good in tests or if I was stressed. Anything, she could tell.

Relationships with non-family members are other forms of support women bring with them to Career College. For example, Maria feels her employer and co-workers go out of their way for her. For example, her employer is very good about working around her school schedule. She feels like the nurses she works with care about her and want her to succeed in reaching her goal of becoming a nurse. They are proud of her and understand what she is going through. They always encourage her to keep going, and Maria does not want to let them down.

Within the college, the women receive ongoing confirmation, which they depend on frequently because of recurring self-doubt. When the women feel overwhelmed because of academic demands or family crises, they turn to their teachers who listen, give private tutoring, and in general, provide academic and emotional support. Although utilized less frequently, the women turn to counselors for advice and assistance when they cannot go to their families or other sources. The support the women rely on most often are their friendships with classmates who share similar experiences. Feelings of camaraderie or family develops from working in cohorts.

In addition to their relationships with other people, several of the women find their relationship with God and their faith are great sources of comfort and reassurance. Knowing they can turn to God in times of need is a powerful emotional support. The women maintain their relationships with God through prayer and ask for His intercession and aid when faced with difficult situations. For example, Kanika turned to God when she and her husband were having difficulty with their marriage. In June's case, her church and faith give her ongoing emotional support. She believes her reliance on faith has been a critical part of her success and that she would not have made it without this strong faith. She prays a lot and feels like a higher power has helped her get through her program.

Financial aid is another support that all of the women find critical to their success. As mentioned earlier, because of their complex lives and the demands of their programs, the women are unable to manage full-time jobs while in school, making financial aid even more important than it is for some of the other students. They depend on grants, scholarships, state and federal loans, and student work-study programs to cover college

expenses. Without these resources, most of the women are very sure they would not be able to go to school. As Anita says, "But if it hadn't been for the financial aid, I would have had to quit..." At most, without financial assistance, they could only attend part-time because they would have to work full-time.

The women in this study realize they cannot be successful in school without help from family and others. Support is secured through relationships inside and outside of the college, especially those with other women. Some of the women find that God and their faith are sources of strength in difficult times. Taking advantage of financial aid provides some of the resources needed to pay for their education. The strategies of reaching out for help and utilizing the resources available appear to be critical to the women's success.

Motivation Overcomes Self Doubt

The academic records of the women demonstrate how determined each of them really is to accomplish her goals. Not only have several of them already completed degrees and are working for second degrees, they have done well academically. The grade point averages on a 4.0 scale for the eight women interviewed range from 3.86 to 3.09. Although academically successful, many of the women express an ongoing fear of failure. The competitive nature of selective programs contributes to the anxiety and self-doubt the women feel. In addition, the women are troubled by doubts that they are not meeting their responsibilities as women, wives and mothers and therefore will be looked upon as failures. Similar to Lewis's findings, "as a collective social practice, for men, attentiveness to other than one's self is largely a matter of choice, whereas for women, it has been a socially and historically mandated condition for our acceptability as women" (Lewis, 1990, p. 276). These women are aware of the conflict they feel but move beyond

that because they know that school is temporary and eventually, an education will improve their lives and the lives of their families.

The women report their motivation to finish their programs and graduate comes from various sources. High expectations from their families, their desire to be role models for their children, hope for a better life, and personal determination are some of the reasons given for persisting. The women are focused and goal-oriented and there is a strong identity with their professions. Repeatedly, students say, "I want to be a nurse," "I want to be a therapist," or "I want to be a surgical technologist."

The women worry about stumbling over the many obstacles they face. Teisha, for example, is always doubtful that she will graduate. She wonders if she can handle the stresses of the program and take care of her son. She finds it very hard to keep up and most of the time, she feels she is merely "surviving." Like Teisha, Maria is always worried that she will not be able to pass her tests and become a registered nurse. Anita talks about her uncertainties by saying,

> Tough. It's been a hard program. . . To an extent I've surprised myself. I've done better in school than I thought I would have done. . . But it's tougher than I thought it was. . . Do I have doubts? Yeah, I've had doubts. Every semester, I'm wondering if it's my last semester. Is it this semester that I wind up working at Taco Bell paying off my loans?

The women's motivation to continue in spite of their fear comes from various sources. At times, the women persist because they do not want to disappoint the people who are supportive of them. At other times, sheer determination and a strong desire to join healthcare professions appear to keep the women going in spite of all the challenges they face.

One of the key motivators for the women is their desire to act as role models. Because many of the women are first generation college students, they feel they will be role models not only for their children, but also for siblings and extended family members when they graduate. They want their children to see that with hard work, persistence, and effort, goals can be accomplished. It is important to the women that their children understand that education leads to opportunities and a "better life."

Getting a good job and joining a healthcare profession are other incentives that keep the women on the path to graduation. Jackie persists in the surgical technology program for practical reasons. She feels she is helping people, even though they are asleep most of the time. An education translates to a job and she says, "I'm not going to have nothing if I don't work. I don't want to be a statistic on welfare." Being a surgical technologist is a means to achieve her higher aspirations to become a nurse anesthetist.

Not only do the women aspire to good jobs and lucrative salaries, they also stay motivated to finish school by focusing on joining helping professions. The women say that caring and making a difference in the lives of others gives them a way to interact with people and personal satisfaction. They feel they gain respect from others and make their families proud by belonging to long standing helping professions.

Along with respect, the women want to feel pride in their accomplishments. They want their children, families and other supporters to be proud of them. They want to be proud of themselves. By finishing school, getting good jobs and working outside of their homes, the women believe they will feel this pride. Looking to the future and visualizing the respect they will feel is a strong internal motivator for the women.

Without discounting other incentives, the women said that sometimes, the only motivation that drives them to finish is their personal determination. They simply feel compelled to finish because they have come too far not to finish. They see nothing getting in their way. It is not a matter of courage or bravery but sheer determination that keeps them going.

Driven by a variety of motivators, the women overcome their self-doubt and persist. Their goals of acting as role models, joining helping professions and fear of disappointing their supporters act as external motivators for the women. They want respect and anticipate the pride they will feel when they graduate. At other times, the women rely on their internal motivation and sheer determination to keep from giving up and quitting.

Specific Issues Related to Race and Ethnicity

The themes described in this chapter emerge as key factors in how these women experienced their selective healthcare programs. Originally, I expected that these themes would have circulated around issues of race and ethnicity, power inequities in the predominantly white classroom and profession, and other foci found in the literature. By and large, this was not the case. Yet, some of the women did choose to disclose some thoughts about how their experiences in selective healthcare programs were overtly affected by the fact that they were women of color. This section presents those comments.

