

THE EXPERIENCE OF ACADEMIC SUCCESS
AMONG NON-TRADITIONAL AGED LEARNERS:
THE ROLE OF POSSIBLE SELVES IN THE PERSISTENCE
OF OCCUPATIONAL THERAPY STUDENTS

By

Susan Tons

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ABSTRACT

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This study explored how non-traditional aged students in professional level occupational therapy programs persisted through their long and challenging academic curriculums despite facing obstacles. Non-traditional aged students are gravitating to majors in the professions and there are very few studies in which theoretical frameworks on student departure or persistence have been applied to students in the professions, such as the health care profession of occupational therapy. Most retention studies focus on students in non-specified majors. It was suspected that students majoring in a health care profession such as occupational therapy may have characteristics and needs that differ from students seeking degrees in other majors.

This qualitative study asked participants who successfully persisted despite obstacles to tell their story in the narrative inquiry tradition. Cross-case analysis was also done to discover common patterns of experience related to the phenomena being studied. Sixteen non-traditional aged students from four institutions with accredited occupational therapy academic programs were interviewed.

A distinctive finding was related to the motivation of the participants. The participants in this study expressed unique motivations for pursuing their degree, which are not explicitly mentioned in the education retention literature. Participants all spoke of a desire to become someone different or someone better, the majority stating that they wanted to be in a position to help others or contribute to society. Enrollment in their program was viewed as a way to enact this desire to become “a new possible self” and was intertwined with strong determination, what some participants described as “mindset.”

The findings also reflected that these occupational therapy students were similar to other non-traditional aged students in some ways. Their persistence was affected by the type and amount of support they received, and they also faced challenges balancing competing roles in their life such as employee, student, parent, and spouse. However, the majority of these participants faced an additional challenge to balance. Many were also struggling with a medical condition in themselves or had a close family member who faced significant health issues.

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Chapter One

Introduction

Purpose of the Study

The study of students in higher education gained momentum in the 1960s and 1970s with the work of Chickering (1974), Perry (1970), and Tinto (1975). Their studies focused on traditional students born in the post-war period, namely White males from middle to upper socioeconomic groups, aged 18 to 24. During this same time period, some researchers were also trying to increase recognition of the older learner in both formal and informal educational programs (Johnstone & Rivera, 1965; Quinan, 1961). As time progressed, leaders in adult education started to focus more specifically on the older student in higher education (Bean & Metzner, 1985; Cross, 1981; Schlossberg, Lynch & Chickering, 1989). Whether these students were referred to as adult learners or non-traditional aged students, the leaders in adult education called for research and practice to address the unique characteristics of the mature versus conventionally aged student.

As a result of the above studies, a significant amount of research has been done. Theoretical knowledge and models about the retention and attrition of both traditional and non-traditional students have been developed. Tinto's (1975; 1993) work on traditional students gained particular prominence and his model of student attrition continues to be cited widely in the literature and used as a theoretical framework for other studies. Although Tinto's work and related studies on the traditional student still offer applicable theory, the relevancy of some aspects of this work is limited for the current student population. This is because the majority of students on college campuses are now

older and considered non-traditional students because of their age and/or the multiple roles they hold in life (Kasworm, 1990; Richardson & King, 1998; Sissel, Hansman, & Kasworm, 2001; Wlodkowski, 2008).

In order to understand the unique needs of the growing population of non-traditional students it is important to develop relevant theories and models of retention or attrition (Cabrera, Castaneda, Nora, & Hengstler, 1992; Sissel et al., 2001; Sissel, Birdsong & Silaski, 1997). The conceptual model developed by Bean and Metzner (1985) has been used effectively to initiate a line of inquiry and practice related to the non-traditional student, but it did not take into account an important factor. This model assumed that non-traditional students were a relatively homogeneous group. In fact, non-traditional, older students are thought to be a much more diverse group than their younger, traditional counterparts (Kasworm, Polson & Fishback, 2002).

One model or one set of strategies cannot be expected to be effective in improving persistence in a group as diverse as the non-traditional adult learner in higher education (Cabrera et al., 1992, Kasworm et al. 2002; Tinto, 1993). Non-traditional aged students differ demographically by age, gender, race, and socioeconomic background (Wlodkowski, 2008). They also have differing levels of academic preparation, attend different types of institutions of higher education, and have a greater variety of motivating factors and roles in life. This makes it logical to explore student persistence in sub-groups of non-traditional students (Kasworm, 1990; Kasworm, 2010; Kasworm et al., 2002). Some evidence indicates that students in different fields of study should also be considered as a sub-group to research because their rate of persistence and success differs depending on major (Richardson & King, 1998). However, these studies are few. Most

retention or attrition studies focus on students in non- specified majors, whether the context is older learners or younger students. This current study used participants from different institutions with varying backgrounds, but it focused on students majoring in a professional level occupational therapy program who were defined as non-traditional because of their older age.

The literature is extremely sparse on adult learners in professional programs of any type (e.g., law, medicine, engineering, health professions). This is a significant gap in the retention literature because as Kasworm et al. (2002) state “the highest percentages of adult students typically chose specialized professional programs (often 60-75%)” (p.4). This high percentage of adult students in professional programs indicates a significant non-traditional student presence. It is worthy of exploration to determine if the same theories and models of retention (or attrition) are “a good fit” for this large sub-group. Tinto (1993) concurred with the need for this research when he discussed the need for models to address the persistence of graduate level students in the professions (1993). Tinto added, “unlike undergraduate persistence, the process of graduate persistence cannot be easily described by one model; this is the case because models of graduate persistence are more likely to differ across fields of study...” (p. 238).

The purpose of this current study is to explore persistence of the non-traditional aged learner in a health profession, occupational therapy, in order to understand the experience of these students because we “have little insight into the forces that shape graduate persistence” in the professions (Tinto, 1993, p. 230). Gaining an understanding of the experience of students in combined Bachelor’s/Master’s level occupational therapy programs offers an opportunity to learn how to support persistence in these programs, as

well as other related professions. It is important to make the characteristics and needs of adult students in the professions more visible, not aggregating them as part of one large group of non-traditional students, assuming they have more commonalities than they actually do. This research study discovers that this sub-group of health professional students, occupational therapy students, has needs common to the larger aggregate of students. However, it also identifies distinguishing factors that could influence a change in established retention strategies used for occupational therapy students and students in related programs of study.

Background to the Study

Tinto's (1975, 1993) theory of attrition provides a starting point for the background supporting this study. His work looks at student departure as a longitudinal process that occurs from interactions within the institution of higher education. Tinto (1993) theorizes that persistence occurs when the student is successfully integrated in both the social and academic environment of the institution, facilitating both a commitment to personal goals and the institution. While Tinto discusses both student persistence and departure, his focus is on why students left; therefore his ideas are represented as the "theory of student departure" (1975; 1993).

My research design utilizes his conceptualization of departure as a longitudinal process, but attempts to analyze retention in higher education by exploring what influences those who successfully persist, rather than exploring why they may depart. Tinto's work (1975, 1993) is also valuable, because unlike other retention studies, he looks beyond attributes or descriptions of successful students. Instead, he focuses on what happens as the student interacted in the higher education environment. This perspective

informed the research design which used the narrative method of study to obtain the story (e.g., the longitudinal process of persistence) for the sampled students.

However, a limitation of Tinto's (1975) early work, which he started to rectify in his later publications, is the lack of importance he assigned to factors external to the college environment. Other theoretical models, which incorporate the importance of external factors, needed to be considered in the conceptualization of this current study. As mentioned previously, some researchers who studied the adult learner in the 1960s and 1970's realized that the participation of these students relied on the learner's ability to juggle multiple roles and conflicting priorities such as family, job, and civic duties, as well as deciding on the allocation of limited finances while pursuing their education (Johnstone & Rivera, 1965; Quinan, 1969). These factors are often conceptualized as falling into the following categories: dispositional, situational, and institutional barriers (Cross, 1981).

Bean and Metzner (1985) built on these realizations by developing a new conceptual model more suited to the realities of the non-traditional student. This conceptual model continues to perceive of attrition as a longitudinal process for non-traditional students, but recognizes that variables extrinsic to the university environment are more influential than the interactions that occur within the university as in Tinto's model (Bean & Metzner, 1985). For example, extrinsic factors such as family responsibilities, financial pressures, and employment affect the success of non-traditional aged students. Bean and Metzner's (1985) model does not exclude the importance of academic factors or social interactions within the university environment, but recognizes

that for older students living off campus other variables override these two main principles of Tinto's framework.

Additional researchers used the conceptual framework of Bean and Metzner (1985), which is a dynamic model including student background variables, academic and social integration variables, environmental, and psychological variables to explore departure and persistence. For example, researchers looked at the influence of employment, family responsibilities, finances, classroom interactions, and psychological variables such as interpersonal skills and motivation (Braxton, Bray, & Berger, 2000; Braxton, Milem, Shaw Sullivan, 2000; Cabrera, Nora, Castaneda, 1992; Grosset, 1991; McGaha & Fitzpatrick, 2005). Cabrera, Castaneda, et al., (1992) explicitly discuss the value of both Tinto's and Bean and Metzner's models suggesting that to really understand persistence in any college student, traditional or non-traditional, we need to "consider the interplay between institutional, personal, and external factors" (p. 161). The conceptual framework for this research proposal utilizes this perspective to learn more about persistence in a large sub-group of non-traditional students, those in professional level health care academic programs.

Significance of the Study

As stated in the introduction, a majority of non-traditional students are in professional academic programs, yet there is little research about persistence in this group of students (Kasworm et al., 2002). Tinto (1993) also viewed these students as unique from the general undergraduate population and concurred that more knowledge is needed about students in professional programs at the graduate level.

Academic programs in the health professions are of special interest because some studies depict science courses as more challenging than those in the arts and social sciences. Therefore, academic outcomes for these students are worse, placing them at a greater risk for departure (Richardson & King, 1998). Astin (1993) also concluded that students in health profession majors are at more risk for attrition due to the rigor of the curriculum. Occupational therapy programs, like other health care professional academic programs, have a significant portion of rigorous science classes (Mihelic 2006; Stout, Everly, Poff, Lamport, Hamant, & Alvey, 1994). For example, “a high degree of stress has consistently been part of the academic experience for occupational therapy students,” as it is for other advanced degree health care majors (Conneeley, 2005; Pfeifer, Kranz & Scoggin, 2008, p, 221). Secondly, according to Dr. JoAnne Crain, Occupational Therapy Program Director at Baker College, graduate level students in health professions, such as occupational and physical therapy, take a minimum of 12 credits per semester (part-time options are usually not available), making the curriculum pace more challenging than other graduate level programs (personal communication, April 14, 2010). It may not just be the suspected rigor of the science curriculum which challenges students. The length and the full-time nature of these programs have been shown to be more challenging for the adult student to successfully integrate into their other roles. Occupational therapy students must persevere through the prolonged study required in the academic portion of professional education and then integrate that knowledge into clinical settings (Pfeifer, Kranz, & Scoggin, 2008).

It is well documented that the attrition rate for non-traditional students is especially high when compared to the traditional student population (Bean & Metzner,

1985; Swail, 2002; Wlodkowski, 2008). Many non-traditional students are encouraged to major in health care professions during these turbulent economic times because the job prospects are excellent in this sector and there is a need for these professionals in society (Bureau of Labor Statistics, 2005; Shatkin, 2009). The coupling of poor retention in health care majors and poor retention in the non-traditional students (who are being channeled into these programs) makes it important and timely to explore how to facilitate persistence in this student group. Non-persistence by students in the health professions wastes institutional resources and has serious financial and psychological consequences for students (Jones-Boggs Rye, 2005).

Lastly, it is important to study what helps students persist in the allied health profession majors in order to meet the needs of society. There is a shortage of these professionals and this is expected to continue as the baby boomer generation ages (Shatkin, 2009). In fact, “non-traditional students may be a valuable (and a currently available) resource for filling the demand for well qualified graduates” if we can learn how to improve the retention of these students in occupational therapy programs (Menks & Tupper, 1987, p. 22). Jones-Boggs Rye (2005) emphasizes that allied health programs need to acknowledge that there are many more non-traditional students entering our programs and that examining persistence in non-traditional students will help us understand what factors improve or deter retention.

Context for the Study

Occupational therapy students were chosen as the context for this study because they typify other health care professions in several ways which may help to inform retention strategies not only in occupational therapy curriculums, but also in other related

health care academic programs. The experiences of occupational therapy students in a combined Bachelor's/Master's degree level program were chosen to be studied because the average duration of their entire academic program is six to seven years and is usually full-time. This is similar to other health care professional majors such as physical therapy, physician assistant, and speech and language pathology. Additionally, occupational therapy is representative of other health professions because the average expected salaries are relatively modest considering the length of time and effort invested in school and clinical internships (Bureau of Labor Statistics, 2010; Shatkin, 2009).

Students in occupational therapy academic programs are of special interest to me because I am both an occupational therapy educator and clinician. However, this fact alone does not warrant the choice of these students as a focus of this study. The context of occupational therapy education is also a timely choice because of recent policy changes in occupational therapy education that could potentially affect retention. The Accreditation Council for Occupational Therapy Education (ACOTE) recently mandated that students meet higher academic expectations and complete an academic program that takes several more years to complete than it did prior to 2007 (ACOTE, 2006). Prior to 2007, only a Bachelor's level degree was required for entry into the profession. The new standards require students to have a combined Bachelor's/Master's level degree taking approximately six to seven years to complete in order to enter the profession.

This policy change was made because of the rapidly changing and dynamic nature of contemporary health and human service delivery systems requiring occupational therapists to be more autonomous in roles as consultants, managers, researchers, educators, direct service providers and advocates (ACOTE, 2006). The role

of researcher is an important dimension of practice, and third party payers, such as insurance companies, increasingly require evidence based practice methods (ACOTE, 2006). The current study explores the longitudinal experience of non- traditional aged students who have successfully persisted through the academic curriculum in the health care profession of occupational therapy.

Some occupational therapy academic curriculum are structured as combined Bachelor's/ Master's level degrees with course work at both the undergraduate and graduate levels. Other programs require a Bachelor's degree in a related field, followed by a graduate degree in occupational therapy. Both are considered entry-level Master's degree programs, which are necessary to gain entry into the profession as an occupational therapist. Either format requires a longer time period (six to seven years) for students to have continued motivation (volition) to complete their academic programs. The effect of this policy change on students, faculty, and institutions has not been studied in any manner. More non-traditional aged students than ever before are present in health profession academic programs, such as occupational therapy (Jones-Boggs Rye, 2005). As discussed earlier in the chapter, the literature also informs us that students in two sub-groups, health care majors and non-traditional students have a higher risk for attrition.

The retention statistics for occupational therapy students does not show cause for alarm at first glance (see Appendixes A and B). However, the statistics do not show all the realities. The retention statistics do not give us student demographics beyond race and gender, so we have no idea how students who would be considered non-traditional in age are faring. Additionally, most students from more diverse backgrounds never get accepted into the programs because they did not meet pre-requisite grade requirements

(Hayes, Fiebert, Carroll & Magill, 1997). Secondly, the retention rates are misleading according to Dr. JoAnne Crain, Program Director at Baker College (personal communication, March 1, 2010). According to Dr. Crain, the retention data for the annual report is collected annually from program directors nationwide. She said the report does not show the cumulative attrition rate in a student cohort group over the length of an average six year program. For example, she was able to report attrition statistics in the single digits annually for each cohort (and this was what shows up in the annual report compiled by AOTA), but the cumulative attrition for a student cohort was recently closer to fifty percent in her program (personal communication, March 1, 2010).

Non-traditional aged students were “hidden” in the retention statistics. I do not have evidence that retention of non-traditional aged occupational therapy students is an issue in the profession. However, it seems best to be proactive given what is known from the literature about the risk for attrition of students who are non-traditional or majoring in the health care professions. Stage and Hossler (as in Braxton, 2000) recommend that research on retention of students should focus on specific populations of interest; otherwise we are only repeating existing research. These facts, supported by the following anecdotal information support the need for this research.

Within the past year, several program directors and faculty in occupational therapy programs across the nation provided support for my suspicion that some occupational therapy students were finding it difficult to persist in their academic programs. They expressed their concerns in a survey distributed at a national conference and through informal conversations. These professionals expressed concern about non-traditional students; they believed these students were having even more difficulty

progressing through their programs. In addition, they were very concerned about the decreasing pass rate of students on the national licensing exam. In 2009, the pass rate fell to 75% nationally, from a rate that usually ran between 87-90% (NBCOT, 2009). Although the falling pass rate on the exam is not the focus of this study, it is a statistic which supports the need to explore the effects of the recent policy change on students and the profession.

The intent of this study is to learn from the students who are immersed in this context. My experience as a faculty member working with students for the past 14 years reinforces my impression that we need to start with the stories of the students to know what it has been like for them to persist as non-traditional students in a health care professional program. Identifying what helped them successfully persist through the academic portion of their program, and understanding how they navigated difficulties or barriers will be a step towards developing a theoretical framework on college persistence that is applicable for students in the health professions. My involvement with students has made me aware of their struggles, as well as their amazing successes, sometimes despite great obstacles.

I believe the time is right for this type of research inquiry in light of changed occupational therapy educational policy in 2007 and an older student body on campus. We need to explore the experiences and the culture of students in the health professions, especially the growing number of non-traditional students, so retention strategies and policies can be modified or developed anew for this unique student population. Stewart summarizes the situation well by stating “the escalating costs of tuition, the present state

of financial stringency in universities, and shortages of health care professionals all point to the need to consider the costs of health professional students' attrition" (1990, p. 4).

Problem Statement

This research study addresses a theoretical problem in higher education. The retention literature assumes that non-traditional students represent a relatively homogeneous group, when in fact there is great diversity among non-traditional aged students. There are indications that this student body is quite diverse in their needs, abilities, and motivations. Differences in students have also been noted across degree levels, types of institutions, and area of study (Kasworm, 2010; Kasworm et al., 2002; Richardson & King, 1998; Tinto, 1993), yet we do not have theoretical models of persistence (or departure) for these sub-groups of students. There were very few studies in which theoretical frameworks on student departure or persistence have been applied to students in the health professions, such as occupational therapy majors. Studies are needed to explore differences among the growing student body of non-traditional aged students to ensure the strategies we implement for improving persistence are relevant for sub-groups of students within the larger aggregate of non-traditional students.

Research Questions

1. How do non-traditional aged students who successfully complete the academic portion of the newly established entry-level combined Bachelor's/ Master's degree curriculum in occupational therapy perceive and make sense of their experiences in the program?
 - A. What helped them successfully complete the academic portion of the program?

B. What challenges did they encounter and how did they navigate difficulties or barriers?

Introduction to the Conceptual and Theoretical Frameworks

In order to answer these research questions, the experience and perspective of the students needed be studied. This idea was the starting point for the conceptualization of this study. Quigley (1998) said that too often he and his co-workers did not draw on the perspective of the learners as they attempted to study persistence in adult education. Learner input is necessary to have in order to direct our future research and retention strategies. Very little is known about what helps occupational therapy students, or students in related professions, persist in their academic programs. In this current study, student participants were encouraged to share their story in the tradition of narrative inquiry so their perceptions were gained (Denzin & Lincoln, 2005). In this way, implications developed from this research involve the knowledge of all who were involved (Creswell, 2007; Denzin & Lincoln, 2005).

It was expected that the students would have their own perceptions of what factors influenced their persistence and their stories needed to be heard to shed light on the problem (Clandidn & Murphy, 2009). Research on persistence in education, from both the education and psychology fields, offers a holistic framework for the analysis of the participants' input. The psychology discipline, specifically the social cognitive perspective, offers a theoretical lens which helps to understand motivation in non-traditional aged students who need to persist through a long and challenging health care curriculum.

The social cognitive perspective incorporates multiple related, but distinct theories, which were expected to be found relevant as the data was collected and analyzed. For example, it was thought that belongingness theory (Baumeister & Leary, 1995; Baumeister, Nuss & Twenge, 2002; Osterman, 2000) and possible selves theory (Cross & Markus 1994; Markus and Nurius, 1986; Oyserman & Markus, 1990) might offer insight on persistence. The work on self-efficacy (Bandura, 1991; Cross & Markus, 1994), self regulation (Schunk & Zimmerman, 1997; Wolters, 2003; Zimmerman, 1990), and the value and expectation sides of motivation (Brophy, 2004; Svinicki, 2004) were also considered as theoretical frameworks for this study. Analysis of the findings made it clear that possible selves theory, which is derived from a large body of work on identity development, offered the most relevancy as a theoretical framework. Possible selves theory best explained the experience of the participants; their motivation to both initiate the academic program and to persist despite challenges. This theory helped explain the determination of these participants who persevered to achieve a new vision of themselves. Possible selves theory, within the broader framework of identity development, showed how the connection between socialization experiences in the past, as well as the present, shaped the motivation of the participants.

The conceptual framework for this study was designed to be inclusive. The data collection methods attempted to draw out dispositional factors which are sometimes correlated with what the social cognitive perspective refers to as intrinsic factors, individual traits. In other words, how “others” in a relationship with a student influence their unique learning and motivation factors in an academic environment (Bandura, 1991; Baumeister, Nuss & Twenge, 2002; Dirkx & Deems, 1994). The current study was also

designed to acknowledge that situational and institutional factors may be influential in the nature of the participants' persistence (Cross 1981; Johnstone & Rivera, 1965). For example, participants were encouraged to speak about situational barriers, such as the competing demands of children and employment, as well as institutional barriers, such as lack of financial aid or the existence of college programs which were full-time and only during the day.

Very little is known about how dispositional, situational, and institutional deterrents affect occupational therapy students or students in related majors. We also do not know how these barriers interact with positive situational, dispositional, or institutional factors in students majoring in these programs. It was suspected that there was a difference between students in unspecified majors in prior retention studies and students in the health professions. These suspicions came about from two sources: (1) My anecdotal teaching experience working with a significant percentage of non-traditional aged students in an occupational therapy program, and (2) A small preliminary study (unpublished) I did at my institution. Both experiences made me question if some dispositional factors, such as altruism, facilitated persistence even when other barriers were present. This 2007 preliminary endeavor was a qualitative study designed to identify factors which promoted academic persistence. Six non-traditional aged occupational therapy students near the completion of their academic program were interviewed. The study identified the importance of self-efficacy, social and academic integration, and family support, as well as the unanticipated factors of a "passion for the profession" and altruism.

Researchers who have studied persistence in adult learners vary in their perception of which factors are the most influential in persistence or the volition for educational pursuits. For example, Cervero and Kirkpatrick (1990) emphasize the influence of “processes occurring throughout the lifespan,” a person’s family, social and educational history (p.77). However, Brophy perceives that the value an adult places on the educational endeavor is central to persistence (2004). Finally, Quigley is convinced that dispositional factors offer the most significant insight (1998).

The conceptual model for this study makes no pre-determinations, but instead aims to include all the actions and words that participants provided in the domains of situational, institutional, and dispositional factors. The research design provided an inclusive framework that allows participants to share their reflections and their meaning-making of the experiences they had on their path to completing the academic portion of their programs.

Chapter Two

Literature Review

Introduction

The student body on campuses has become increasingly diverse with more students of color and more variance in age and socioeconomic status. There are also more students who are juggling employment and family responsibilities (Wlodkowski, 2008). As mentioned in the first chapter, students who are non-traditional in terms of age are pursuing degrees in the health professions because there are current job openings, as well as a projected need for these professionals in the future (Bureau of Labor Statistics, 2005; Shatkin, 2009). It is well known that the retention rate is poorer for non-traditional aged students (Bean & Metzner, 1985; Swail, 2002; Wlodkowski, 2008) and also for students majoring in health care professions (Astin, 1993; Richardson & King, 1998). It can be safely extrapolated that adult learners who are majoring in a health care profession are at a significant risk for non-persistence. Discovering how these at risk students managed to persist will offer both theoretical and practice implications. The literature offers background to explore various perspectives which have the potential to assist in understanding the experiences of these students and how they persisted despite barriers.

The first purpose of this literature review is to demonstrate the paucity of literature on retention in occupational therapy students and students in related health professions. This literature review will support the need for more studies on this distinct sub-group. One set of retention strategies cannot be expected to be effective at improving persistence for all students in a group as large and diverse as non-traditional aged students (Cabrera, Castaneda et al., 1992; Kasworm et al., 2002; Tinto, 1993). Little is

known about the experience of non-traditional aged students who are studying in professional level health care programs, such as occupational therapy.

The second purpose of this chapter is to offer a conceptualization of the problem. Theoretical perspectives from the literature will be highlighted to offer insight on how non-traditional aged students in the health care professions persisted despite significant obstacles. This literature review will discuss research in two areas of study: education and psychology. Research from these two disciplines is relevant to the purpose of this study and the related research questions. First, it is important to highlight what is known about retention and student persistence from the discipline of education. This body of knowledge offers great insight, but it is not adequate on its own to understand how non-traditional age students succeed in their occupational therapy programs or in similar professional level health care programs. As explained in the previous chapter, it was suspected that students in occupational therapy programs have a different set of motivations for persisting in their challenging and long programs. They must persist through academic programs that are almost as long as programs providing medical degrees, but they receive salaries and prestige commensurate with health care professionals such as staff nurses and dental hygienists. The latter professions only require two year associate degrees to enter the profession.

It is also important to highlight what is known about motivation from the psychology literature. It was anticipated that the retention and persistence theories from the education discipline could benefit from the inclusion of theoretical perspectives from the field of psychology on the motivation for learning. Knowledge about motivation grounded in the social cognitive perspective and identity development literature offers

alternative lenses to view the problem. The literature on motivation offers a view of persistence that looks at the reasons behind the behavioral choices students make, emphasizing the dynamic interplay between the individual and the environment (Perry, Turner, & Meyer, 2006). However, a shortcoming of this body of knowledge is the absence of application to contexts, such as to higher education (Perry et al., 2006). Collaborative use of the perspectives from adult learning, higher education, and the literature on motivation was expected to be helpful in understanding motivation in non-traditional aged occupational therapy students who need to persist through a long and challenging curriculum (Mihelic, 2006; Stout et al., 1994).

Persistence in Occupational Therapy and Related Health Profession Majors

There were some studies addressing retention issues in the health care professions but it was minimal compared to the breadth of research on traditional and non-traditional college students in unspecified undergraduate programs. As stated previously, Astin (1993) concludes that students in health profession majors are at more risk for attrition. However, there is a paucity of literature specific to attrition and retention across various health care fields, including occupational therapy (Gupta, 1991). Stewart points out that “the escalating costs of tuition, the present state of financial stringency in universities, and shortages of some health care professionals all point to the need to consider the costs of health professional student attrition” (1990, p.4). Unfortunately, there are very few studies in which the theoretical frameworks on persistence and motivation, from either the education or psychology literature, are applied to students in health care majors.

After an exhaustive search of the literature it was noted that studies of retention on students in occupational therapy academic programs were especially limited. This statement is supported by the literature review done in a dissertation by Mihelcic, who found no studies which applied theories of retention or attrition to student populations studying either occupational or physical therapy at the professional level (2006).

Although Mihelcic's study had limitations, his survey based research found that there was a problem with retention in both of these academic programs. The physical therapy profession is also experiencing a shortage of professionals, and is the health care profession most similar to occupational therapy in terms of curricular requirements, professional salary, status, and job duties. Research done on physical therapy students would be considered relevant to occupational therapy students, but unfortunately the retention research was sparse in this curriculum area also.

Some of the studies of physical therapy and occupational therapy students examined predictors of academic success by determining what factors (e. g., GPA, interview skills, etc.) correlated with successful completion (Hayes, Fiebert, Carroll, & Magill, 1997; Kirchner & Holm, 1997; Koenig, 2003; Lysaght, Donnelly & Villeneuve, 2009). The approach of looking at predictors does not answer the research questions and was not considered relevant. However, there were a few studies from Great Britain and the United States that were relevant to the research problem. Unfortunately, there were very few studies and they had limitations. Their presence did indicate a need for more studies focusing on this unique student population, even if they were lacking in strength and quantity to give us the answers we need for the education of these professionals.

There were four relevant studies on occupational therapy students in Great Britain. The first study was dated because it was based on surveys administered to occupational therapy students who “dropped out” from 1975-1983 (Paterson, 1988). However, it concluded that retention is important to study in occupational therapy students because as the author stated “any reduction in wastage will increase the number of occupational therapists and improve the cost-effectiveness of schools” (Paterson, 1988, p. 81). Two other studies were very related to my research questions because they focused on what supported the success of non-traditional students in British occupational therapy programs (Watson, 2005; Wheeler, 2001). However, they were limited in relevance, because these programs are not accredited by the same accrediting body as in the United States. Additionally, their degree completion time is much shorter because they have not changed the entry-level requirement from a Bachelor’s to a Master’s degree. The last study done in Great Britain was of minimal relevance because it was done on students who were already occupational therapists working towards an advanced post-professional degree in occupational therapy, which is dissimilar to the students in the current study who are seeking to gain entry into the field (Conneeley, 2005). However, it was informative because it noted that the stress created by the curriculum was a deterrent to persistence.

Two studies focused on occupational therapy students in the United States also evaluated the variable of stress related to retention. One study explored the coping strategies of occupational therapy students who were experiencing stress (Stout, Everly, Poff, Lamport, Hamant, & Alvey, 1994). The other study was even more relevant to this current study. It explored the amount of stress occupational therapy students experienced

and also identified coping strategies in these students (Pfeifer, Kranz & Scoggin, 2008). This study looked at the retention problem from a different perspective than this current research project and the student sample was from only one university. However, it was relevant because it focused on students in the newly established entry-level Master's degree program. Pfeifer et al. (2008) share my concern and stated:

Very little research has been done regarding the experience of stress and earning an entry-level Master's degree in occupational therapy. Earning a Master's degree may add to the perception of stress by not only requiring skill based learning needed to practice but advanced theory and higher level critical thinking which are part of beginning research skills. (p. 222)

Three additional studies examined the needs of non-traditional aged students in occupational therapy curriculums (Graham & Babola, 1998; Menks & Tupper, 1987; Strickland, 1987). A limitation of these studies was that they were dated and did not focus on students since the ACOTE policy changes. They were noteworthy, however, because they concurred that "non-traditional students may be a valuable [and a currently available] resource for filling the demand for well qualified graduates and potential leaders in the profession" (Menks & Tupper, 1987, p. 22).

The research cited above was the extent of the studies related to persistence in occupational therapy students or in the closely related profession of physical therapy. Other health professions, such as nursing and medicine, have more extensive literature on retention and this literature offered some insight on what helped students persist. However, I posit that the contextual differences in the practice settings of nursing and medical professionals are quite different from the practice context of an occupational therapist, physical therapist, or speech language pathologist.

The field of nursing provided the widest breadth of studies. Some of the literature concluded prior academics such as grade point average and standardized tests were most indicative of retention in nursing programs (Benda, 1991; Laudicina, 1997). Several studies emphasized the importance of a good academic fit between the student's abilities and the challenging nature of the coursework (Higgins, 2004; Laudicina, 1997). Glossop (2002) identifies academic difficulties or wrong career choice as factors causing non-persistence, but also identifies problems with health, finances, and family as reasons for leaving programs.

There was also a group of studies finding non-cognitive variables to be better predictors of retention in health care programs. The nursing literature also included variables such as self-efficacy and found this trait to be crucial in the decision to persist (Aber & Arathuzik, 1996). A nursing study looking at the non-traditional student cited external influences as the most influential factors in attrition. This same study by Wells (2003) also found relationships with faculty to be a more positive predictor of retention than academic variables. As in the adult education literature, it was found that problems with persistence could be related to intrinsic or extrinsic factors (Sherrod, Harrison, Lowery, Wood, Edwards Gaskins & Buttram, 1992).

Although there was a fair amount of literature on the retention of nursing students, these studies are not applicable to occupational therapy students. Educational requirements in nursing are quite different than in occupational therapy. Nurses can attain numerous advanced degree levels as options, but only need to have an associate's degree to enter the profession. It takes a significantly longer time period to become an occupational therapist. The job duties and the culture of the two professions are also quite

different. Therefore, the nursing literature needed to be used with caution in conceptualizing the persistence of the students in this current study.

Attrition among medical students was also discussed in the literature (Cariago, Enarson, Crandall, Zaccarro, & Boyd, 1997; Simpson & Budd, 1996; Stetto, 2004). However, it was not focused on in this literature review because after reviewing the literature it showed limited relevance to this research study. While the period of time it takes to attain a medical degree is similar to occupational therapy and physical therapy, there are many differences in the career benefits and risks. Physicians have the potential for significantly greater salaries and prestige than therapists, while they are also subject to more malpractice risk as the primary decision makers on a healthcare team of professionals. It was probable that these differences would have made the literature less applicable to occupational therapy and related allied health care professions.

Education Perspective

This current study was first approached by acknowledging the importance of supports and barriers that can be categorized as situational, institutional, or dispositional factors (Cross, 1981). The literature on the adult learner was crucial in developing this conceptual framework (Cervo & Kirkpatrick, 1990; Johnstone & Rivera, 1965; Quigley, 1998; Rubenson, 1998). However, the research on the adult learner is not specific to the higher education environment. Therefore, it was necessary to use aspects of the retention and attrition literature on traditional and non-traditional aged college students in the context of higher education. The foundational research on the traditional aged student was valuable because it provided a wealth of knowledge and a context for understanding the higher education environment (Brower, 1992; McGaha & Fitzpatrick, 2005; Ozga &

Sukhnandan, 1998; Tinto, 1975, 1993). The literature on the non-traditional student was especially relevant in the conceptualization of this study because it addressed the types of barriers and supports that are common in non-traditional aged students, who were the sample in this study (Allen, 1986; Bean & Metzner, 1985; Grusec & Hastings, 2007; Wlodkowski, 2008).

The Adult Learner and Persistence

The most commonly cited reasons for non-participation in adult education programs were lack of time and money; while these are legitimate reasons, they are also the most socially acceptable reasons for people to state (Merriam, Cafarella & Baumgartner, 2007). These two reasons do not provide a complete picture of why adults fail to persist with their educational endeavors. In a classic in-depth study in 1965, Johnstone and Rivera shed more light on why adults did not continue their participation in adult education settings. They clustered 10 types of barriers to participation into intrinsic (dispositional) and extrinsic (situational) factors (Johnstone & Rivera, 1965). Extrinsic barriers are factors which are beyond the person's control such as prohibitive educational costs or lack of childcare while attending school. Intrinsic barriers reflect personal attitudes such as beliefs that one will not be able to do the school work or that the educational program will take too much time (Johnstone & Rivera, 1965).

Quigley (1998) emphasizes the influence of dispositional factors and thought these factors offered the most insight into understanding the participation of adults in education. Disposition toward adult education was thought by many to develop in childhood through the influence of family and early school experiences and in later years from work experiences (Cervero & Kirkpatrick, 1990; Rubenson, 1998). Rubenson

describes an individual's attitude towards education as influences made up from "the long arm of the family...and the long arm of the job" (1998, p. 261).

McClusky (as cited in Merriam et al., 2007) and McClennaghan (2000), who focus on the adult learner in their writings, suggest that an individual's situation in terms of resources and position in life are very influential in the ability to participate in adult education. Researchers have also focused on institutional barriers. For example, Tierney (1993) published extensively on institutionally based cultural barriers, which were deterrents for students of difference, sometimes described as non-traditional students. Crowther (2000) proposes that non-persistence can be a deliberate act of resistance for some students who experience either organizational or cultural barriers from the educational institution. It can be concluded, even from this brief review of the literature on adult education, that the persistence of occupational therapy students may be influenced in some way by the institutional, situational, or dispositional factors discussed in this body of knowledge. How adult learners are being influenced by these factors in the college environment required use of retention studies done specifically in higher education.

Retention of Students in Higher Education

The interest in adult learners enrolled in college began in the 1960s and 1970s with the work of Chickering (1974), Perry (1970), and Tinto (1975), who were all interested in looking at the formal and informal experiences of the college student. Their studies focused on traditional students for that time period, namely White males from middle to upper socio-economic groups, aged 18 to 24. Their work ultimately generated a wealth of literature focused on retention and attrition issues of college students. This

work was important to consider in the conceptualization of this study, since both the formal and informal college experiences of the participants was of interest in order to understand how they persisted.

Tinto's work gained particular prominence and his model of student attrition continues to be cited widely in the literature. According to Tinto's theory, attrition related to the student's interactions in the academic and social environments on campus (1975; 1993). The theory hypothesized that persistence occurred when the student was integrated successfully in these two environments, facilitating both a commitment to their personal goals and to the institution (Tinto, 1993). Brower (1992) builds on Tinto's theory by identifying "life tasks" students attempt to accomplish while in college. His work proposes that the academic and social fit described by Tinto is not static. Instead, it is dynamic; students use and shape their college environment to meet their life task goals such as autonomy or academic achievement (Brower, 1992). One criticism of Tinto's work is offered by Tierney, who posits that academic and social integration should not be considered essential for student persistence (1992). He states that students from different backgrounds should not have to assimilate and adapt into a "uniform set of values and attitudes...in an institution" in order to be successful (Tierney, 1992, p. 607).

A major gap in Tinto's theory and related research was the neglect of external factors in shaping perceptions and commitments (Cabrera, Castaneda, Nora, & Hengstler, 1992). Other researchers attempted to explore these external (situational) factors. For example, Cabrera and Castaneda found that students who had adequate finances were able to integrate into the academic and social components of an institution with more ease (1992). External factors which were institutionally based were also studied. Several

studies demonstrate a positive correlation between student persistence and opportunities for interaction with faculty and student peers (Astin, 1993; Braxton, Bray & Berger, 2000; Higgins, 2004; Wells, 2003; Woodside, Wong & West, 1999).

Retention in students has also been looked at from a classroom and curriculum based perspective. Kuh (1995) found that students have more goal attainment in college when they are involved in out-of-class experiences. Nunn (1996) found discussion in the classroom encourages student involvement academically and with peers, which supports Tinto's emphasis on academic and social integration as necessary for student success (Tinto, 1987). This assumption is also the foundation for a study that found active learning methods correlate with increased social integration and subsequent institutional commitment (Braxton, Milem, & Sullivan, 2000).

Lastly, dispositional factors were explored in studies done by researchers such as McGaha & Fitzpatrick (2005), who assessed the influence of personal characteristics and social competencies on drop-out behavior. They found that interpersonal incompetence and marginality are risk factors for dropping out. Sedlacek (2004) is well known for discussing non-cognitive variables (some of which resonate with the concept of dispositional factors) as important for success in college. For example, Sedlacek considers positive self-concept, realistic self-appraisal of abilities, and a preference for long term goals as traits which support academic persistence in the college environment (2004).

The studies above highlight situational, institutional, and dispositional factors in the context of higher education institutions, which needed to be considered when studying the persistence of students in professional level health care majors. However, it

could not be the only research to frame this study. Not all occupational therapy students, or students in related majors, can be considered “traditional” college students. Factors precipitating withdrawal are much different for non-traditional students than traditional students (Ozga & Sukhnandan, 1998). Jones-Boggs Rye (2005) emphasizes that there is a growing number of non-traditional students in allied health academic programs (such as occupational therapy) with a diminishing number of traditional students. This trend, as well as the focus on the non-traditional aged student in this current study, made it necessary to incorporate the retention literature focused on the non-traditional student.

Non-Traditional Students in Higher Education

The majority of non-traditional aged students are from lower socioeconomic backgrounds, defined as having parents with less education and occupational status, not just lower income levels (Grusec & Hastings, 2007). They typically do not perform as well academically and bring less social capital to college settings, than “traditional” students (Grusec & Hastings, 2007; Wlodkowski, 2008).

The conceptual model developed by Bean and Metzner (1985) has been utilized as a perspective for the design of numerous studies on retention and attrition in the non-traditional student population. Bean and Metzner (1985) realized in the 1980s that older, part-time and commuter students made up an increasing percentage of the undergraduate population, while traditional aged college students were on the decrease. When these non-traditional students showed a higher rate of attrition in the 1970s and 1980s, there was a need to expand research studies to this population (Astin, 1993; Bean & Metzner, 1985). The following literature review is reflective of that trend.

The student attrition model developed by Bean & Metzner (1985) applies to non-traditional students and theorizes that a student's experiences with course work, friends, and faculty shapes beliefs. Beliefs subsequently influence behaviors and decisions about the college experience (Bean & Metzner, 1985). Many of the variables involved in this research were non-cognitive in nature. For example, the support and encouragement of family, psychological attitudes precipitated by prior academic success, and one's attitude towards goals are considered non-cognitive variables (Bean & Metzner, 1985). Sedlacek (2004) also considers non-cognitive variables as relevant for persistence. Sedlacek identified eight non-cognitive variables that are integral to a student's success (2004). Some of these variables relate to "social integration." For example, students who learned how to handle the university system were more likely to persist (Wawrzynski, 1999). Bean and Metzner (1985) also stated persistence relied on external factors such as family, employment, and finances, which is a significant difference from Tinto's model (Cabrera, Nora, et al., 1992; Ozga & Sukhnandan, 1998). Mature students are more likely to drop out because of external circumstances such as family or employment issues (Ozga & Sukhnandan., 1998).

Additional studies built on the work of the student attrition model (Bean & Metzner, 1985). In more recent work, Tinto (1997) examines the use of learning communities to enhance student learning and persistence in commuter students, many of whom were non-traditional aged students. He found collaborative learning activities promote student involvement, which in his model of student attrition correlated with academic persistence (Tinto, 1975). Secondly, social and academic integration were not found to be two distinct areas in the non-traditional aged student population, which

differed from his original model developed in the 1970's (Tinto, 1997). Additional researchers also found that academic integration is more important than social integration for retention of non-traditional students (Allen, 1986; Ozga & Sukhnandan, 1998).

In conclusion, the growing body of literature on the non-traditional student was important to keep in mind for this current study because the sample was purposefully made up of non-traditional aged students. However, this literature did not speak to the unique motivations of students persisting in long and challenging professional level health care majors, such as occupational therapy programs.

Psychology Perspective

The literature on the adult learner and the retention research on college students are effective in describing the choices students make relative to persistence, and begins to uncover why students make their behavioral choices to leave or to persist. However, the literature on motivation offers a view of persistence that deeply examines the reasons underlying the behavioral choices students make in regards to their goals. According to Brophy, the social cognitive perspective on motivation incorporates multiple frameworks such as possible selves theory and belongingness theory, as well as the role of self-efficacy, self-regulation, and the perceived value and expectancy of the goal for the individual (personal communication, February 10, 2009). These theoretical perspectives highlight persistence from a different orientation than the education literature, and were helpful to understand motivation in the individuals being studied in this current research project. The addition of this perspective facilitated a better understanding of the participants' behavioral choices as they faced challenges in their academic program. It

also provided a context for understanding how people in the participants' past and present influenced their persistence.

The psychology discipline describes persistence in terms of motivation or volition. Motivation initiates the process towards the educational goal, but it takes volition to persist in order to “protect the intention to accomplish goals from competing intentions and other distractions” (Corno, 1993, p.14). In other words, a person can be motivated to start a task, but needs to have continued motivation or what is described as “volition” to continue pursuing the goal (Brophy, 2004). The literature on motivation from the social cognitive perspective offers another lens to view this current study's problem. It has great potential to help in understanding the experiences and motivations of these students. The following overview clarifies this perspective.

The social cognitive perspective starts with the premise that social influences become internalized in learners and become a part of that individual's view of self and their personal belief system (Schunk, 1999). For example, other individuals can affect a student's volition to persist in college both positively and negatively (Grusec & Hastings, 2006). This section of the literature review focuses on the human socialization factor as it affects volition towards academic pursuits. Although aspects of motivation and volition can be said to reside within the learner, a case can be made with the social cognitive perspective that these intrinsic perceptions develop from the interaction between the self and the environment (Schunk, 1999; Svinicki, 2004)

It is a dynamic viewpoint which proposes that learners are not just passive recipients of these social influences. It can be a bi-directional process as learners react and alter their social environment (Bandura, 1991; Schunk, 1999). This aspect of the

perspective allows for a belief that positive change is possible for college students. For example, students who come to the college environment with low self-efficacy for academic work or without strategies to self-regulate during the learning process can be successful with the appropriate socializing experiences (Wlodkowski, 2008).

Several frameworks, which have grown out of the social cognitive perspective, will now be discussed. It was anticipated that one or several of these frameworks would be influential in explaining the findings. Upon data collection and analysis, it became apparent that possible selves theory explained the dominant theme, which is described first in Chapter Five. The other frameworks of the social cognitive perspective were secondary in relevance for explaining how non-traditional aged occupational therapy students stayed motivated to persist in their goal to become the self they envisioned.

Possible Selves Theory

Possible selves theory developed from both the social cognitive perspective and the literature on identity development. This theory gives cognitive form to our desires for achievement or affiliation and our fears of failure or incompetence (Markus & Nurius, 1986). Possible selves are elements of self-concept and they function as incentives for future behavior, including our motives (Oyserman & Markus, 1990). They are visions of one's self in future circumstances and are "essential elements in the motivational and goal setting process" (Oyserman & Markus, 1990, p. 113). Students, similar to the general population, have several possible selves that have developed from past experiences and the socializing influences of others in their life such as parents, spouses, or friends. It is this aspect of possible selves theory that shows the influence of the social cognitive perspective.

The possible selves concept, which is situated in the work on identity development, focuses on how others in a student's life affect their volition to complete college. It shows that not only socialization experiences of the past shape the individual's sense of possibilities for the self, but also shows that this process does not stop. Socializing experiences in college that are positive have the potential to create new possible selves that come into fruition. For example, the student becomes more successful because the positive feedback from faculty, university administration, or student peers makes the discrepancy shrink between their ideal new self and a past self that has not been successful. Conversely, these social interactions could confirm the worst fears that are present in their old possible selves (Markus & Nurius, 1986). For example, academic struggles or negative feedback could confirm for students that they are "not college material." The discrepancy between the desired and the actual possible selves could be confirmed by the actions of those the student comes in contact with resulting in emotional distress and drop out behaviors (Cross & Markus, 1994).

Students often find that it is not a linear trajectory to transition from their former self to their new possible self. There may be steps forward and then backward in response to other people in their lives (Higgins, 1987). Loved ones and friends are not always comfortable with the changes they see in the student. They may exert pressures that create circumstances distracting the student's focus on academic achievement (Bean & Metzner, 1985). Because of these occurrences, the value a person places on academic achievement in college can be sidelined by others. Therefore, the concept of "goal value" needed to be considered, because the participants in this study had many competing priorities.

Individuals have more than one possible self they carry within them and are influenced by a variety of socializing agents from the past and in their new present (Grusec & Hastings, 2006). In order to have volition for persistence until graduation students need to continue valuing the reasons that motivated them to initiate the college process or develop new reasons to value the goal (Svinicki, 2004). The new self they envisioned, which was embodied in the desire to be an occupational therapist, was influenced by a variety of factors. No matter how strong their desire was to be someone new, better, or different, this desire was still mediated by other factors. Perspectives which discuss factors that may influence the achievement of a new possible self are discussed next.

Social Cognitive Perspectives Supporting the Possible Selves Concept

An individual expects certain outcomes from goal attainment and then confers a value on this goal (Brophy, 2004). For example, the value students place on their academic achievement while enrolled in college varies. Svinicki (2004) reported that some students maintain a strong self identity as workers who go to school part-time in addition to their current life. Other students move closer to actualizing their new possible self as full-time students working towards a professional career. It can be expected that students will vary in the development of their new identities as professional level occupational therapists for a variety of reasons (Eccles, 2009; Svinicki, 2004). Both intrinsic or dispositional factors, as well as extrinsic or situational variables can be expected to be influential in determining the value the student can place on their academic pursuits.

In addition to valuing the educational goal, students must be able to expect that the goal can be achieved. In order for non-traditional students to have a strong image of a possible self that succeeds in the college environment, they must have a strong belief that they can master tasks in the college classroom. According to Bandura, “people’s beliefs in their efficacy influence the choices they make, their aspirations, how much effort they mobilize in a given endeavor and how long they persevere in the face of difficulties and setbacks...” (1991, p. 257). Those who have doubts about their abilities are easily discouraged by obstacles or poor performance (Bandura, 1991; Cross & Markus, 1994).

Self- efficacy can be gained not only through mastery experiences, but also by vicarious learning from watching others who are similar to oneself (Brophy, 2004). Associating with others who are similar to oneself has been found to be important in motivation for learning. For example, belongingness theory discusses the need for relatedness with others who have similar goals (Baumeister & Leary, 1995). Relatedness has been shown to be a basic psychological need necessary for motivation to learn (Osterman, 2000). Weiner (as cited in Skinner & Belmont, 1993) found that students’ need for belongingness or connectedness to a community of learners is a strong motivator for learning. Three studies done by Buameister, Nuss and Twenge (2002) found that college students’ cognitive processes became worse after they were told they were likely to end up alone in life. Even anticipated aloneness negatively affected intelligent thought on achievement tests such as intelligence tests or the Graduate Record Examination (Baumeister et al., 2002). These findings are significant because they help explain why students may not be able to achieve their goal of a new possible self.

Additionally, occupational therapy students, similar to others pursuing a profession, face a “new culture” as they enter and proceed through their academic program. An implicit part of occupational therapy curriculum is the professionalization of the student into the occupational therapy community of practice (Hooper, 2007). Hooper explains that this is done by educators to convey and encourage students on “who they should become and the ways of knowing” to embrace (2007, p. 228). These students, who are immersed in a new culture, may have a strong need for relatedness within the academic program to develop their new “possible self.”

As stated previously, students in health care majors at the professional level need to persist for a relatively long time period of six to seven years. It takes self regulated learning to make the transition to college successfully and show volition throughout the college years until they graduate (Lindner & Harris, 1992). A growing body of literature concludes that successful academic performance is related to the degree of self-regulation the student utilizes (Zimmerman, 1990). Volition to persist on a long term goal, such as completion of the academic portion of an occupational therapy curriculum, requires two types of self-regulation: regulation of cognition and regulation of motivation (Wolters, 2003).

Students pursuing a new possible self in the context of an occupational therapy curriculum need to “sustain cognitions, behaviors, and affects that are oriented toward goal attainment” (Schunk & Zimmerman, 1997, p. 195). Self-regulation is an inter-play of three factors: the person, their environment, and the behaviors of the individual. This was originally described by Bandura as triadic reciprocity (Schunk & Zimmerman, 1997; Zimmerman, 1989, 1990). The recognition of the multi-directional nature of these

three factors was important to consider as I listened to the complex stories of the participants who described the challenges of becoming the possible self they envisioned.

Summary

The perspectives described in this chapter were important in the conceptualization of this current study because aspects of these frameworks held potential for understanding the academic persistence of non-traditional aged students in health care professions. It was unknown which factors, or what combination of unique factors, were applicable for non-traditional aged students majoring in a professional level health care program such as occupational therapy. The prevalence of theoretical and practice based literature needs to be increased on this growing population of at risk students to prevent a waste of institutional and student resources (Jones-Briggs Rye, 2005). The collaborative use of the perspectives discussed in this chapter helped develop my research design and guided the analysis of the data. The current research study offers an excellent opportunity to further understand the persistence of non-traditional aged students majoring in an allied health care profession by answering the following questions:

1. How did non-traditional aged students who successfully completed the academic portion of the newly established entry-level combined Bachelor's/Master's degree curriculum in occupational therapy perceive and make sense of their experiences in the program?
 - A. What helped them successfully complete the academic portion of the program?
 - B. What challenges did they encounter and how did they navigate difficulties or barriers?

Chapter Three

Methodology

Introduction

The purpose of this study was to explore persistence of non-traditional aged occupational therapy students in order to understand the experience of these students. Gaining an understanding of the experience of students in combined Bachelor's/Master's level occupational therapy programs offers an opportunity to learn how to support persistence in this program, as well as other related professions. Since there is little relevant research applicable to this student group, which is immersed in a unique context, the line of inquiry needs to start with the experiences and insights of the students. The stories of these students and how they make sense of their experiences can facilitate additional research studies that illuminate effective retention solutions for students in the health professions (Lowenberg Ball & Forzani, 2009).

Research Design

A qualitative research design was necessary to understand the context and experiences of these students. The purpose of this study was best addressed by using a method which emphasized the socially constructed nature of reality in order to understand the experiences and meaning making of the participants (Denzin & Lincoln, 2008; Lieblich, Tuval-Mashiach, & Ziber, 1998). The problem described in this study needed to be explored in the qualitative tradition, because there was little information to rely on from the literature and the available studies were not conclusively applicable (Creswell, 2007). Within the qualitative paradigm, the narrative method of study was used because it captured the experience of individuals by allowing the narrator to

construct their own meaning of the experience in the process of their story telling (Creswell, 2007; Denzin & Lincoln, 2005; 2008). In addition to learning from the individual narratives of the participants, I also chose to look for patterns of common experiences among participants. Chapter Four will present brief individual profiles of the participants developed from their narratives, and Chapter Five will discuss the commonalities of their experiences which were developed around four themes.

Narrative Methodology

Student participants were encouraged to share their story in the tradition of narrative inquiry. The narratives students constructed while reflecting on their experiences in their academic programs increased the understanding of the phenomena being explored (Chase in Denzin & Lincoln, 2005; Coulter & Smith, 2009). The stories of the narrator participants reflected their uniqueness as individuals with personal histories, as well as the effects of social influences on their inner self and the environmental context (Clandinin & Murphy, 2009; Loewenberg Ball & Forzani, 2007). Gaining knowledge from the students who had been immersed in this experience offered an excellent method to discover what facilitated or hindered their persistence.

Theoretical and practical solutions can also be generated by understanding the patterns across their stories. Chase (2005) acknowledged that while “every instance of narrative is particular, researchers use this lens to attend to similarities and differences across narratives” (as cited in Denzin & Lincoln, 2005, p. 657). These patterns of similarities and differences can be seen in their stories (Clandidin & Connelly, 2000; Denzin & Lincoln, 2005). As students narrated, they constructed their stories by both

reaffirming and modifying them to create narratives which educated themselves and myself, as the researcher (Clandidn & Connelly, 2000; Clandidn & Rosiek, 2007).

The research design made very conscious efforts to let the voices of the participants generate the data. I tried to allow the construction of their experiences to be created by the student and minimally influenced by me as the researcher. I kept in mind the caution expressed by Quigley (1998) when he stated that there is a gap in our perception relative to our students' perceptions and this can be a "source of serious unseen, under-researched problems" (p.3). For example, my experiences in higher education as an educator may be different from the experiences of the student participants. Quigley states that "the culture of school we (as former students) so enjoyed is not necessarily a culture into which our students fit" (1998, p.2). This is why I chose to use the Kawa Model as a theoretical framework to obtain narratives from students in a holistic manner, free of biases (Iwama, 2006).

The Kawa Model

The Kawa Model is a relatively recent addition to occupational therapy frames of reference created by an occupational therapist named Michael Iwama, who has both Eastern and Western roots (personal communication, December 11, 2009). This model was an important perspective for the conceptualization of this study because occupational therapy has sometimes been characterized as a "White, middle class, women's profession" (Iwama, 2006, p. xvi). I fit this demographic precisely as an occupational therapist and an educator of occupational therapy students. I believed the incorporation of this model was an important way to improve trustworthiness because it limited the influence of any biases I might bring to this study.

The Kawa Model uses the symbolism of a river (Kawa in Japanese) and its' natural surroundings as a "wonderful and dynamic metaphor for life and the complexities of life's challenges; like the flow of life itself, the model is fluid and as such, lends itself well to the subjective nature of human experience" (Iwama, p. xii). Narrative researchers concur, as they describe "experience as a changing stream that is characterized by continuous interaction of human thought with our personal, social, and material environment" (2007, p. 39). This model, in conjunction with the narrative inquiry tradition, helped insure that as a researcher I would be open in all situational, institutional, and dispositional influences relevant to persistence in education. Using these approaches discouraged me from limiting or re-structuring the participants' responses (Quigley, 1998). I had the opportunity to learn from these narratives if I saw the information with "open eyes," not influenced by my own, possibly quite different experiences in higher education (Merriam, et al., 2007, p. 208). This "new knowing" would allow research on persistence in occupational therapy students to move forward, understanding what might be most important to this unique group.

The Kawa Model was also used as an aid in the interview process to encourage participants to reflect deeply and to provide rich detail of their experiences. Non-traditional students were expected to have minimal time for engagement in a research project because of the many roles they balance (Bean & Metzner, 1985; Wlodkowski, 2008). My experience was limited with the use of this model prior to data collection, but I noticed how using this metaphorical model in a healthcare environment in my role as an occupational therapist had allowed patients to confide very personal details of their life with apparent comfort and expediency. I anticipated the use of this model could help me

gain more insight than using conventional interview methods discussed by qualitative researchers (Creswell, 2007; Kvale, 2006). I discovered this was true when I initiated my pilot study. The two participants in the pilot study provided often very personal information in approximately 60 minute interviews. The following metaphors are used in this model and can often be “heard” in the voices of the participants in Chapter Five (pictorial representations of this model can be found in Appendixes C and D):

Water= life flow or life energy

Rocks or Boulders= problems, barriers, or challenges

River Bank= micro-environment such as family and friends; macro-environment such as institutional or political factors

Driftwood= personal attributes which can be assets or liabilities

Site and Sample Selection

Site Selection

Site selection began in earnest after receiving IRB approval for the study. One of the sites, Career College, required additional approval from their own institutional review board. The student participants were selected from colleges or universities that had entry-level combined Bachelor’s/Master’s level programs in occupational therapy. It was important that these post-secondary institutions were currently accredited by the profession’s accrediting body, ACOTE. This was more important than whether the institution was public or private, or where it was located in the United States. Initially, I aimed to use three sites with a predominance of non-traditional aged students. I started contacting post-secondary institutions which emphasize a greater level of access to higher education by admitting students with a broader base of student backgrounds and

capabilities. These institutions are sometimes referred to as open enrollment colleges, or they might be institutions catering to communities where there is a more diverse base of applicants. I assumed persistence was unlikely to be a concern at universities who had highly selective admissions because high GPA averages have been correlated with academic success in occupational and physical therapy programs (Hayes et al. 1997; Kirchner & Holm, 1997; Koenig, 2003; Lysaght et al., 2009).

However, I found that some of my assumptions were incorrect. For example, the program director at one potential site in a major urban area that was assumed to have a more diverse student population, assured me that they really didn't have many non-traditional aged students. Therefore, she was reluctant to post an invitation to participate in this research study. Within the same month, I discovered from another program director that non-traditional aged students at a highly selective research university often struggled with persistence. Even though the students at this latter university were in the minority (most students were traditional age) I thought it was important to understand the experience of any non-traditional aged occupational therapy student who had struggled with persistence. This led me to change my approach slightly in terms of site selection. It was still important to have only accredited professional level occupational therapy programs, but I chose to sample non-traditional aged students who had faced challenges from four different types of institutions.

A total of eight sites from three states were contacted and invitations to participate were posted by program directors or faculty at each of these sites. (See Appendix E for a sample posting). In most cases, several follow up calls were made to the university contacts to develop relationships and make sure students had been informed of the study

since I often had no response to the posting to participate. Since it was challenging to recruit participants, a personal visit to explain the research project to students was done at one out of state site at the suggestion of the program director. Ultimately, four institutions from two Mid-Western states provided 17 initial participant interviews (interviews from 16 participants were utilized) which exceeded my goal of 10 participants. These sites are described as follows:

1. *Weekend College* is a small private, not for profit institution that awards degrees from the associate level up through the Master's degree level. It is categorized by the Carnegie Foundation (2010) as a Special Focus Institution. This college had a predominance of non-traditional aged students and according to its' website marketed itself as an institution catering to working adults. It has several majors, including the occupational therapy program, that are weekend programs. Students travel to campus for weekend classes approximately twice per month and also do course work on-line. According to faculty member, Dr. Christine Nelson, the majority of students who participated from this site are first-generation college students (personal communication, August 3, 2010).
2. *Career College* is a small private, not for profit college that awards degrees at a variety of levels from a certificate up through a newly accredited doctoral program in business. It is also classified by the Carnegie Foundation (2010) as a Special Focus Institution. According to its' website, it markets itself as a college designed to provide students a career and advertises its' high job placement rate. According to Dr. Jo Anne Crain, Program Director, there is a predominance of non-traditional aged students at this college; many are first generation college

- students. Classes in the occupational therapy program are on-ground only during the week. It depends on the students' pre-requisites, but students can often be provided with a two day per week schedule of classes (personal communication, June 10, 2010).
3. *Regional University* is a mid-size public university categorized as a "Master's College and University," with at least 50 Master's degrees but less than 20 research doctoral degrees (Carnegie, Foundation, 2010). According to faculty member, Helen Herlache, the majority of students in the occupational therapy program are traditional in age, but there are a few students who are slightly older, married and with children. She added that classes are scheduled four to five days per week on campus (personal communication, September 14, 2010).
 4. *Research University* is a large public university categorized as having "very high research activity" (Carnegie Foundation, 2010). Dennis Cleary, Fieldwork Coordinator in the occupational therapy program, expressed that the majority of students are traditional in age on campus, but that there were some non-traditional aged students in the program. He perceived that some of these students had struggled and would be interested in sharing their experiences (personal communication, September 24, 2010). The student participants in their interviews all concurred that classes were held five days per week on campus and occasionally class times were adjusted by faculty.

Participant Selection

Sampling was purposeful, which allowed for increased understanding of the research problem by accessing participants who were in a position to shed light on the

research questions (Creswell, 2007). Purposeful sampling was done at two levels: the site level as described in the previous section and at the participants' level. According to Creswell, "in a good plan for a qualitative study, one or more levels (of purposeful sampling) might need to be present" (2007, p. 126).

Critical case sampling was used to select participants who were almost complete with the academic portion of an entry-level combined Bachelor's/Master's occupational therapy curriculum. This specific type of purposeful sampling sought to find participants who experienced a specific phenomenon (Creswell, 2007). The phenomenon to be explored in this study is the experience of students who have successfully persisted despite potential obstacles. Therefore, selected students had to meet the following criterion:

1. Students had completed or were near completion of their academic course work, which demonstrates persistence through the academic portion of the curriculum (e.g. be in their last semester or only have one more semester to complete).
2. Students were from institutions that met the criteria described in the previous section. For example, they were from an ACOTE accredited entry-level combined Bachelor's/Master's level occupational therapy program.
3. Students were older than 24 years old when they initiated the course work in the occupational therapy program.

4. Students could answer affirmatively that they had faced challenges that caused them to consider leaving the program or caused them to “stop out” for a period of time.

In other words, purposeful sampling was also judgment (i.e., intensity) based in order to obtain participants who had information rich stories which manifested the phenomenon to be studied (Creswell, 2007). For example, non-traditional aged volunteers who stated they had struggled in the program, but had not considered leaving the program were not interviewed. Only those volunteers who had either stopped out or had seriously considered leaving the program were selected for participation. I attempted to have representation from as diverse a population of non-traditional age students as possible, but this was very challenging because the percentage of males and students of color is small; less than 10 percent in each of these demographic categories (AOTA, *Academic Programs Annual Report*, 2008, 2009). Sixteen of the participants were White females and there was one White male. A total of 17 participants were interviewed; data from 16 participants was analyzed. The seventeenth interview was done by phone at the request of the participant who was extremely interested in being included. Her interview was brief and primarily consisted of her recommendations for other non-traditional aged students.

Narrative inquiry rarely uses this many participants and instead often focuses in great detail on the life experiences of one or two individuals. However, it is permissible to have more participants when the researcher is seeking to illuminate patterns of experience (Clandinin & Connelly, 2000; Creswell, 2007; Josselin & Lieblich, 1995).

Data Collection

It was very challenging to find students who could commit to the time requirements of this study because as non-traditional students they had limited available time because of competing priorities in their lives. Students needed to agree to be available for an in-person, estimated 90 minute interview, followed by a follow-up interview on-line. These requirements proved to be very challenging for participants. I had many requests for phone interviews only. Participants expressed that they were interested in being involved, but did not have time to travel to their institutions for interviews in person. Students who could not meet in person were not selected for inclusion in the study.

Prior to the initial interview, I usually had several interactions with the participants by phone and email. I found this to be helpful because it developed our relationship and I discovered that students were more likely to agree to participate once we had a phone conversation in addition to email communications. I also found that if I could garner the involvement of one student they would connect me with other students at their site who fit the criteria. Although I did the majority of interviews on their campuses, I sometimes met with students in their homes because of childcare issues or in coffee shops near their places of employment due to their time constraints.

The narrative method was used to obtain the lived experiences or stories of the narrator participants. The interview process in the narrative tradition is less structured and controlled by the researcher (Josselin & Leblach, 1995). Participant narrators were invited to share their stories and to take responsibility for how their story was told as much as possible (Bertraux, 1981; Josselon & Lieblich, 1995). For example, after showing them

the Kawa model (see Appendix C) and explaining the metaphor, they were asked to think about their experience in the program and to first draw in their boulders. They were prompted to explain them if they needed to be encouraged. Conventional methods of interviewing which use a more formalized interview protocol of questions tend to suppress people's stories, but it was helpful to have a set of possible questions and prompts when a participant was reluctant to let their story "tumble out" (Bertraux, 1981). It can be stated with confidence that their stories were not suppressed by the use of the Kawa Model, but I cannot be sure if the way they told their story or what they included in their narratives was influenced by the use of the metaphors in this model. Guidelines for the interview process are in Appendix F, but they were not adhered to rigidly. It was expected that these prompts would evolve with subsequent interviews as I discovered what best invited stories from participants (Clandinin & Connelly, 2000).

A pilot study was done prior to data collection using these procedures to refine my interview skills using the Kawa Model. I utilized two participants from Career College who met the sampling criteria. Their data were not included in the analysis. I learned that I sometimes needed to use the prompts to guide the participants back to discussion of the phenomenon being explored in this study. However, I also realized that it was beneficial to let students discuss topics out of sequence and to allow for some "off topic information" since it often led to relevant disclosures. Lastly, I learned that for one participant drawing using the Kawa Model was very helpful during the interview process. He stated that "it let the focus be off me." However, the other participant was quick to launch into her story using the metaphors in the Kawa Model but not completing her drawing. I found that it did not matter if the drawing was completed. The intent of the

invitation to draw using the metaphors provided by the Kawa Model was to prompt a story rich in detail, even prompting participants to reflect on occurrences in ways they had not done previously (Iwama, 2006).

I began data collection after reflecting in my journal and de-briefing with my dissertation advisor about my experiences with the pilot study. During data collection, the stories of the participant narrators were audio recorded after participants were assured of confidentiality, including proper storage of the data. The purpose of the study was explained and they were asked to read and sign an informed consent form. I had considered taking field notes during the interviews, but decided to do this immediately after each interview so the process did not interfere with the narrators' telling of their story, or my ability to listen actively. These notes focused on the participants' actions, facial expressions, and body language. I also made memos of my feelings and perceptions on what was occurring during the interview process, because narrative inquiry is not just listening to interviews (Candidn & Connelly, 2000; Clandidn & Rosiek, 2007). In addition, I found it helpful to journal my thoughts and feelings during the data collection and analysis because as an inquirer with a personal history relevant to the topic, I was really a participant observer (Bateson, 1994). As Bateson (1994) states, we all live storied lives and I was clearly present in the same storied landscape as the potential participants, because of my presence in the field of occupational therapy as an educator.

In order to facilitate the narration of the participants' experiences surrounding their participation in the occupational therapy academic program, I initially asked how they came to become interested in occupational therapy. I asked this introductory

question to develop rapport so the participants felt safe to talk about more personal questions and feelings with me, rather than provide only polite answers when we got to the central portion of the interview (Kvale, 1996). After the narrators completed their response, I then asked them demographic questions such as their family and employment status, as well as the educational backgrounds of family members and friends. I then presented a pictorial representation of the Kawa Model (See Appendix C). I asked them to draw a river and reflect on their experiences as they proceeded through their years in the program (the river). The metaphor of the river was helpful in prompting participants to start telling their story, because we tend to think and learn in metaphors (Bateson, 1994). I next prompted them to think about the obstacles they encountered and diagram those as rocks or boulders in their rivers. The metaphor of the river let the temporality of narrative inquiry to be realized and participants took advantage of this when they drew (Clandidn & Connelly, 2000). For example, students drew a large boulder at the mouth of the river when it was one major issue at the start of the program, and a series of smaller rocks throughout the length of their river if it was a problem that was ongoing. Little prompting was needed for them to discuss their barriers (See Appendix G for the drawings done by the participants).

I would then ask them to discuss how they persisted despite the obstacles. They were prompted to discuss environmental factors that assisted them (the riverbank in the metaphor) and their personal attributes (the driftwood) that hindered or facilitated their persistence. Students often needed prompts to reflect on all types of environmental influences. I asked them to consider people and situations in their personal life, as well as institutional factors. When they discussed institutional factors it was usually in reference

to the influence of governmental funding for their education, or they spoke of faculty practices or college policies. These initial participant interviews ranged from 32 to 113 minutes; the majority were approximately one hour in length. These interviews were not lengthy, but the findings in Chapter Four and Five reflect deeply reflective narratives rich in detail. In discussions with my dissertation advisor and professional peers we hypothesized that it was the result of using the Kawa Model, but there may be other explanations.

Follow up interviews, approximately one week after the initial interview, were done by phone or by email at the request of the participants. They reported they did not have access to other types of on-line communication such as video chat via the web at home. Follow up interviews were initiated because both the researcher and the participant were expected to have additional thoughts upon reflection which can facilitate the co-construction of findings which are valued in narrative inquiry (Clandinin & Connelly, 2000). It was an opportunity for me to ask further questions or to clarify the meaning of what was said or drawn in the initial interview. Participants were asked in these follow up interviews if they had anything additional they wanted to share about what had been a barrier or what had helped them to persist. They were also asked to consider if there was anything they wanted to emphasize.

Twelve out of 16 respondents answered the follow-up questions. Ten out of 12 follow up interviews were done by email at the preference of participants. Many echoed sentiments similar to Karen who said: “that way I can respond whenever I can...like when everyone is sleeping at night.” Email responses varied in length from very brief such as Nicole’s statement: “I think I said what I needed” to half-page single spaced

responses which emphasized points made in their interviews. The two telephone interviews averaged 8 minutes in length and were not richer in detail than the email responses. These participants clarified their previous points and the remainder of the time was spent asking about the progress of this research study. Efforts to contact the four who did not respond was discontinued after two attempts in an effort to respect the time constraints these students all described.

Data Analysis

Data analysis required me to analyze the participants' stories from three perspectives (Clandin & Connelly, 2000; Creswell, 2007). I needed to consider the data in terms of: (1) place and situation, (2) time (past, present and the future they anticipate), and (3) who the person is (defined by their personal attributes and social interactions). A holistic-content perspective was used to analyze the experiences of the narrators because their stories were "multilayered and complex as are human identities" (Lieblich et al., 1998, p. 167). This holistic content perspective is reflected by the inclusion of profiles of the participants in Chapter Four, even though I also used a cross case analysis. The findings from the cross case analysis are described in Chapter Five. The perspectives described in this paragraph guided the procedural choices explained below.

Data analysis first involved extensive and repetitive reviewing of the collected data, which in this case was the taped stories narrated by the participants and the visual data drawn by participants using the Kawa Model as a framework. It also included integration of my field notes and journaling memos. After each interview, or in some cases after a series of interviews at a site, I listened to the audiotapes while looking at my field notes and their drawings to gain an initial perception of the data. Then within a few

days, I listened to the audio recording again and hand transcribed the interviews, often stopping and starting the recordings to get accurate notes. Transcribing by hand allowed me to focus and process the data better. I thought it was necessary to listen to the recordings more than once because I could “hear” the story of individuals much better by repeatedly listening to audio tapes, rather than reading transcripts. When listening to audio tapes I could hear voice inflections and pauses, conveying emotions that would not be apparent in written transcripts. As Lieblich et al. (1998) state, there are no clear directions for this stage except that the researcher should “read or listen” in a way that allows the “story to speak to you” (p. 62).

Then using these handwritten transcriptions, I described events that formed a chronology in the life of each participant starting with their life after high school and also noted epiphanies or themes in each narrator’s story (Creswell, 2007). In order to do this task, I took my handwritten transcriptions from the audio recordings and composed two types of written summaries: the chronological life story of each participant and an interpretive summary which formed a global impression of each participant’s story (Lieblich et al., 1998). The writing of this global summary allowed me to get a feel for what was in the data, beginning to interpret the data, noticing not just what was said but also noting any disharmonies or inconsistencies which were heard in the narrator’s story or seen in their drawings (Boyatzis, 1998, Lieblich et al., 1998).

After I wrote these two summaries, I made a “map” for each participant, noting in one column the factors that were obstacles to their persistence and in the other column the factors that facilitated their persistence. I then determined the emphasis of each of these factors so I had a perception of which factors had the most impact on a participant.

Asterisks were used on the map to indicate which factors seemed to be the most influential. I considered how many times in an interview a participant referred to that factor, as well as their emotional intensity when discussing the factor as judged by their facial expressions, body language, and tone of voice. These factors ultimately created meaning units for the second phase of analysis and from this point the data was reduced further. For example, meaning units which were topically similar became a coding category.