An issue brought up by Anita and Jackie is the difference between "fitting in" and "blending in" based on skin color. They believe that given their very light or fair skin, frequently, others do not recognize them as women of color and forget they are Hispanic.

As a result, they blend in when they are in a predominantly white group. Jackie says people are surprised when she tells them that she is half white and half Mexican. In a similar way, Anita does not think others treat her differently. However, her brother, who has much darker skin, says he notices a difference in how he is treated when visiting the town where Anita lives. Although somewhat surprised by her brother's experiences, she agrees that his darker skin color affects how others treat him. What these women are implying is that if you are recognized as a minority, people treat you differently. Persons with darker skin have more difficulty than lighter skinned people.

It may not be related to blending in or her ethnicity, but when Anita first came to her program, she did not identify with anybody and felt like an outsider. She did not fit in to any of the groups the students self-selected. She explains, "But when I first got into the program, I didn't feel like I identified with anybody. I actually felt like an outsider for a long time. Even at this age group, people tend to clique up and I didn't seem to fit in any one clique." She wonders if this is because she is from Brooklyn or because she is Puerto Rican. By her choosing, Anita has not made a lot of friends in the program nor does she socialize with many of her classmates. She has one close classmate in her program with whom she confides. They study together and have a close friendship.

Anita is used to the fact that there are not many minorities in her classes or in the field. She does not feel this affects her success. However, she believes she would feel more support and perhaps do better academically if there were more minorities present.

> I realized from the beginning when we first came into the program, that I'm like wow, only four minorities in the class and I'm the only Hispanic. And I think I would have not done better but support wise I probably would have done better.

She goes on to explain, "There's something about when you clique up with your own culture, you seem to understand each other on a level that most people don't." Anita relates to the three African American women in her class, even though she does not socialize with them, and believes that the other women are more affected by the lack of minorities in the classroom and in the field than she. It is not known if the prior experiences of the African American students are similar to Anita who has experience with a variety of cultures and ethnicities.

Kanika and June are aware that there are few minority instructors in their classes and the hospitals where they train. They are neither surprised nor concerned by this. They are used to having white teachers and say they really do not care what color the teacher is as long as he or she can teach. They agree that a good instructor knows the curriculum and is able to impart that information to the students. Kanika comments, "Because I can work with anybody. I don't care what color you are, if you can teach to me and I need to know it, then I don't care who I get it from (laughing)."

Linda is also used to having white instructors but does experience some cultural differences she has to "adjust" to in the classroom and clinic. For example, she wants to address her instructors using their proper names because this shows respect in her culture. Linda has been taught that anyone who is older than her or in a position of authority should be addressed using "Mr.," "Miss," or "Mrs." Her instructors tell her to address them using their first names and wonder why Linda is so "formal" when she speaks. Linda finds this is a difficult transition to make because she has to consciously remember not to use proper names.

Anita finds the approach Occupational Therapy takes toward the sick is very different from her approach. As a Puerto Rican, Anita thinks if a child is not fully functional, it is the family's role to care for him or her. She is not used to making the child as functional and independent as possible. She says, "In the Spanish culture, if you have a child that's not fully functional, we don't strive to get them to be independent, we don't have a problem doing for them because that's how we show (we care)." These differences make it difficult, at times, for Anita to stand back and watch her patients struggle with a task, especially if the patient is a child. Even though the goal of therapy is to make patients independent, she feels the need to help them.

Both Anita and Linda are concerned that Hispanics are not knowledgeable about Occupational Therapy, although they may know a lot about nursing. They think there is a lack of service to this population and that Hispanics do not know what treatments occupational therapists perform. For example, Anita is concerned that when her grandmother was ill, she did not receive services that would have improved the quality of her life because of a lack of awareness of the range of potential treatments.

The stories of the women in this study focus on their complicated lives, high levels of stress, the support systems, and motivating factors they depend on for their success. Although the women did not address race and ethnicity to the extent that I thought they would, I think the specific points they shared are important to our overall understanding of their experiences. Some of the specific issues shared relating to race and ethnicity include the concept of "blending in" versus "fitting in," feeling like an outsider, and feeling less support because of few minorities in classrooms and the field. Also of importance to the women are good teachers who can relate to students regardless of their

race or ethnicity. The women want others to understand that attitudes towards healthcare and treatment approaches can differ among races and ethnicities. A final concern of some of the women is that as a group, some minorities are not knowledgeable about all healthcare fields and therefore, do not have equal access to treatment.

Summary of Major Themes and Relevant Discussions

The stories of these women tell of complicated and complex lives that revolve around their families. Taking on multiple roles with multiple responsibilities, these women worry about not having enough time for the people closest to them in their lives. As women, they believe that their acceptance and respect is related to attentiveness to others and this lack of time spent in relationships with husbands, children and other family members contributes to their self-doubt. Less time for relationships creates feelings of sadness, regret, and anxiety for these women.

Demands in the lives of the women lead to very high stress levels. The need to maintain high grade point averages, financial worries, the need to work while going to school, hectic schedules, and other factors contribute to the pressures the women feel. Even while these things concern the women, they accept them as normal and turn to others for help. The women find many sources of support that contribute to their success, most of which are related to family and other relationships. Spouses help with children and take on responsibilities around the home. The women depend on childcare provided by parents, aunts, sisters and grandmothers. Families are called upon for financial assistance. Teachers, classmates and family are enlisted for academic support. For emotional support, the women turn to prayer, God, teachers and family.

Self-doubt is an issue that all of the women deal with throughout their time in selective programs. However, the support and care they receive from their families, instructors, and co-workers helps them deal with this issue, keep it under control, and overcome this recurring problem. Their desire to be role models for their children and join helping professions contributes to their persistence in spite of many challenges.

The fact that there are few African American or Hispanic instructors in the classrooms or clinics does not strike the women as unusual. As students, they are not as concerned about the instructor's race or ethnicity as they are about the quality of the teaching. At the same time, the women think having African American and Hispanic instructors is beneficial to the support they would feel as students and to their success. However, in the absence of diverse teaching staff, the women find support from their Caucasian instructors and sources outside of the programs.

Although the women often find themselves studying and working in a predominantly white society, they appear to have strong roots in their family cultures. These women transition in and out of their own cultures on a daily basis. They did not share many thoughts about the ease with which they make these transitions, but they seem able to remain focused on their career goals and navigate the selective healthcare program environments of Career College. Although their experiences in selective healthcare programs are difficult, the women accept the reality of their programs and personally deal with their feelings and experiences about this. They think that in the long run, it will be worth all their efforts when they graduate. The women are looking forward to working in rewarding careers and being able to support themselves and their families.

CHAPTER SIX

Analysis

This study began with four questions. In the analysis of the data, I returned to those questions and once again, listened to the stories and voices of the women. I focused on the major themes that emerged and compared them with the theories found in the literature to see how they complimented and diverged from each other. It is important to note there were no significant differences between the two campuses or among the programs studied. As groups, the African American and Hispanic women were very much alike. Although each woman and her situation were unique, they expressed similarities in their lives and experiences. In this section, I will summarize my findings and use the data to answer the research questions. Following this section, I will demonstrate how the findings are situated in the current literature.

The first research question was, "Who are the African American and Hispanic women currently enrolled in the professional portions of several selective healthcare programs at two campuses of Career College?" The women in this study were mostly first generation college students who have complicated lives. They balanced the responsibilities of children, jobs, schoolwork, etc., on a daily basis. Relationships were extremely important to the women and they were distressed by the fact that they had so little time for their children, spouses and other people in their lives. They were clear about their career goals, at least short term, and had made intentional decisions about pursing degrees in helping professions because they wanted to make a difference in the lives of others.

Some of the women chose Career College for reasons similar to those found by Cohen and Brawer in studying students who attend community colleges (1996). The college was close to home and this was compatible with their busy lives and desire to be close to their families. Most were interested in Career College because of specific healthcare professions. Like many low-income, first-generation minority students, the women's need to find well paying jobs with benefits as quickly as possible made the relatively short healthcare programs attractive (Zamani, 2000). In addition to the academic programs, the women liked the relationships they established through one-on-one assistance in admissions and the ongoing advising they received from their teachers and counselors. They found these relationships reassuring and made them feel confident that they were taking the right courses and meeting their requirements to graduate.

The women related that cultural differences and diversity were topics addressed in their classes. However, a variety of racial and ethnic cultures were not visible in their classrooms or clinics. As African American and Hispanic women living in the United States, they were not surprised by this reality. The women did not expect to have African American or Hispanic instructors in their classes who represented their racial and ethnic backgrounds. Having more minorities present would have provided additional support and connections but the women did not depend on other students and teachers of color for their sense of identity or success in the programs. They built their own support systems made up of kith and especially, kin. The women's kith networks were made up of friends, classmates, instructors, counselors and others outside of their families. Kinship networks included spouses, parents, siblings, grandparents, and aunts. As is typical of most kinship

relationships, the women's networks provided resources when they were short on cultural, financial or academic capital (Stack, 1988).

Outside of school, the women received the most assistance from their parents and grandparents. They provided financial assistance in the form of money for books, childcare, room and board, rent, etc. Along with parents, other family members also helped out by taking on more responsibilities in the home and giving encouragement when needed. The women were bolstered by interest from co-workers and friends. In school, the women utilized networks of support made up of kith including classmates, teachers and counselors. These people helped the women with academic challenges and problems they did not feel they could take to their families. This care took the form of reassurance, understanding, encouragement, and at times, a reminder to "buck up." Another and most important resource the school offered was financial aid, without which, most of the students doubted they could go to school.

As first generation college students, the women in this study had experiences unique to their families. Just as students had done before them, they redefined their family histories by moving into the academic world (Rendon, 1999). First time experiences in the healthcare field can be demanding, frightening, and emotionally draining. Students must demonstrate competence in the field as well as provide rationale for their actions, while at the same time, learn empathy and emotional separation from their patients. The women who persisted in the selective healthcare programs utilized strategies, which supported their success. These strategies included seeking words of encouragement and assistance from their families, teachers, co-workers, friends and classmates when they experienced unfamiliar situations. As Payne (1998) points out, for

students to be successful when trying new experiences, they need emotional support systems to deal with their responses to the discomfort unfamiliarity can create (Payne, 1998). According to Payne, "Emotional responses dictate behavior and eventually determine achievement" (1998, p. 85).

The second research question was, "What are the experiences of the African American and Hispanic women currently enrolled in the professional portions of selective healthcare programs at two campuses of Career College?" The women's experiences in their programs were challenging, tough, and stressful, yet rewarding. These descriptors referred to the academic standards and expectations of the programs in addition to keeping up with their personal responsibilities outside of school. Interestingly, the women cited neither classroom nor program cultures as major sources of stress.

The effects of classroom and program culture on the women in this study were different than my original assumption. My belief prior to the study was that these cultures have a strong negative effect on the retention of minority students. I was basing this hypothesis on my own experiences when moving to Luxembourg and living for the first time, in another country. Although not related to racial differences, I initially felt frustrated, isolated and stressed because I did not understand the behaviors, language, beliefs, values, etc. of the Luxembourgish people. Although the women in my study experienced high levels of stress, its source was not related to culture.

The women did not attribute the difficulties in their programs to the white or Western culture in the selective healthcare programs. There may be several explanations for this finding. This may be true because these students have grown up in minority groups and have learned how to function in a predominantly white society. As women,

they may be used to being marginalized. It may be that the women chose not to name Western culture as adding to the difficulty of their experiences because I am a white researcher and member of the professorate; they may have responded differently if I was a woman of color asking them the same questions. Another explanation could be the women did not find conflict between the embedded and espoused values and beliefs of their cultures (Peterson and Spencer, 2000) and the selective healthcare cultures in the programs they were studying. Compassion, respect, honesty, love, support and an altruistic spirit were compatible with the values the women were taught at home and what the students saw as the cultural values taught in their healthcare programs.

Almost all of the women felt like they "fit in" at Career College whose culture emphasizes customer service, preparation of students for rewarding careers and job placement after graduation. Opportunities for student/teacher relationships are plentiful because students have the same instructors for most of their program specific classes and class size is small with fifteen to thirty students in each class. Ratios of less than ten students per instructor in the labs give students a great deal of contact with their teachers as well. This may explain why the women formed relationships with other students and their teachers. However, an explanation for the women's integration could be due to accommodation. They might have modified their classroom behaviors based on their instructors' expectations or observation of non-minority students. Another explanation could be that the women realized they were preparing to enter jobs in which they, as well as their classmates, had to demonstrate certain behaviors and processes specific to their professions.

The women embraced their African American and Hispanic cultures, while at the same time they understood the expectations and cultures of their respective selective healthcare programs. Attendance was seen as critical to success and a top priority. Keeping up with schoolwork and program expectations were well understood. Good time management and planning were viewed as essential because of busy schedules and deadlines. The women were highly motivated to complete the work needed to earn their degrees. They also took full responsibility for their actions, including if they had to repeat a class or did not perform well.