I then integrated these previous analysis steps and composed a “story” of each of the participants. These stories were approximately three pages in length, with direct quotations used to support my interpretation of the patterns, themes, or tensions within each individual participant’s life (Clandidn & Connely, 2000; Creswell, 2007). Abbreviated versions of these stories became the profiles in Chapter Four, and the details of their narratives and direct quotes from their interviews were used to support the emergent themes discussed in Chapter Five. Reflexivity was facilitated through journaling and de-briefing with my dissertation advisor and professional peers during the analysis phase. It was helpful to have these discussions with others to clarify my thoughts and to insure an analysis as free as possible from my assumptions.

The narrative inquirer may use coding of their field texts to identify themes, but this coding is more commonly done within the life story of an individual as I did initially, rather than across a group of participants (Clandidn & Connely, 2000; Creswell, 2007; Lieblich et al., 1998). Therefore, guidance from the phenomenological tradition of qualitative research was utilized. I used a modified version of the Stevick-Colazzi-Keen method discussed by both Moustakas (1994) and Creswell (2007) by looking across cases

for common units of meaning which were developed into coding categories. Themes reflecting the participants' experiences then emerged from these coding categories.

As mentioned previously, I first needed to reduce the data. I looked across the variety of facilitators and barriers that had been identified on the participant "maps." I thought of these as meaning units. For example, I had a participant that discussed the impact of her husband's help around the house and another participant that spoke about how faculty adjusted the due dates on her assignments. This became a coding category known as "practical support." I developed a list of coding categories that cut across the maps of all of the participants. I initially had not planned to have type written transcriptions of the participants' interviews because I felt I could hear their stories better listening to the inflection in their voices and noting pauses while handwriting detailed transcription notes. While this was very effective for analysis of each participant individually in the first stage of the analysis process, it became clear that I would need to have type written transcriptions to code across the lives of the participants accurately as my handwritten notes made this task too challenging. Additionally, my handwritten transcriptions were written with abbreviations and in handwriting that only I could decipher. In order to have a peer review my methods I needed to have the audio data from the interviews in typed transcriptions. I did four of the typewritten transcriptions from the audiotapes that were less audible because they were done in coffee shops or in a participants' home, while a third party was hired to transcribe the remaining transcripts.

After I coded across the transcripts I realized there were common themes related to the phenomena being studied. I started to see patterns when I was collecting data that I later confirmed when I did the more formal step by step coding analysis, which was done

by highlighting the typewritten transcripts and writing in the margins. Patterns emerged that were present in the majority of participants. I grouped coding categories that were all speaking of the same phenomena. For example, support emerged as a theme whether participants were describing a type of support (emotional or practical) or were discussing different sources of support (family, spouse, cohort peers, or faculty). The analysis process also involved reading additional literature, searching for alternative explanations that were not considered in the conceptualization of the study. It also involved extensive use of journaling as I considered the new literature in relationship to the data. Lastly, discussions with my dissertation advisor and a professional peer proved beneficial to refine these coding categories into themes and sub-themes that would best represent the findings.

Trustworthiness

Informal external auditing was done by two professional peers knowledgeable in the analysis of qualitative data. These peers were asked to review the methods I used to analyze the data during the first phase of analysis when I was analyzing the data from each participant individually and then again when I was coding across the transcripts of the participants in the second phase of analysis. They were asked to read the chronological stories and the global impression summaries, as well as review the maps and drawings of two participants. Later on, they gave feedback on the coding categories by looking across the typed transcripts of two participants for consistency of coding. I also met with my dissertation advisor throughout the data collection and analysis phases to de-brief and have him review written examples of my analysis process at each phase (Creswell, 2007). No inconsistencies in my methods were found but it was helpful to

have questions from these professionals that prompted me to reflect more on my impressions of the data and the categories I established.

I journaled my feelings and perceptions in order to bracket, as well as I could, the biases I brought to this research study. For example, I think it is best if students can work part-time rather than full-time when they attend their challenging full-time academic programs. The use of the Kawa Model helped limit the infusion of my biases because it prompted students to tell their story on their own initiative, rather than being asked prescribed questions by me. I supplemented this plan to establish trustworthiness by using rich thick description of the participants and their direct quotes to support the themes in Chapter Five (Creswell, 2007). I also included the next section of this chapter to describe the orientation of myself as the researcher in an attempt to make my assumptions and biases clear so that it “guarantees a fair mature and critical dialogue” between myself and readers (Lieblich et al., 1998, p.170).

Orientation of the Researcher

According to Clandinin and Connelly, “as narrative inquirers we work within a three dimensional space, not only with our participants, but also with ourselves” (2000). As a researcher in this problem area, I bring perspectives and biases from my story; my past lived experiences. I grew up as a White, middle class female in a home where education was highly valued on my father’s side of the family. Although none of the females on either my mother’s or father’s side of the family attended post-secondary education, my father and paternal grandfather did. My paternal grandmother did not attend college traditionally, but took many community and college based classes for enrichment. Unlike the experience of many first generation college students, my siblings

and I assumed we would attend college. I also assumed my children would attend college and they did so. My children and I would have been considered traditional college students. We could place our primary emphasis on our academic work with job duties being secondary and minimal. Although on a cognitive level I realize students need to balance other priorities, I must admit that in my soul I think it unfortunate that non-traditional students cannot always place their college work as primary.

My more recent story provides me with a wealth of experiences as a faculty member in an occupational therapy program at an open enrollment college which admits a significant number of non-traditional students, many of whom are first-generation college students. My joy at seeing these students succeed and transform to professionals outweighs any frustration I have as we all struggle through the challenges they face as students, and I face as their instructor and mentor in their academic program. I have seen students succeed who seemed to have little potential, and believe their motivation along with our special efforts at our college helped them succeed.

These experiences drive my interest in this topic and make me believe that the occupational therapy profession and other related professions need to recognize that some students need something more from us to be successful. We need to explore how we can help students from all types of backgrounds be successful. These are the perspectives and biases I bring to the conceptualization of this study, as well as the data collection and analysis processes.

Strengths and Limitations

One limitation of a study that uses narrative methodology is the criticism that stories told by narrators may not be accurate and may be told as the participants wish

events had occurred (Clandin & Connely, 2000). However, this is actually the point of narrative inquiry; participants collaborate with the researcher to construct meaning from their experiences relevant to the phenomenon being studied (Clandin & Connely, 2000). I sometimes needed to “read between the lines” to incorporate apparent absences and contradictions of information as the participants told their stories, but this co-construction of knowledge was expected to occur (Lieblich et al., 1998). For example, Barb mentioned at the start of her interview that her greatest boulder was the guilt she felt because she spent less time with her children because of school. However, she seemed to contradict this statement by repeatedly mentioning, sometimes with tears in her eyes, how the lack of support for school from her husband increased her struggle. Another limitation of the study is that I may have had assumptions or biases about what I think this study would find. However, I have made every possible effort to bracket these assumptions by the act of disclosure in the previous section, and I planned for reflexivity by taking field notes, journaling, and de-briefing with other professionals.

This study also has strengths. I had planned to have 10 participants at a total of two to three institutions. Despite challenges finding participants who had the time for in-person interviews, I was able to utilize data from 16 participants from a total of four institutions. Narrative studies usually only focus on one or two participants (Clandin & Connely, 2007; Creswell, 2007; Lieblich et al., 1998). This study allowed for more trustworthiness since the identified themes were developed from more participants. An additional strength is that the participants were from institutions which varied in size and context. This supports the idea that non-traditional aged students in a health care profession, such as occupational therapy, have commonalities as a group, since the

themes were represented across different types of institutions and varying student demographics. A final strength of this study is the depth of reflection participants offered in their interviews which resulted in a richness of detail on the phenomena being studied.

Chapter Four

Student Profiles

Introduction

All of the participants met the criteria listed in Chapter Three in the section describing participant selection. They all were in accredited professional level occupational therapy programs. The participants were in the graduate level phase of their curriculum near completion of the academic portion of the program, prior to six months of required clinical internships. Only one student, Marie, was at a different stage of completion. She had also finished her clinical internships. I considered not including data from this participant but her narrative provided valuable information about how she persisted despite obstacles.

All of the students were older than 24 years old when they started their occupational therapy programs, categorizing them as non-traditional aged students. Their ages ranged from age 25 years to age 39 years when they enrolled in their respective occupational therapy programs. Twenty- nine was the average age when they initiated their programs. Students took various lengths of time to complete their degrees because some had periods when they stopped out from school. At the time of the interviews their ages ranged from late twenties to early forties. Fifteen of the 16 participants were White females and one participant was a White male. The participants all had encountered significant obstacles. They also met the criteria for participation because they could answer affirmatively that they had either stopped out at one time or had considered leaving the program.

This chapter will provide the reader with background on each participant. It will focus on the sequence of events in their lives that prompted their interest in occupational therapy including highlights of their experiences after high school until they enrolled in an occupational therapy program. Each profile concludes with their experiences related to the phenomena being studied while they were in their respective occupational therapy academic programs. There were five participants from Weekend College, four from Career College, three from Regional University and four from Research University.

Participants from Weekend College

Helen

Helen was a 39 year old married female with two teenagers when she started her program. Her husband and other relatives did not have postsecondary degrees. She reported that her initial obstacle was her own perception that she was too old to be going to school and had been away too long from the routine of studying. However, she stated: “I soon realized I wasn’t the oldest... that age didn’t matter and they (faculty) did value your experience.” She learned that her primary, recurring obstacle though the program was her chronic condition of rheumatoid arthritis.

Helen was diagnosed with rheumatoid arthritis at age twelve and learned about occupational therapy as a result of her condition. She reported receiving services from an occupational therapist that impressed her because she was the only health professional that asked her how she was feeling and cared about what she thought. “I was 12 years old, big hair was in, and the only thing I wanted to be able to do was curl my hair. She made a huge impact because she adapted my curling iron to where I could do it.”

Helen was trained as a cosmetologist in high school and worked in the field for two years but the symptoms of her disease didn't allow her to continue. She qualified for the state's vocational program because she couldn't do the job she was trained in secondary to her disabling condition. They paid for her to get her associate degree in occupational therapy and she worked as an occupational therapy assistant for nineteen years. Despite making adaptations in her life, she again became involved in the state's vocational program when this position became too challenging and she went on partial disability status. Helen said the state was willing to pay for an education that would move her to a therapist level position which could potentially be less physically taxing. Her vocational counselor did not agree with her vision to move forward to the therapist level but Helen described herself as very determined. "I told them if I can't do something, I will figure it out... I will find a way... I will get the job done." She was not interested in going on full disability which had been a proposed option.

Helen did encounter obstacles balancing school, employment, and responsibilities as a mother. She had exacerbations of her symptoms which prevented her from attending the weekend program a few times. However, she reported: "I learned how to prioritize and find that balance and get that rest so that I could control how these flare-ups were happening." She stated that she learned to rely on help from her husband for household tasks and realized she could not be at all her children's events. She also decreased her hours of employment until eventually she worked very few hours.

It took me a long time to figure out it's okay to let somebody help you cause I felt like I'm the mom and I should be doing x, y, and z, but then I had to realize by doing this degree and having more of an income I will actually be setting up my family stronger.

Helen gradually became more comfortable with her identity as a student and professional but seldom put her professional endeavors before the needs of her family. She reported she didn't think she would have pursued the degree if she had not received money from the state because if she had used her family's income "it would have been taking money from my son and daughter for college." However, Helen was definitely able to put her professional aspirations "before" her chronic condition. As she told her story, it became apparent that she had never limited who she wanted to be: a wife, a mother, and a health professional helping others. While she had considered dropping out of the program when she had obstacles, she credited her "can do" attitude, the support of her family with practical help, and the emotional support of friends in the program who "consistently try to keep each other going."

Ellen

Ellen was a single 37 year old with an adolescent daughter when she started the occupational therapy program. She described her family as blue collar, with one sister having a two year degree in nursing. She traveled almost four hours each way to attend this weekend program. Immediately after high school Ellen attended a large university for one year, but she stated that she did not like dorm life so she returned home to attend a local "technical college." She considered being a communications major but "decided that was not for me." Ellen described herself as "floundering around for awhile considering career options." She continued:

A friend of mine who had already started the program (a two year associate degree to be an occupational therapy assistant) ... when I was saying I don't know what to do...said 'why don't you look into OT?' ...so I did. I decided it was a good fit for me.

Ellen felt it was a good fit for her because she had always wanted to work in a people profession where she could help people.

Ellen worked as an occupational therapy assistant for approximately sixteen years. She did not consider advancing to the therapist level until a supervisor and co-workers encouraged her. She stated:

My supervisor said ‘you’re good at what you do but you’re wasting your time.’ Other people were seeing the qualities in me...giving me the affirmations. I hadn’t considered going on...I am from a family with very blue collar roots. I thought ‘hey’ I’d give it a try.

When Ellen was asked to reflect on what was most memorable about her experience in the program she stated emphatically: “Change! I had to change how I think, change how I do everything...I had to modify and adapt in all aspects of my life.” She continued: “the change coming back to school as a thirty-seven year old was major, major, major!” She drew money problems and adapting to changes in all aspects of life as her boulders at the start of the program. She went on to describe how she had to “learn to balance things.” The financial stress of being a single parent while attending a school with “very expensive tuition” forced her to leave a job she loved in order to earn more income in order to pay for the program. She switched to a different full-time job and added another part-time job. “My new supervisors hindered me going to school. They were not very supportive of me returning to school and that made it more difficult. I would have loved some mentorship.”

Ellen described learning how to get by with less sleep, discontinuing old friendships, and “becoming OK with my (teenage) daughter going places...had to learn to trust her more.” She mentioned how she and her sister decided to live together so they could share daily financial costs and “be there” for each others children when they had to

be absent. She called this their “five year plan.” Ellen also described deeper personal changes she made in order to be successful. She described having to change her personality, the way she interacted with others, and her thought processes. Ellen implied that these changes were suggested by the faculty and program director. Ellen also said she had to get more organized and learn to meet dead lines at school. She described not only changing her ways of doing things; she also described a weight loss of 40 pounds.

She was proud of herself and the changes she had made in order to be successful. She emphasized that she felt being in the program had “transformed” her. She credited other people in her life for helping her persist, but also described herself as follows: “I don’t like to fail, to look weak. I’m a very strong minded person who doesn’t step back from a challenge.” Ellen was a student who clearly focused on doing what was necessary in order to succeed. She came across as “a glass half- full person” who managed to make many changes in order to be successful; even deep personal changes in response to feedback from faculty at the start of her program.

Ivan

Ivan was a married male, 35 years old, when he started the occupational therapy program. His wife and one brother had attended college. He described himself as coming from a family where no one went to college. He had been working as a physical therapy assistant for nine years and was in the process of pursuing the pre-requisite courses to be a physical therapist but “made a left turn” and decided to be an occupational therapist. This was prompted by an experience with his father who was dying from throat cancer. He related a story about helping his dad have a ‘pizza night’, a family gathering where his dad made pizza and the family played cards. Ivan reported he could see the joy his

father experienced that evening, despite his father's inability to eat the pizza and fully participate. He decided he "would rather help people in another way (not physical therapy), by helping them do what is most meaningful to them." He said: "I would not have considered occupational therapy if not for my dad...and if not for my wife who helped me see it was a better idea for me."

Ivan's motivation to do the occupational therapy program was related to his desire to help others, but this need to assist others, such as his wife and family members, seemed to be a force spiraling him towards academic failure by the time I interviewed him. Ivan stated with emotion that "I wouldn't have done the OT program without my wife pushing me...but at the same time, she's dragging me down." He told a story of his wife's struggle with the symptoms of a bipolar diagnosis, which had caused several hospitalizations and significant financial debt. It also caused erratic behavior which made it difficult for her to be left alone at times and he had seriously considered quitting school to spend more time with her. Conversely, he also stated he had once considered divorce. Ivan alternated between anguish expressed in statements such as "I don't understand why I can't get my wife better," and frustration at how she was making it very difficult for him to balance full-time employment, school work, and caring for her. Ivan also was distracted by the plight of his mother, who had been widowed and was in poor health with minimal financial resources. He felt he "couldn't take this on too" and described aggravation with his siblings whom he felt should take on more responsibility with his mother.

Ivan's dream of being a professional helping others seemed to get lost as he related his complicated journey. He spoke of just needing to complete the program, no

longer could he aim for “As” because of his personal issues; that he just had to hope he didn’t fail a course he was in. Ivan said that his initial barrier was a lack of confidence in his ability to do well at school, but that he was bolstered by his wife’s encouragement. As Ivan told more of his story, it became apparent that he no longer felt support from her and instead viewed her as a barrier to his success in the program.

Ivan’s wife was the only support he had identified. He stated “I’m not the kind to go to others.” He did not feel his family understood what he was doing since only one brother had any post-secondary education. He said his parents never encouraged him to do homework...they were janitors and didn’t get it.” Ivan related that he thought this is why he did not go to college after high school and waited until he was 23 to start his associate degree. Ivan also drew no support from his peers in the program. He said he has always felt isolated from the other students because he was the only male in his cohort. When asked, Ivan did admit that he probably wouldn’t have “gotten buddy” with male students either as he did not stay in town for the weekend but instead needed to go home for his wife. He also reported not reaching out to faculty unless “necessary.” Although he stated his advisor was willing to help him with his personal problems by listening and offering counseling referrals he stated, “I talked to her (professor) just in case I got too behind on assignments.”

Ivan’s narrative only occasionally revealed beginning insight for the things he felt were out of control in his life: finances, academic performance and his marriage. He tended to blame others for his difficulties. He reported that he thought it best to cope by “not thinking about things too much.”

Fiona

Fiona was a thirty year old married female when she started the program. No one in her personal life had attended college except a sister, but Fiona dismissed her achievement saying “she never used her degree.” She had one son who was born when she was seventeen years old as a result of an unplanned pregnancy. She stated that she finished high school but her plans to go to a major research university to study marine biology or be a veterinarian no longer seemed feasible since “I needed to stay close to home and couldn’t very well take a baby to the dorms.” She decided to get an associate degree in occupational therapy at a local school because an interest survey in high school pointed her in the direction of health professions. She reported she chose occupational therapy because “it sounded less boring than physical therapy.”

Fiona worked as an occupational therapy assistant for approximately nine years and decided to proceed with her therapist level degree because occupational therapists at her place of employment “thought I could do it “and because “ I wanted to be better than a lot of crappy OTs I’d seen.” Her motivation to persist in the program came from a desire to have a better life for herself. Fiona said she grew up “severely poor” and stated “I’m not going to do this...I want to make a good life for myself.” She also said she was motivated to continue because she wanted to prove her mother wrong. The words of her mother at the time of her unplanned pregnancy, “there you did it...now you won’t make anything of yourself” were still resonating within her as she described her journey in the academic program.

Fiona described one of her biggest challenges as balancing her time between employment and school work. She explained that she needed to work a full-time job as an

occupational therapy assistant, as well as waitress because her husband seldom worked and she was responsible for the bills. She also said she was responsible for all the household chores and assisting her son with homework. Fiona reported that her husband did not help in any way and he was extremely upset that she was going to school. The schedule she described sounded grueling. When asked about the status of her health, she explained that mid-way through the program she was hospitalized for a week because she had ignored a medical problem. She stated that she didn't feel she could take off time from work or school, but admitted that ignoring the problem had ultimately cost her more time.

Fiona reported that she really doesn't have support from anyone, but doesn't feel she needs it because she "is strong and I don't need others." She said she does not spend much time with her family, with no expressions of regret observed, and reported she "had to let go of friends." Fiona voiced resistance to faculty suggestions and their offers of support. She reacted with anger in the interview when asked about her relationship with cohort peers. She felt they had life easier because they didn't have to work as much and said the other students were critical of her work when they worked in groups. Fiona stated that school is just not a priority for her like making money and paying bills.

Although in her initial interview Fiona seemed to pride herself on not needing support from others, she stated in a follow-up communication that lack of support was one of her biggest challenges. Fiona occasionally made a statement that showed she might be starting to take some responsibility for her rocky course through the program. However, the dominant pattern she displayed was to blame others for her struggles. It seemed like her determination to get through the program was fueled by anger at others.

Gale

Gale is a married female with a 4 year old son. She was 25 years old when she started her program. Gale explained that she had always wanted to help people, “especially kids.” Her first contact with an individual with special needs was her aunt who was developmentally delayed and blind. Gale reported that she was always very involved with her aunt and helped implement strategies to improve her aunt’s independence and quality of life. This experience drew Gale to pursue a special education degree out of state after high school graduation. However, she explained that when she returned home at the holidays in her first year of college she abruptly changed direction and started to pursue occupational therapy as a career. Gale reported that in a conversation with her hairdresser, when she was describing what she wanted to do professionally, the hairdresser stated: “that sounds more like OT.” Gale subsequently investigated the profession and initiated her goal of becoming a professional level occupational therapist by first getting a two year degree to work as an occupational therapy assistant. She worked for a few years as an assistant and also had a child before she started at Weekend College.

Unlike her fellow participants at Weekend College, Gale had some family members who had college degrees. There was a predominance of registered nurses in her family and in her husband’s family. When she started the program both she and her husband were working full-time and also pursuing degrees. She was working as an occupational therapy assistant while she started to pursue her professional level degree in the field and her husband was working as a registered nurse as he pursued a degree to become a physician assistant. Gale said that her initial boulder was a lack of support from

her husband and family as she tried to combine roles as a full-time employee, full-time student and be a mother to a newborn son who was born prematurely and had medical problems. She said that gradually her husband became more supportive and they decided to “take turns.” For example, when one of them was in school with a heavy course load, they would work less hours. This caused more financial stress because they had less income so they made adjustments such as downsizing to a smaller home.

Gale said that just as things were going a bit better, her son’s health worsened significantly because he started having seizures that could not be controlled medically. She described that she and her husband have experienced increased stress because her son has been hospitalized several times. She is several hours away when she attends Weekend College and worries while she is gone. She has had to leave the college several times because of his life threatening condition. Additionally, despite having health insurance, there have been uninsured costs such as 500 dollars per month in prescriptions. These medical costs, plus her need to cut her work hours to almost nothing in order to take her son to medical appointments, worsened their financial situation. She stated she was proud of her husband and herself because they “had done things in the right order... we saved and we married before we had kids” but lamented that because of this, plus their salaries, they did not qualify for financial aid.

When Gale was asked what was helping her persist despite the obstacles she described, she credited the faculty as her primary source of emotional and practical support. She said they were very understanding when she had to miss classes and have been willing to help her succeed in any way they can. She felt little support from her

cohort peers speculating that they didn't know what was happening in her life, or if they did, they might be jealous of the accommodations she received from faculty.

Career College

Barb

Barb is a married 29 year old female who started the occupational therapy program at age 25. No one in her personal life had a post-secondary degree except a cousin with a law degree. She had planned to enter the Navy after high school but met the man who eventually became her husband and because she wanted to continue her relationship with him decided to instead work as a medical biller in her hometown. She started college at age 22 with plans to be in a health career where she could help people but reported she discontinued because the financial aid was not adequate. At age 25, after the birth of her first child, she re-entered the same college because she reported she qualified for more financial aid as a single mother. She was pursuing a two year physical therapy assistant degree after she became aware of the profession when her brother had a serious accident. She switched to the occupational therapy program at the suggestion of an advisor who mentioned that she might be more interested in a professional level degree in the health professions. She eventually married the father of her first child and they had another child together while she was in the occupational therapy program. She dropped back for a year at this time to stay home with her infant.

Barb also seriously considered dropping out twice because marital problems were causing her significant stress and adversely affecting her school performance. She explained that she came the closest to dropping out at two times: once when she did so poorly she was placed on academic probation and more recently when she was making

plans to leave her husband and get a divorce. Currently, she is going for marital counseling with her pastor and is hoping her husband will also attend.

When Barb started to reflect back on her course through the academic program she described her biggest barrier as the guilt she had about not having as much time as she would like with her young children. However, as she continued narrating her story it became clear that she thought her husband and his resistance to her attending school was her largest boulder. She was very emotional when she spoke of her husband's lack of emotional and practical support and kept coming back to the topic in her narrative. She described in detail how she thought he would purposefully not help a child with a request so that she would have to stop studying. She said that she could not count on him for any household chores or assistance in raising their children, but that she understood that because he worked a lot of hours. She continued, saying that he seemed jealous of the time school took from the family and that he had expressed concern that she would leave him once she obtained her degree. She repeatedly expressed that she wished he valued education like she did.

When Barb thought about what kept her persisting through two "stopping out" periods, she said that students needed support from everyone, inside and outside the program. However, she emphasized her personal attributes the most. Barb said that her desire to help people was "just so strong," plus she was determined. She also reported a need to prove she could do the program to herself, as well as to friends and her instructors.

Anne

Anne is a married woman with two school aged children. She started the program at age 27 with the encouragement of her younger sister Barb who was profiled in the above paragraphs. Anne said that she dropped out of high school at age 17 when she got pregnant. She later obtained her GED at the insistence of her mother who promised her a car if she met this goal. Anne stayed home to take care of her two children, while her husband supported the family as a handyman. Once her youngest went to kindergarten she started working at a “dollar store” for about two years. It was at that time that her sister Barb was starting the occupational therapy program and she encouraged Anne to enroll also. Anne, similar to Barb, was surrounded by friends and family without post-secondary degrees, but received encouragement from her sister and her mother to continue her education.

Once Anne was in the program she reported she relied heavily on the support of others. She credited her husband for helping support her emotionally, “he got me through my break downs when I thought I couldn’t do it.” She also explained that he was always willing to step in and help with household chores or caring for their children so she could study. Anne added that her sister was helpful, “we hold each other up.” She also emphasized the support of her aunt who not let her quit studying and her son who would do homework with her. She found strength in a group of cohort peers who often studied together and stated that the instructors were helpful in providing both practical and emotional support when she was failing or encountering personal issues. Despite this amount of support, Anne said she struggled in school and was on academic probation twice.

Anne said that school work was hard to concentrate on because there had been a series of serious illnesses and deaths in family members during the program. She stated, “every quarter, someone seemed to be dying.” She described in detail the illness and death of a favorite brother-in-law after he had a long battle with cancer, and then the subsequent illness and death of this brother-in-law’s 17 year old daughter who also was diagnosed with cancer. She said these were the most challenging times for her because she often needed to miss class to help with their care or advocate for them in the hospital. Even when she could be in class, she had difficulty concentrating. She went on to explain how she and her husband took her brother in law’s remaining children for a time period into their home. She also mentioned the illnesses and deaths of a few other relatives. Although Anne never explicitly stated that she wanted to go into occupational therapy because she wanted to help people, it was clear that she was a caring person who put needs of her family before her own academic or career goals. Although at the time of the interview she was very motivated to complete the program, she seemed solely motivated by the hopes others had for her. Unlike other participants, Anne never stated why she wanted to get her degree.

Carey

Carey was a 26 year old female who had just bought a home with her female partner when she started the program. Carey described a complex family history which she described in detail because she felt it related to her experiences in the occupational therapy program. She and some of her siblings were raised by her maternal grandparents after her mother died when she was 11 years old. She said her father was not involved in raising her and she mentioned his abusiveness towards her at one point in her narration.

She had several siblings and step siblings but no one in her personal life had post-secondary education except for one sister who had an associate degree. She described other siblings as unmotivated and often in trouble, citing examples to support these statements.

Carey had always intended to get a college degree and had always been passionate about the idea of helping others, citing the movie “Patch Adams” as her favorite film. She mentioned that her interest in therapeutic professions began when a close friend was hospitalized for cystic fibrosis and she saw the positive impact the therapists had on her friend. She started her post-secondary education living in the dorms at a public institution, majoring in music therapy, but returned home in her first year to help her grandmother care for her ill grandfather. When he recovered sufficiently, she obtained a certificate as a medical assistant and became acquainted with health care professionals in her employment setting. She learned about occupational therapy in this setting and decided with encouragement from other employees to obtain her degree.

Carey said when she started in the program it was “smooth sailing.” However, her relationship with her partner became “extremely rocky” and she said this caused so much stress she did poorly at school and dropped out for a year. She returned to the program and became involved in another relationship with a woman who had a five year old son with a genetic disorder accompanied by significant medical problems. Because Carey considered herself a parent to the child she often missed school when he had medical appointments or health crises. During this three year relationship, Carey also took in her troubled adolescent younger brother and sister at different times trying to help

them with their lives. Carey said her school work suffered as a result and she was forced to leave the program because she had failed classes.

Carey said she had to wait a year to re-apply to the program but learned a lot about herself during her year off when she worked at odd jobs and spent time reflecting in a journal. She credited an instructor who “set me straight” when she was dismissed from the program. Carey said the instructor told her she had to reach out to other students and to faculty or she wouldn’t make it. She confided that she realized her bipolar diagnosis had caused her to struggle at times while in school, but she learned that she really had two barriers that caused her more difficulty: (1) a tendency to keep to herself in the classroom, because of her grandparents advice to keep family matters private (Carey explained that there was always so much drama going on her life that she didn’t want to be asked anything), and (2) “learning to say ‘no’ and stop helping people who are dragging me down and to focus on things that are helpful for me in succeeding.”

Donna

Donna was 30 years old and single when she started taking pre-requisites for the occupational therapy program. At the time of her initial interview she was married with three children and two step-children. She reported that she intended to enroll in college immediately after high school to pursue a career, but that her “high school sweetie talked her into getting married.” Donna reported she soon had a baby from an unplanned pregnancy and had a very hard time adjusting because she had not wanted children. She did not think she could be a good mother because her mother had been “non-nurturing.” She stayed home to raise her first child and became interested in occupational therapy after the birth of their second child who had a disability due to a spinal abnormality. He

needed rehabilitation services including occupational therapy. During this time period when she stayed home to raise her children she decided she could be nurturing and thought she would have the characteristics to be a good health care professional.

However, she did not immediately pursue this career path because she got divorced when “my husband cheated on me.” Instead, she went to cosmetology school which took less time and “did hair” for eight years before starting college. During this time she had a third child with a man she never married because “he was trouble.” Donna said she wanted to start college but her relationship with him was very stressful even once she was no longer living with him. She recounted a complex story involving police involvement and restraining orders against him because of incidents of stalking and home invasion. Her twenty-ninth birthday prompted her to enroll in college because she had planned to have a degree and a career by age thirty.

She started college taking pre-requisites for an associate degree in physical therapy and then planned to move on for the advanced degrees required for occupational therapy. A counselor advised her against pursuing an associate degree if she ultimately wanted to be an occupational therapist so she followed that advice. She found that adding school to her life was very challenging because she was a single working mom and “finances were tight.” When referring to her years in college she stated that she had rocks throughout the program but that her problems became worse when she re-married one year into the occupational therapy program. Donna stated: “it was harder than being a single mom.”

Donna said that she had to stop out of the program twice because the task of blending their families together was so challenging and caused severe marital strife which

almost led to divorce. Her children developed behavioral problems and she said the house was so small for all of them, plus she had no quiet place to study. She said she could not concentrate on school and her grades suffered. However, Donna did re-enroll after each time she stopped out.

She credited her strong work ethic and determination for her persistence. She said these traits came from having to be self reliant because her “whole life had been a challenge.” She described how she had been a loner as a child with no siblings and friends because her parents had moved 12 times. She said she learned not to trust others including her mother. She blamed her childhood history for why she resisted working with other students in the cohort even though faculty suggested she develop these relationships to improve her interpersonal skills and academic performance. Donna did not feel she had any type of support from other students, friends, her spouse, or family except for her grandmother who provided emotional support. Donna re-emphasized in her follow up interview that she has persisted despite “road blocks” because “more than anything I want to help people get back their lives and have quality of life and I have to think about my kids’ future...this keeps me going.” She said that she really wants to understand the health care system and be more knowledgeable because “I couldn’t trust it (health care system) when my son was ill.”

Participants from Regional University

Julie

Julie was a 29 year old divorced female raising two children when she completed her pre-requisites and started her graduate level occupational therapy program. She had one sister with a college degree, but her brother and parents had not gone to

college. Julie described herself as someone who always wanted a college degree and to work in a health profession. However, she did not pursue this goal after high school because she said she got married young and then stayed home to raise two children. Julie reported “it was always something I knew I was going to get whether it was on the standard timeframe or not.” Julie was introduced to the field of occupational therapy when her son received services as a young child. She said the career seemed to be a good choice for her because she wanted a career in a health field, and “I really like people...I just really care about the general population.”

Julie explained that she went to college part-time once the children were in pre-school but that she did not go full-time and truly commit to a degree until she divorced. Julie was living in a southern state with her husband and two children until she divorced. She then moved back to her hometown where she had extended family and began to pursue the courses she needed for an occupational therapy degree.

Julie had altruistic motives but seemed facilitated into action by her divorce which she described as “throwing me into a situation where I was financially unstable...I had two kids relying on me for support.” She explained that it motivated her go to school full-time “to just get it done.” Julie also described her financial instability as her first and biggest “boulder,” but said over time things have gotten better: “we are afloat...I work twenty hours a week and they get some support from their father.” She moved back to her home town to be near her extended family after the divorce, but stated that an ongoing challenge has been the lack of emotional support from them. She reported family members actively discouraged her from starting the program and still do not understand why she is pursuing a Master’s degree instead of just getting a job.

Julie conceded that family does give her some practical help such as caring for her children even though they disagree with her choice to further her education. She reported she has support from very few people. Julie expressed annoyance at the younger students in her cohort because they talked about things like parties and going to the movies which she felt “have nothing to do with my life.” She did feel a connection with one non-traditional aged student who also had children. Julie felt “the faculty is awesome,” but also expressed quite a bit of frustration when it came to their expectations for work outside the classroom. Their expectations were difficult for her because she had to find childcare and she worked part-time. She explained that she had recently become re-acquainted with old friends from her home town. Julie reported that it was hard to find time to do things with these friends but that she started scheduling some time with them a couple months ago because “they are my emotional support...most of them have college degrees and they get where I’m coming from...they can relate more (to her circumstances) than my family.”

Although Julie expressed regret that she “could not be a mom like the other moms” at her children’s school, she got past this and their complaining about her inability to do as many “mom things” by telling them: “I’m doing this for us. I want you guys to look at me and be proud that I have an education. To know that life can be hard but you just can’t back down.” This strong determination seemed to be the primary factor which kept her persisting, along with her active pursuit of finding emotional support in old acquaintances.

Karen

Karen was 28 when she started her occupational therapy program after completing her pre-requisites. At the time of the interview she was married and had a two month old infant and a two year old toddler, both children born while she was in the program. Karen went to college immediately after high school and received a Bachelor's level degree in physical education. She found it difficult to find a full-time position in this field so she subbed for several years. She got married two years after graduation and her husband also found it difficult to find a full-time position using his college degree in business. As a couple, they decided that one of them should go back to school because "we didn't want to settle." She said they both wanted more for themselves.

Karen added that she wanted to help people and liked the idea of promoting health in others. She had numerous family members and friends with college degrees, including her sister who had a nursing degree. Her sister encouraged her to become a nurse, but Karen did not think that was right for her. Karen said she explored her options in health care majors before she ended up choosing occupational therapy after getting some exposure to several types of rehabilitation therapies where she worked as a receptionist. She said: "I connected with OT...helping people live their lives."

Karen said that she would have had to quit school when she had her children if not for her "great riverbank of support." She said her greatest challenge was balancing her roles of being a student, wife, mother, and employee. Karen recognized that her extensive system of both emotional and practical support allowed her to successfully persist in school. She credited her husband and extended family members in each of their families for emotional support and practical support such as child care. Karen stated that

between her sisters and both sets of grandparents they found it easy to find someone to care for their children. She was able to discontinue working at her job when life became too stressful balancing her responsibilities. The couple did not end up in financial distress because her mother-in law gave them money for tuition and expenses.

Karen also emphasized the emotional and practical support she felt from cohort peers and faculty. She expressed enjoyment about her time spent working on projects with her cohort peers of all ages. She described that she enjoyed feeling connected to other people interested in occupational therapy, plus she said it gave her “a break from her mother role.” She seemed very confident about her ability to juggle her roles partly because she had such extensive support, but also because she explained that she had a great role model in her mother who went back to school for her teaching degree after raising four children. Karen stated: “if she can do it, I can do it”!

Lindsay

Lindsay attended several other post-secondary institutions before enrolling in her occupational therapy program at age 25, just prior to her marriage. Her husband had just completed a degree and her brother was in school. She said her parents had not attended college, nor did her best friends. After high school she attended a community college with the intention of pursuing a teaching degree but “couldn’t find a subject I was passionate enough about to teach.” She explored other majors by meeting with a counselor at the college and considered a degree in psychology because “I wanted to work with people, to help people.”

Coincidentally, at about the same time, she received a letter recruiting students for an occupational therapy assistant degree which required an associate degree. Lindsay

decided this was the “perfect fit” and obtained the degree while working as an aide in a variety of health care settings. It was in these settings that she learned about the professional level occupational therapy degree which she wished she had chosen to pursue from the beginning. Within six months of graduating with her associate degree she started to take pre-requisite courses at Career College. She was planning on obtaining her occupational therapy degree there, but decided to move closer to her boyfriend “up north.” She also enrolled at Weekend College, but ultimately ended up at Regional College because it was the shortest commute, although it was still almost two hours away. This was important because Lindsay was dealing with chronic pain from two auto accidents and driving exacerbated her symptoms.