Research question number three was, "How do African American and Hispanic women make sense out of their experiences in the professional portions of selective healthcare programs at two campuses of Career College?" Selective healthcare programs are made up of learner cohorts. The women saw themselves as belonging to and accepted by their cohorts. They entered the program together, progressed as a group and worked with each other throughout their professional courses. The cohort relationships were not limited by the women's cultural differences.

Spending many hours together, inside and outside of class, afforded the women many chances to get to know each other very well. From the women's common experiences, relationships and a sense of caring developed. As a result, connected learning was possible in their classrooms and carried over to the clinics as the women formed relationships with their patients (Belenky et al., 1997). Very important to many of the women were the relationships they formed with their instructors. Several women said they probably would not have made it without the care, friendship, and help of at least one teacher. These bonds developed, "no matter what color (the teachers) were." The race

and ethnicity of the instructor seemed to matter less to most of the students than whether they were approachable and supportive.

I believe the ability of these women to make these strong connections with their cohorts, teachers and patients was because of positive relationships with their families, especially their mothers and grandmothers. The women learned how to care for others as a result of the care they received Their power to communicate and empathize was the foundation for their connected learning. These data are similar to Belenky's findings about women's ways of knowing. Family, especially mothers, is key in helping learners understand connected learning and intimacy (Belenky et al., 1997).

The fourth research question was, "What do the African American and Hispanic women in the professional portions of selective healthcare programs at two campuses of Career College identify as reasons for their success and persistence in the programs?" In spite of difficulties, the women said they persisted because their families and others had high expectations that they would finish and they did not want to let the people down who supported them and their education. At times, they felt it was their faith in God that helped them through trying times and gave them the ability to succeed. Sometimes it was their pure determination that kept moving them toward their goals of becoming healthcare professionals.

The women saw value in their efforts to persist. Finishing school was a personal accomplishment and also in many cases, a family accomplishment. Not only were their families, co-workers and friends proud of them, the women were proud of themselves. Some of the women saw it as "moving up a step" and doing better than their parents. They perceived themselves as role models for their children, siblings and others in their

families. The meaning these women created is that everything they went through to graduate was worth it because they can make a difference in their own lives and the lives of others. As women, the ability to affect this type of change through caring relationships is often rewarding and empowering.

Analysis of the data from this study of eight women has lead to several possible conclusions. Entering caring professions and intent on helping others, these women found the support they needed in caring relationships. The strategies they utilized to be successful were support networks of kith and kin. These support systems were located both inside and outside of the college. With support, the women have met the high academic standards of their selective healthcare programs and persisted. Through personal relationships, the women have connected to their experiences and found meaning through a morality of caring. The women's realization that they can affect change by improving the lives of others has lead to their empowerment.

The next section will situate the findings of this research in the literature. It will demonstrate that although I used multiculturalism as the original framework for this study, the data and analysis showed a better fit with the literature on connected knowing, kinship networks and a culture of caring.

Situating the Findings

A brief review of multicultural education is necessary to clarify why this original framework was not as helpful in understanding the findings of this study as I originally anticipated. Multiculturalism is an ideology constructed within an organization or classroom, which includes multiple cultures and meanings (Tierney, 1994). Multicultural classrooms are not oppressive; they are community-oriented and stress cultural

democracy, leading to an equal society (Sleeter, 1991). In this respect, a goal of multicultural education is empowerment of the student. Empowerment involves the processes of learning how to critically look at assumptions, transforming one's thinking and then enacting change (McLaren, 1989). However, the process of empowerment is not always spelled out clearly in the multicultural literature.

From the perspective of critical multiculturalists, minority students are marginalized and have difficulty fitting into the predominantly white, middle class culture of community college classrooms (Kincheloe, Rhoads and Valadez, 1996). They reason that many minority students are not successful in college or leave because there is a clash between the students' cultures and the middle class dynamics of community colleges.

In analyzing the data, the multicultural lens appeared too narrow to fully understand the experiences of the women of color in selective healthcare programs who were my participants. What I heard was that classroom and program culture did not affect their decisions to stay or leave. These findings led me away from the work of most critical multiculturalists like Rhoads (1995), Tierney (1994) and Kincheloe (1996), and towards those who focused more on issues of connection such as Belenky (1996), Gilligan (1982), Lewis (1990), and Lyons (1983). The women created meaning and defined themselves in connection with others and their helping professions. Although they found their programs difficult and stressful, they were able to persist because of the supportive relationships they had both inside and outside the college. Their complicated lives and ongoing need for resources while in school made kinship networks critical to

their success. The caring relationships the women entered into with teachers, counselors and student peers also had a strong impact on their decisions to stay in school.

The common threads holding the women's stories together included "connected knowing," "kinship networks," and a "culture of caring." Meaning was created for these women through the relationships they had with others, the support of their kinship networks contributed to their persistence and they were motivated to be successful because of their desire to care for others. These themes fit seamlessly into the literature on women's ways of knowing (Belenky et al., 1997) and morality based on care (Noddings, 1984).

Connected knowing and separate knowing are two distinctive ways of creating meaning that have been used as ways of understanding women and girls in multiple settings. Gilligan (1982) uses separate and connected to describe two different conceptions or experiences of the self – autonomous (separate) or in relationship (connected to others). Separate knowing is essentially an adversarial form and "weeds out the self." It excludes feelings and is very rational. Connected knowing combines rational and intuitive thinking in an epistemology whose foundation is a morality of care. The knower combines all aspects of her life (internal and external) when constructing knowledge. Thought and feeling, home and work, self and others all go into constructed knowledge. Truth emerges through empathy and caring for others (Belenky et al., 1997).

Because of the integration of others with self in the construction of knowledge, "the other" cannot be left out when creating meaning or making moral decisions because meaning is created through the other (Gilligan, 1982). Using care as the basis of morality, connected knowing and morality are intimately intertwined (Lyons, 1983). Women

construct moral problems from perspectives of care and responsibility in relationship, not from rules and rights. Therefore, "their moral thinking is tied to changes in their understanding of responsibility and relationships" (Gilligan, 1982, p.73). Like the women in Belenky's work, the women in this study seek work that empowers others and improves their lives (1997). Helping the sick, teaching others about their health and improving their quality of life are some of the ways the women aspired to empower others. Essentially, the women in this study know that they can empower themselves through empowerment of others

Noddings (1984) translates these ideas to the education setting when she says that the ethical ideal of education is the notion of caring. Caring, according to Noddings, requires empathy: "I receive the other into myself, and I see and feel with the other" (Noddings, 1984, p. 30). In the classroom then, an emotional connection exists between the learner and the teacher that is fostered by support and nurturing (Belenky, 1997). The teacher may be an instructor in the classroom or a patient in the clinic. It is empathy and connected knowing that enabled the women to construct meaning out of their experiences and helped them persist.

Connected knowing is fostered through connected teaching. Instead of teachers who function as bankers handing out knowledge to the learners (Freire, 1971, p.63), teachers are more like mid-wives, "they assist the students in giving birth to their own ideas in making their own tacit knowledge explicit and elaborating on it" (Belenky et al., 1997, p.217). Students who are in environments that are nurturing can find their voices and construct meaning from their experiences. Understanding differences and pluralistic thinking are encouraged in the caring environment and are essential for multiculturalism

in the classroom and in professions like selective health care programs (Sleeter, 1991). Hearing the voices of multiple cultures can lead to breaking down the hierarchies of monocultural, Western culture in selective healthcare classrooms perhaps in different ways than those advocated by the critical multiculturalists with which I began my research.

The fact that the women of this study feel empowered is in line with the goals of multicultural education and the multicultural classroom (Sleeter, 1991). What contributes to these students' feelings of empowerment appears to be related more to an ethic of care through which they find voice and realize they have the ability to effect change by becoming healthcare providers, than it does through the ideals of equality and democracy per se. The experiences of these women seem more clearly understood through the work of Noddings (1984), Belenky (1996) and Gilligan (1982).

Based on my findings, I concluded that the women in this study understood culture as more than behaviors and processes as I originally defined it. For these women, creating meaning and connecting to culture occurred through caring. It is this connection, which contributed to their persistence and embraced the cultural differences they encountered in their selective healthcare programs.

Recommendations and Implications for Further Research

It is my hope that the findings of this study will inform administrators, teachers and staff at other colleges, and especially Career College, as they work to understand what factors contribute to student retention. Because student retention and improvement of graduation rates have strong financial and moral implications, colleges must continue their efforts to improve student success and persistence. The next section will discuss

implications for further research and my recommendations to Career College as it strives to unravel this difficult question.

Student retention rates of less than fifty percent concern all persons at Career College because if students do not complete their degrees or go on to other institutions and graduate, they have difficulty securing gainful employment. Approximately seventy-five percent of the students at the college receive financial aid, much of which is in the form of student loans. If large numbers of students default on repayment of their loans, the college runs the risk of losing its federal and state assistance. As a "right to try" college, all students are welcome to attend. However, because of this policy, Career College also has an obligation to have systems in place to support these students.

This study gives us a view of some African American and Hispanic women who have persisted in selective healthcare programs at Career College. In spite of complex lives and high levels of stress, this group of women has been successful and persisted. It is clear that the women have relied on multiple strategies for success. Networks of support have provided valuable resources. Internal and external motivators have played key roles in overcoming self-doubt. Although precarious at times, the women have balanced school, work, and families.

This study tells us why a group of African American and Hispanic women persisted in selective healthcare programs at Career College. However, a limitation of this study is that it is unknown why African American and Hispanic women do not persist in these programs, if they "stopped out" for a while, or left without intentions of returning. To gain further insight into questions regarding minority women and retention, it is important to talk with those who have left. However, finding those who leave and

gathering any data from them is very challenging, forcing decision makers to rely on persistor data. Listening to the voices of the women who left would contribute to a better understanding of this group of students and their needs. A comparison of the data from both studies could then be conducted to evaluate similarities and differences between those who persisted and those who left. Understanding the needs of both groups should guide the leaders of the college as they make decisions regarding planning, policy, student advising, teaching, professional development, budgeting, etc.

It is clear from this study that women who persisted have support networks and use them. The women needed to have support early and repeatedly throughout their programs. This support came from multiple sources both inside and outside of the college. However, where do students turn when they do not have kith or kinship networks for support? Because retention and completion rates are major issues at Career College, current support systems and services must be examined.

Career College has several support systems in place, which were available to the women in this study. These include a learning support center, academic counselors, student mentors, and academic advising. However, the extent that the women in this study utilized these services is not known. In response to low retention rates, the college initiated a special program called the "total learning community" for academically under prepared students who live in the college dorms. This program has been in place for the past two years and was not available to the women because it began after their admission to the college and none of them lived in the dorms. A mandatory college transition course for all first time students is also in place currently, however, it did not exist or was optional when the women started school and several did not take it. This course helps

students assess their personality types and learning styles, teaches success and motivation strategies, and informs students about academic and other support mechanisms that are available. It is not known if these programs would have helped those student who left their programs. Measuring outcomes from these programs will help demonstrate their effectiveness.

In this study, women expressed a strong connection to the helping professions they were entering. The connection empowered and motivated the women to persist. They were clear on the requirements of their programs and what they had to do to graduate. This leads to the question; do the students who leave feel connected to their professions? If they do not, it is important for the college to develop ways to help students connect with their professions at the beginning of their studies and throughout their college careers.

Self-doubt recurred frequently among the women who persisted as a result of difficult academic requirements and conflict resulting in lack of time for personal relationships. In addition to noninstitutional support from their personal networks, ongoing assistance and reassurance of teachers and college staff helped them during difficult times. Therefore, it is important to know if students who leave felt their classrooms and other professionals at the college felt nurtured and supported. Did these students have good rapport with their teachers? Are teachers aware of connected teaching and learning theories? Do they practice them in their classrooms? Were students making necessary connections with professional staff at the college to get the kind of enrollment and financial aid assistance needed?

Because a large number of parents with young children and complex lives have attended Career College for a long time now, a daycare center has existed on campus for over fifteen years. However, the women in this study did not use this service. They relied on family for help with their children and childcare. This leads to the question; can the women afford the childcare that is available? Do the hours of operation at the childcare center meet the needs of the students? Is there something else that contributes to why these women used family connections for childcare rather than the campus facilities?

Knowing as much as possible about the students and their needs is critical to retention efforts at Career College and similar institutions. Changes to current practices and new retention initiatives should be based on research. Information could be collected from current students through on-line and on ground surveys, focus groups, interviews, and open forums. Program directors and the retention coordinator could use telephone and mail surveys to reach out to students who have left.