Lindsay described pain as an ongoing problem which started prior to her enrollment and continued throughout the program. She described her chronic pain from the auto accidents as the primary factor that made persistence challenging because it affected so many aspects of her life. The pain interfered with her full participation in class laboratory activities and made work in health care settings as an assistant increasingly challenging. She was physically not able to do the job requirements in some cases and ultimately “lost” her last position. Because she was unable to work secondary to her limitations, she had increased financial stress and lost her health insurance. Lindsay explained that she also missed more classes than she should have because of therapy and physician appointments. She also admitted that she was often late for classes or had poor attention in class because she slept poorly. She said she was usually too tired to do any of the assigned reading for class. She eventually failed one of her classes and was at risk for having to stop out for a year.

Fortunately for Lindsay, she had the emotional and practical support of many people. Her marriage eliminated her financial distress and provided her with health insurance on her husband's policy. She reported that classmates were always willing to give her notes from class and that instructors were supportive and made accommodations. They adjusted the physical requirements for her in lab classes and allowed her to re-take the failed course as an independent study so she would not have to wait a year to complete the program. She was able to get her books recorded on tape so she could listen to the assigned readings while she commuted. Because her commute exacerbated her symptoms, she sometimes stayed with two cohort peers close to the university.

Lindsay felt that her attitude was the biggest factor that had helped her persist in the program. She stated that "this (becoming an occupational therapist) has been a goal for so long that everything else adapts around it." It can be assumed that Lindsay had made some adaptations on her own, but her interview suggested that most of the adaptations she described were done by other people to help facilitate her success.

Participants from Research University

Nicole

Nicole first became interested in the profession in adolescence as a result of a career survey. She then job shadowed her uncle who was an occupational therapist. Nicole always assumed she would attend college because many of her friends and family members pursued post-secondary education. She stated she felt "all set" to pursue this career path. However, Nicole did not enter an occupational therapy program until she was age thirty. She described attending college after high school but implied she did not complete her degree and stated she was unsuccessful because "she was interested in

things other than school.” She returned to post-secondary education at age 23 and earned an associate degree in early childhood education. She became a pre-school teacher and obtained a Bachelor level degree as a condition of employment.

Nicole related that she loved teaching in a pre-school classroom for seven years but reported that “it (OT) was always in the back of my mind... I wondered, wondered...if I should go back. Every time I put my head on the pillow...think it was kind of a spiritual thing...a calling to do.” Timing ultimately got her started back to school for occupational therapy because she and her husband decided to postpone starting a family since he was about to start law school. It reinforced for her that it was time to pursue her goal.

Nicole’s motivation to persist in the program centered on two themes she repeatedly emphasized with great passion in her voice and in her body language. First, she stated that she felt a spiritual calling to become an occupational therapist and related stories to support this statement. She reported she has never wavered in her interest in this profession. She reported feeling a connection with the profession because “I like helping others meet the goals they want...I love watching others succeed.” Second, she discussed a need to “make up for screwing up college the first time.” This motivated her to work for all “As” in the program until she said her health and balance in life became significantly jeopardized.

Her initial obstacle in pursuing this long held desire was the role change she experienced as she transitioned from a professional to a student role. She felt a great loss and a decrease in competence because she did not feel respected for her professional and life experiences by the faculty. She said, “a lot of the passion (for pursuing her degree)

went out of me.” She also found it challenging to continue employment part-time because the professors assumed students’ schedules could easily be changed to accommodate their needs or the needs of the college. These challenges early on made her question her decision to return to school, but she reported meditating and reminding herself that “this (the challenges) is only for a season.”

Mid-way through the program she encountered what she described as a very large boulder; a “melt down.” She reported a non-specific health crisis which she developed because she no longer was able to maintain a healthy balance in life because of school and work responsibilities. Although she considered it, she didn’t quit school because she still had a passion for being able to offer others help through the profession of occupational therapy. Nicole said, “I treated myself using OT principles.” She described very specific steps she took in order to eat healthier, exercise, meditate, and make time for relationships again. All of these changes required her to say “yes” less often to helping others and to aim for “Bs” rather than “As.” She reflected that this required her to let go of her unsuccessful first attempt at college; “to stop being so Type A and be ok with Bs.”

Paula

Paula was a 27 year old single female when she enrolled in her occupational therapy program. She received a Bachelor’s level degree in psychology at Research University right after high school but reported she never used that degree. Instead, she became certified as a personal trainer and worked in that capacity full-time for four years. She explained that she was introduced to occupational therapy by her apartment roommate who was an occupational therapist. According to Paula, her roommate stated

that OT fit all her interests such as helping others with wellness and fit her belief that people should have the best quality of life they can. Paula agreed because “I always knew I wanted to help people.” After investigating other related health professions, Paula chose occupational therapy and enrolled because she felt that this profession would allow to her to help others in a more meaningful way than her personal training position.

Paula continued to work as a personal trainer 30 hours per week to support herself and became engaged during the program. She was appreciative that her work hours training clients could be scheduled around her classes, because otherwise she would not have been able to pursue the degree. She stated she did not receive practical support such as financial assistance from anyone, but explained that her family and fiancé were very supportive emotionally. They encouraged her and understood the time constraints she had because of school work. Paula was surrounded by individuals with college degrees: her parents, brothers, fiancé, and old friends all had degrees. Paula said that she was balancing her personal life, school, and employment well until about mid-way through the program when she seriously considered dropping out despite good grades.

At this point in time she described losing her motivation to continue for several reasons. She was becoming very frustrated with the amount of “busy work” instructors were assigning. She did not think the assignments were relevant and felt that the instructors were not interested in providing an education that would help her do well in the clinical setting because they relied on lectures and testing. Paula said she got very little feedback besides a grade on a test which she felt did not reflect what type of therapist she would be. She also felt disrespected by the faculty because they did not

recognize her previous professional experience. Paula hungered for more hands on “real world” experience. She said “I expected graduate school to be more application of knowledge...doing things.”

Paula credited a close family friend with discouraging her from quitting. He was an attorney who discovered he did not like practicing his profession. He asked her to consider if she didn’t like the profession any more or if she just didn’t like the academic program. She said she reflected on this and realized that she still wanted to be an occupational therapist; that she “loves being around other occupational therapists and I know I will find a practice setting I will like.” Paula stated that she realized she would have to tolerate the program (“get through this muddy water”) to obtain the professional role that suited her. She said it helped that she grew up in a family that “quitting was not an option.” She reported that she moved forward by putting only as much effort as she needed to into the assignments and readings. She also seemed to be coping by reminding herself that “the end is in sight;” this was stated three times during the interview.

Olivia

Olivia was 26 years old when she started to earn pre-requisites for her occupational therapy program. Immediately after high school she had attended Research University and earned a degree in landscape design. She worked in this field for over four years but reported she did not find it fulfilling. She first learned about occupational therapy when she received therapy for a nerve compression syndrome in her arms. She reported that this condition was caused by her work on a drafting table at her job. She also found out about the profession from her same sex partner who was an occupational therapist. She explored occupational therapy and related professions with a career

counselor and ultimately chose occupational therapy because ‘it allowed me to be more creative.’” She articulated that she was motivated to pursue the degree to have a better life for herself and her partner and so they could start a family. Olivia was one of the few participants that did not mention an altruistic motive.

Olivia described two significant health issues that caused her to be academically separated from the program twice. These administratively imposed stop outs frustrated her immensely because it extended the length of her program significantly and caused severe financial stress because she could not qualify for loans when she was not enrolled. Olivia said her initial challenge occurred near the beginning of the program when the symptoms of her bipolar condition flared up causing hospitalization. She thought that this occurred because adjusting to the requirements of school “set off” her symptoms. She was unable to complete the semester of course work and had to wait a year to re-enter the program, joining a new cohort group. She said she found little support in her cohort peers because they were already in established friendships. Olivia also felt unsupported by faculty and was quite angry at the administration in her program because she felt they had not been helpful. She relied on extensive emotional and practical support from her partner, along with words of encouragement from her out of state brother.

Her second medical crisis occurred about a year after she was re-enrolled. Olivia suffered a traumatic brain injury when she fell down the stairs. As a result, she reported she had significant cognitive, visual, and motor challenges which required a period of recovery and therapy. Although it had been several months since the time of the injury she was still not allowed to drive and showed some cognitive signs of head injury at the time of our initial interview; her motor skills appeared to have recovered. Olivia again

described her frustration with the college because they were having her wait to start her clinical internships, and wanted her to first job shadow an occupational therapist. When asked, she did acknowledge that they had given her extensions on her last semester of course work, but this did not seem to be recognized as support by Olivia.

When she was prompted to discuss what helped her stay committed to her goal she expressed that she was very determined and was going to obtain the degree, even if it was not when she planned. She also repeatedly expressed how much her partner had helped her with her school work, as well as financially. Olivia said that when they encountered more financial stress because she could not qualify for loans her partner borrowed from her retirement accounts so they would not lose their house. When she needed medical insurance to cover health care costs she said her partner changed to a job with less pay that provided health insurance benefits for her.

Marie

Marie was one of the youngest participants who started taking pre-requisites for her program at age 25 years. However, at the time of our initial interview she was farther along than the other participants in her pursuit of a career in occupational therapy. Marie had already finished all her academic work and clinical internships. She had graduated recently and was employed part-time so she could be at home with her young daughter who had been born while she was in the program.

Marie went to a large university immediately after high school and received a Bachelors level degree in Health Sciences. She had always been surrounded by family and friends with college degrees, some of them with advanced degrees. She met her future husband while she was at this university and they married after re-locating to his

hometown, where Research University was located. Marie described doing a series of part-time jobs including working as a care giver for two years with a boy who had cerebral palsy. This child received a variety of therapy services and it prompted her to remember that she had learned about occupational therapy services in a high school career survey. She discussed her interest with her parents who were in health care positions and decided to enroll. Although Marie did not explicitly mention that she went into the profession for altruistic reasons it was implied. She clearly was influenced by her care giving role with the boy and mentioned that she thinks “OTs have a personality that want to help...to contribute.”

Marie described her first challenge as a ‘cute little boulder.’ She explained that it wasn’t the biggest problem but that it was a challenge to get married at the same time she was starting school. She regretted that they didn’t have time for a honeymoon or to settle into the marriage, getting used to married life. Marie said that it was “smooth sailing” in the program until she unexpectedly got pregnant. She was very distressed and considered quitting the program but she stated that her husband and in-laws said they would help her manage so she said she gradually adjusted, saying “it is just the way it is.” She said that once she came to terms with everything she was very determined to persist. Marie reported that things went well at school during her pregnancy, although she did end up leaving her position as a graduate assistant late in the pregnancy. Subsequently, she no longer had her tuition paid for but she said her husband had no problem paying her tuition.

The second time this participant seriously considered leaving the program was after her daughter was born. Marie said she had great support from her cohort peers who

did not mind if she brought her baby along when they had group projects. Marie mentioned that faculty said they had never had a student have a baby while in the program but she said they were encouraging. Faculty said that she could drop back a year or continue going to school. She also said she had wonderful emotional support from her husband and family, as well as practical support like help with errands, household chores, and childcare from her mother-in-law. However, that was part of the problem. She felt guilt leaving her daughter and was deeply disturbed when her daughter wouldn't leave her mother-in-law's arms to go to her when she returned home at the end of the school day. Marie said this was when she questioned her decision to continue school the most, but she said she persisted because she was so close to finishing and it "would be silly" to stop. When I met with Marie for her interview she was very proud of herself for persisting, but she still showed emotion when discussing how hard it had been to balance motherhood and school.

Chapter Five

Emergent Themes

The richness of the narratives provided by the participants in this study illuminated several themes which begin to explain how these non-traditional students persisted in their academic program despite significant obstacles. When participants were asked to reflect on their journey in the academic program it often took them farther back into their past than expected; often to very emotional places in their childhood and adolescence. This process of reflection also took them forward to who they wanted to be and how they wanted to live in their world. Their narratives allowed me to find patterns in why they persisted because when individuals tell their story they “organize fantasies and daydreams, unvoiced stories, plans, and memories” (Hermans, 2002). These patterns will be described within four emergent themes.

Becoming an OT: A Way to Become Who I Want to Be

In telling their stories, the participants first spoke of a desire to make a change in their life. Their reasons for wanting to make a change varied, but they all had a vision of the person they wanted to become. When the vision of their new possible self coincided with the idea that becoming an occupational therapist could be the path to reach their envisioned self they took actions to pursue the degree. The participants consistently spoke of a desire to be something more or something different as their reason for pursuing their degree in occupational therapy. The majority of participants wanted to develop an identity that fit their altruistic tendencies. For other participants their desire was influenced by wanting to realize their potential in another way. For example, they

wanted to be more educated and professional, or to have a better life for themselves or their families. In some cases, their goal of becoming someone different was also for others or in reaction to others. Whatever their initial motivations were, the majority of participants described following through on their goal for the same initial reasons. Their initial motivations seemed to be bound together with their reasons for continued volition. These sub-themes will be discussed in the following order:

1. Their desire interacts with an awareness of the profession
2. Altruism as a motivator to becoming someone different
3. Becoming someone “better” for themselves
4. Becoming someone better in reaction to others or for others
5. Bound together: the motivation to initiate and the motivation to persist

Their Desire Intersects With an Awareness of the Profession

The impetus to pursue this path usually occurred when their picture of who they wanted to be intersected with the discovery of the profession. Their discovery of the profession usually came from a personal contact. Many participants either had a family member who had received occupational therapy services or they themselves had received these services. The remainder of participants had friends, family members, or co-workers who were occupational therapists. They often described with excitement the moment when they discovered how the profession was a “good fit” for them.

Nicole job shadowed an uncle who was an occupational therapist after learning about occupational therapy via a career survey in high school. She was working as an early childhood educator when her interest in the profession was re-awakened. She was able to identify problems in one of her pre-schoolers that she thought needed

occupational therapy. Nicole added that “this fueled her passion for OT” when the child was helped by an occupational therapist. It confirmed that occupational therapy was the “right fit” for her. Helen and Olivia were introduced to the profession when they received occupational therapy services themselves. Later on, when it came time to choose a career these experiences influenced them. Julie and Donna first learned about the profession when each of their sons received occupational therapy services. Julie explained that she had always wanted to help people: “I just really care about the general population.” When she divorced, she chose to pursue a career in the profession. Donna was motivated to act on her dream because of her impending 30th birthday.

When I started having kids early I thought ‘that’s okay’...that things didn’t go as planned. I’ll be done by the time I’m thirty. Well, I was approaching thirty and I hadn’t even started!

As described above, some of the participants did not pursue a career in occupational therapy until a life event facilitated them into action. For others, the decision to pursue the career was more immediate. Ivan described making “a left turn” away from taking pre-requisite courses for a physical therapy degree after an experience with his ailing father. He decided the philosophy of occupational therapy suited him better. Gale was enrolled in her first year of college pursuing a special education degree when she made an abrupt change. She recounted the story of how she relocated to another college mid-year and changed her focus to pursuing a degree in occupational therapy. She said:

I was telling her [hairdresser who had some knowledge of occupational therapy] how I wanted to help people and I went into great detail on how I wanted to do that with kids and she said ‘that’s not special ed, that’s OT,’ and so I went home and researched that.

All of the participants described in some way how they wanted to better themselves, or become something different; something that “fit”. When they discovered the rightness of the profession for themselves they moved forward with their goal at varying points in time.

Altruism as a Motivator to Becoming Someone Different

For the majority of students this desire to better themselves was intertwined with a desire to be more in a way that allowed them to help others or contribute to society. Marie stated she thought that this pro-social attitude might be one reason why her busy peers agreed to be part of this research project. She said “I think OT students have a personality that wants to help, to contribute.” Thirteen of the participants expressed this dominant altruistic theme repeatedly as they told their stories.

Ellen, a 38 year old female, credited three generations of her family for her desire to help people. She enthused:

I always wanted to work with people in a helping way...we’re just a helping people...three generations... a doing kind of family. It just made sense for me. It was the perfect fit and I knew it was right for me.

Ivan summarized: “it feels really good getting people to go home and do something they can’t do.” Paula, a personal trainer with a Bachelor’s level degree in psychology, always wanted to help people. She wanted to be an occupational therapist because she thought she could have even more impact with this degree. She explained, “it really fit my beliefs about how people should have the best quality of life they can.” Nicole described herself as a mentor and coach to the people in her life. She stated, “I have always liked helping others meet the goals they want. I love watching others succeed.” She was an early childhood educator, who found great satisfaction in that career, but said she still always

felt a “calling” to be an occupational therapist. Gale described herself as someone who wanted to help people and recounted examples of how she had done that in the past. She explained:

My aunt was born premature. She ended up being blind and I used to go over and help her...my grandma and grandpa would do everything for her but I was like she can do things. I would help her learn how to put toothpaste on a toothbrush. I also had a job helping an autistic girl and another girl with a lot of mental and physical disabilities.

Marie said she always had a desire to help people. She first learned of occupational therapy from a career interest survey and then from her parents who had professions in healthcare. Her desire to help people as an occupational therapist was reinforced when she worked part-time for two years with a boy who had cerebral palsy. Lindsay initially wanted to help people by being a teacher, but “couldn’t find a subject I was passionate about so when I learned about occupational therapy from a counselor it seemed right for me.” Ivan stated “I wanted to help people get better, make them smile.” Donna and Barb echoed this sentiment in their narratives. Carey, who eventually learned about occupational therapy from co-workers said, “I always had an interest in healthcare. I always wanted to help people...I just wasn’t sure how to go about it.”

Becoming Someone “Better” for Themselves

This notion of wanting to have an identity that fit better with their sense of self was also influenced by something besides pro-social tendencies or what is often called altruism. Some participants wanted to “be more” mostly for themselves, rather than being primarily motivated by altruism. They viewed a possible self which was more educated and professional, or to have a better life for themselves or their families. Noticeably absent was any specific mention of a hope for more material goods or a better

income. They instead spoke of wanting to avoid financial instability, being able to start a family, or to be a better role model for their children.

For example, Julie and Barb explained that they had always viewed themselves as professionals with college degrees, but got sidetracked when they married at a young age. Julie stated: “I always knew it [degree] was something I was going to get whether it was on the standard time frame or not.” Fiona and Donna also had planned to attend college immediately after high school but unplanned pregnancies early on in their lives changed their views of what was possible in their twenties. Donna described a turbulent period of life events in her twenties but said: “it [college education] is just not something I am going to sacrifice...one day I am going to school.” Karen expressed that both she and her husband had jobs based on their Bachelor level degrees, but they were not satisfied with these positions. She also described that she wanted to do better than she had done previously in college. Karen stated:

We didn’t really have careers...our jobs weren’t taking us anywhere and we both wanted more out of ourselves...more out of our lives than just settling for the jobs we had. I’m not happy with how I did with my Bachelor’s degree in physical education the first time around in school...I was young...I want to be more for myself now.

She also expressed pride in herself for doing better now and said it was important to her that her children be proud of her.

A small minority of students expressed motivation which centered on having a more stable financial future. Olivia wanted to have a more professional career so that she and her partner could “have the life they envisioned...starting a family.” Fiona said she grew up “severely poor” and stated “I’m not going to do this...I want to make a good life for myself.” Barb expressed repeatedly that she valued education for herself and her

children. She was worried that her husband did not share this value. While it was important for her to be in a helping profession, she also wanted to be financially stable, unlike her mother, because she and her husband had considered divorcing several times.

She explained:

My mom had been a stay at home mom while our dad worked and when they split up my mom had nothing to fall back on...she had to work at 'Little Ceasars' to put herself through college. We watched her struggle to raise us and it's like I don't want to do that. I want to have my ducks in a row. I want to be able to support myself and my family.

Becoming Someone Better in Reaction to Others or for Others

For some participants, their desire for change seemed to be primarily for others or in reaction to others. They held views of a possible self that was “better” in some way to them, but these views seemed more in response to the influence of other people. Fiona, Barb, and Julie seemed to find a large part of their energy for persistence because they were reacting to the doubts of others about their ability to attain their educational goals. They wanted to prove others wrong; that they could achieve this goal. Fiona expressed this sentiment the most emotionally. She stated she was motivated to continue because she wanted to prove her mother wrong. Fiona reported her mother stated: “there you did it...now you won't make anything of yourself” at the time of her unplanned teenage pregnancy. Fiona was also fueled by wanting to prove other professionals wrong. She stated “I want to be better than a lot of crappy OTs I've seen.” Julie's extended family thought she should get a job rather than pursue her degree, and she reported that they tried to talk her out of it. She explained that she “doesn't like to be told what she can or cannot do,” and she can't fail after not following their advice. Barb stated, “I think I have

a push to prove it to people that I can do it...a lot of people are like you can't do it with kids and everything else, but I think it kind of pushed me to prove them wrong.”

For a few students the motivation to both initiate the program and persist in the program seemed to come more from wanting to please other people in their life. Anne and Marie exemplified this tendency the most. Anne explained that her sister who was starting to attend school to be an occupational therapist got her interested in pursuing the degree. She reported, “I wasn’t sure what I wanted to be...bouncing ideas around...so when she [her sister] said ‘join the OT program with me’ (pause) I did”! Her persistence in the program seemed to be reliant on the support and encouragement of her sister, family members and faculty. Anne said “they help me so much...I can’t let them down.”

Marie came from a family where everyone had graduate degrees. As she recounted her story it seemed that she was pursuing her Master’s degree for her parents. Marie explained: “they said get your degrees, get your career going and then think about having a family.” Marie’s course through school as an undergraduate, prior to the occupational therapy program, was “laid back” with no clear direction; much different than the linear aspirations of her parents. After a move to another state where her husband’s family lived she started taking pre-requisites and entered the occupational therapy program. She then unexpectedly got pregnant while in the program. Her husband, as well as both of their extended families, saw no reason for her to interrupt her academic goals. However, Marie expressed she was very conflicted. She did continue because they were “all so excited about the baby” and “gave me so much help.” Both of these participants did not seem to realize until near the end of the program that this career path was indeed something they saw themselves doing. Their sense of self seemed to be just

starting to develop near the conclusion of the program. For example, Marie stated “I think I proved something to myself. I’m glad I did it. I felt that I was not very confident before, but now I know I can probably do anything.”

Bound Together: The Motivation to Initiate and the Motivation to Persist

The reasons participants gave for initiating the pursuit of their academic program in occupational therapy seemed to translate into their motivations to persevere. For example, the desire to be someone who could make a difference in peoples’ lives was often described as a motivation for beginning the program, but was also a factor that helped individuals have volition to persist through challenging times. Barb recounted that she didn’t initially know what career she wanted. She just knew she “wanted a career that helped people...I just wasn’t sure how to go about it.” When she spoke about what helped her persist in the program she added “another thing that has helped me [persist] are my interests... I’m so interested in helping people.” Barb credited the out of the classroom clinical experience she had in a pediatric occupational therapy setting for helping her stay motivated. She continued, “it was amazing to see how it works, better than just learning about it in class.”

Carey had a complex family history and had such a strong desire to help people in her personal life that it distracted her from school. This culminated with her going on academic probation and eventually being academically separated from the program for a year. She journaled to remind herself why she was pursuing this challenging goal. Carey explained:

I do a lot of writing about what I want to do and it keeps me motivated...keeps me remembering why I started this...my biggest thing has always been about helping people. When I first graduated high school I had no idea what I wanted to do. I just knew I wanted to help people. My favorite movie ever since I was

younger was “Patch Adams”. Love that movie...I watch it on a constant basis...that’s the type of person I want to be. I want to help somebody physically but I also want them to be mentally happy with themselves.

In fact, a few students stated that they almost quit their academic program because it was mostly lecture and as Nicole explained, “it didn’t allow us to use our prior professional experience and do real world meaningful tasks in the OT world.” This was only mentioned by two students at a large research university, which students described as “relying on lecture format very heavily.” (The other three academic programs were described by students as having more opportunities for real world projects in the community and hands on experiences in the classroom in addition to lectures.) However, it did reinforce the idea that their initial altruistic motivations remained important to students to maintain their persistence. They seemed to require opportunities to be in situations where they could contribute in order to stay motivated. Paula said: “I was expecting grad school to be more application of knowledge...getting out of the classroom to do OT...three hour lectures just didn’t seem relevant.” She added that this was her “biggest boulder” and made her unmotivated. She reported almost dropping out despite good grades.

The only time students voiced a motivation for persistence which was different than their initial motivation was when they described themselves as temporarily exhausted or frustrated. Then they resorted to coping factors like reminding themselves they only had a short time until completion. Nicole stated repeatedly in the interview “this is only for a season” as she discussed “the end is in sight.” Paula explained:

Every time I’m doing an assignment I think isn’t worthwhile I remember the end is in sight. I’ll like what I’m doing in the end. I just have to get through this muddy water before I can do this [be an occupational therapist].

In addition, when students were in challenging periods they also reminded themselves that they couldn't quit because they had so many loans to pay back. The phrase "quitting is not an option" (because of student loans) was voiced by students at several schools. Ellen reported, "failure is not an option...I have huge loans. We sometimes joke that we [cohort peers] can't quit now because of the loans." Only one participant appeared to have forgotten his initial altruistic motives, but this seemed to be because he was overwhelmed by personal problems and the threat that he might be failing a class which would postpone graduation. Ivan stated, "one year, just one more year...stopping is not an option...gotta finish."

Summary

In conclusion, the participants' desire to become someone better or be someone different was enacted in the context of a challenging occupational therapy academic program. They hoped to achieve their desire by becoming an occupational therapist. The participants envisioned that their new possible self could be realized through completion of this program.

Balancing: Getting Around the Boulders

Similar to other non-traditional aged students who have been studied (Bean & Metzner, 1985; Ozga et al, 1998), these participants also expressed that one of their major obstacles or "boulders" was balancing the demands of their academic programs, employment, and relationships. Karen, a mother of two young children who were both born while she was in her academic program, explained she had an amazing support system in her husband and extended family. She continued, "but the biggest challenge has been balancing roles in my life as a wife, mother, and student and even as an

employee.” Other participants echoed this sentiment. None of the participants had only the responsibilities of a student “on their plate.” These students were balancing multiple roles such as spouse, parent, and employee as would be expected in adulthood (Marcia, 2002; Tennant, 2008; Wlodowski, 2008). Additionally, a majority of these participants had an illness in a close family member or a medical issue in themselves which were obstacles they had to figure into the “balance.”

I will first explain the problems they encountered, both the anticipated challenges as the initial sub-theme and the unanticipated challenges as the second sub-theme. This will be followed by an explanation of the third sub-theme, which describes how the participants coped with obstacles such as finances, family responsibilities, and employment demands. The final sub-theme will detail the unanticipated challenges that students encountered, and the strategies they attempted to use when they experienced a serious illness, or when a close family member was in a medical crisis. This obstacle was highlighted because it is not commonly spoken of in the literature and because of the significant impact it had on a majority of participants.

The Challenges They Anticipated

The participants’ narratives did not indicate that they anticipated any other issues except for those which fell into three categories: finances, employment demands, and self-efficacy for the academic school work. They tried to make changes for these anticipated challenges prior to initiating their program.

Students anticipated that finances would be a challenge, and that they would also need to make adjustments in their hours of employment to have the flexibility to attend classes. Nicole and Ellen left jobs they loved in order to have the time to attend classes.

Ellen, Ivan and Helen all anticipated that it would be challenging to learn “how to study again.” Helen and Ellen were especially concerned about this issue because they were starting school in their late thirties, and as Helen stated, “if you don’t use it, you lose it.” However, financial concerns were expressed the most frequently by the participants.

Although there were two exceptions, the majority of students were experiencing financial stress, which has consistently been cited as an issue for non-traditional aged students (Cabrera & Castaneda, 1992; Cabrera et al., 1992). The cost of school itself was a concern for many of the participants. Several lamented that because they were employed, they received less financial aid for tuition. They primarily made job or life style changes in anticipation. Some participants, like Fiona, Ellen, and Ivan initiated part-time work in addition to their full-time employment in order to have enough money for expenses. In order to be prepared financially, Gale and her husband sold their home and bought a more affordable house since both of them were going back to school. Ellen and her sister moved their families into a home together. Ivan said he and his wife were already in debt when he started school, so things got worse with the cost of school added. He stated that they cut their credit cards up, but finances were still a problem.

Fiona explained, “I’m the full provider for the family. He [husband] hasn’t worked in the four years. He is very negative and does not want me to go to college...he says my college is making us go bankrupt” Barb explained:

We have a lot of financial burdens. He [husband] is working fifty to sixty hours a week to support all of us and he is like I need your help and he’s kind of pushing me to get a job, but I keep telling him I’ve got less than a year.

Olivia explained that things had “been tight financially” once she started school, but they got by making adjustments in spending. Financial stress increased when she no longer

qualified for loans. This occurred mid-way through the program when she was hospitalized and had to take a year off from school because she went into crisis secondary to bipolar symptoms. “It [having to delay re-entry to school] was very frustrating and I think it made my condition worse. My partner Sue had to take money out of her retirement and we almost lost our house.” Even with their pre-planning for returning to college they all encountered obstacles they never anticipated.

Interestingly, despite their anticipated concerns, participants did not discuss anxiety about the decision to return to school, just the issues surrounding this decision. Their concerns were limited to what they described in the previous paragraphs and they assumed they had made the necessary adaptations. They told narratives which described primarily excitement about returning to school for something that “fit them.” However, as they continued the narration of their experiences they described a series of unanticipated struggles once they returned to school.

Adapting to the Obstacles They did not Anticipate

Students anticipated some of the challenges they would face, but in most cases they learned they needed to persist through obstacles they had never imagined. Time, or the lack of it, was consistently mentioned as a hurdle by students. They seemed surprised, and sometimes resentful, by the amount of time school work took from their lives. Cooneley (2005) also discovered that although students were motivated to become occupational therapists, they were “unprepared for the degree of time, effort, and emotional energy involved” (p. 106). In addition to the unanticipated shortage of time for all their previous roles, students found unanticipated challenges included lack of support from family, spouses or friends, as well as worsening financial stress, marital strife,

pregnancy, and most significantly medical issues in themselves or a close family member. This last unanticipated challenge will be discussed as a distinct sub-theme because of the pervasiveness of its' influence on students.

The participants' adaptations essentially focused on having more time for family, employment or schoolwork, and occasionally for themselves. Ellen stated that lack of time for everything, in addition to financial worries were her biggest barriers. Gale stated that having enough time when she started back to school was hard and she needed more support from her husband. "I was working full-time, going to school full-time, and then was a wife and a new mom." Nicole was stressed by having to fit so much into the week that she made up color coded schedules with everything from planned "Friday night dates" with her husband to study time. Fiona and Paula seemed to blame the school projects and assignments for their lack of time. For example, Paula stated: "I think it's important to do other things like spend time with my grandmother; a lot of the work seems like busy work that doesn't matter." Fiona stated: "school is just not a priority for me like making money and paying bills."

Unanticipated life events such as pregnancy, illness, marital strife, and just the unanticipated rigor of the academic program changed what students saw as their primary boulders over time. Donna and Carey described having to decrease their work hours because the demands of the program got "more intense." Barb stated, "you don't realize how intense the program is going to be and if you're not in the program you don't get it...it knocks me down sometimes." Gale said, "I don't think they [her son's grandparents] realized in the beginning what this program entailed. I don't think my husband did. I don't think I did either."

An unplanned pregnancy during the program became the major obstacle for Marie. The pain and need for medical appointments because of fibromyalgia became what Lindsay called “a series of rocks...life is not exactly smooth flowing water for me. I thought my commuting time was going to be my biggest problem.” The three students (Helen, Ellen and Ivan) who had initial anxiety about their ability to learn how to study again discovered that this issue was not to be their primary barrier. For example, Helen learned her chronic rheumatoid arthritis would be her primary obstacle, while Ivan decided the symptoms of his wife’s bipolar diagnosis would be his biggest challenge. The following section illustrates more unanticipated obstacles and how students coped.

Persistence in the Face of Boulders: Strategies to Address the Challenges

The narratives of the participants showed the need for ongoing adaptations and coping strategies in order to persist past obstacles. Some students seemed to be more adept at implementing the strategies they needed. Balancing the common roles of adulthood while being a student caused struggles for some students which they were able to surmount with adaptations. However, others shared stories of having to “stop out” of the program, often for as long as a year. The following paragraphs illustrate how students adapted to different types of “boulders”; how they changed the “balance” in their life to persevere. While their challenges were different, most seemed to think it was important to re-balance the priorities in their lives in order to have enough time for school and be successful in life overall. Those who were more resistant to change were often the students having a more negative experience in their programs, or were the ones forced to stop out because of academic failure. The student voices in the following paragraphs give

more examples of the phenomena of what students called the need for “getting a balance” between areas in their life: relationships, employment and school work.

Similar to Lindsay, Ellen thought commuting to school would be her biggest challenge. Ellen explained that she was grateful a weekend program existed for working non-traditional aged students because otherwise she would not have been able to get this degree. However, she lamented that the “three hours and forty-five minute commute one way” took time away from her family and hours she could work. “I had to learn to get by with a lot less sleep...doing my school work late at night so I could fit in my work hours Monday through Thursday...Friday I had to travel here.” Ellen also explained that as a single mother of a teenager she needed to have someone responsible for her daughter while she was away at school on the weekends. She stated:

My sister and I share a house...a nice little homestead...she has teenagers too...we watch out for each others kids. We’ll decide what to do with the house when I graduate...we called it our five year plan.

Additional students shared narratives which illustrated that adaptations were necessary for them to get past their “boulders.” Ellen was not the only parent who had to be creative in balancing her role as a parent and a student. All the students who had children felt guilt about spending less time with their children, but most managed to find creative ways to have others “substitute” in the parent role as Ellen did. Barb described how “if I can’t make it to something at my son’s school, usually I can get one of his grandparents to go.” Other participants came to terms with the guilt they felt about spending less time with their children by focusing instead on how they were working on this degree for them. Julie stated, “I think they are proud of me but they are young...so when they complain ‘why are you always doing this [school]?’ I told them ‘I’m doing

this for us’.” Helen and Ellen, parents of teenagers, rationalized that it might not be a bad thing for their teenagers to be more independent and to see their parents studying. They both stated that they “share grade reports” with their adolescents and felt this had been positive.

A few students who had less support from family members or seemed to have more complex family dynamics ended up taking time off from school, sometimes for as much as a year. Donna entered school as a single mother to three children, one of them with a disability. She explained:

I didn’t know how I was going to juggle it...how I was going to fit everything in because I was already exhausted all the time. But I decided there was never going to be a good time...I was approaching thirty and hadn’t even started.

Donna reported that she had “rocks all through the program.” She stopped out of the program twice because she felt she “needed to harmonize the family.” She had married in the first year of the occupational therapy program, and the new blended family was “causing me a lot of stress...we were even considering divorce and I couldn’t do the work at school.” The second time she stopped out was because her children were having “behavioral problems,” especially her son.

Participants also felt it was a challenge to find time for other relationships in their life such as with spouses, extended family, and friends. The majority of participants lost touch with old friends because of time constraints. Helen stated, “I don’t have time for old friends right now.” Fiona stated, “I let go of friends.” Nicole reported that she lost touch with friends outside the program because:

They just don’t understand how busy I am...one friend in particular is just too needy. My social circle has been replaced with people in the program. I didn’t realize how much a part of my social circle they were until we didn’t have class in the summer.

Old friendships also withered because as Anne explained, “no friends outside of school understand...they’re not doing it [school]. They haven’t understood why I’m busy.”

Lindsay summed up what had happened to friendship connections for the majority of participants. She stated: “I don’t really have time to see my old friends much anymore, but I see my friends who are in the cohort...they’re supportive.”

They balanced their more intimate personal relationships and school responsibilities with varying degrees of difficulty. Some participants like Lindsay, Anne, Olivia, Helen and Karen had significant others who were extremely understanding of their partner’s time commitment to school work, but others did not have this support. Barb and Fiona described spouses who were extremely angry with them for pursuing their degree. This made it more stressful for them to balance their roles. For example, Barb’s husband wanted her to have a third child while she was in the middle of the academic program. She was resistant because she had already taken time off when she had their second child and this “had dropped me back a year.” She stated, “he puts more stress on me...I already have all the responsibilities with our children and the house...he’s kinda old-fashioned.” She added, “I already have the pressure here (school) and then he’s giving me pressure...where do you give”? Fiona said her husband did not want her to go to school. She reported he said: “I want to punch that computer through the wall. I’m so sick of you being on that computer.”