The stories and experiences of the women who persisted in their selective healthcare programs may have transferable implications for other selective academic programs because they were similar to earlier studies of women learners. The women in this study learned through supportive relationships. From a teaching and learning perspective, teachers need to affirm their learners by demonstrating that they care about their success and developing community because they are "prerequisites rather than consequences of (women's) development" (Belenky et al., 1973, p. 194). Oppressive and patronizing environments do not set the stage for connected learning.

Both students and families should be well informed about the requirements and demands of selective healthcare programs. Students should be knowledgeable about the

time commitments, academic expectations of the programs, and the stress students often experience. Students should be instructed in stress management techniques and encouraged to use the student fitness center or exercise, meditate, perform deep breathing, etc. Encouraging students to nurture themselves may be as important as nurturing environments the college can provide. Families must understand that their support can play a key role in the persistence and success of both traditional and nontraditional minority students who go to college. Families should be included early in students' education and this inclusion should be consistent throughout their programs.

If family support is not available, the college may have to fill this need. For example, the college may have to provide affordable childcare, peer mentoring, support groups, or other support networks. Many colleges have created women's centers that sponsor activities, encourage research, and serve as advocates for women. For example, the purpose of a women's center located near Career College is to provide support and help women find solutions to challenges, which are barriers to their education, empowerment and self-sufficiency. Women also have access to multiple resources at the center regarding issues that affect and pertain to women.

In an effort to be more inclusive of all students, promote diversity and encourage understanding through relationships, many institutions have established multicultural resource centers. The missions of these centers are similar to those of women's centers. The goal of these centers is to promote productive relationships among all groups on campus, and to foster successful articulation and retention. These goals are accomplished through activities that encourage the interaction of learners, which leads to greater understanding and building of relationships.

While both women's centers and particularly multicultural resource centers exist, they may not be known to students, may not be open when their target populations are on campus, and may be most often targeting traditional age students who do not have the life complexities of the women studied. So like many other institutional responses, without understanding the real challenges of students, what is put in place may not really be the solution to the problem. At this time, Career College does not have offices for women, minority or multicultural student affairs. Creating one or more of these offices may be indicated after further assessment of student needs at the college.

Based on student assessments and their reported needs, Career College could consider several interventions. An inexpensive suggestion would be to have student services place information and local resources for women and minority students on the college web page. Perhaps a "Students Supporting Students" section could be added to the college newspaper, which would be written by and for students, and would allow them to share their concerns, issues, problems, and most importantly, solutions. Professional development for all college personnel, especially faculty, should include information on the importance of creating communities and environments of caring and teaching for connected knowing in colleges, classrooms, and clinical settings.

Programmatic changes could be considered as well. Acting as a source of information and support, student mentors or pairing of first and second year students could be built into the design of selective programs. In addition, early identification of students with their professions could be encouraged from the point of admission to the college. Currently, this does not happen until after students are selected into their programs towards the end of their first year of study. Orientations by program, in the

students' first quarter, would help them establish relationships with faculty and other students with similar interests and goals.

Students' academic skills are assessed at the time of admission to Career College. Based on the findings of this study, the college needs a more holistic approach to student assessment and could use the medical nursing model to achieve this outcome. This model, as defined in Mosby's Medical Nursing and Allied Health Dictionary, perceives the patient (or student) primarily as a social person who relates to the environment. Care is determined secondary to assessment, which assumes multiple causes for the patient's problems (1998). In addition to testing students' reading, math and writing skills, students could complete a self-assessment of their needs and strategies they have in place for their success. From this information, the college could determine what services the students need.

Although colleges typically prefer clear and inexpensive solutions to increase student retention rates and graduation, this study demonstrates that persistence is a complex problem. The reason retention is complex is secondary to the fact that students are complex. Colleges must understand their students from the time of admission and provide support throughout their college experiences. This support should come in the form of nurturing, which the students experience through caring relationships.

In the short time that I had to meet and talk with these women, I gained an appreciation for their resourcefulness and persistence in spite of their challenges. Their ambition, determination, and high aspirations were inspirational to me as I worked to finish this dissertation. I learned from these women how important my family, friends and teachers are to my success. When this task seemed overwhelming, I had to turn to

others for encouragement, guidance and support. As a teacher, I hope I can continue to learn through caring relationships with my students and help them persist. As an administrator, I will work to change Career College policies so that students' voices can be heard and appropriate actions, based on a morality of care, will be taken.

Where Are the Women Today?

As a follow up to this study, I thought it would be interesting to find out what the women were doing eight months after they were interviewed. I am pleased to report the following:

- Anita is finishing her last quarter of the Occupational Therapy program. She is completing her clinical fieldwork and will graduate in June, 2005.
- Maria has graduated from the nursing program, passed her state board exams and is working as a nurse at a local hospital.
- Jackie has graduated from the surgical technology program and is employed full-time.
- Linda will complete the physical therapist assistant program in June, 2005 and as a result, she will have earned a bachelor's degree in Rehabilitations Studies.
- Teisha, the student I assessed as being at the greatest risk for leaving has graduated from the surgical technology program and is working. Attendance remains somewhat of a problem for Teisha.
- Kanika has graduated from the surgical technology program and is working in her field.
- June completed the orthotics and prosthetics program and is now a student in the bachelor's program for elementary teacher preparation.
- Sherry has one more quarter of school and is looking forward to graduating from the nursing program in June, 2005.

Appendix A

Letter to Campus Presidents

Date

Elaine Murphy
1160 Tumbleweed Court
Flint, Michigan 48532

Dear Mr./Madame President:

My name is Elaine Murphy and I am an Associate Dean at Baker College of Flint. I am also a doctoral student in the Department of Educational Administration at Michigan State University. As part of the requirements for my doctorate, I am working on a dissertation. The title of my research project is, "How African American and Hispanic Women Make Sense of Their Experiences in Selective Healthcare Programs." I am interested in researching the experiences of African American and Hispanic women participating in selective healthcare programs, how these women make sense of their experiences, and why they persist.

I am writing this letter to request permission to conduct private individual student interviews with five to ten African American or Hispanic female students on your campus. Each student will be interviewed twice in a two-week period. Each interview will last approximately sixty minutes. All students must be in the selective portion of their healthcare programs. The healthcare programs included in this study are nursing, orthotics and prosthetics, occupational therapy, surgical technology and physical therapist assistant. I will not interview physical therapist assistant students from the program that I direct and in which I teach.

CARINA, the college database, will be used to identify students for the study. Therefore, I am also requesting permission to access the database for the purpose of identifying eligible students for this study.