Carey also told a story describing the inter-play between her intimate relationship and school: “When I first started the OT program it was smooth sailing. It was going really, really well and then I got into this relationship.” She described rocky points in the relationship and concluded by saying, “I started having problems in school. I couldn’t get

my studies done because of the problems we were having at home.” Marie described her difficulty balancing school and a new marriage as “a cute little boulder.” “We didn’t get to go on a honeymoon or get settled into our marriage...we just jumped right into everything.” Paula reported experiencing difficulty balancing school work with the current roles in her life as soon as she started the program. She stated: “as occupational therapists we know a balanced life is important,” so she did not think it made sense to give up time seeing her aging grandmother and her fiancé, stop running marathons, or decrease her thirty hour a week job which she said was necessary financially. Paula adapted by seeing friends less. She gave the example of studying on Friday nights rather than going out. Paula confided she also managed the “balancing act” by not doing all the school work at her maximum level of effort. “School is not my top priority. I can’t invest all of my energy in the readings and a lot [of assignments] seemed like busy work.”

Many participants also expressed that they had made adaptations in order to balance being an employee and a student. The vast majority needed to bring in an income. Although a few students like Ellen, Fiona and Ivan actually increased their employment hours to greater than full time employment to meet financial obligations, most participants changed jobs to something with hours more conducive to their class schedule. Nicole had to give up her job as an early childhood teacher and instead became a “floater” subbing in classrooms. She reported it was frustrating because she earned less per hour but needed the flexibility to attend classes. Paula said she is “not like the other students [younger students] at the university who have parents paying their way...I need to work thirty hours a week. I’m lucky it’s flexible hours, but it’s a lot of hours to work.”

Other students decreased their work hours as the academic program became more challenging. A few quit working entirely secondary to events like academic probation, or because they realized they needed to spend more time on school work in order to be successful. Donna reported her financial stress increased because “I had to keep dropping work hours to keep up with school.” She ultimately found she needed to quit work entirely to be successful. Lindsay implied that she was let go from her job at a hospital. “I actually lost my job...it was just too much with school.” She stated this put her in more financial stress and left her without health insurance which she needed for a medical condition. Marie quit her job as a graduate assistant after giving birth to her daughter. She said, “it was a really hard decision because it helped me pay for OT school.” Things were already challenging financially for Gale and her husband, but when she quit working because their son was having severe medical problems she said finances got worse. The decision to quit working left these participants in more financial stress, but allowed them time to balance school work with family roles.

The Largest Boulder for Participants: Medical Problems

A surprising and startling pattern which is not prominent in the literature was illuminated in the narratives of the participants. A significant number of students had an illness in either a close family member or a medical issue in themselves which were obstacles they had to figure into the “balance.” In some cases, these medical issues were the cause of “stopping out” of their academic programs or at a minimum caused absences and academic struggles.

Olivia’s story of how medical struggles interfered with her ability to continue in the program was dramatic. Olivia was living with bipolar disorder in remission when she

started her program and was proud that she was able to be “medication-free.” She felt that making the change to school from the structure of working “set off the start of my symptoms again.” According to Olivia, symptoms worsened because of the stress from the program and she was hospitalized. She said she had to withdraw from the program because she missed classes and stated “that was very frustrating and made things even worse during my recovery.” After her return to the program, she fell down a flight of stairs and suffered a traumatic brain injury which affected her speech, cognitive and motor skills. Remnants of these symptoms were still observable to this researcher at the time of the interview, and were probably the reason the college had her waiting to go out on her clinical internships. However, Olivia expressed that this delay was because they were concerned about her bipolar condition re-occurring. It should be noted that her opinion may reflect impaired insight, which is very common after a head injury (Gould, 2002).

Another participant also had to deal with the symptoms of bipolar disorder. She also had to stop out of school, but was able to take steps to improve her health by making significant changes in her life. Carey explained:

I’ve been diagnosed [with bipolar disorder] for about four years...probably always had it. I have my ups and downs. There are nights when I can’t sleep at all and sometimes the medication doesn’t seem to be working. Sometimes I can’t focus and it’s hard to take tests or write papers. but when I had to take off for that nine months before I could re-take the class [that she failed] it was actually really good because having that break helped me learn more about myself and educate myself...understand why I’m the way I am...and what I need to do.

Helen had painful and disfigured joints from rheumatoid arthritis, a condition she had experienced since childhood. She did not have to stop out from school for any lengthy time periods but she did miss some weekends of classes until she made some

changes in her life. She reported she had difficulty balancing school, employment, and her responsibilities as a mother. She stated, “I learned how to prioritize and find that balance so I could get that rest so that I could control how these flare-ups were happening.” She made many changes. She quit her job for the “time being,” asked her husband to help with more household chores, and spent less time at her children’s events.

It made me feel guilty as a mom...it took me a long time to figure out it’s okay to let somebody help you cause I felt like I’m the mom and I should be doing x, y, and z, but then I had to realize by doing this degree and having more of an income I will actually be setting up my family stronger.

Lindsay started the program knowing she had a back injury from two previous auto accidents. However, she was receiving therapy so she felt fairly confident things would improve. As time progressed, she was told she had another problem: a diagnosis of fibromyalgia which is a chronic pain syndrome further complicated by fatigue (Gould, 2002). Lindsay explained, “my life is not exactly a flow of water...it’s my health problems...pain has been there the whole time [in the program].” She explained that it was hard to find time to schedule medical appointments and “it’s an always there thing, interfering with school.”

It’s painful for me to walk now. I can’t sit for too long. I can’t stand for too long. Too long is like fifteen minutes. Fatigue is another problem. I haven’t been able to sleep and then I wake up late in the morning and get to class late. I’m now on medication to help me stay awake and keep focused...I also have trouble remembering to do things.

Lindsay said she failed one class and admitted she was often late to class because of fatigue. She added, “I barely ever actually do the reading.” She mentioned that she had made some adaptations such as listening to her books on tape while driving her commute and using applications on her phone to remember things, but most adaptations seemed to be made by others. For example, her instructor let her do an independent study to re-take

her class rather than having her wait a year to take the class on rotation. Her peers gave her class notes and she reported that her instructors were very accommodating of her limitations in class. She described her fiancé, recently turned husband, as very supportive because “I don’t have to work full-time anymore... I can just do my school schedule.... finances not an issue like they were.”

Other participants described themselves as healthy when they started the program but “losing their balance” and subsequently having health issues they needed to deal with while in the program. Nicole described a “melt down.” She reported a non-specific health crisis which she felt developed because she was no longer able to maintain a healthy balance with school work added to her other responsibilities. In order to get school work done, she said she had given up things that kept her healthy such as exercise, nutritious foods, sleeping enough, and meditation. Paula did not mention a health crisis but said that she decided she could not give up running marathons to do school work because it kept her healthy. She closed with “we all know a balanced life is important for our health.” Conversely, Fiona ignored trying to get a balance in her life. She recalled rejecting an instructor’s class activity in the beginning of the program. She described how the instructor encouraged students to use a pie chart to think about facilitating balance in their life so that they could be successful. When Fiona was asked about her health, she described a medical problem she ignored later on in the program, which caused her to be hospitalized for a week. She stated:

I just kept thinking it would go away but I ended up in the hospital for a week with a blood transfusion and everything...my mindset was I have to work and I can’t afford to get sick. I’ve got to keep working, plow through this and it will go away.

Karen, Barb, and Marie did not experience illnesses while in the program, but all became pregnant and delivered children during their academic programs. Karen did not express any challenges even though she had two children while in the program. She credited this to the support of her husband, extended family, and the faculty. Barb and Marie experienced significantly more challenges. Both experienced early nausea which sometimes made it difficult to be in class and they were very conflicted about where they should be: at home with their infants or in school. Barb elected to take a year off and Marie feeling the pressure to continue from her husband and extended family stayed in school. She described her conflict:

I kept going because I was so close and it would be silly to quit now, but it crossed my mind. There were some really hard times when I would come home and my mother-in-law was her babysitter. She [baby] wouldn't come to me. It broke my heart. I thought why I am doing this [school] if my daughter doesn't want to come to me when I get home?

Other participants faced obstacles because a member of their family had health issues. The medical issues they described in their family members were quite severe and it took extraordinary efforts to persist in their academic programs despite accommodations and support from faculty. Gale and her husband had a son who was born prematurely. She explained, "we had all sorts of [medical] issues with him and we were just getting these settled when a year and a half into the program he developed epilepsy...that is a big challenge." She said his health is getting worse and she has had to leave the weekend academic program several times because he has needed hospitalization for life threatening complications. Gale continued:

The three hour distance from home to school is really hard...I want to be there. Then there is the financial part...you know with me not working as much because of his illness and school...the hospital bills and the medication bills. Our son's

medical bills are 500 dollars [a month] just for medication...insurance only covers so much.

It was not entirely clear to me how this young woman was coping, but Gale was; she even agreed to grant me an interview right after a recent hospitalization of her son. She primarily credited the faculty for her success because of their support. “The faculty here have been amazing and the emotional support they give me to continue is amazing. They have been really good about letting me make up assignments and get what I need.” She added:

My husband’s support has gotten better and I think my mom and dad’s support has gotten better too. I think without them I definitely wouldn’t have made it because they will take my son for a couple of hours so I can study or so I can get a good nights sleep...my son doesn’t sleep at night.

Donna mentioned that a spinal malformation in her son was one thing that made it more challenging to find time for everything in her life. She sometimes had to miss school because of appointments with specialists. She added this was not the major challenge it used to be since he was now older and she understood his condition. Her new marriage and the task of blending their families was the cause of her stopping out from school. Similar to Donna, Carey had other challenges which she described as her biggest boulders, but the illness of her “adopted” son needed to be considered in the balance. Carey had an unofficially adopted son with her same sex partner. This child had a genetically based syndrome which was considered a terminal illness. Carey explained:

We had to go out of town to the hospital a lot...I had to miss classes, sometimes my assignments were lacking because of that. There was a lot going on at home...my partner was wanting to go into another relationship with somebody....I started having problems in school. It was a lot of things that caused me to have difficulty getting my studying done...dealing with his [the child’s] medications, having to go to the hospital a lot and all the surgeries.

Ivan stated that “I wouldn’t have done the OT program without my wife pushing me...but at the same time, she’s dragging me down.” He told the story of his wife’s struggle with the symptoms of a bipolar diagnosis, which caused several hospitalizations and significant financial debt because of excessive spending during manic phases. He described how her erratic behavior made it difficult for him to leave her over the weekends when he had school. He gave this as a reason that he was considering quitting school; so he could spend more time with her. Ivan added that his wife’s erratic behavior also made it difficult for him to do group work over the school weekends when most students did not commute home as he did. However, he conceded that he probably wouldn’t have spent much time with the other students anyway.

Anne recounted a series of illnesses and deaths in her extended family. She felt these occurrences had often caused her to miss classes and made it extremely challenging to focus on school.

Every [vacation] break at school somebody passed away in my family. It was like it never fails...we lost a lot of people while I was in the program. Everybody was getting sick, dying of cancer, it was scary.

With emotion in her voice and tears on her face she told the narratives of a brother-in-law who was ill with pancreatic cancer while she was in school. He subsequently died. Anne also told the story of his daughter who became ill with cancer and also succumbed to the disease. Additionally, she mentioned two aunts who died of breast cancer and another aunt who died of lung cancer all during her years in the academic program. Anne was especially close to her brother-in-law and although his illness took a toll on her and her ability to do well at school, she said he was also a motivating factor for her to persist.

He told me “you are not going to use me as an excuse to stop [school].” He kept me going...kept pushing me but he also would call me when I was in class and I never missed a surgery he had...it was really hard.

Summary

In conclusion, participants described struggles with balancing their time between family, work, and school, as well as experiencing stress because of finances or marital strife. However, obstacles in these areas usually did not cause participants to “stop out” of the program. The participants who were academically separated from the program or those who came very close to stopping out were those who either had a health issue to negotiate in themselves or in a close family member. Unanticipated challenges of any type caused more stress, and for some participants it caused either academic crisis or “stopping out.” Those who were adept at developing coping strategies “mid-stream” seemed to experience less frustration and struggle, and in fact took something positive from the challenges they had faced. Ellen explained how it was necessary “to change how I think, change how I do everything...because of OT, I knew I had to modify and adapt.” Karen stated, “I see myself growing mentally from having the challenges....having to learn to balance everything.”

Support: People on the River Bank

Students perceived varying levels of support for their goal to obtain this professional degree. They all spoke of the importance of support from others; either by expressing their appreciation for the support they had or by complaining about the lack of it from key people in their life. Karen, who gave birth to two children while in the program, said: “I couldn’t have done it without the people on my river bank, it’s the support system, especially my family.” Students thought of support in two different ways.

They mentioned what could be termed emotional support, and they also described things which they called practical every day support. Furthermore, they categorized support as coming from different sources: their spouses/partners, family members, faculty, friends, or cohort peers in the academic program.

Types of Support

All of the participants spoke of emotional support in some manner. They described either the presence of or the lack of emotional support with more emotion on their faces and in their body language, than when they described practical support. Practical support, such as financial help, childcare, or help with household tasks was also reiterated in their narratives, but with less animation. Emotional support came in several forms for participants. They were buoyed by expressions of encouragement and by positive feedback on an achievement. They also felt emotionally supported when other people told them they were proud of them or that they knew they were capable of doing the academic program.

While emotional and practical support could be distinguished from each other, they were usually bound together in the narratives of the participants. For example, practical everyday support was often interpreted as emotional support, even if a participant never verbalized comments from others which could be categorized as emotionally supportive. Conversely, when a student expressed that they didn't have support from anyone in their life they usually described situations where there was no evidence of either emotional or practical support.

Karen expressed how the comments of her husband and mother helped her persevere in the program while she balanced her role as a mother to a newborn and

toddler who were born during the pursuit of her degree. Her comment showed how she linked emotional support with practical support. “My husband is very supportive, very much wanting me to go back to school and very proud of me; and supportive....he will do anything that I need in order for me to do my homework.” Helen expressed how much support from her husband and teenaged children helped her believe she could accomplish this goal, even with her rheumatoid arthritis:

It fluctuates, but he’s [husband] had to pick up a lot of slack around the house because I was trying to do it all and that wasn’t working [speaking of rheumatoid flare ups]. My kids are good, very supportive...we can compare grade cards so we kind of make it fun. My husband made me a desk and put in an area where they all know if the door is closed, mom is studying...and they leave me alone.

Resources for Support

Students received their support from a variety of sources: spouse/partner, family, friends, cohort peers, or faculty. The majority of students expressed that they couldn’t have done the academic program without the support of others; it didn’t matter so much where it came from. Very few participants received support from all the sources described above. Categories of support were established during data analysis and were not used as priori categories established by the researcher during data collection. The participants were prompted to discuss who or what supported their persistence. Their responses were categorized as follows: emotional and practical support was discussed by the participants within three categories: (A) Student cohort friends and personal friends, (B) faculty, (C) spouse/partner and family.

Support from student cohort friends and personal friends.

Participants clarified the difference between friends they had made within their student cohort and “old” friends they had in their personal life. The majority of

participants reported that their “new” cohort friends were their primary source of support for persistence in the program. Many participants explained, often with expressions of regret, that they no longer had time to maintain old friendships. Students often expressed that “you had to be in the program to really get it [the challenges],” and that “other people really don’t really understand the intensity of the program.” There were only a few students that expressed an exception to this perception. They were either non-traditional students immersed in programs with a predominance of traditional aged students or students who avoided interaction with their student peers.

Barb mentioned that it was important to have support from people in her personal life, but “you have to have somebody in the program too. You need a friend who is going to say ‘step it up a notch, you’re slacking or hey you ought to be studying.’” She continued, “they [cohort peers] are going through the experience first hand. You can tell everybody it is so hard in school but they don’t get it unless they’re there.” Anne concurred with Barb, explaining that her cohort peers not only helped her study and gave her class notes when she had to be absent, but they also “gave me positive thinking notes.” Anne said, “my friends outside of school don’t really understand when you’re in school and I say ‘hey, I can’t talk on the phone, I have to study’.” Nicole explained that she had lost touch with friends outside the program because they didn’t understand how busy she was with school. “My social circle has been replaced with people in the program. I didn’t realize how much a part of my social circle they were until we didn’t have class in the summer.”

Nicole, similar to other students in programs with only a few non-traditional aged students, only had one or two cohort friends. Nicole explained, “I don’t have much

in common with most of the OT students...their concerns are about the next party, but I have a few close friends.” Julie also did not have much in common with most of her cohort peers, but one student in the program had children and she counted her as a supportive friend. She explained that she didn’t get along with the other students because they were ‘all young and just out of high school.” She continued, “I can’t hold a conversation with them because I really don’t have that much in common with them.” Julie was one of the exceptions, because she felt more support from her old friends than her cohort peers. This seemed to be because her cohort peers did not have children like she did. Julie explained that the only people she felt emotional support from were some old friends she had made an effort to get re-acquainted with in the past few months. “They are my emotional support...most of them have college degrees, as well as children, and get where I’m coming from...they can relate more [to her circumstances] than my family or the other students.”

Students who were attending a school with a majority of non-traditional students emphasized the importance of cohort peers. Ellen, speaking of cohort support stated: “I think one of us would have dropped out by now if we didn’t have each other. It’s a very tough love we have for each other when anyone says they can’t do it.” Helen reported that she was especially close with three classmates and talked to one of them everyday. She explained:

We help each other a lot. We motivate each other when someone is having trouble continuing. They say they’re quitting but we pretty much know someone in the group will jump in and bolster each other up...help us move forward.

Helen explained, “at the start of every quarter you look at the syllabus and say ‘I quit...I can’t do this...I’m done,’ but my roommates [students that share a hotel room on

weekends] help out.” Anne said her cohort peers “held me up and dragged me along” when she was struggling with personal and academic issues.

Some students chose not to find support in their cohort peers even when it was advised by faculty for their own benefit. When Fiona was advised by faculty to reach out to others in her cohort she expressed resentment towards her peers, and stated, “I’m strong and don’t need others.” Ivan felt isolated from his cohort peers because he was the only male in their class. He said, “I wouldn’t want them to get the wrong idea if I were to suggest lunch.” When asked, he stated he probably wouldn’t have “gotten buddy” with male students either since he chose to drive home each night on the weekends they had school. “I’m not the kind to go to others.” Similar to Fiona and Ivan, Gale did not feel comfortable using her cohort peers for support. She found her primary support in the faculty. Donna experienced academic struggles along with personal struggles while in school. She described herself as someone who didn’t trust other people and didn’t like to rely on them. She explained:

I never had any siblings or any friends growing up. I went to about a dozen different schools. I always had to be by myself. I learned not to depend on others, especially my mother. She disappointed me a lot...she would forget to pick me up after my sport practices. I think that’s why it’s hard for me to work in groups. I don’t want to depend on others for my grades.

Donna also acknowledged that she didn’t talk much to her cohort peers because “I had so much going on at home that I just wasn’t a pleasant enough person to be around. I knew didn’t have anything nice to say. I knew I’d go off on them.”

In conclusion, the students who reached out and found support in a friend or their cohort peers seemed very glad that they had chosen to do so and saw it as a factor that helped them persevere. The latter group of students who chose not to reach out to

their cohort peers, even when it was advised by faculty, had a much more negative view of their experience in the academic program. This will be discussed in more detail later in this chapter when the theme of “mindset” is described.

Faculty support.

The five participants (Helen, Ellen, Gale, Ivan and Fiona) at Weekend College all agreed that support was readily available from faculty. Not all the participants took advantage of this support, but the consensus was strong that it was there if needed. Helen summarized this well: “I never went to a teacher with a problem, but I believe they would be helpful. It’s an unsaid assumption that they’ll help.” Ellen reiterated this perception when she said:

The staff did provide me with support emotionally, as well as extending my assignment due dates. I think it is a small university that you can get that one on one attention. They [faculty] do not want to see failure at any cost. They will work with you “ad nauseum” to get you through.

Ivan acknowledged that support was available to him from a faculty member, his advisor. He reported that she was willing to help him with his personal problems by listening and offering counseling referrals for his wife and himself. However, he stated, “I talked to her just in case I got too far behind on assignments.” He further explained, “I feel like I’m failing and I don’t want others to know I don’t have things in control. I’d rather get four hours of sleep than talk to my instructors or group members.” Fiona was another student who acknowledged that faculty had reached out to her when she was struggling, but similar to Ivan, she did not choose to benefit from the support of the faculty. She reported that she found little of the faculty’s advice helpful. Fiona said “it just doesn’t work for me” when faculty discussed making a pie chart to help students

facilitate a balance in their lives. However, she did acknowledge that a faculty member might have a point when she stated “you thrive on chaos in your life.”

Gale found the majority of her support in the faculty as she attempted to deal with serious illness in her son. She explained:

The faculty has been more supportive than the other students. They [cohort peers] know I have stuff going on [severely ill son] but I don’t know if they know the extent of it. Everybody has stuff going on; it’s tough for everyone. Each professor helps me a little differently when I miss class because of my son’s illness. Some of them are just more flexible and let me call them and explain what I missed. They make sure I get power points and stuff I need ahead of time...like when my son had to be hospitalized for a week.

All of these students at Weekend College had a common perception of faculty; they recognized support was there. They perceived there were opportunities for emotional and practical support from the faculty throughout the length of their program. Even if they did not accept the support of the faculty, there was no doubt in their minds that it was present.

The four students at Career College (Carey, Barb, Anne, and Donna) also acknowledged the presence of faculty support. However, they didn’t mention faculty support being available until they experienced significant academic struggles, either in the form of academic probation or having to stop out because of academic failure. Their narratives showed a pattern of either not realizing this support was available or perhaps not wanting to ask faculty for help. Carey exemplified this finding. She explained why she never asked for help with academic challenges:

I’ve never talked to teachers or confronted teachers when I have trouble in a class. I was nervous about explaining why I was having a difficult time understanding and I think a lot of it was I just didn’t understand why I didn’t get it.

Carey continued, explaining why she never shared with faculty why she was missing class due to personal issues:

I think it has a lot to do with how I was raised because my grandparents [who raised her] were huge on keeping things in the family to yourself...if there's a problem in the family you don't go share it with the world and for a long time I thought like that. I guess too the things that happened with my father caused me to not trust adults, especially adult men. I had a lot of male teachers in my gen ed classes and I would always sit in the back. I keep to myself when I'm in school type settings or church or anything like that. Just not comfortable. I sit in the back and just need to calm myself down.

Carey, similar to Barb, Anne, and Donna, all seemed to wait to speak to a faculty member about their problems until they had an academic crisis. Then, with the explicit advice of a faculty member they started to make more attempts to reach out to faculty or cohort peers. When Carey failed a class she explained that she went to the instructor and it was suggested that she talk to her more and ask more questions in class. "I needed to reach out more to others...maybe I was intimidated by her [the instructor], but I followed her advice and I'm a lot different now." Barb reported:

I think I've matured a lot since I've been in the program. I used to just blurt out answers without thinking in class...I wasn't comfortable with the silence. She [a faculty member] helped me with that; she said to write things down first and think about them. Then when I failed a class, another instructor said 'a lot of your problems are outside...they affect your school work,' like my husband, so now we are seeing a counselor.

Anne finally relied on the support of a faculty member, who was her advisor, after she was on academic probation twice.

She helped me catch up, go over things I missed and she just let me cry and explode. I didn't realize I could get that. She was very, very supportive. Even now if I need help I know I can just go to her.

Lindsay, Karen, and Julie from Regional University also felt support was there if they sought it out. Julie was the only one with mixed emotions about the faculty. She

stated “the faculty is awesome,” but felt some frustration when it came to work outside the classroom. She explained:

I don't want special treatment but I wish students like us were taken into account. They plan things I'm expected to be at outside of class when I might have to work or watch the kids. It's one of my biggest obstacles. It's not easy to coordinate things. I have to ask myself if I can afford to lose income on that day.

Karen, with her two pregnancies while in the program, and Lindsay, with her health problems felt support from the faculty because the instructors were willing to make accommodations for their physical needs. Lindsay took advantage of the accommodations offered by faculty and was very appreciative. She said, “all I had to do was help them understand my physical limitations.” Karen chose not to use accommodations that were offered, but recognized that they were available. She stated, “The faculty was just great... I would have been uncomfortable if they treated me differently anyway...just because I was having babies. I've never gone to them for special accommodations.”

The presence or the perception of faculty support was quite different at Research University. Three out of four participants from Research University were quite adamant that they felt no support from the faculty. Their comments about faculty were quite disparaging. Nicole felt that faculty “has by far been one of the biggest problems.” Nicole said that faculty did not consider that some of them had jobs.

They would change class days sometimes if they had a conference to attend and I would end up missing class because I was already scheduled to work at the pre-school. They wouldn't let us eat in class which was the only time I had to eat before going to work...they thought it was a distraction.

Nicole continued:

I just don't think they are that interested in teaching. I think they see it as a bother. I don't feel respected in the classroom for my [work] experience. They just come in and do the lecture and leave.

Paula shared the same sentiments as Nicole. Paula stated, "I feel like the faculty teach at their convenience...not that interested in teaching." Both of these students reported they were doing well academically in school, but lost motivation and considered quitting the program because they were discouraged by having "assignments that seemed irrelevant and just lectures...no practical experience." They wanted to practice what they were learning by "getting out of the classroom and doing OT," or as Paula explained:

We could learn about something in lecture and then practice it on each other even...I need more hands on like they have at my friend's OT school. I don't really get meaningful feedback from instructors...just grades on tests...a grade doesn't mean you know what you're doing in our field.

Neither of these students felt respected for their prior professional work experience. Paula explained:

I don't think the faculty knows anything about me...like that I work as a professional trainer. I think they think we are all under-graduates...young with parents paying our tuition. I don't even think they know my name. They didn't even seem to notice another student was pregnant until she was nine months along.

The third student, Olivia, also felt unsupported by faculty and administration, but for different reasons than Paula and Nicole. Olivia described frustration with faculty and administration when she experienced two separate health issues. She described her frustration that she had to "drop back a year" because of missing course work after hospitalization for an exacerbation of her bipolar condition. She also described frustration with the college personnel after suffering a head injury from a fall. She reported she was given extra time to complete course work that she missed, but said she felt "very

unsupported by the college” and considered quitting. She felt unsupported because they were, at the time of the interview for this research project, not allowing her to go out on her clinical internships. She said they wanted her to job shadow an occupational therapist for a while and to do “an easier fieldwork” when the time came later in the year. She strongly disagreed with this plan and thought they were “just afraid I was going to have another [bipolar] episode.” However, Olivia also acknowledged that she was not yet able to drive and was getting therapy for the cognitive problems she was experiencing since the head injury.

The final participant, Marie from Research University, did not share in her peers’ frustration about the faculty or administration. She said her “OT family” was supportive when she learned she was unexpectedly pregnant. Marie said:

Yup, they were great about it...the teachers, the professors. They were really supportive. I was the first one to have a child while in the program. They hadn’t had that experience before. They said I could drop back a year or just try it.

Marie reported it all went smoothly while she was pregnant, and she was lucky because she had the baby while they were off on summer break. Perhaps Marie felt support from the school because she reported no instances where she missed class or needed help from the faculty. She was just very glad she did not have to drop back a year. It also should be noted that Marie was only 25 years old when she started the program, the youngest of the non-traditional aged participants at her university. She also had no professional work experience, as the others did, which may have made her perception of the academic program different.

In conclusion, the majority of participants perceived that faculty support was available, even if they chose not to utilize this support. Some felt the presence of support

throughout their program; this was most noticeable in the narratives of students at Weekend College. Students at Career College and Regional University also reported they received support from faculty, but usually did not seem aware of this support until they were confronted with an issue that necessitated reaching out to faculty. Conversely, three out of four students at Research University did not perceive that faculty support was available. The fourth student felt support was available but in actuality she never utilized their support. The sub- theme of faculty support was a source of support that seemed to differ by institution.

Spouse/partner and family support.

Although the students at Research University did not report using faculty support to support their persistence, they consistently emphasized the support of their spouse, partner, or family. All the students had extensive emotional and practical support from their families. This might have been because all of them had family members or significant others with college degrees. Julie, Nicole, and Marie were surrounded by parents, siblings, significant others, and friends with degrees, many of them advanced degrees. They reported the people in their personal lives gave them the support they needed. Olivia credited her partner, who was an occupational therapist, with ongoing support. She described how she supported her in financial ways and helped her get through the program. Olivia also said her brother and sister-in-law encouraged her to keep going with her plans, “not to give up.” Marie found both practical and emotional support in her husband and in-laws. She said, “they said ‘we’re here to support you. We’re going to help you in any way we can’...they were my river bank.” Her in-laws followed up with childcare and ran errands for her. She explained that her husband:

Would make dinner or give her [baby] a bath so I could do homework and then financially... obviously I'm not making any money. He is the only one working, paying for school and everything. He totally stepped up.

Nicole reported that she and her husband sometimes "fight about who should do laundry," but that overall "he is very supportive because he is in law school...he understands." She said both sets of their parents are very supportive. She added, "my in-laws are paying for our degrees...we only have a few loans we use for living expenses. I feel funny about it, but we'll return the favor some day."

Paula also experienced support from her fiancé and family, although it was more emotional than practical support. She reported "they understand I can't go out, that I have less time for them." She credited a close family friend with stopping her from leaving the program. She said we talked a lot and he pointed out that she still liked the idea of being an occupational therapist, even if she disliked the academic program. Paula said, "I reflected on that and realized that was true." Although there was occasional mention of support from old friends who had college educations or cohort peers in the program, the participants from this university primarily perceived their greatest support from the individuals in their personal life.

Participants from the other sites varied in how much support they had from significant others and family. Anne had both emotional and practical support from her husband. She spoke of his support saying: "He's very supportive of me. I am very grateful." Anne said in her follow up interview, "I want to stress the importance of my family support all round...my husband, kids, siblings and parents. My entire family backed me every step of the way." Helen also felt support from her husband and family was necessary for her to persevere. She said:

On the weekends I'm down here [at college] he's [husband] pretty much it and even during the week he's picked up more of the household duties like the dishes and laundry. My son has a car now and that's helpful. I give him a list and he goes to the store for me.

Karen also had extensive practical and emotional support from her husband and extended family. Speaking of her husband's support, Karen said, "I can't imagine doing it without having his support. It would be awful if he was constantly saying why isn't the laundry done, why don't you make dinner? Why is the house a mess"? Karen offered numerous examples of emotional and practical support from everyone in her life. She was very animated when she described what a good role model her mother had been as a non-traditional student, because her mother had gone back to school for a teaching degree after raising four children. She exclaimed, "if she can do it, I can do it"! She described how her grandfather and her friends were so proud of her because she was managing to be successful at school while raising a family. She had an impressive list of baby sitters for her children in her extended family. Her mother-in-law loaned her money for her tuition with "no interest and no pressure on paying it back...we can pay her like 300 dollars a year."

Other students such as Ellen, Lindsay, and Gale mentioned they had some support from family or spouses, but it was not as extensive as in the lives of the previously mentioned students. Lindsay felt support from her fiancé, turned husband, and her parents. When Lindsay married she reported her "financial situation wasn't as much of a problem as it used to be in the beginning of the program." She felt emotional support from her mother and husband. She said, "You can always talk to your mom when you're frustrated....my husband is great too...he understands how much time school takes."

Gale reported that initially she did not have any help from her husband or family. She explained that her husband was in school too and didn't understand how hard it was to be working, a wife, and a new mom while she was in school. However, she reported "my husband's support has gotten better and my mom and dad's support has gotten better too." Barb had emotional support from her sister, who was in the same academic program, and her mother, but expressed anger and hurt that she had no support from her husband.

Barb and Donna both had spouses that gave them no emotional encouragement and resisted giving them any practical support with household chores or children. For example, Donna said her husband did not understand why she needed a quiet place to do her homework. She stated:

We live in a really small house with his kids and mine and he said "I don't understand why you can't study with the kids and I don't understand why you're yelling at everybody. Everybody is sick of you."

Barb's husband was very angry that she was pursuing her degree. She confided that she had to keep her Bachelor level degree in a drawer. "I think maybe he's jealous and that he thinks I'll leave him when I get the degree. I think some of his friends might have said that." Carey reported she had lived with two partners during the program, but never mentioned that she received support from either of them. As mentioned earlier in the chapter, Fiona was very angry that her husband did not help around the house or with finances because he seldom was employed. She mentioned he was extremely upset that she was going to school and had threatened to "throw my computer through the wall...I guess because I'm on it so much." Ivan's wife was the only person he ever identified as a person who supported him in his efforts to obtain this degree, so when he no longer felt

support from her, he was essentially an “island.” He stated, “I wouldn’t have done the OT program without my wife pushing me...but at the same time, she’s dragging me down,” referring to the toll her bipolar symptoms were taking on him. Julie was divorced with two children. Her ex-husband lived several states away so he was not taking on any daily responsibility for their children. Her extended family lived in the area, but she felt a marked lack of support from them. Although they would help her with childcare, they were so against her idea to go to school that she felt unsupported. She explained:

They think I should have just gotten my Bachelor’s level degree in something and work in an insurance company, but I would have been miserable. They think I just should have gotten a job so I’ always fighting that.

The Affects of Support on Academic Persistence

The importance of emotional and practical support to students was documented in the previous sections, and some of their quotes clearly connected the concept of support with their ability to persist in their respective programs. It is more obvious that practical support such as help with finances, childcare or household chores can give non-traditional aged students more time to balance their many responsibilities. However, the importance of emotional support for persistence cannot be over-emphasized. Marie summarized:

I think the support I had was crucial. If there was anyone along the way that had said “You can’t do this, or you shouldn’t do this” ...if there had been I would have caved at the rough points. I would have said you’re right why I am doing this luckily no one ever said that to me.

Barb, speaking of the importance of emotional support from a faculty member stated, “She [faculty member] said ‘she knew I could do it’ and she’s like ‘don’t stop...I know you’ll be a good OT’...that kept me going.” Finally Anne, speaking of the emotional support from her husband said:

My husband helped me a lot. He is my strength I rely on him. He pushes me a lot and whenever I had breakdowns and said I can't do this anymore, he would say "you can do this... you can do whatever you want" and he would help me.

The participants' narratives showed that the presence of support made a difference in the quality of their academic experience. Students with more sources of support told of good relationships with their cohort peers and were optimistic about their ability to complete the program despite academic challenges they had experienced. Some even expressed that the changes they were forced to make in order to be successful had "made them grow or mature." For those with little or no support, the quality of their academic experience was chronicled with more academic struggles and conflict with their cohort peers. They shared more anxiety and fear about not being able to successfully complete the program.

Summary

In conclusion, all of the students needed to have determination to pursue their goal, but the narratives of the participants illustrated that the more sources of emotional and practical support they had, the "smoother the sailing." Some participants felt that they could not have completed the program without support from others. The other students who had very little support reported a much more negative experience in the program and felt they "had to go it alone." Expressions of anger, despair, and frustration were more prevalent in their narratives. When these students were asked what helped them persevere they credited personal attributes such as stubbornness or dogged determination; what some students referred to as their "mindset."

Mindset: Smooth Sailing versus Choppy Waters

The majority of participants recognized that support from others was instrumental in helping them persist, as does an extensive body of literature on the subject (Bean & Metzner, 1985; Cabrera et al., 1992; Higgins, 2004; Ozga & Sukhnandan, 1998). However, all the students, even those with extensive support, spoke repeatedly of a “mindset” which got them through challenging times. For those who had little or no support, their mindset was the only thing that they said helped them persevere. For example, Fiona, Ivan, and Julie perceived that their mindset was the only thing they had to help them persist.

When students used the word “mindset” they seemed to be defining it as a trait or an attitude that existed within them, what the literature has described as dispositional factors (Johnstone & Rivera, 1965; Quigley, 1998). Paula described this concept as “part of my personality... the kind of environment I grew up in [her family] keeps me motivated. We were taught quitting was not an option whether it was in sports or school...I guess that became a part of me.” Fiona, defending her grueling schedule of school work and several jobs, said: “I have this mindset that I have to work this much and I can’t afford to get sick. I’ve got to plow through and it [symptoms of an illness she was subsequently hospitalized for] will go away.” These declarations gave signs of dispositional traits, which some called their mindset. They were usually delivered in the interviews with emotional intensity and could be thought about in several ways. These dispositional traits that influenced persistence and the quality of the participants’ academic experiences will be discussed as three different sub- themes on mindset: (A)

determination and stubbornness, (B) a “proving self” attitude, and (C) blame versus taking responsibility.

The Impact of Determination and Stubbornness on Persistence

The majority of participants spoke about having a drive or determination so strong to complete the program that they often described it as stubbornness. Julie stated,

I don't like to fail. It's a big motivator. I don't like to be told I can't do that...if I set my mind to do something, I do it. I have always been that way...I mean to the point of stubbornness.

Ellen echoed Julie's sentiments: “I don't like to fail and I don't like to look weak. I'm a strong minded person and I don't step back from a challenge. I think that kind of attitude helped.” Carey also identified stubbornness as a trait that helped her keep persisting even after academic probation and being forced to stop out for a year because of academic failure. Olivia also had university imposed “stop out periods.” However, she expressed conviction that she would complete the program despite being on a second stop out period at the time of her interview. “I 'm not getting there when I planned, but I'm getting there.”

Helen described herself as determined throughout her life because she had to deal with rheumatoid arthritis. She said this trait did not change once she was in the academic program: “I'm just very determined. When I'm told I can't do something, I'm going to do it and that's just me. I'll find a way.” Donna also credited “a life of challenges” for her determination. “It's [her life] given me my drive and determination...my self-reliance.” Ivan, who had no supports for persistence in his life partly by circumstance, but also by choice, relied only on his waning determination. He had less optimism about getting through the program at the time of his interview since he was failing a class and was

having conflicts with students on a group project. All he had left was the thought that “one year, just one more year...stopping is not an option...gotta finish.” Even Marie, who described herself as a very “eager to please other people person,” and was often influenced by others in her narrative voiced determination. She explained:

Once I make up my mind on something, that’s just the way it is. I’m not wishy washy. I’m going to have this baby and I’m going to finish OT school and that’s just the way it is. I made up my mind I was going to do it.

Barb summed up the sentiment of the participants well: “One thing I discovered is you have to have that drive or you won’t make it down that river.”

Determination Influenced by the Need to Prove One’s Self

Some participants expressed a mindset that helped them persist which was based on proving themselves; sometimes to other people in their life and sometimes for themselves. When they explained how they were proving it to others, their comments were infused with facial expressions of anger and emotional intensity in their voices. As mentioned earlier in the chapter, Fiona was motivated to complete her degree to prove her mother wrong. Her mother had stated Fiona wouldn’t amount to anything when she became pregnant as a teenager. Fiona stated: “I am just driven. I started this... so the heck if I ‘m ever quitting.” Julie, speaking of her family’s efforts to discourage her from attending school and instead get a job, explained:

I mean in a way they would like it if I said I made a mistake. They were like “you just need to get a job.” I’m like “no!... this is my mindset... I am going to go to school and get this degree.”

Barb felt a need to prove herself to others. “I have a push to prove to people that I can do it [school]. A lot of people are like you can’t do that...you have kids and everything else laying on you...and I think that kind of pushed me to prove them wrong.”

Other participants had determination that was based on wanting to prove to themselves they could do better than they had in previous academic experiences. Karen explained,

I'm not happy with how I did with my Bachelor degree my first time around, but I was younger and so I've been doing better now...I'd like to think I'm a really hard worker and pretty stubborn. I don't want to give up on something when I started it.

Nicole stated she was very determined to complete the program, not only because she wanted a career that would let her help people, but because she felt she had to “make up” for “screwing up” when she first attended college after high school at a time when she “was interested in other things besides school.” Marie, who was the only student who had completed their degree at the time of the interviews said, “I think I proved something to myself. I felt that I was not that confident before but I definitely know if I can do that [the program], I can probably do a lot.”

Taking Responsibility Versus Blaming Others for Their Struggles

As I was analyzing the data, I was struck by how different the participants were in temperament or disposition. I started to notice this during the data collection phase and it was confirmed during the analysis phase. While these non-traditional aged students had similar experiences across different types of institutions they framed their challenges in different ways. This was another way that their mindset was expressed.

All of the participants had significant obstacles they had negotiated, and all had either stopped out at one time or had seriously considered leaving the program. This was part of the criteria for participant selection. However, participants then differed. They tended to either blame others for their struggles or took responsibility for the changes they needed to make in order not to fail at their goal. This latter group of students often

went further and framed coping with adverse circumstances as a growth or maturing experience. Those participants who blamed others for their struggles used less effective coping methods, and viewed their college experience and the individuals within that context with negativity.

Marie, Carey, Helen, and Gale all accepted responsibility for the changes they needed to make when faced with the possibility of failure; they did not blame others for their circumstances. When they met with unforeseen challenges they struggled and sometimes faltered. For example, they ended up on academic probation or missed classes, but they ultimately figured out how to move forward in their academic programs. They did this with a relatively positive outlook towards the academic program in general and the people they needed to interact with in the setting: the faculty and their cohort peers.

Barb, Karen, and Ellen also negotiated unanticipated challenges, but did so with exemplary grace. They not only found ways to cope with problems, but they additionally expressed that mastering these challenges had helped with their personal growth. They managed to frame adversity positively. Ellen described changes she needed to make in order to be successful. "I was always the sarcastic smart ass of the group. I'm the one if it's on my mind, it's out there. I had to learn to stop and think before I talked." She added that she "had to get better with schedules and things...I've always been a free spirit, just went with the flow. It's [the program] is very structured, very systematic...I had to change." She implied that these changes were suggested by the faculty and the program director. Ellen went on to explain how she used the knowledge she gained in the program:

To get myself, the mind, the body and the soul working together...it makes me a better student. Plus I lost almost 40 pounds since starting the program. You're

learning these things so why not apply them to yourself and prove that it works. I think I gained a lot of maturity from being in a program like this.

Barb also thought she had matured by being in the program; having to handle the stress and make changes so she would not fail. “By the time you’re up here [at the graduate level of the program] you’ve matured a lot since the beginning of the program.” Karen also credited the academic program with self-improvement. She explained that balancing all her roles was her biggest challenge and having to figure out how to do that “I see myself growing mentally.”

Two students, Lindsay and Anne, could not be categorized as either students who took responsibility and made adaptations for success, nor could they be categorized as students who blamed others for their struggles. They had such extensive support and adaptations made by others that not much was left up to them by default. However, it was clear that the remaining students focused more on blaming others for their struggles. Julie, Paula, and Nicole blamed the nature of the academic program itself, which included blaming the faculty. They felt the program had too much homework and reading, as well as too many projects which required time outside of class. They faulted the full-time nature of the program and the rigor of the curriculum, rather than realizing that their lives as non-traditional students were quite full already. They resented that they had to spend less time with children, spouses, or family, and had to work jobs around school commitments. However, ultimately they all made adaptations to continue in the program despite considerations of quitting, and none of them experienced any significant academic crises or stop out periods.

However, four other students (Fiona, Ivan, Olivia, and Donna) exemplified a mindset of blaming others for all their problems. Their experiences in the program showed a pattern of disharmony with faculty and cohort peers and more incidences of “stopping out.” Fiona blamed her husband for the fact that she had to work several jobs and seemed to resent her son for the time he took from her at home. She also stated, “I’m not really learning anything from the faculty,” and “I don’t really get any benefit from the work I do in the program.” She also did not get along with her cohort peers and expressed resentment towards them when they commented on why she procrastinated on her group work with them. She stated, “If they walked in my shoes for a week!...of course they can get everything done...they don’t work as much.” She seemed to have no insight into the lives of the other students who were also struggling to balance their challenges.

Ivan also blamed others for his problems. He went back to his childhood and blamed his parents for his poor learning abilities and his delayed entry into college because “they were janitors and didn’t really encourage education.” He blamed his wife for distracting him; initially because he was so attracted to her at the start of their relationship and currently because her bipolar symptoms were making it difficult for him to focus on school work. He also blamed his wife’s manic phases for their financial debt, but later admitted that he really enjoyed all the new purchases they made. Ivan blamed the predominance of females in his cohort as the reason he did not work well with other students. He escalated to significant anger towards members of his cohort group working on a project with him, yet he also admitted that he was not understanding the material. While he did not blame faculty for his potential failure in a current class, he described not feeling supported by faculty and he thought it “best to just talk to everyone less.”

Donna was another participant who often blamed others for her challenges. She had no real practical or emotional support, but reported that she didn't really want it anyway because "I don't really trust others." Donna persevered on a mindset of "just grit and determination." She especially blamed relationships from the past for her current difficulties in the program which included two periods of stopping out. She blamed an early marriage for her delayed entry to college saying, "I married my high school sweetie instead....he just wanted us to get married so much, but I really didn't want to." She then blamed their start of a family and a second relationship with another man for distracting her from her goal of starting school. She had another child with this second individual, and later on in her story described him as a stalker who created a lot of stress in her life; "so of course I couldn't start school while that was going on." When Donna was advised by faculty to seek out relationships with other students because they wanted her to develop better inter-personal skills for her internships, she defended herself in the interview by blaming her mother and her childhood. She stated that she was an only child and never had any friends because they moved so often:

I learned not to depend on others, especially my mother. She disappointed me a lot...she would forget to pick me up after my sports practices. I think that's why it's hard for me to work in groups.

Donna also blamed her current family situation for why she had done poorly academically and had to stop out of school again. She had married a new husband while in school and had the task of blending children from two families together. Donna never mentioned that she had choice about how she interacted with others or who she got involved with over the years.

Olivia also blamed others for the two periods when she was separated from the program. However, her situation is unique and her mind set may be impacted by a recently suffered head injury which often allows for less reflection. At the time of the interview, which was approximately six months after the head injury, Olivia blamed the college for her first administration imposed stop out period. This period came after a hospitalization for an exacerbation of her bipolar symptoms. She stated, “I think it [having to wait a year] made things even worse during my recovery.” Olivia acknowledged that she was not taking her prescribed medication for her condition at that time, but did not connect that with the flare up of her bipolar symptoms. She thought that making the transition from a job to school was stressful, and that change had caused her condition to return. Olivia also did not understand why the college was having her wait to go on her internships at the time of the interview. She was very frustrated with the university because of the delay and did not take responsibility for the fact that she might not be ready to work with patients. She was not yet allowed to drive and was still getting therapy for the cognitive problems she was experiencing from the head injury.

Summary

In conclusion, the voices of the participants mentioned a mindset that could be described in three ways. First, the majority spoke of a determination that helped them persist through their most challenging obstacles; in other words when all else failed. Secondly, some described a determination fueled by harmful words from others or hurtful events. For example, participants explained they had this fierce determination because they were proving to someone that they could complete this goal or because they needed to prove it to themselves. Lastly, mindset was also expressed as a way that people framed

their struggles; what McAdams (1993) referred to as how people “story their lives.”

There was certainly evidence of this in the voices of the participants. “While some stories exude[d] optimism and hope, others [were] couched in the language of mistrust and resignation” (McAdams, 1993, p. 47).

Conclusion

These four themes, which were identified in the analysis of the data provided by participants, all showed a connection to persistence. The first theme, the desire to become who they wanted to be by becoming an occupational therapist, seemed to be the most significant in their narratives. This desire to be someone different or better was enacted when they enrolled in occupational therapy academic programs. This desire also helped facilitate their persistence. The only time this desire to be someone different or better was not the primary factor facilitating their persistence was when they felt overwhelmed or defeated. Then they resorted to what they called their mindset, the last theme discussed, to keep them moving forward.

Students also moved forward by learning to be adept at finding strategies to persist when they encountered obstacles. The students who were willing to make changes in themselves and adaptations in their life progressed with more ease. They sometimes did not like the adaptations they had to make, but most were relatively philosophical about the changes; as Nicole stated, “this is only for a season.” Those students who held on to old patterns of behavior and resisted suggestions for change encountered more struggles. Participants’ perseverance was also facilitated by support from others, but a lack of support did not cause them to stop persisting. However, it did make the quality of their experience in the academic program more negative than for those who had support.

Those without support were generally more at risk academically. The next chapter will discuss these themes, which were illuminated by the participants, in another manner. The discussion chapter will attempt to connect the themes to theory, in order to further understand the experience of these non-traditional students.

Chapter Six

Discussion

Introduction

The purpose of this study was to explore persistence of non-traditional aged occupational therapy students. This current study seeks to understand the experience of these students because we “have little insight into the forces that shape graduate persistence” in the professions (Tinto, 1993, p. 230). Gaining an understanding of the experience of students in combined Bachelor’s/Master’s level occupational therapy programs offered an opportunity to learn how to support persistence in this program, as well as other related professions.

The lack of literature on adult learners in professional programs of any type (e.g., law, medicine, engineering, health professions) represents a significant gap in the retention literature. This gap is especially salient because “the highest percentages of adult students typically chose specialized professional programs (often 60-75%)” (Kasworm et al., 2002, p.4). It is crucial to determine if established theories and models of retention (or attrition) are “a good fit” for non-traditional aged students in the health professions. In this discussion, I will argue that adults in the health professions represent a group with a unique set of characteristics and needs that set them off from the larger aggregate of non-traditional students. This current study demonstrated that non-traditional aged students majoring in a health profession, occupational therapy, do have some commonalities with non-traditional aged students majoring in unspecified majors. However, it also identified distinguishing factors that suggest modifications are needed in

established retention theories and strategies used for non-traditional aged students majoring in the allied health professions.

This chapter first provides an overview of what was learned about non-traditional aged students in a professional level allied health program. It identifies findings which reflect what we already know about non-traditional aged students. I will then highlight new concepts generated from the data that offers insight on how adult students majoring in a health profession differ in their motivations from the larger aggregate of students studying non-specified majors. These key findings will then be discussed relevant to the conceptual framework developed in Chapter Two, the literature review. In other words, I will discuss how some findings resonated with the theoretical perspectives which were presented, and also suggest where the perspectives in the literature review fell short of explaining the findings. Lastly, direction for further scholarship will be proposed, along with implications for practice.

An Overview of What was Learned

The results of the current study suggest that non-traditional aged students in occupational therapy programs had difficulty balancing competing priorities such as employment, family, and school work. For example, Paula, Ellen, Nicole, and Fiona all emphasized that they had a shortage of time for all their roles in life. They experienced significant amounts of stress, which they thought sometimes caused health problems. With only a few exceptions, the participants also experienced increased financial stress while in school. These findings were congruent with the literature on the non-traditional student in higher education (Bean, 1985; Bean & Metzner, 1985; Cabrera, Castaneda, et al., 1992; Cabrera, Nora, et al., 1992; Ozga & Sukhnandan, 1998). The results of this

current study suggest that the students who were willing to make changes in themselves and adaptations in their life when they faced challenges progressed through the academic program with more ease. They sometimes did not like the adaptations they had to make, but most were relatively philosophical about the changes; as Nicole stated, “this is only for a season.” Students such as Ivan, Fiona, and Donna who held on to old patterns of behavior and resisted suggestions for change encountered more personal and academic struggles.

There was an additional area in which findings from the current study were similar to what is found in the literature on adult students; participants were affected by the amount of emotional and practical support they had from other people (Bean & Metzner, 1985; Grosset, 1991). The perseverance of the participants in the current study was affected by the support of others, but a lack of support did not cause them to stop being motivated to persist. For example, Barb and Julie had little emotional or practical support but they drew on personal determination, both citing “stubbornness,” as helpful for volition. In addition, they both sought out support, Barb with her cohort peers and Julie with her old friends. However, it did make the quality of their academic experience in their program more negative than for those who had extensive support. Those who had no support at all or made no effort to seek support were generally more at risk academically. Ivan, Fiona, and Donna fell into this category. They described either being on academic probation or fearing they would fail classes. Carey’s story exemplified how support from others made a difference in her academic achievement. Carey said she experienced academic failure twice until she started to reach out to faculty and her peers

for support. It did not seem to matter where support came from according to the participants.

These findings about competing priorities and the value of support reflect what is already known about the persistence of non-traditional aged students. The participants in this study had these characteristics and needs in common with the larger aggregate of adult learners. However, there was one very significant situational factor identified in the findings of this study which is not typically discussed in the literature. A surprising number of participants, 12 out of 16, had to cope with a medical condition in themselves or a close family member while they were in their programs. These medical obstacles were often identified by participants as “a large boulder,” and were more likely to be cited as reasons for stopping out of the academic program or at a minimum increasing absences and academic struggles. The data showed that other situational and institutional barriers impacted students’ persistence, but not as much as this surprising finding.

The current study also revealed two additional areas not emphasized in the literature on non-traditional students. These findings shed light on the dispositional traits of students in an occupational therapy program and may also be relevant for other students. The participants described their motivation for both initiating and persevering in the program as related to a desire to become something different or something better. This vision of who they wanted to become was often intertwined in the majority of participants with a desire to help others. The data collected from the participants indicated that this idea of re-developing who they were was critical to their motivation to persist. When their vision of this new possible self was influenced by altruistic tendencies they were quite passionate when speaking of their motivation. Their impassioned

statements suggested that they had a specific world view; one in which helping others and making a contribution to society was primary. This finding suggests a critical way in which occupational therapy students and perhaps other students in allied health care majors differ from the general population of non-traditional students; their reasons or motivations for persisting are different.

There was another dispositional factor which may be unique to students in allied health care majors at the professional level. The occupational therapy students in this study repeatedly spoke of a mindset that helped them persist through their long and challenging programs. The literature does speak of the influence of non-cognitive variables (McGaha & Fitzpatrick, 2005; Sedlacek, 2004), but the participants were speaking of something different when they used the term “mindset.” The participants emphasized the fierce determination they needed to have to persist, which some called stubbornness. Participants also had different “mindsets” on how they framed their challenges, although they did not use this term explicitly for what the data suggested on this topic. It was noticed that some participants blamed others for their struggles, while other participants took responsibility for the changes they needed to make in order not to fail in the pursuit of their goal. Those who made changes, such as Ellen, Barb, and Karen, often went further and framed coping with adverse circumstances as a growth or maturing experience. Those participants who blamed others for their struggles used less effective coping methods, and viewed their college experience and the individuals within that context with more negativity. This pattern was especially apparent in the narratives of Fiona, Ivan, Olivia, and Donna.

Congruence with the Conceptual Framework

Perspectives from the body of knowledge on adult education and theories of retention and attrition helped explain some of the research findings about the nature of persistence in this sample of students. However, these studies did not go deep enough into the underpinnings of why and how people are motivated to persevere. This need was filled by theories on the motivation for learning. These theories enhanced the interpretation of findings because this body of knowledge focuses on the details of why individuals persist in their motivation towards a goal. However, theories on the motivation for learning are rarely discussed in any type of context, including the college environment (Perry et al., 2006). Thus, the collaborative use of theory from both areas was effective in explaining many of the research findings, although some aspects of the findings also involved consideration of additional concepts which will also be discussed.

Higher Education and the Adult Learner

The voices of the participants clearly identified barriers that could be described as being in the categories of situational, dispositional, and institutional factors. The students' experiences with obstacles such as illness, marital strife, childcare issues, the rigor and length of the program, as well as occurrences such as faculty changing class times or expecting extensive group work outside of classes all spoke to challenges which could be described as either situational or institutional in nature (Cross, 1981; Darkenwald & Valentine, 1985). Dispositional factors are evident in poor self efficacy for the work, as was expressed by a few participants. In some cases there was a tendency to blame others for academic struggles. The work of Quigley (1998) explains the importance of dispositional factors in the adult learner. The work on the adult learner,

which used a perspective to look at persistence by incorporating these internal and external factors, resonated with the content of the narratives from the participants (Johnstone & Rivera, 1965). The work of these scholars illuminated an inter-play of these internal and external factors in the lives of the non-traditional aged students in this study. In other words, internal dispositional traits affected whether a student such as Ivan utilized support from others which is considered an external, situational factor.

Aspects of retention and attrition theories developed in the higher education literature also helped explain why participants had common experiences concerning the role of support and the challenge of balancing multiple priorities in their life. This congruence was seen in the work of researchers studying the non-traditional student (Allen; 1986; Bean & Metzner, 1985; Cabrera, Castaneda, et al.1992; Cabrera, Nora, et al., 1992; Ozga & Sukhnandan, 1998). The conceptual model of Bean and Metzner (1985) theorizes that a student's experiences with the faculty, peers in their academic program, and the course work itself all shape the belief system of students which in turn influences their behaviors. This model also included the importance of encouragement from family and the influence of external situational factors such as employment and finances (Bean & Metzner, 1985). The conceptual model developed by Bean and Metzner (1985) was found to be exemplary at explaining findings of this study that related to the themes of balance and support. However, it fell short explaining the unique motivations and mindset of the participants in this study.

Motivation for Learning

There are different ways to think about what motivates people, but the learning motivation theories from the social cognitive perspective of psychology provided an

optimal way to more deeply understand persistence in higher education. This perspective has developed a body of research solely devoted to the motivation for learning (Bandura, 1991; Brophy, 2004; Corno, 1993; Schunk, 1999; Svinicki, 2004). A more thoughtful and in-depth interpretation of the data can be obtained when theories from this perspective are applied to the findings within the context of the higher education environment for non-traditional aged students. Analysis of the data determined that possible selves theory provided a powerful lens for understanding the experiences of the participants. The voices of the participants lead me to agree with Rossiter's perception that "the possible selves construct offers a useful and previously untapped framework for the exploration of how educational relationships influence adult learning" (2007, p. 139). In addition to possible selves theory, additional perspectives on motivation for learning were included because they added to the interpretation of the findings and supported the possible selves concept. These additional perspectives will be explored after a discussion on the relevance of possible selves theory.

Possible selves theory: the primary theoretical framework for understanding the participants' motivation.

The participants' strongest motivation centered on wanting to become someone different or someone better. They hoped to achieve this desire, what is called a "new possible self," in the context of an academic program educating them to become an occupational therapist (Oyserman & Markus, 1990). The manner in which participants spoke of becoming this new self is reflected in possible selves theory. Possible selves theory speaks of self concept and how we can give form to our desires for achievement or affiliation (Markus & Nurius, 1986). Possible selves are visions of one's self in the future

(Oyserman & Markus, 1990), which is what all of the participants discussed in their narratives. This desire to be someone new emerged as one of the most prominent factors that motivated the participants. This concurs with Oyserman and Markus (1990) who state that visions of oneself in the future “are essential elements in the motivational and goal setting process” (p. 113).

The participants all spoke of who they would like to become after they explained why or how they would like to be different in the future. According to Markus and Nurius (1986), “this type of self-knowledge pertains to how individuals think about their potential and their future. Possible selves are the ideal selves that we would very much like to become” (p. 954). Students repeatedly connected both their motivation to initiate the program, as well as their motivation to persist, with a belief or hope that the completion of the academic program and the opportunity to be an occupational therapist would obtain their desired new self. According to Rossiter (2007), academic persistence has been linked with the ability to picture a positive and detailed view of self in the future. This type of positive detail was seen in the narratives of most of the participants. Their belief that a new possible self was achievable functioned as an incentive for their behaviors which facilitated persistence (Markus & Nurius, 1986). It can be expected that an individual’s conception of possible selves changes over time as one progresses into adulthood as a result of experiences (Eccles, 2009). This concept helps explain how the adults in this study came to make this life changing decision to return to school that would affect not only their life, but the people that were close to them.

Conversely, possible selves theory also helped explain the maladaptive behaviors of some participants which did not correlate with effective coping methods. For example,

when Fiona, Ivan, or Donna realized they might be in danger of failing academically they exhibited behaviors such as anger and increased isolation from faculty and cohort peers. They also resisted taking advice and blamed others or circumstances, rather than taking responsibility for changes that needed to be made. Higgins (1987) describes the intense negative emotional discomfort that can occur when one's vision for oneself does not match with the actual self. In other words, in the case of these students the reality of their circumstances was so incongruent with their possible self that they were very threatened which caused them to make poor behavioral choices. Possible selves theory conceptualizes that we carry with us not just our hoped for possible selves but our dreaded possible selves, what we fear we may become (Higgins, 1987; Markus & Nurius, 1986; Oyserman & Markus, 1990).

Participants were very emotional when they described who they wanted to be (their hoped for possible self), or how they did not want to be thought of by others or themselves (their feared possible self). It is suggested that the displays of emotion were present because their higher education goal was so intertwined with their self-perception. When students could not meet the expectations of others such as faculty, cohort peers, or family they responded with anger when telling their story. If they did not meet their own "ought to" goals or ideal self expectations they were more likely to express sadness or guilt. These findings correlated with the work of Higgins (1987) who focused on how discrepancies between the actual, ideal, and the "ought to" self are related to emotional vulnerabilities.

In conclusion, these students provided narratives which illustrated that they were in the process of re-creating themselves, sometimes for others and sometimes for

themselves. Possible selves theory, along with other aspects from the social cognitive perspective emphasized the influence others play in the construction of the possible selves participants carried with them. These perspectives led me to interpret the data with a deeper level of understanding. It allowed me to understand the phenomenon being studied at a deep level where I was not just cognizant of their behavioral choices, but why they made these choices.

Social cognitive perspectives supporting possible selves theory.

The social cognitive perspective applied to motivation for learning starts with the assumption that social influences become internalized in learners and become part of that individual's view of self (Schunk, 1999), as well as a view of who they could be in the future. In this way, other individuals can affect a student's volition to persist in college both negatively and positively (Grusec & Hastings, 2006). This concept was clearly apparent in the narratives of the participants as they discussed how family members or significant others in their past influenced how they interacted in the college environment in the present. An ongoing inter-play between the internal aspects of an individual, the environment, and the behaviors of the individual was taking place; this was originally described by Bandura as triadic reciprocity (Zimmerman, 1989, 1990; Schunk & Zimmerman, 1997).

This triad helped explain the strong influence participants felt from their past, as far back as their childhoods, and how this still had an effect on how they negotiated the challenges of becoming their new possible self. Triadic reciprocity also explained how participants could in turn impact other people in their environment, as well as change their own behavioral patterns as a result of the influence of new people in their present

circumstances (Schunk & Zimmerman, 1997; Zimmerman, 1989, 1990). For example, some participants described how people such as faculty, cohort peers, and family members in their current life as a student were changing their attitudes and behavioral choices so that it was possible for them to reach their goal of “re-selfing.”

All of the participants had at least one person, at one point in time, who helped them believe they could be who they envisioned. Participants did seem to develop a belief that they could master the challenges of the program, even if they were not sure they could initially. This self-efficacy for the work was crucial and is supported by theory which emphasizes the importance of having a strong image of oneself mastering the challenges (Bandura, 1991). In fact, the findings of the research suggest that the self-efficacy the participants developed may be in part what kept them persisting through major obstacles with their strong mindset of determination or stubbornness. Bandura (1991) states that people’s belief in their self-efficacy influences...how much effort they mobilize in a given endeavor and how long they persevere in the face of difficulties and setbacks...” (p. 257). Self- efficacy for their goal to become an occupational therapist seemed to be stronger in participants such as Nicole and Ellen, who were starting to use the language and the methods of the profession. It is suggested that they had a more internalized “picture” of themselves as their new possible self which improved their self-efficacy and motivation (Waterman, 1990, 2004).

As stated previously, these professional level health care academic programs are long, usually six to seven years, and often have more rigor and challenge than expected by students. In order to make the successful transition to college as an adult student and show volition until graduation a student needs to have what the motivation literature

describes as self-regulation (Lindner & Harris, 1992). The participants in this study who are non-traditional aged students balancing multiple priorities definitely needed to have the ability to self-regulate both cognition and motivation to persist. This resonates with the work of Wolters (2003) who said that it takes regulation of both of these factors to have the volition to persist on a long term goal. These students needed continued self-efficacy and metacognition. Metacognition allowed them to be aware of how they learned best and problem solved. It also allowed them to have “contextual sensitivity” in order to use the environment effectively (Lindner and Harris, 1992). This aspect of learning motivation theory was congruent with the experiences described by participants. Those participants who made use of input from their cohort peers and faculty made the necessary changes to succeed academically and described a more positive experience on their path to becoming their new possible self. This was reflected in the narratives of Barb, Carey, Ellen, Lindsay, and Anne. Participants like Fiona, Ivan, and Donna who did not make use of resources in their environment and chose to stay with ingrained patterns of behavior described academic situations where they were currently at risk for failure at the end of their academic program.

This latter group of participants, who did not take advantage of opportunities for positive interaction in the college environment with cohort peers or faculty, struggled more academically and described feelings of isolation. This was very apparent and consistent throughout the narratives of Fiona, Ivan, and Donna. Karen and Carey initially kept themselves isolated but learned that becoming involved with others made their academic progress “less rocky.” The social cognitive perspective, highlighted in belongingness theory, explains this phenomenon. Associating with others who are similar

to oneself and have similar goals has been shown to be important in the motivation to pursue a goal (Baumeister & Leary, 1995). Relatedness has been shown to be a basic psychological need for the motivation to learn (Osterman, 2000), whether it is gained from relationships with faculty, cohort peers, or friends with college degrees. This concept was supported by the data in this current study. It appeared that self-efficacy for the academic work was gained through vicarious learning from being with others who were similar to one's self (Brophy, 2004), such as cohort peers. Interaction with cohort peers and faculty within their institutions also helped them achieve their new possible self because this engagement can help them acclimate to a new professional culture (Hooper, 2007).

This new professional enculturation was apparent in some of the narrative of the participants. I recognized that some of the language they used was from a worldview common to the occupational therapy profession. Additionally, when some of the students spoke of changes they needed to make in order to be successful, they described "using OT on themselves." This enculturation was especially noted in students like Ellen, Paula, Helen, and Nicole. These students were the closest to actualizing their new possible selves as occupational therapists; they were speaking and looking at their lives with changed metacognition. Despite multiple roles in their lives, the professional identity formation of this group of students was the most evolved toward the possible self they envisioned. Because these students were closer to actualizing their new possible self, they placed a strong value on their goal. Other participants, such as Fiona and Karen, held on to their current stronger identities with little identification as an occupational therapy student. Fiona's primary identity was as an employee and Karen's was as a parent. Going

to school was something they did “on the side.” These students wanted to obtain their degree, but the value they placed on the goal was less. Other aspects of their life were declared as much more important.

In order to have the volition to work maximally towards a goal students must not only believe the goal is possible, they must also value it very strongly (Brophy, 2004; Svinicki, 2004). In the work on the value and expectation sides of motivation, a student needs to either keep valuing the reasons that motivated them to initiate the degree or develop new reasons to value the goal in order to have the volition to persist (Svinicki, 2004). In a long and rigorous program such as the professional level occupational therapy degree, students in this study were sometimes noted to rely not only on their initial motivation but on a secondary reason for continuing to persist. For example, they reminded themselves they only had a short time until completion, or that they had too many loans to pay back to quit. It was very apparent in the narratives of the participants that they were passionate about reaching their goal, despite falling back sometimes on these secondary reasons because of frustration or fatigue. They expressed absolute certainty about becoming a professional level occupational therapy practitioner in order to actualize their vision of a new possible self.

Extending Beyond the Possible Selves Perspective: Implications for Theory

Possible selves theory explains the motivation and the volition for the participants, but it falls short in explaining what set their desire in motion. Literature on identity development that focuses on the socially constructed nature of identity offers additional insight. Possible selves theory also did not explain the predominance of an altruistic sub-theme in their desire to be a more ideal self. Relatively new ideas in the

literature discuss how some individuals have more need to do “good work” (Damon, 2008). Literature from both of these areas will be discussed in terms of how it can contribute to existing possible selves theory.

Identity Development: Evolving in Adulthood

Identity has been traditionally thought of as “one’s choices of values, beliefs and goals in life” (Archer, 1989). Identity development or formation involves committing to elements of these values, beliefs, and goals and then taking action to implement progress towards realization of these desired choices. Identity can also be conceptualized as a “psychosocially constructed narrative which integrates the reconstructed past, perceived present, and anticipated future: in short it is a story of the self” (Tennant, 2008, p. 19). This was apparent in the narratives of the participants who voiced what they valued and connected this value to their goal of wanting to become an occupational therapist. Tennant’s comment explains why participants delved into their past, even their childhoods, although they were only being asked to recount their experiences in the academic program (2008).

Identity development cannot be discussed without mentioning Erikson who proposed eight stages of psychosocial development which serve as a foundation for extensive research on identity development (Roser, Peck & Nasir, 2006). The fifth stage known as identity versus role confusion is the most relevant to discuss for this sample of participants even though this stage was proposed to occur during adolescence rather than adulthood (Roser et al., 2006). However, Erikson did articulate that humans confront and master new challenges throughout the lifespan. He viewed identity development as an ongoing process in life, with the challenge of identity and role development as the focus

of the fifth stage (Roser et al., 2006). This discussion will utilize literature that views identity development as an ongoing lifelong and dynamic process moving beyond adolescence and young adulthood.

Theorists have proposed that adults continue to evolve in their concept of who they are and what is important to them, even though this was traditionally viewed as a task of adolescence and young adulthood (Marcia, 2002; Waterman, 1982, 1990). It can be expected that as one ages and lives through a variety of experiences that individuals might re-assess their values and beliefs, therefore adjusting their goals and purpose throughout the lifespan (Archer, 1989; Eccles, 2009). The stories of the participants exemplify the point that identity is not static. The narratives of the participants described a myriad of life events which seemed to have changed their values and goals which in part make up their identity. It is also possible that their experience as a research participant in this study allowed them to re-define aspects of their sense of identity (McAdams, 1993).

Waterman (1982) proposed that not all individuals go through identity formation in adolescence and young adulthood as suggested in Erikson's stage model. He proposed that identity formation can be delayed because of prevailing societal or historical conditions (Waterman, 1982), and sometimes as is the case of the participants in this study because of personal history. For example, early marriages and pregnancies in some of the participants established identities as a spouse and parent, but seem to have delayed identity in terms of vocation. This was apparent in the narratives of Barb, Fiona, Donna, Anne, and Julie. In the case of other participants, certain precipitating life events may have prompted participants to re-conceptualize who they wanted to be or bring forward

possible selves they had been carrying with them, but had not yet enacted. For example, Julie initiated college full-time in pursuit of a professional degree as she had always envisioned after a divorce. Donna's impending thirtieth birthday prompted her to realize she had not yet started college in pursuit of a professional level degree which had always been her dream. Marcia (2002) refers to these as disequilibrating circumstances which facilitate re- construction of an individual's identity. The individual takes steps, such as enrolling in an occupational therapy higher education program, in hopes of becoming "more and more who she or he truly is, as previously undeveloped elements of personality become realized and new aspects are added" (Marcia, 2002, p. 17).

William James (as cited in Waterman, 1982) proposed that some individuals are "once born," but others "go through a second birth or growth crisis in the shaping of their identity" (p. 342). The findings of the current study suggest that when a specific set of situational factors intersected for a participant they were triggered to make a change. In this study, they took steps to enroll in an academic program that they felt would allow them to achieve the possible self they envisioned.

Once in their programs the voices of the participants illuminated that the college process itself was facilitating deep changes in themselves. Although these students were not traditional college age, it is reasonable to assume that the college experience can still offer them a "time for the greatest gains in identity formation to occur" (Waterman, 1982, p. 346). The concept of identity being discussed here delves into how one's identity is wrapped up in constructing meaning or purpose in life (Damon, Menon, & Bronk, 2003; Eccles, 2009; Tennant, 2008). Discussions of identity in the literature show the "motivational properties of identity...identity specifies that which one wishes to become"

(Waterman, 1990). When participants enrolled in their programs, they made major adaptations in their life. They “were acting in such a way as to further the development of their highest potentials and/or further their purposes in living” (Waterman, 1990). It is possible that participants were acting in ways that were congruent with the stories they had created about themselves in their conscious or unconscious mind, what McAdams calls our personal myth (2008).

McAdams (1993) would state that there are many ways in which people construct meaning in their life. He feels that adults construct or “re-story” the events in their life to make meaning, to help them make sense of their experiences. McAdams refers to identity development work as “selfing” and recognizes this as ongoing work in the adult years (1993). McAdams’ views are an excellent explanatory model for what appeared to be “in-between the lines” of the participants’ interview, what was not explicitly voiced. It helped explain the differences in how participants framed their struggles; some with a more positive lens as they reflected and told their stories, and other participants blaming others for their struggles. McAdams posits that those with a more optimistic worldview take more positive steps to confront challenges in their life which was seen in the narratives of those participants who felt they had grown or matured from handling obstacles.

Conversely, McAdams work also illuminates what may have been going on in the narratives of students who consistently blamed others. It is suggested that these participants grew up with worldviews that came from not feeling they were safe and taken care of by others. They learned not to trust and they didn’t seem to realize how this belief has been carried forward in their disposition or mindset (McAdams, 1993; Tennant,

2008). This phenomenon echoes the work of Erikson. Erikson described trust versus mistrust as a central feature of the first stage of psychosocial development in his framework (Roser et al., 2006). Erikson suggested that issues not resolved from an early stage could affect an individual later in life (Roser et. Al., 2006). For some participants the opportunity to reflect and recount their experiences in the academic program may have been the first time they pieced together events of their life into what McAdams describes as one's own personal myth. This is essentially a story that embodies their identity; that makes sense and is psychologically comfortable for the individual (1993).