If I am granted permission to conduct the interviews, I will telephone the students and ask if I may send them letters explaining the study and inviting them to participate. Student participation will be voluntary. Students will sign informed consent forms before the interview and will be instructed that they are free to drop out of the study at any time. If any of the subjects have any negative reactions as a result of participating in this study, I will refer them to a counselor on their campuses for assistance.

The interviews will be conducted on your campus and last approximately one hour. The interviews will be completed before June 12, 2004. I will audiotape-record the

interviews so I can transcribe them after the interview. When not in use, the audiotape-recorded interviews will be locked in a file cabinet, in my office. If students drop out of the study, their audiotape-recorded interviews will be destroyed. Three years after the completion of this study, all audiotape-recorded interviews will be destroyed. For participating, all students will be given a

$10 voucher, which can be used in the student food center on your campus.

The privacy of the college and students will be protected to the maximum extent allowable by law. Confidentiality of the students and the college will be protected by use of fictitious names and identities in the dissertation.

Risk to the students in this study should be minimal. However, if a student experiences any distress or discomfort as a result of participating, they will be referred to an academic counselor.

If you have any questions, please feel free to contact me, Elaine Murphy by phone: (810) 766-4193, by E-mail: Elaine.Murphy@Baker.edu, or by regular mail: 1160 Tumbleweed Court, Flint, Michigan 48532.

If you have any questions about this study, please contact my academic advisor, Marilyn J. Amey Ph.D., Associate Professor in Educational Administration and Coordinator of the HALE program by phone: (517) 432-1056, by E-mail: amey@msu.edu, or by regular mail: 427 Erickson Hall, East Lansing, Michigan 48825.

If you have any questions or concerns regarding the college's rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

Your signature below indicates permission for me to select student subjects to interview using CARINA, the college database and to interview students on your campus.

_____ _____

Signature and Title Date

Sincerely,

Elaine Murphy

Appendix B

Telephone Invitation to Students to Participate in the Study

"Hello,

My name is Elaine Murphy and I am a student at Michigan State University. I am also an administrator at Baker College. As a student at Michigan State University, I am working on a research project as a requirement for a doctoral degree in educational administration. For my research project, the college has given me permission to conduct interviews with students here at the college. I am interested in talking with successful African American and Hispanic women in selective healthcare programs to understand more about their experiences. I would like to meet with you twice to talk about your experiences. The interviews will be about two weeks apart. Each interview will take about sixty minutes of your time. For participating, you will receive a $10 voucher, which you can use in the student food center.

I called to inform you that I will be sending you a letter, which explains everything in more detail. After reading the letter, you can decide if you would like to or would not like to participate in this study. Do you have any questions?"

If the student is agreeable to receive the letter, I will confirm the student's address and phone number from the college database. If the student is not agreeable, I will thank the student and inform her that she will not be included in the study.

Appendix C

Written Invitation to Student Participants

Date

Elaine Murphy
1160 Tumbleweed Court
Flint, Michigan 48532

Dear Student,

My name is Elaine Murphy and we spoke briefly on the telephone the other day about the study I am conducting for my doctoral degree at Michigan State University. As part of the requirements for my degree, I am conducting a research project. The title of my project is, "How African American and Hispanic Women Make Sense of Their Experiences in Selective Healthcare Programs." For this project, I am interviewing African American and Hispanic women in selective healthcare programs at two campuses of Baker College. Because you are successfully enrolled in a selective healthcare program, I am interested in getting to know you and hear about your experiences in your program.

In addition to being a graduate student, I am also an administrator at Baker College. However, in my position, I have no influence over your grades or progress in your program because I do not direct or teach in your program. Therefore, your participation in this study will not affect your standing in your program. Please know that your participation is voluntary and you may drop out of the study at any time without any penalty.

For this study, I will be interviewing individual students on your campus during May and June, 2004. Each student will be interviewed twice. The interviews will be conducted about two weeks apart. Each interview should take about one hour of your time. I will take notes during the interviews and they will be audiotape-recorded with your permission so that I can transcribe the interviews at a later time; at any time, you may ask to have the tape recorder turned off. When not in use, the audiotape-recorded interviews will be locked in a file cabinet, in my office. If you drop out of the study, your audiotape-recorded interviews will be destroyed. Three years after the completion of this study, all audiotape-recorded interviews will be destroyed. Your privacy will be protected to the maximum extent allowable by law. When referring to you in my writing, I will use a fictitious name and identity for you. Also, the real name of the college will not be used in the study.

This information will be available to you again in an "Informed Consent," before the actual interview. For participating, you will receive a $10 voucher, which you can use in the student food center on campus.

Risk to you by participating in this study should be minimal. However, if you have any negative reactions or concerns as a result of participating in this study, please

contact an academic counselor on your campus. On the Flint campus, you may contact Paul Zang by phone: (811) 766-4112, or email: paul.zang@baker.edu. On the Muskegon campus, please contact Christine Bultema by phone: (231) 777-5237, or email: chris.bultema@baker.edu.

Contacts:

If you have any questions or concerns, please feel free to contact me, Elaine Murphy by phone: (810) 766-4193, by E-mail: Elaine.Murphy@Baker.edu, or by regular mail: 1160
Tumbleweed Court, Flint, Michigan 48532.

If you have any questions or concerns about this study, please contact my academic advisor, Marilyn J. Amey Ph.D., Associate Professor in Educational Administration and Coordinator of the HALE program by phone: (517) 432-1056, by E-mail: amey@msu.edu, or by regular mail: 427 Erickson Hall, East Lansing, Michigan 48825.

If you have any questions or concerns regarding your rights as a study participant, or are
dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you
wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

Your signature below indicates that you are willing to participate in this study.

_____ _____

Signature Date

Please return this letter in the stamped, addressed envelope. If you are willing to participate, I will call you to set up times to meet. Thank you.

Sincerely,

Elaine Murphy

Appendix D

Informed Consent

Title of the Study: How African American and Hispanic Women Make Sense of Their Experiences in Selective Healthcare Programs

Thank you for speaking with me today. In this interview, I would like to ask you some questions about your background and your experiences as an African American or Hispanic woman in a selective healthcare program at this college. This study is part of the requirements of my doctoral program at Michigan State University.

In addition to being a graduate student, I am also an administrator at Baker College. However, in my position, I have no influence over your grades or progress in your program because I do not direct or teach in your program. Therefore, your participation in this study will not affect your standing in your program. Please know that your participation is voluntary and you may drop out of the study at any time without any penalty.