Altruism: The Importance of Having Purpose

The majority of participants in this study described that it was important for them to be helping others or to contribute to society. They described this desire as a trait in themselves. From McAdams' perspective, they had constructed an identity in which this characteristic of helping others was a key theme. Waterman (1990) has a slightly different way of discussing how we all desire to have meaning in life. He states that we all share potentialities as members of the human race but that we have unique potentials distinguishing us from others (Waterman, 1990). He says these potentialities or the daimon in each of us is what we are striving for; a perfection that gives purpose and meaning to ones life. It is suggested that participants were speaking of being one's true self or daimon as it is referred to in eudaimonistic philosophy (Norton as cited in Waterman, 2004). Participants were in search of a more ideal self, desiring to have more meaning and purpose in life by helping others and contributing to society.

A study done by Waterman in 2004 showed that altruistic expressiveness was unique to some students and not present in all undergraduates; some students were

motivated by instrumental choices in values and goals. In a study done on undergraduate college students, Waterman (2004) distinguished intrinsically motivated choices from what he termed instrumental choices. The latter were choices that were more extrinsically motivated, choices that led to goals which allowed someone to make their way through the world successfully. Conversely, intrinsically motivated choices were viewed as more personally expressive; students in this group “had found someone to be” (Waterman, 2004, p. 210). This statement strongly echoed the comments of the participants in this current study who described how they either wanted to be someone better or someone different. Although a few spoke of wanting to have more financial security in life, none of the participants discussed specific extrinsic motivating factors such as a better salary, house, or car.

Eccles (2009) concurs with the scholarship of Waterman and McAdams when she states “those parts of an individual’s self-image that are central or critical to self-definition should influence the value an individual attaches to various educational and vocational options” (p. 83). She seems to be describing the participants in this study when she states “if helping other people is a central part of an individual or collective identity than this individual should place higher value on ‘helping’ occupations than on non-helping occupations” (Eccles, 2009, p. 83). The majority of participants in this study were at a certain point in their lives or had dispositional traits which helped them recognize “that there is no meaning in life except the meaning man gives his life by the unfolding of his powers by living productively” (Fromm, 1947, p. 53).

Eccles connects an individual’s identity with career choice stating that career choice does not just depend on self-efficacy for the occupation but on the congruence of a

persons' values with the values inherent in the occupation (2009). Damon's (2008) focus has been studying the idea of purpose in life relative to career choices. In his work he has discovered that those individuals who are clear about their purpose in life have clearly defined goals and their purpose "gave them persistence when they ran into obstacles" (Damon, 2008, p.x). Perhaps the fierce determination expressed consistently by participants was present because they were very clear, not vague as some students can be, about why they were pursuing their degree. This hypothesis correlates with a statement by Waterman who states determination is "commitment that involves making a firm, unwavering decision...to engage in appropriate implementing activities" (1982, p. 342).

Purpose is not just an internal personal search for meaning, but "it also has an external component, the desire to make a difference in the world, to contribute to matters larger than oneself (Damon et al., 2003, p. 121). The body of work on "purpose" supports the idea that some fields of study and career choices provide more opportunity for meaning and purpose (Damon et al., 2003). Conceptual work that addresses these ideas suggests that students who are studying a health profession such as occupational therapy, which has always been considered a "helping profession," are unique and worthy of study.

In summary, the inclusion of perspectives from the identity development literature, which focuses on the dynamic evolvement of identity during adulthood, contributes to possible selves theory, and makes this theory increasingly relevant to the adult learner. In addition, the inclusion of perspectives which speak of the need to find meaning and purpose in life by living altruistically are especially beneficial to incorporate

when conceptualizing why learners of any age persist in academic programs which center on helping others or society at large.

Implications for Further Research

As is often the case, research can find answers; while at the same time pose more questions. This study found that non-traditional aged occupational therapy students have unique motivations grounded in altruism and a re-formulation of their adult identity. This study also confirmed that these students have some things in common with the non-traditional aged student population: the challenge of competing priorities and financial stress along with the importance of emotional and practical support.

It seems obvious, based on the strength of the first theme that illuminated the strength of identity reformation, that there should be additional lines of inquiry which explore persistence with possible selves theory used as a theoretical framework. For example, how do relationships with others influence our goals in higher education? There is some indication in the literature that adults re-entering higher education may be grappling with identity re-structuring (Rossiter, 2007). Given that approximately 50 percent of the student population are adult learners, the research is sparse on the deep transitions adult learners are making while enrolled (Sissel, Hansman, & Kasworm, 2001). Rossiter continues, “given the centrality of possible selves construction in the transition to new roles and in motivating goal related behavior, it is clear that the possible selves perspective may offer insights into adult learning and transformation (2007, p. 141).

It is suggested that more studies be undertaken to determine if possible selves theory is a relevant framework for additional sub-groups of non-traditional students

studying in other professions, such as engineering or law. Do these students in other majors also have unique characteristics? Also, there are many definitions of the term “non-traditional student.” The current study only focused on students who were non-traditional in terms of age. For example, do students who are non-traditional in terms of socioeconomic class, race, or gender identification grapple with identity issues and envision their academic curriculum as a path to a new possible self? Additionally, students who are not successful could also be studied to understand if a discrepancy in possible selves caused poor academic performance. In other words, did the student perceive that there was too large a gap between their actual and idealized self? As Higgins (1987) suggests did the perceived or actual gap deter them from being determined enough to make the behavioral choices necessary to succeed? Inclusion of possible selves theory into the study of persistence in adult learners will assure that all relevant factors are explored.

The literature on persistence from the fields of higher education and adult learning does not explicitly discuss the mindset of students, whether one is describing degree of determination or the mindset of blame versus taking responsibility. Roser and Peck (2009) make the case that education should help students “develop healthy mindsets” to prevent “curtailed educational attainment, chronic stress, depressed mood, substance abuse, ill health and family difficulties” (p. 128). Inquiry in this area may be especially important in programs that are long and have more rigor than expected by students. It may also be important to discover if certain programs exacerbate emotional issues. The findings of this current study suggest that it may be beneficial to explore these concepts further in relationship to retention and attrition. It would also be beneficial to

explore if the pre-dominance of medical issues is common in students who stop out or leave higher education; or was this a unique situational barrier for this sample of students?

Also, the role of purpose in life, which includes altruism, would benefit from being explored in more depth in the professions because as Damon (2006) states:

Professional schools need to find ways to balance the intellectual rigors of the domain with its fundamental missions, which serve for many students as the inspiration for entering the profession. This is an essential tension that is not easily resolved; professional education can err on the side of the balance between intellectual rigor and the connection with the underlying social mission of the profession (p. 14).

In summary, possible selves theory and the additional concepts highlighted in this section can facilitate the development of alternative models of retention or attrition. Alternative models of retention can offer insight into the nature of persistence in sub-groups within the larger aggregate of non-traditional students. Further inquiry in this direction will assure that retention efforts are maximized for the non-traditional student population which is at higher risk for attrition (Swail, 2002; Wlodkowski, 2008).

Implications for Practice

One of the most obvious implications for practice is to offer students in the professions, especially those in the “helping professions,” opportunities for experiential learning to keep reminding students why they entered their long and rigorous programs. Experiential learning can help students transform to their envisioned self as an occupational therapist because they get to think, speak, and act in ways congruent with the profession. The discrepancy between their current self and their envisioned possible self becomes less, which in turn promotes positive affect and increased motivation

(Higgins, 1987). Comments from the participants are congruent with the concept that experiential learning can be “a valuable pedagogy for promoting both intrinsic motivation and identity development” (Waterman, 2004, p. 226). Damon refers to this as having the opportunity to do good work and suggests this should be done in the context of coursework because developing a professional identity requires that an interest in public service is required to be a true professional (2006). Therefore, experiential learning is not only effective for facilitating continued persistence. It is effective at developing the student to their maximum potential as a professional; a state of being where they are most likely to be fulfilled and also excel in their profession (Damon et al., 2003).

A related implication for practice is the recognition that adult students in higher education are not just grappling with financial issues and competing demands on their time. They are often in the midst of identity re-structuring, which can be an ambiguous and confusing time for them as well as the people close to them such as spouses, family, and close personal friends. This fact needs to be recognized by faculty so that they can incorporate assignments that allow for students to reflect on changes within themselves and the dynamics that these changes set in motion. The current study showed that non-traditional aged students are often transitioning from their current or “ought to” self to their desired possible self. There needs to be space in the curriculum for affective learning about “self.” For example, there could be on-line or in classroom discussion of the affective learning component, as well as the knowledge based learning that can be gained from experiential learning activities. Reflective journaling can be made a requirement in the classes most likely to facilitate deep personal change, such as courses which involve real world experiences in the community or a health care setting. Assigned

readings and discussion of topics on the development of professional identity can be incorporated in the curriculum. Lastly, while expectations need to stay high, empathy for the turbulence some students may be going through is crucial to support their persistence.

There could also be events or information that allows family members to get acquainted with and better understand the academic programs that their student family members are enrolled in. As a result, non-traditional aged students may gain more understanding from others for the new self they envision and consequently obtain more support from family members (Kirby, Biever, Martinez, & Gomez, 2004). Kirby et al. suggest that family members can be included in some campus events so they would feel less excluded and would better understand the demands on the student family member (2004). Although it was not mentioned by these authors, there seems to be potential for this approach to help family members feel they are a part of the student's new possible self, hopefully allowing old relationships to stay intact.

Lastly, further study is needed to know if personal health issues or medical crises are situational barriers common to students who are struggling with persistence, or if this was a unique finding in the current study. If additional studies show that medical issues are a factor precipitating academic struggles, then it would be appropriate to offer students a service to help them navigate the complex health care system in order to support their persistence. It would also be beneficial to have programs such as Tai Chi, yoga, and meditation in place on campus which can help support "healthy states of mind" or "mindsets" which Roeser and Peck (2009) state can decrease the impact of "setbacks associated with learning new and challenging things" (p. 129).

Conclusion

This research endeavor has allowed me to learn a great deal about the persistence of the non-traditional aged student in professional level occupational therapy programs. However, I also realized while I was writing this dissertation that I had learned a lot about myself. It dawned on me rather late in the research process that I too am ingrained with a strong sense of purpose and the need to make a difference in the world, like the majority of my participants. It helped me understand why I am so uncomfortable when peers my age retire or speak of retiring. They report the great benefits of leisure time and their happiness with the changes that came with retirement. Instead of feeling a desire to join them, I feel a kind of panic at the thought and I have occasionally left the table to avoid the discussion. This has puzzled me, but no longer. The participants in my study, along with the literature on purpose, reminded me that for me happiness will always involve working, being productive in a way that matters, whether it is employment or volunteer work. For this realization, I thank my participants who helped me recognize this is not such an unusual way to be in the world; it is a very valid way to be in the world.

Appendices

Appendix A

**Selected Tables from the:
Academic Programs Annual Report (2008)/2009)
Accreditation and Academic Affairs Division
American Occupational Therapy Association**

Table 1

Ethnicity of occupational therapy students:		
	Total	Percentage
Caucasian	10,377	78.7
Black/African American	741	5.6
Asian-American or Pacific Islander	718	5.4
Hispanic/Latino/Latina	638	4.8
Native American or Alaskan American	45	< 1
Multiracial	73	< 1
Other	306	2.3
Not Available	289	2.2
Total	13,187	100.0

Appendix B

Selected Tables from the: Academic Programs Annual Report (2008)/2009) Accreditation and Academic Affairs Division American Occupational Therapy Association

Table 2

Student Gender:			
	Doctoral OT N (%)	Master's OT N (%)	OTA N (%)
Male	23 (7.6)	1,245 (9.4)	716 (12.9)
Female	280 (92.4)	11,846 (89.8)	4,731 (85.8)
Missing	0	96 (7.3)	66 (1.2)
Total	303	13,091	5,513

Table 3

Retention Rates:			
	Minimum	Maximum	Average
Doctoral (n=5)	70.0	99.0	91.9
Masters (n=140)	54.0	100.0	93.7
OTA (n=121)	43.0	100.0	81.3

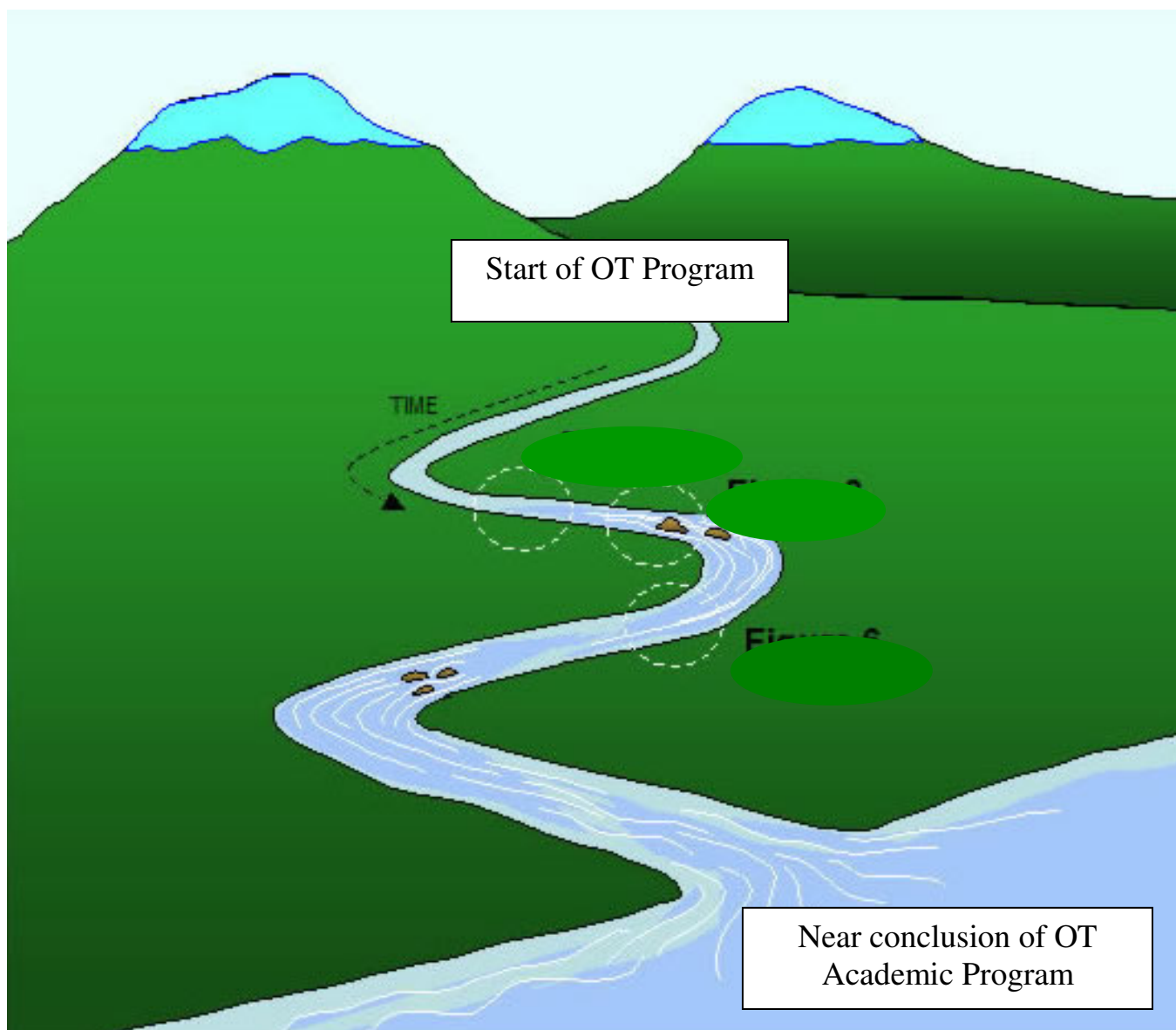
Appendix C

Figure 1

Pictorial Representation of the

KAWA MODEL

(Iwama, 2006)



For interpretation of the references to color in this and all other figures, the reader is referred to the electronic version of this dissertation.

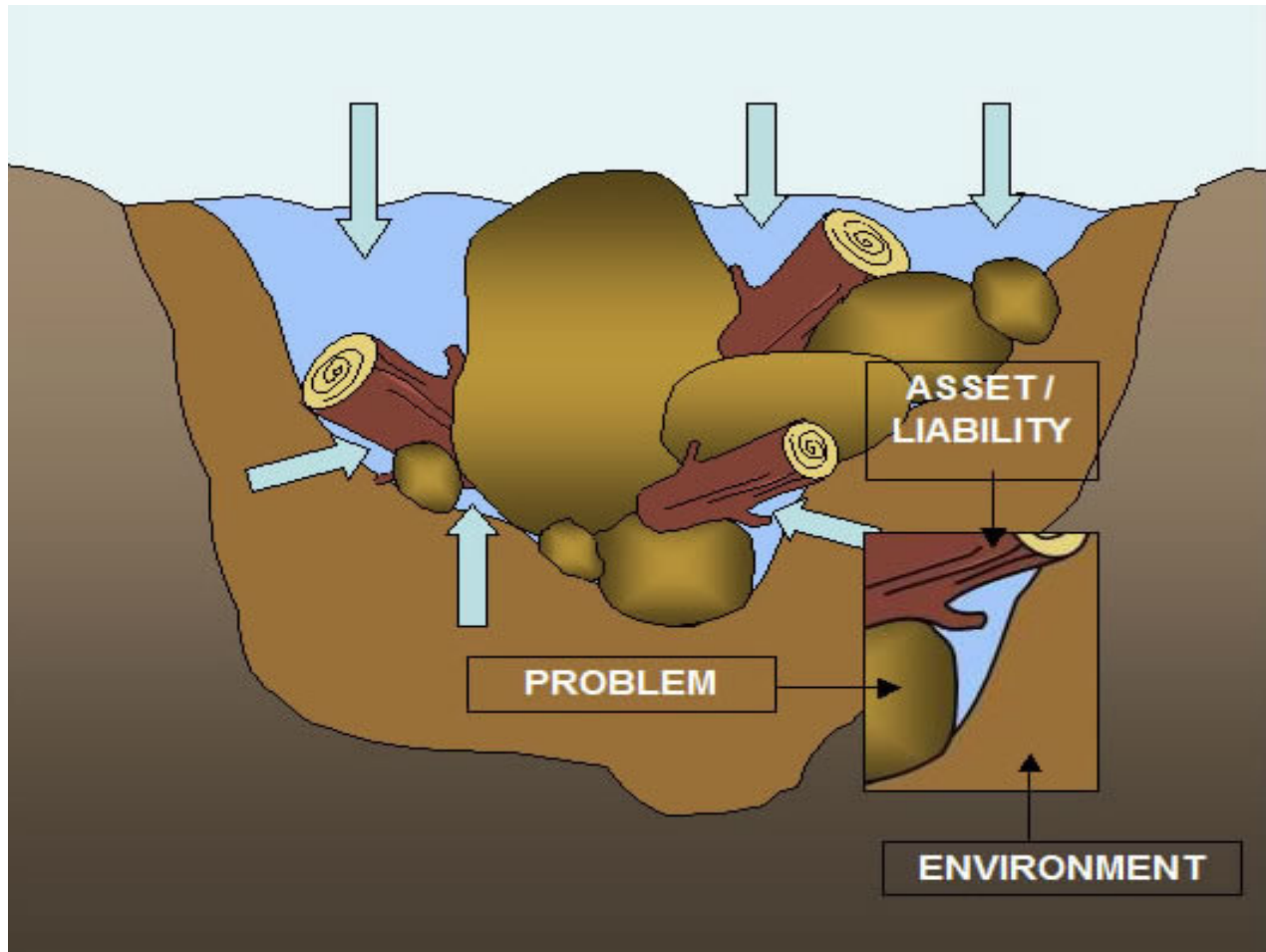
Appendix D

Figure 2

Pictorial Representation of the

KAWA MODEL

(Iwama, 2006)



Drift wood = personal factors which are assets and/or liabilities

Rocks or boulders = problems, barriers or challenges

River bank = micro-environment such as family and friends and macro-environment such as political and institutional factors

Water = life flow or life energy

Appendix E
Invitation to Participate in Research with the
Potential to Assist Non-Traditional Age OT Students

My name is Susan Tons and I am an associate professor teaching in a combined Bachelor's/Master's level occupational therapy program in Flint, MI. The majority of students I work with are non-traditional in age and juggle many roles while they pursue their goal of becoming an occupational therapist. I have loved watching them achieve this goal, but wonder how they successfully achieved their goal despite obstacles, while others in their program were less successful. I admire their persistence and hope that the insight of students near the end of their academic program can help faculty and institutions of higher education know how to support struggling students in their persistence, since the number of non-traditional students is increasing.

I am initiating a research study as part of the requirements for a PhD in Education at Michigan State University. This endeavour gives me the opportunity to pursue this topic of interest and explore the following research questions:

How do non-traditional age students who have successfully completed (the majority of) their academic program perceive their experience?

- a. What helped them successfully complete the program?
- b. What challenges did they encounter and how did they navigate difficulties or barriers?

I am looking for participants who are willing to be interviewed at a time and location of their convenience at Weekend College. Participant requirements:

- 1. older than 24 years when the OT academic program was initiated**
- 2. ability to be available for a one hour “in person” interview and a brief follow up interview**
- 3. participants need to be near the end of their academic course work (have one or two more semesters to complete); Level II Fieldwork does not have to be initiated yet.**

***I would prefer students who have faced challenges of any type, considered leaving the academic program or “stopped out” for a period of time.**

I am planning on being at Weekend College the weekend of Sept. 17th and 18th . Please contact me at 517-881-2675 or susan.tons@baker.edu to set up a time to participate. Other dates are also a possibility.

Appendix F

Guidelines for Interviews

*The purpose of the study will be explained and the participant will have the opportunity to ask questions of the researcher. They will then be asked to read the consent form and sign it if they are in agreement.

*The participant will be asked how they first heard of the occupational therapy profession; this will be followed by asking how they became interested in pursuing a degree in the field.

*The participant will be asked about their educational and employment background, as well as their family's background in these two areas. The researcher will also obtain other demographic background such as age, marital status, family situation etc. by asking the participant to tell me about themselves.

*Once the participant appears to be at ease with the researcher, the focus of the interview will move to exploring the phenomenon addressed in the research questions. The participant will be shown one or two different pictorial representations of the Kawa Model (See appendixes C and D) and the symbols will be explained. I might need to give an example from a period in my life to demonstrate how someone might use the Kawa Model to tell their story.

*Participants will be encouraged to tell me what it was like for them in the occupational therapy academic program from the time they decided to major in occupational therapy until they completed the academic course work. They will be prompted to draw using the Kawa Model symbols in order to facilitate their reflection on the topic and verbally describe in depth what helped them make it through the program. They would also be

asked to use this same format to explain and demonstrate what obstacles they faced and how they overcame them.

*Participants may end up drawing one model that shows their experiences over time, or they may end up explaining their experiences by showing a contrast between two or more cross-sections of a river (e.g. the first cross section might show a blockage of life flow because of so many “rocks”, but then they draw a subsequent river cross section with more “flow” after the problems were resolved). It is also possible that a drawing will never be completed by the participant; this is quite acceptable since the purpose of using the Kawa model is to prompt reflection in order to gain a “data rich” story.

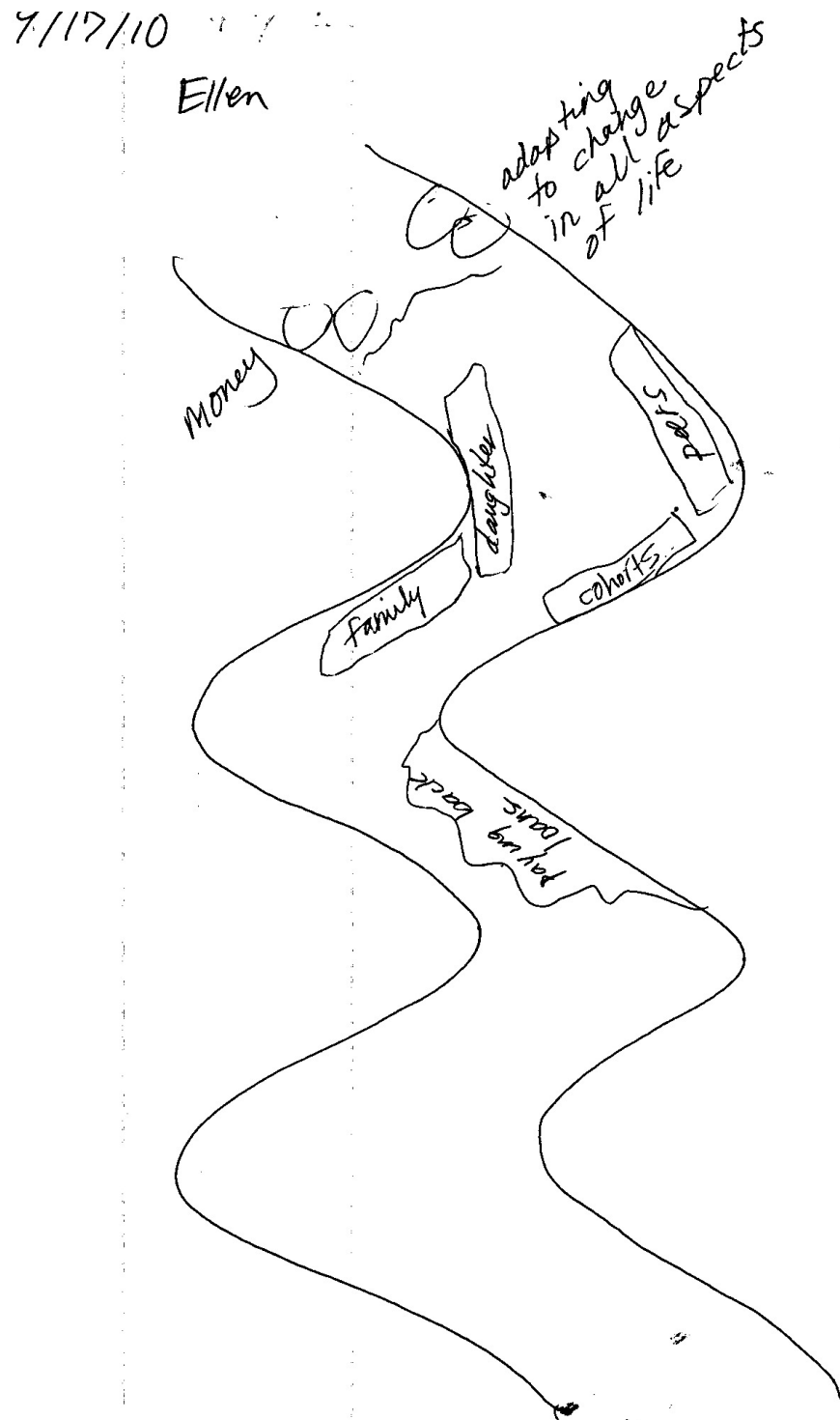
*It will be important for the researcher to make sure no emotional harm is done to the participant by asking them to reflect back on their experiences. Every effort will be made to close the interview session on a positive note for the participant.

Guidelines for the Follow-Up Telephone Interview

*Participants will be asked to be available for a follow up phone interview approximately one to two weeks after the initial in-depth interview. I will have reviewed their data and made handwritten transcriptions by the time I contact them. I will be ready to ask additional questions for clarification. The phone interview will also be used to ask the participants if they thought of anything else they would like me to know or that they wanted to emphasize.

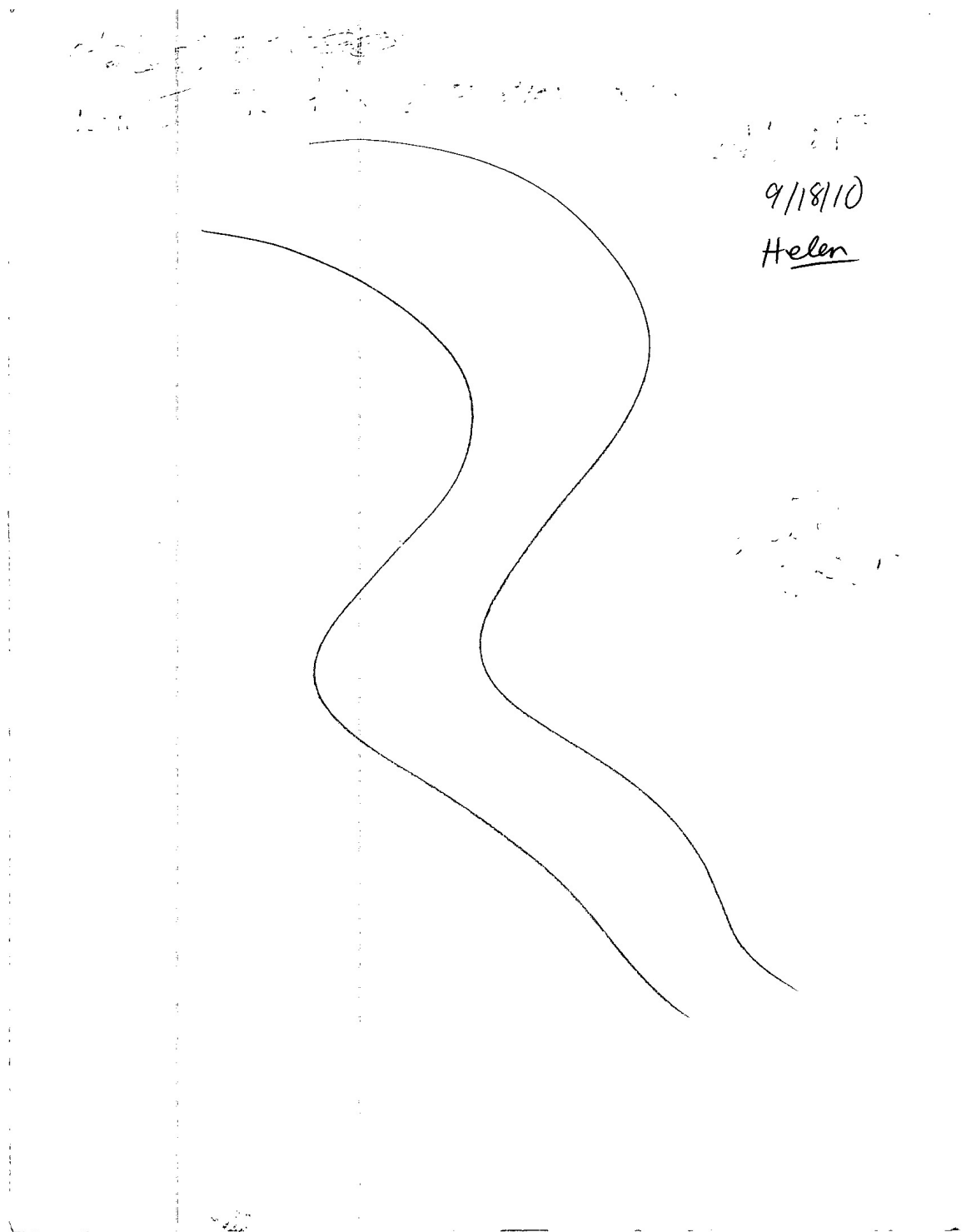
Appendix G: Participant Drawings

Figure 3



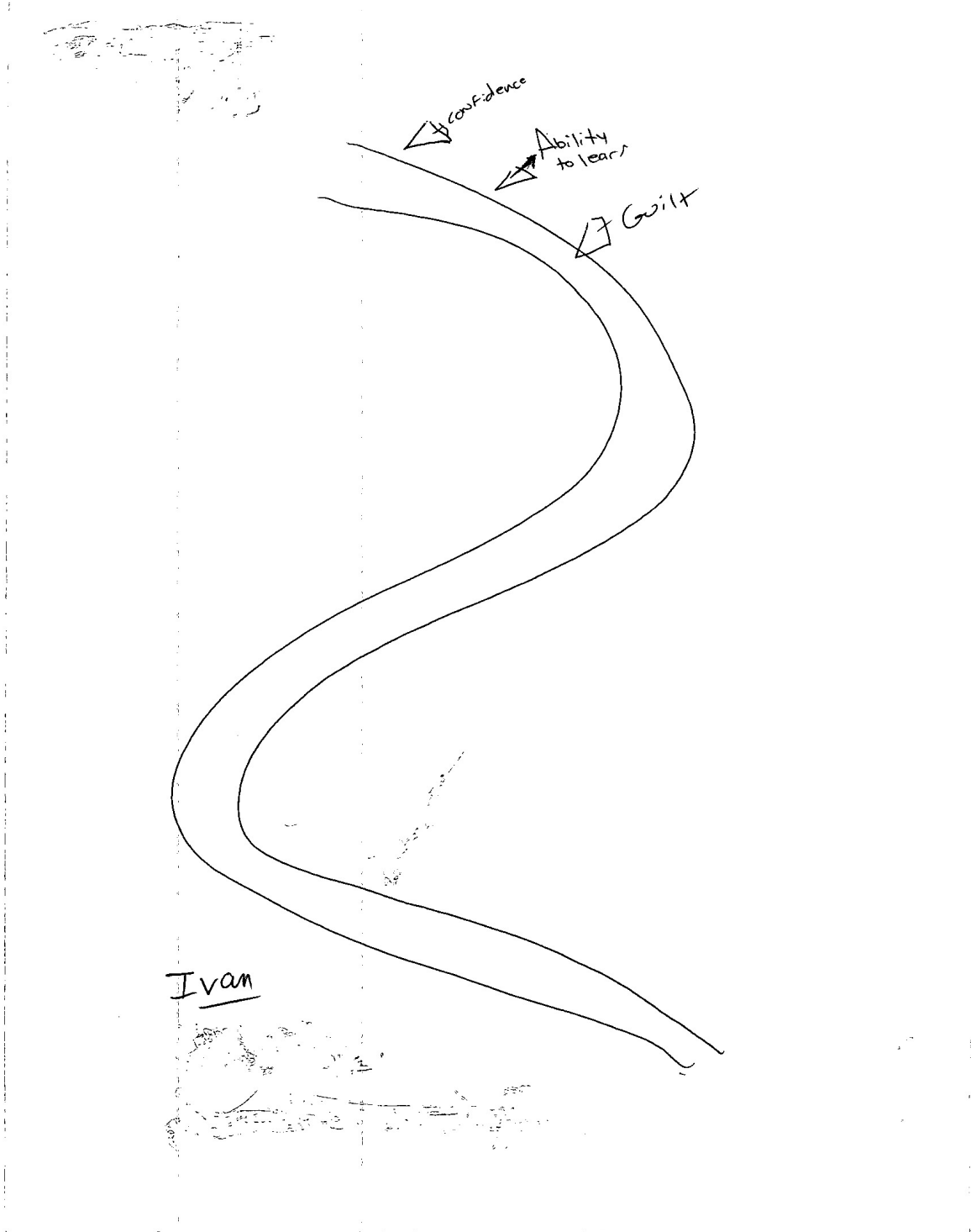
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Figure 4



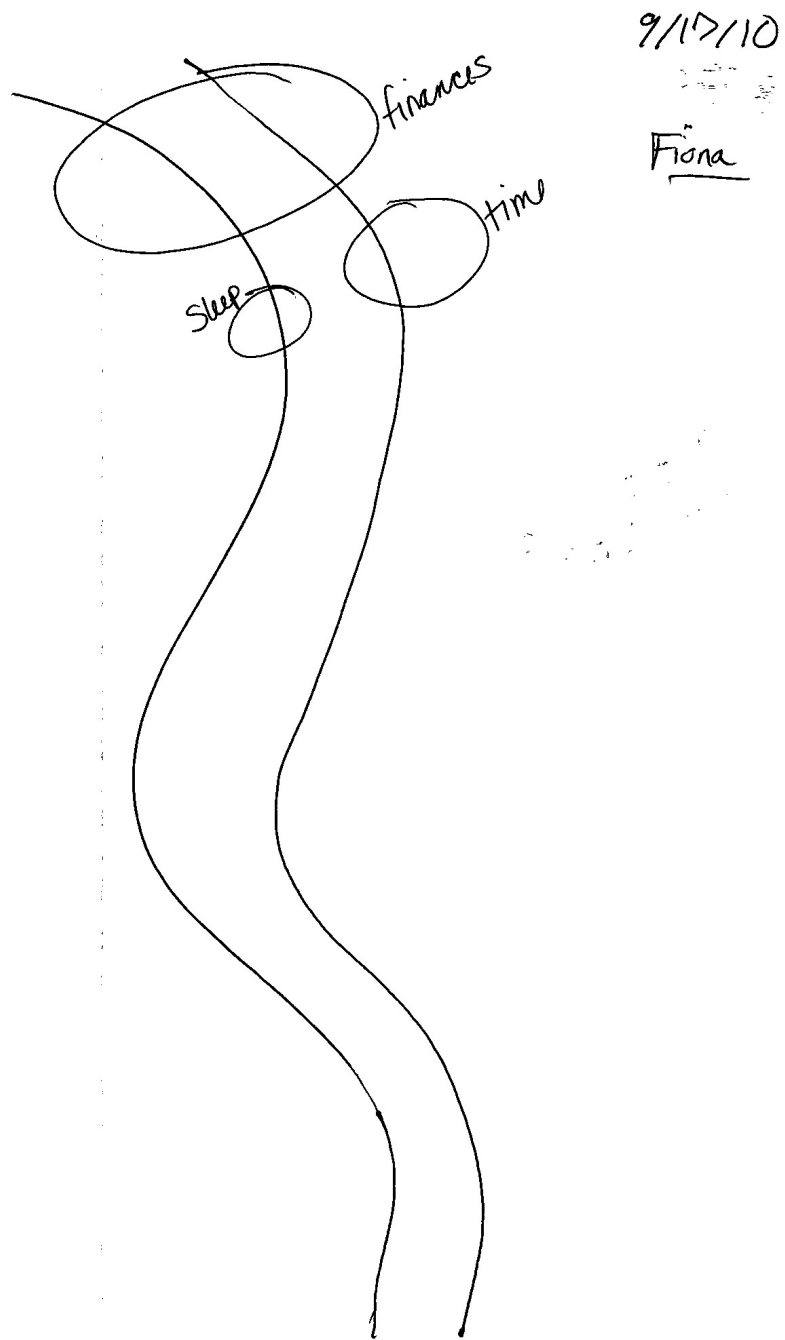
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Figure 5