For this study, I will be interviewing individual students on your campus. Each student will be interviewed twice. The interviews will be conducted about three weeks apart. Each interview should take about one hour of your time. I will take notes during the interview and it will be audiotape-recorded, with your permission, so that I can transcribe the interview at a later time; at any time, you may ask to have the tape recorder turned off. When not in use, the audiotape-recorded interviews will be locked in a file cabinet, in my office. If you drop out of the study, your audiotape-recorded interview will be destroyed. Three years after the completion of this study, all audiotape-recorded interviews will be destroyed. Your privacy will be protected to the maximum extent allowable by law. When referring to you in my writing, I will use a fictitious name and identity for you. Also, the real name of the college will not be used in the study.

For participating, you will receive a $10 voucher, which you can use in the student food center on campus. If you decide to drop out of the study at any time, you will still be able to use the $10 voucher for the student food center.

Contacts:

If you have any questions or concerns, please feel free to contact me, Elaine Murphy by phone: (810) 766-4193, by E-mail: Elaine.Murphy@Baker.edu, or by regular mail: 1160 Tumbleweed
Court, Flint, Michigan 48532.

If you have any questions or concerns about this study, please contact my academic advisor, Marilyn J. Amey Ph.D., Associate Professor in Educational Administration and

Coordinator of the HALE program by phone: (517) 432-1056, by E-mail: amey@msu.edu, or by regular mail: 427 Erickson Hall, East Lansing, Michigan 48825.

If you have any questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

Risk to you for participating in this study should be minimal. However, if you have any negative reactions or concerns as a result of participating in this study, please contact an academic counselor on your campus. On the Flint campus, you may contact Paul Zang by phone: (811) 766-4112, or email: paul.zang@baker.edu. On the Muskegon campus, please contact Christine Bultema by phone: (231) 777-5237, or email: chris.bultema@baker.edu.

Your signature below indicates that you are willing to participate in this study.

_____ _____

Signature Date

Sincerely,

Elaine Murphy

Appendix E

Interview #1 Questions

Introduction:

Hello, my name is Elaine Murphy and I am a doctoral student at Michigan State University. I am interested in learning more about students' experiences in healthcare programs. I understand that you are a student in _____(nursing, occupational therapy, orthotics and prosthetics, physical therapist assistant or surgical technology), which is a limited enrollment or selective program. Is this correct?

I would like to tape record this conversation and take notes during our conversation. If you do not want to answer a question or you want to stop the interview at any time please let me know.

Do you have any questions before we begin?

1. **Please tell me a little about yourself and your family background.**
   - **Where did you grow up?**
   - **Do you have any brothers or sisters?**
   - **How did you celebrate special occasions at your house?**

2. **Tell me about your educational background.**

   - **Where did you go to high school?**
   - **What did you enjoy about high school?**
   - **Did you transfer to this college from another college?**

3. **Describe for me a typical day in your life.**

   - **Do you work?**
   - **Are you married?**
   - **Do you have children?**
   - **Do you have other obligations?**

4. **Tell me about your decision to become a _____(nurse, physical therapist assistant, orthotic/prosthetic assistant, occupational therapist or surgical technologist).**
   - **Was someone in your family a nurse, physical therapist assistant, occupational therapist, surgical technologist or other healthcare professional?**
   - **Did a teacher or someone else influence you to go into healthcare?**

5. **How would you describe the prerequisite courses and requirements to get into your program?**
   - **Why were courses easy or difficult?**
   - **If you had to repeat a class, what gave you the courage to do that?**
   - **If you transferred from another college, what inspired you to come back to school?**

6. **If you were talking to students who were just accepted into your program, what would you tell them they should know when they enter the (nursing, PTA, ST, OPT or OT) program?**

7. **I have a set of index cards with the names of professional courses in your program, which you have taken or are taking. Please sort these cards into two piles. Pile A is "Great Learning Experiences" and Pile B is "Less Than Great Learning Experiences."**

8. **Pick a favorite class from Pile A. Picture yourself involved in this positive situation. Please describe the experience and tell me what is it about this experience that makes it positive for you?**

   If someone were videotaping this class, what would they see?
   - **Where would you be located in the scenes? Would you be in a classroom, lab or clinic?**
   - **Who would be near you?**
   - **Would you be speaking out or listening?**
   - **Would you be working alone or in groups?**
   - **Would the teacher be calling on you to answer a question or perform a task?**
   - **Would you be recognized when you raised your hand?**
   - **Would your classmates be giving you encouragement when you gave an answer?**

9. **Now pick a least favorite class from Pile B. Picture yourself involved in this "less than great" experience. Please describe the experience and tell me what is it about this experience that makes it a less than great learning experience for you?**

   If someone were videotaping this class, what would they see?
   - **Where would you be located in the scenes? Would you be in a classroom, lab or clinic?**
   - **Who would be near you?**
   - **Would you be speaking out or listening?**
   - **Would you be working alone or in groups?**
   - **Would the teacher be calling on you to answer a question or perform a task?**

- **Would you be recognized when you raised your hand?**
- **Would your classmates be giving you encouragement when you gave an answer?**

10. If you could change anything you wanted about the experience you just described to make it a better learning experience for you, what would that be?

11. Do you have any other comments, or thoughts about your program experiences, or suggestions you would like to make at this time?

Thank you for meeting with me today.

Appendix F

Interview #2 Questions

About two weeks ago, we met for an interview. At this time, I would like to talk with you again and ask you a few more questions about your experiences in the (nursing, orthotics and prosthetics, surgical technology, occupational therapy or physical therapist assistant) program.

When we met the last time, you signed an informed consent, which I have here if you would like to review it at this time. The information in the original informed consent, which you signed at the first interview is true for this interview as well. Do you have any questions for me at this time?

1. **I would like to review with you some of the information we talked about the last time we met. Please tell me if there are any corrections or additions that you would like to make?**

I would like to discuss four topics that were common themes in the first round of interviews (These themes will be gleaned from the first set of interviews). I realize that this discussion may take us back over some of the information we discussed in the first interview, but I am interested in a deeper understanding of your experiences in certain areas and what these experiences mean to you.

Topic I

Topic II

Topic III

Topic IV

2. **You have chosen a challenging program of study. Who do you turn to when it gets really difficult and you need help or encouragement?**

3. **I would like you to think about your success in your program. What do you think accounts for your success and persistence in the program?**

4. **Please finish this sentence; "the most important thing to me at this time is _____."**

5. **Do you have any other comments, thoughts, or suggestions you would like to make at this time?**

Thank you for meeting with me today.

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