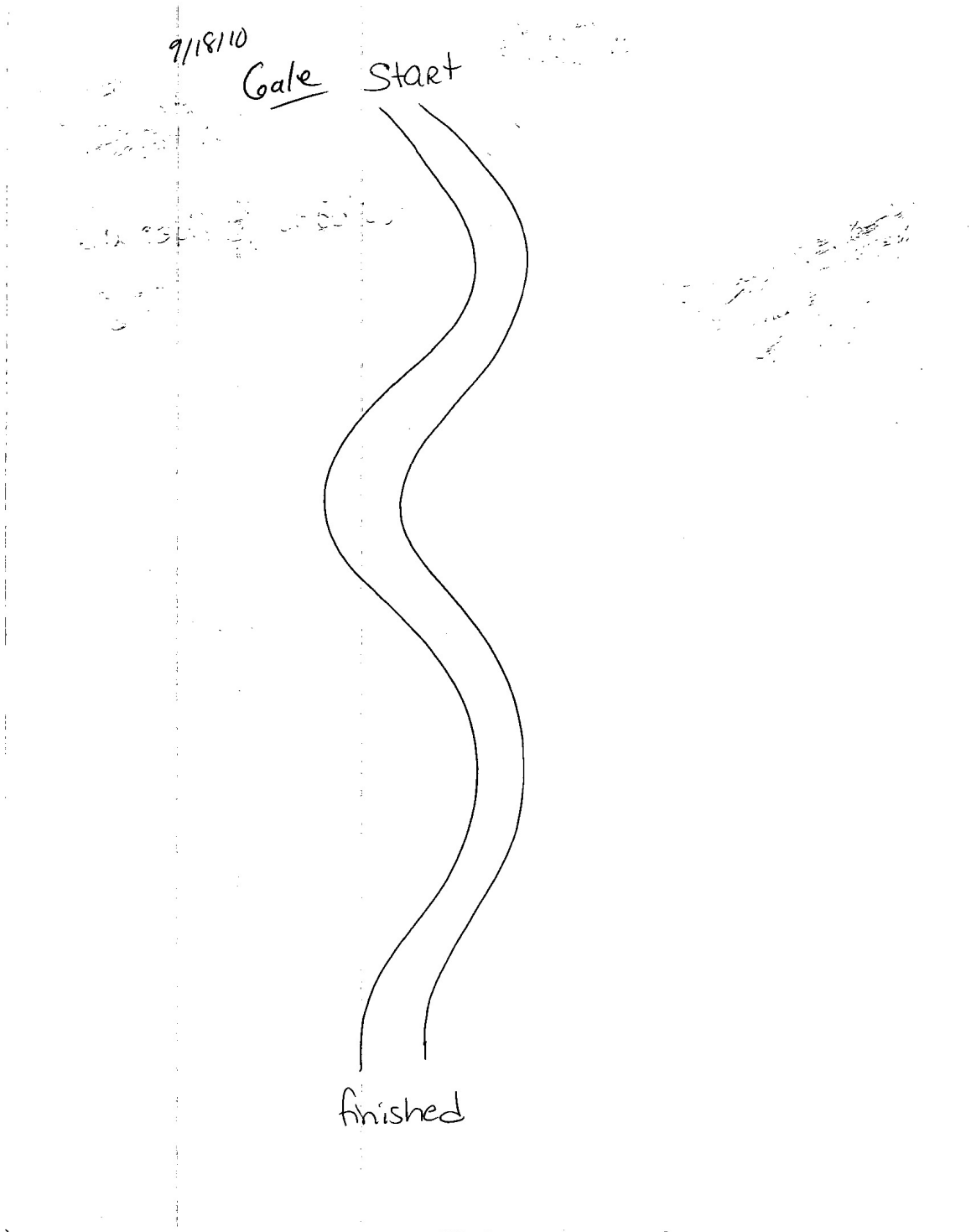
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Figure 6



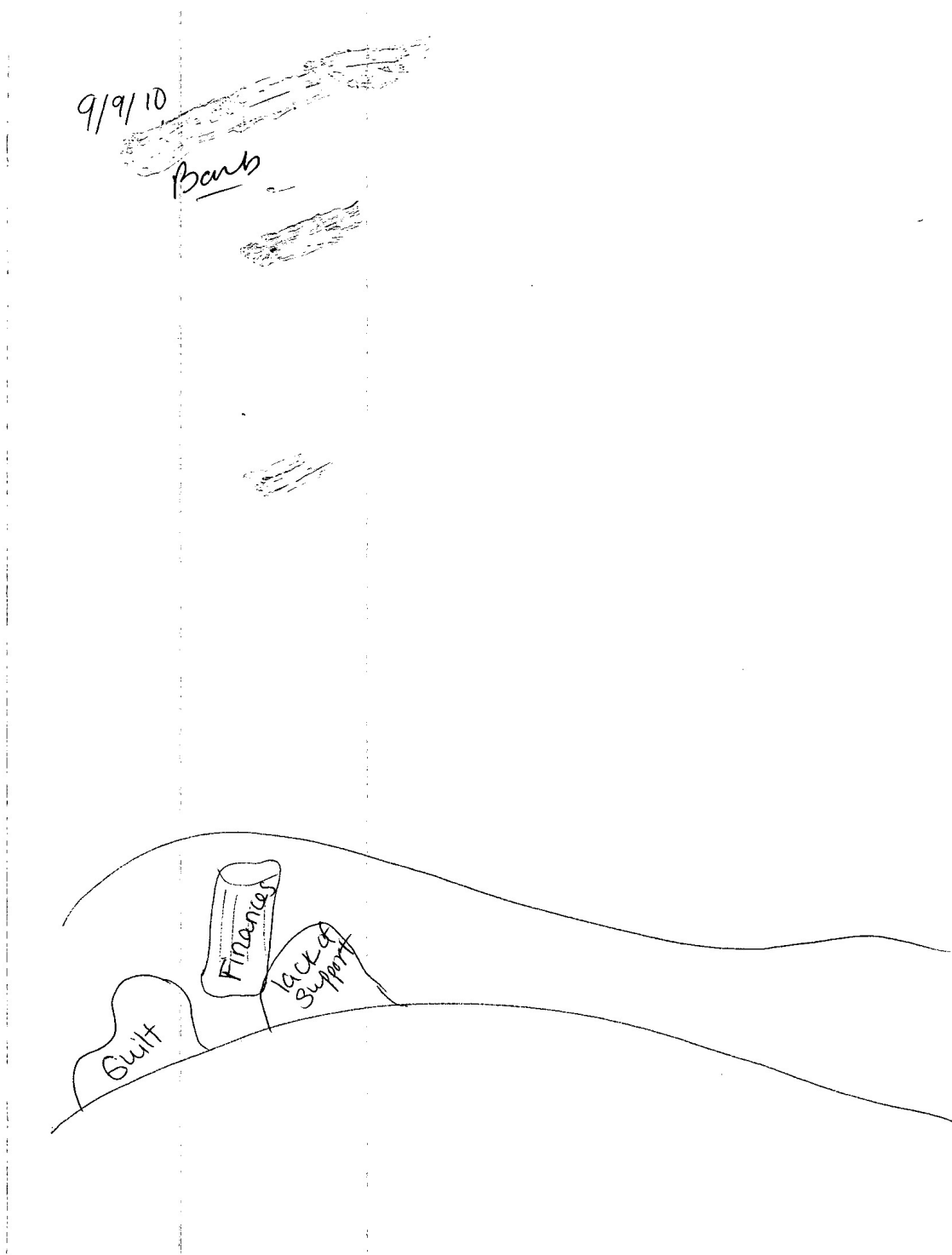
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Figure 7



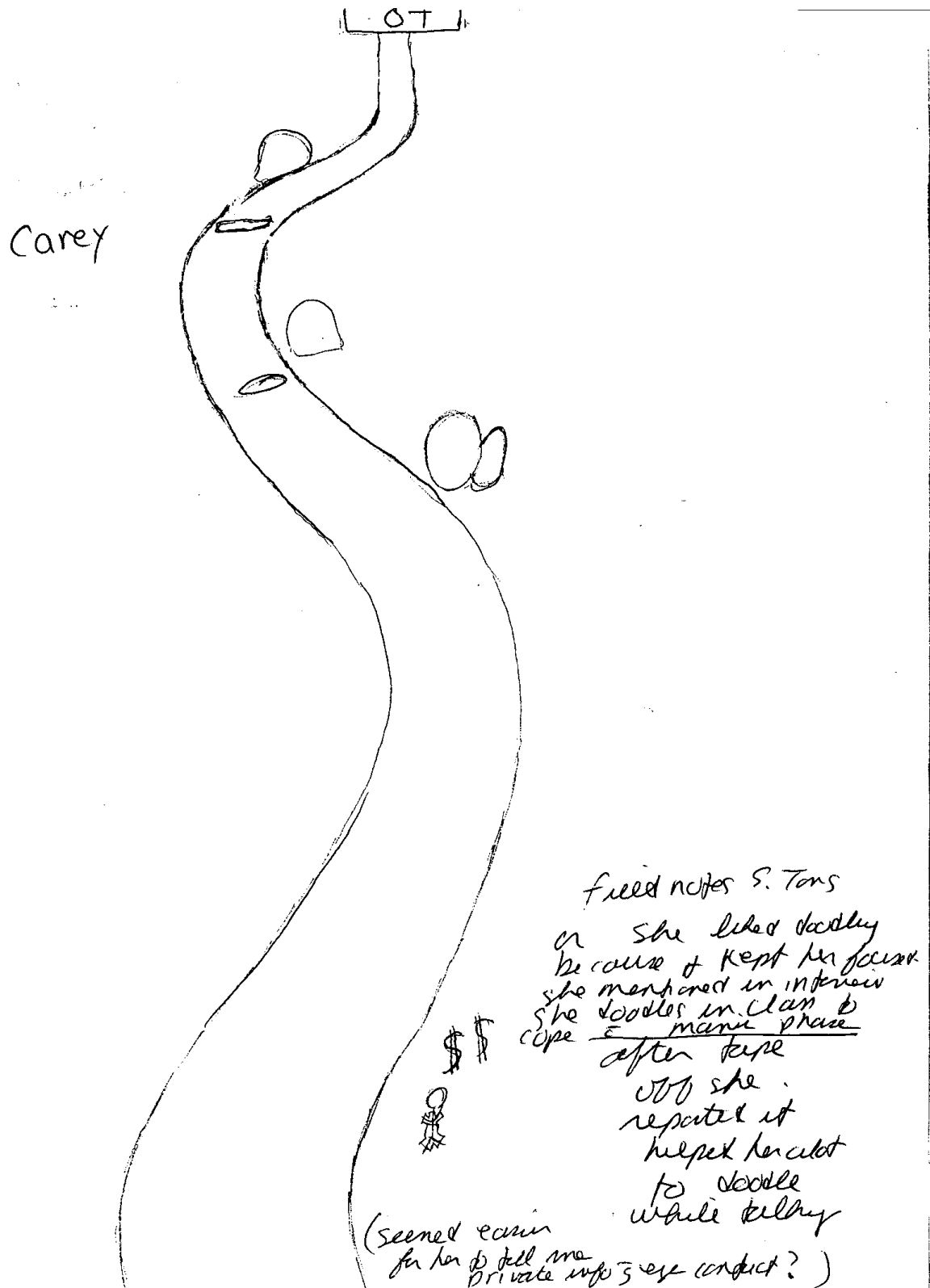
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Figure 8



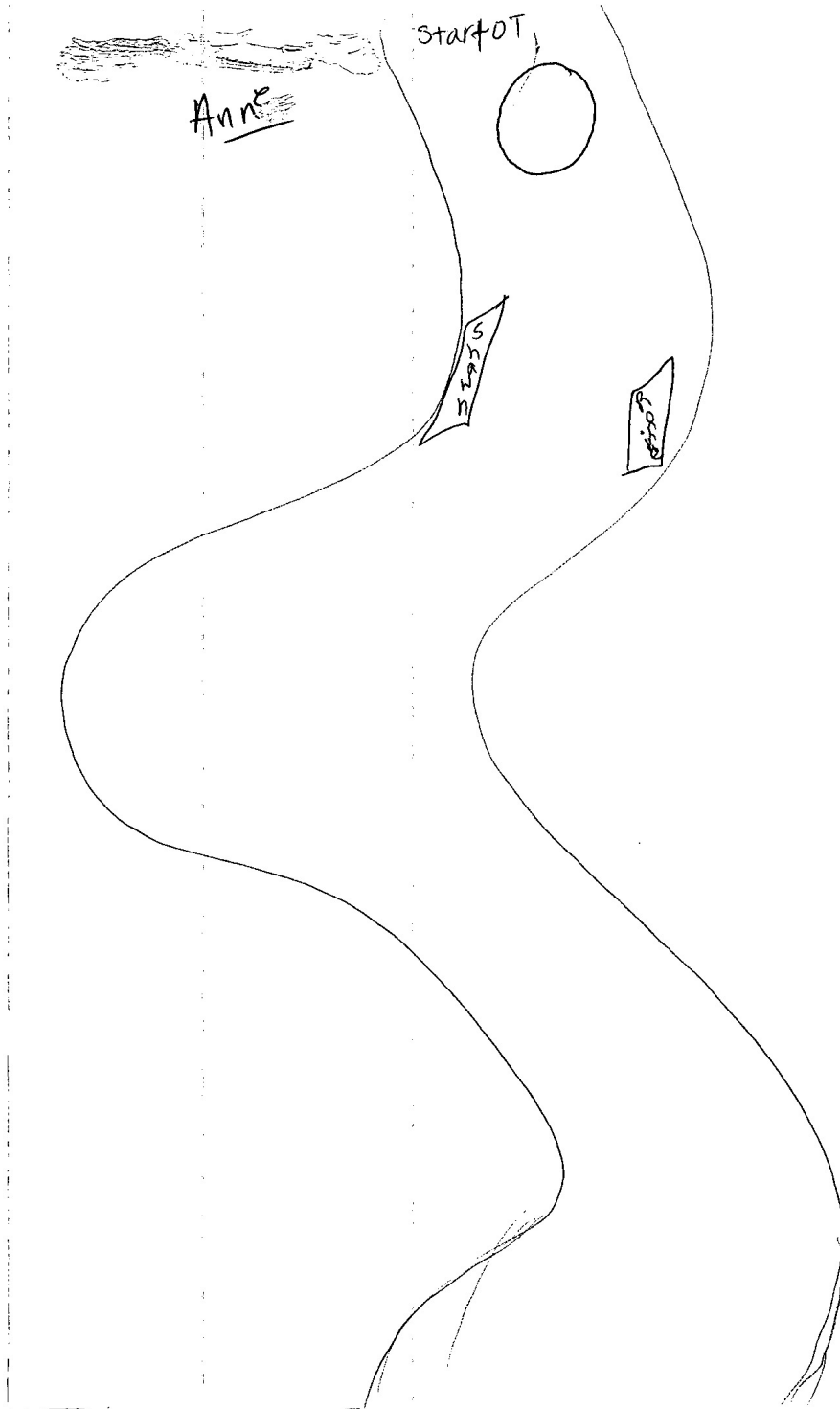
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Figure 9



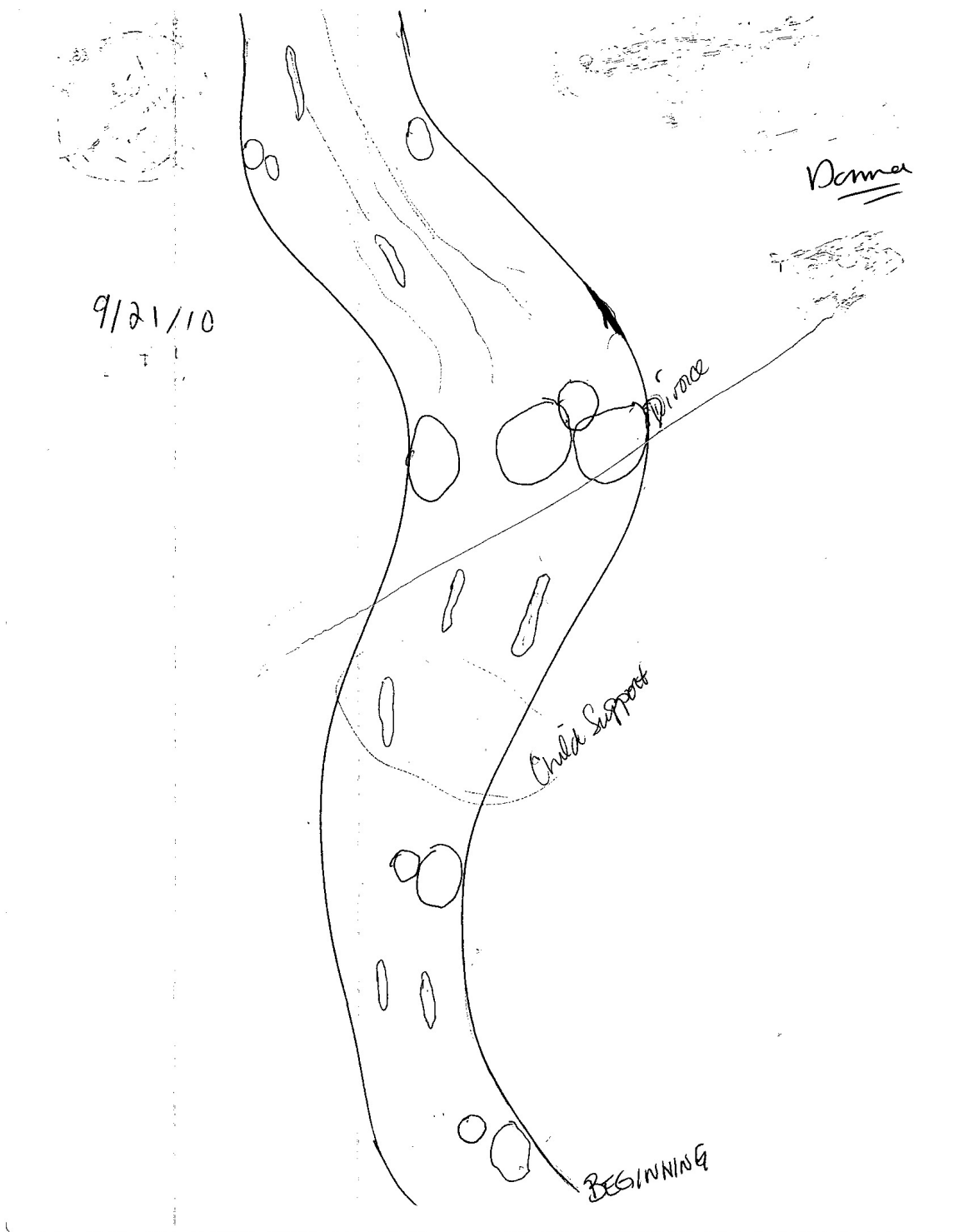
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Figure 10



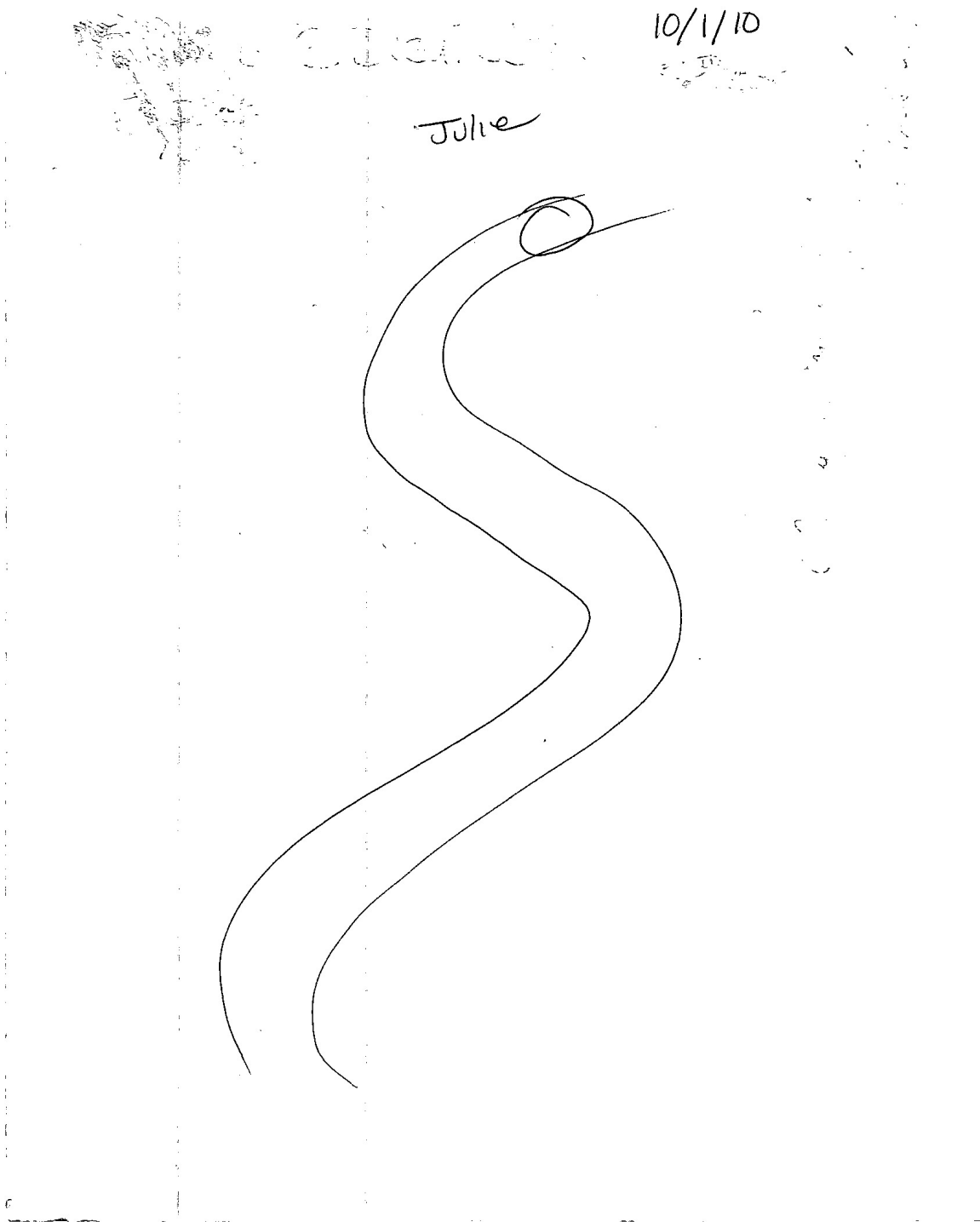
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Figure 11



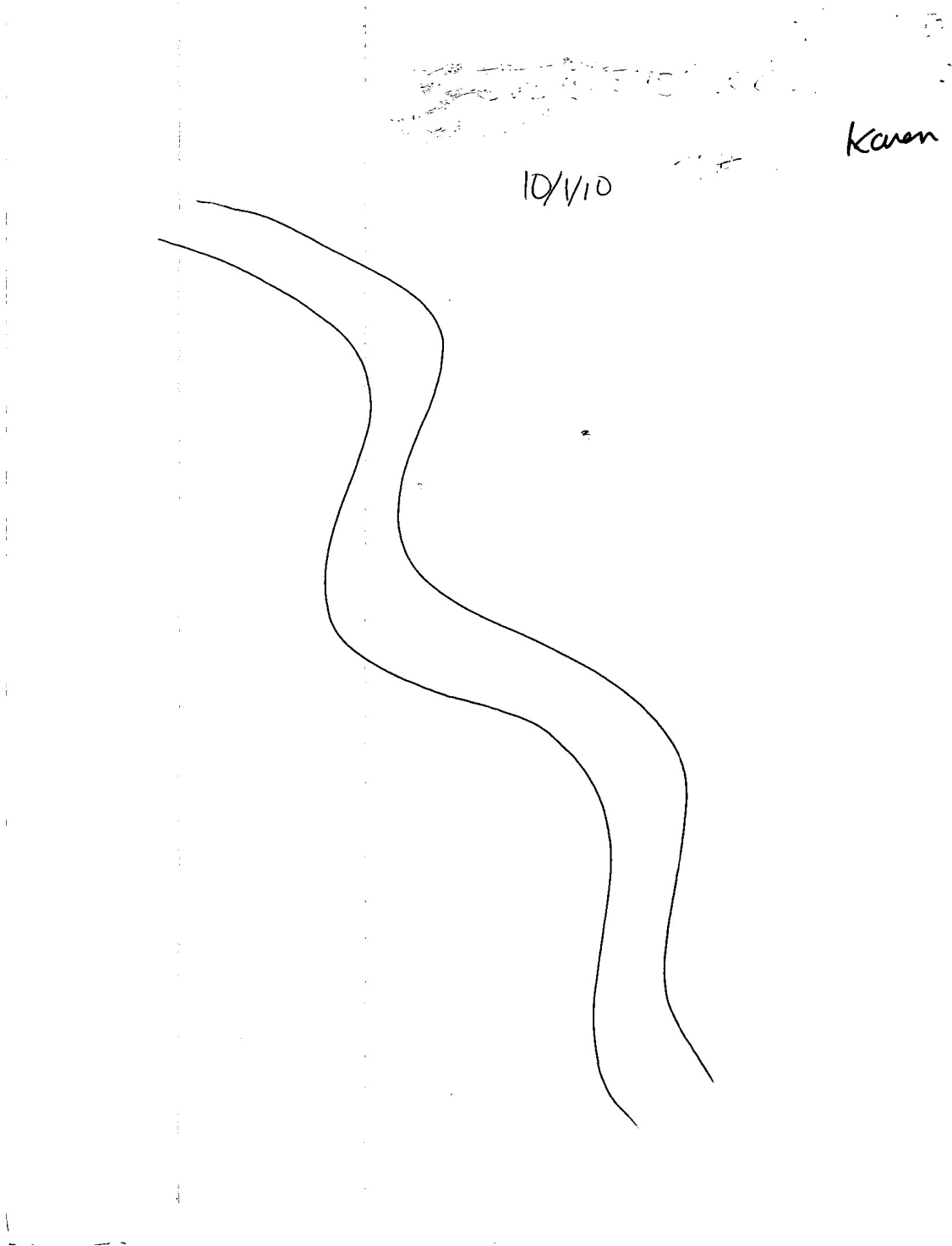
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Figure 12



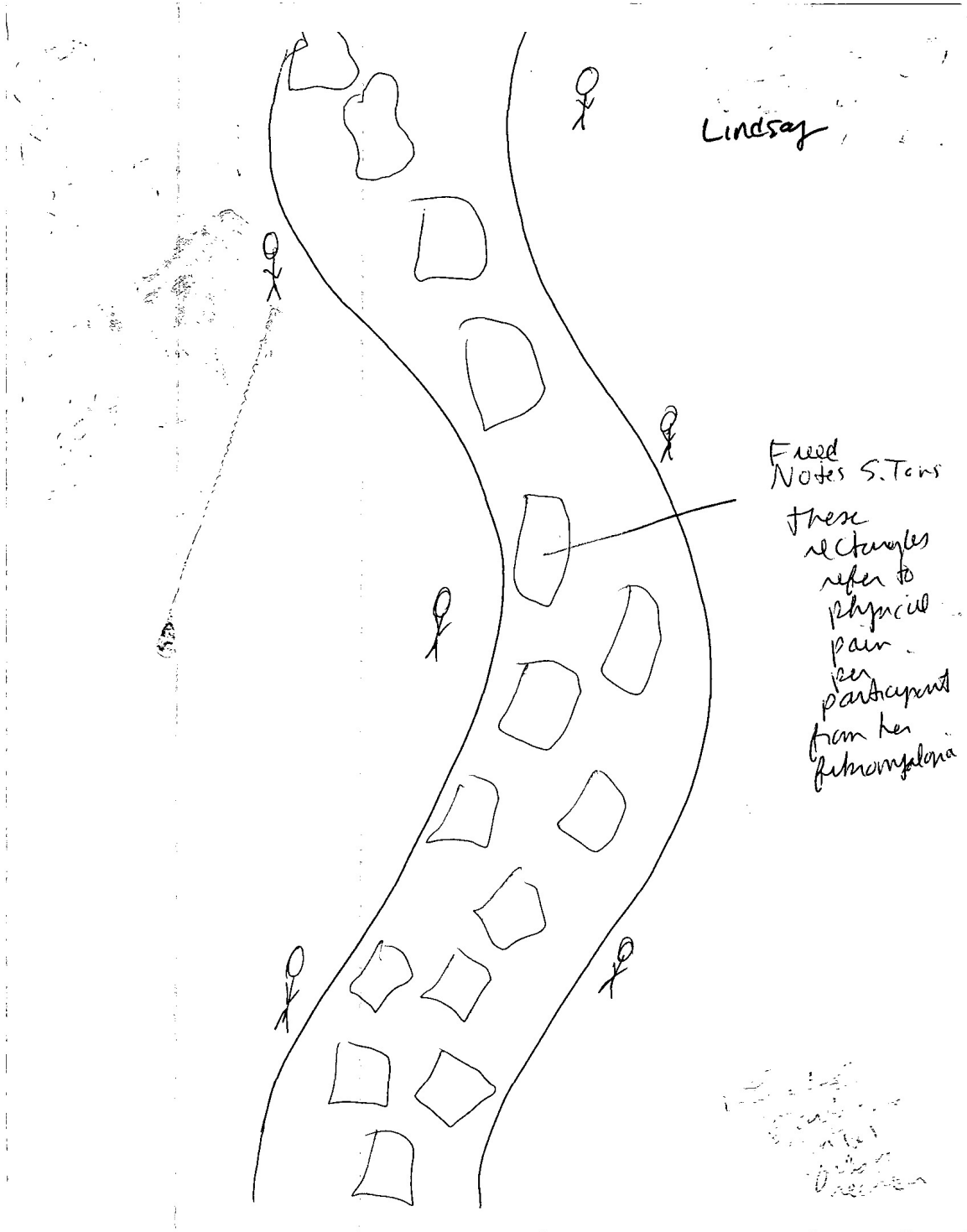
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Figure 13



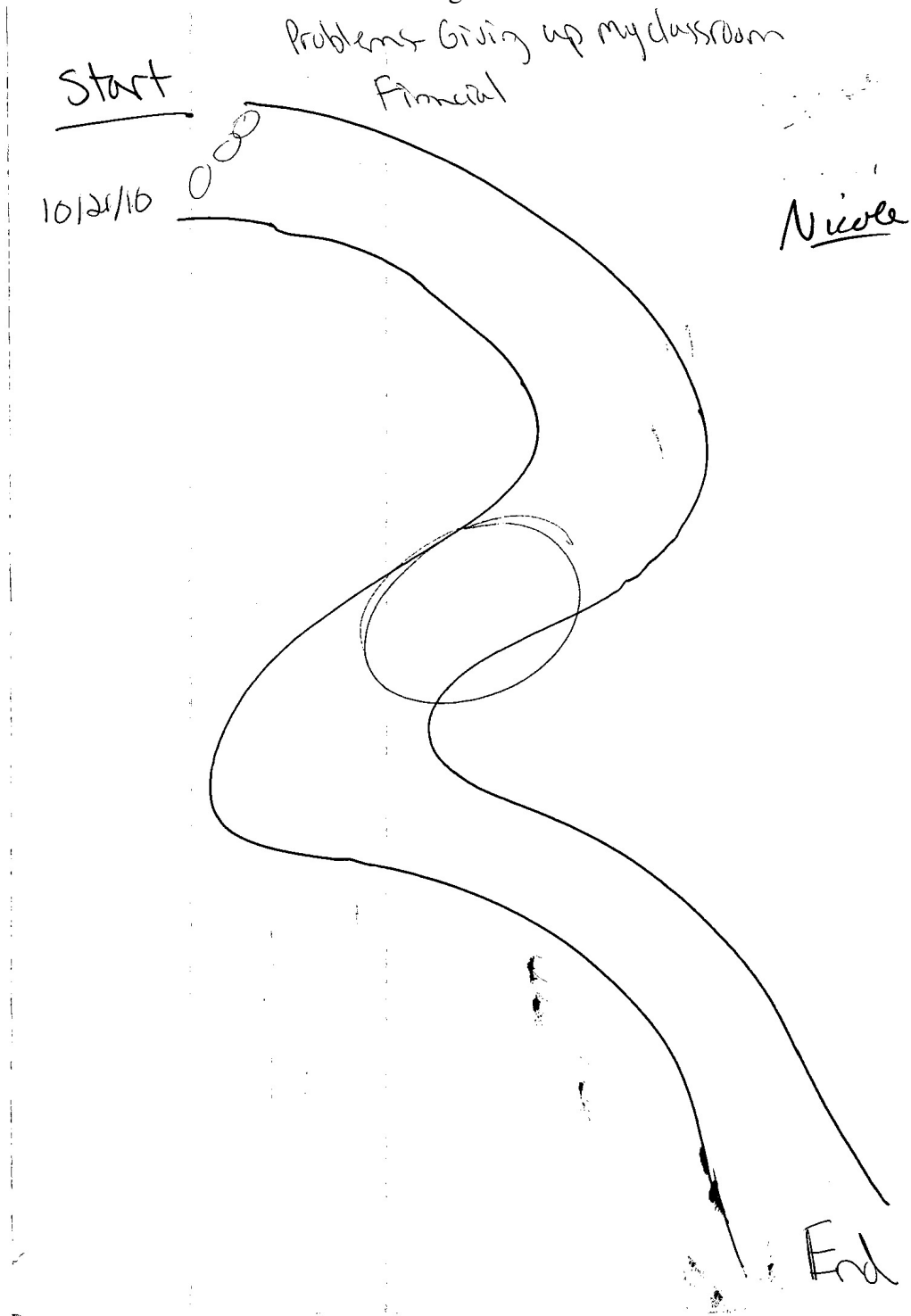
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Figure 14



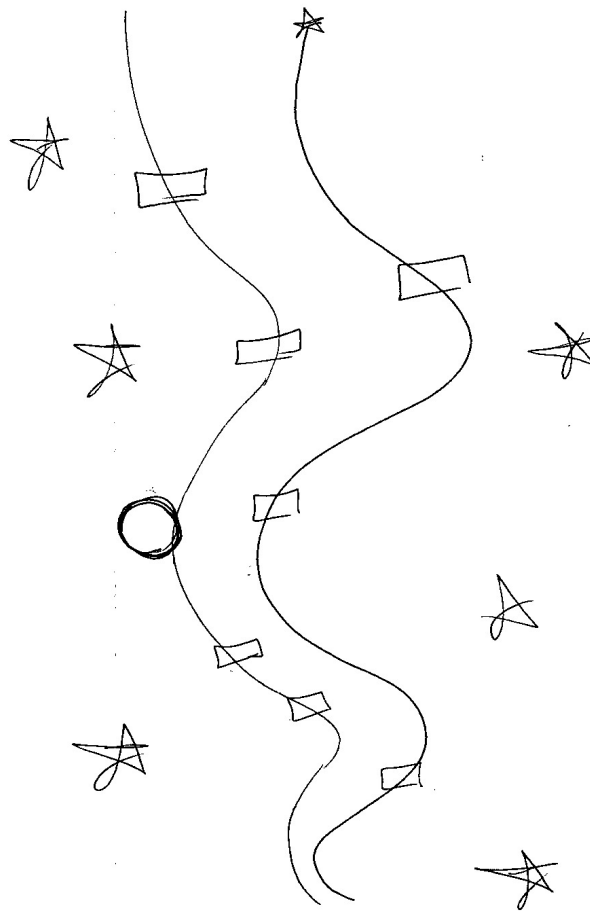
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Figure 15



This figure was hand-drawn by: Nicole

Figure 16

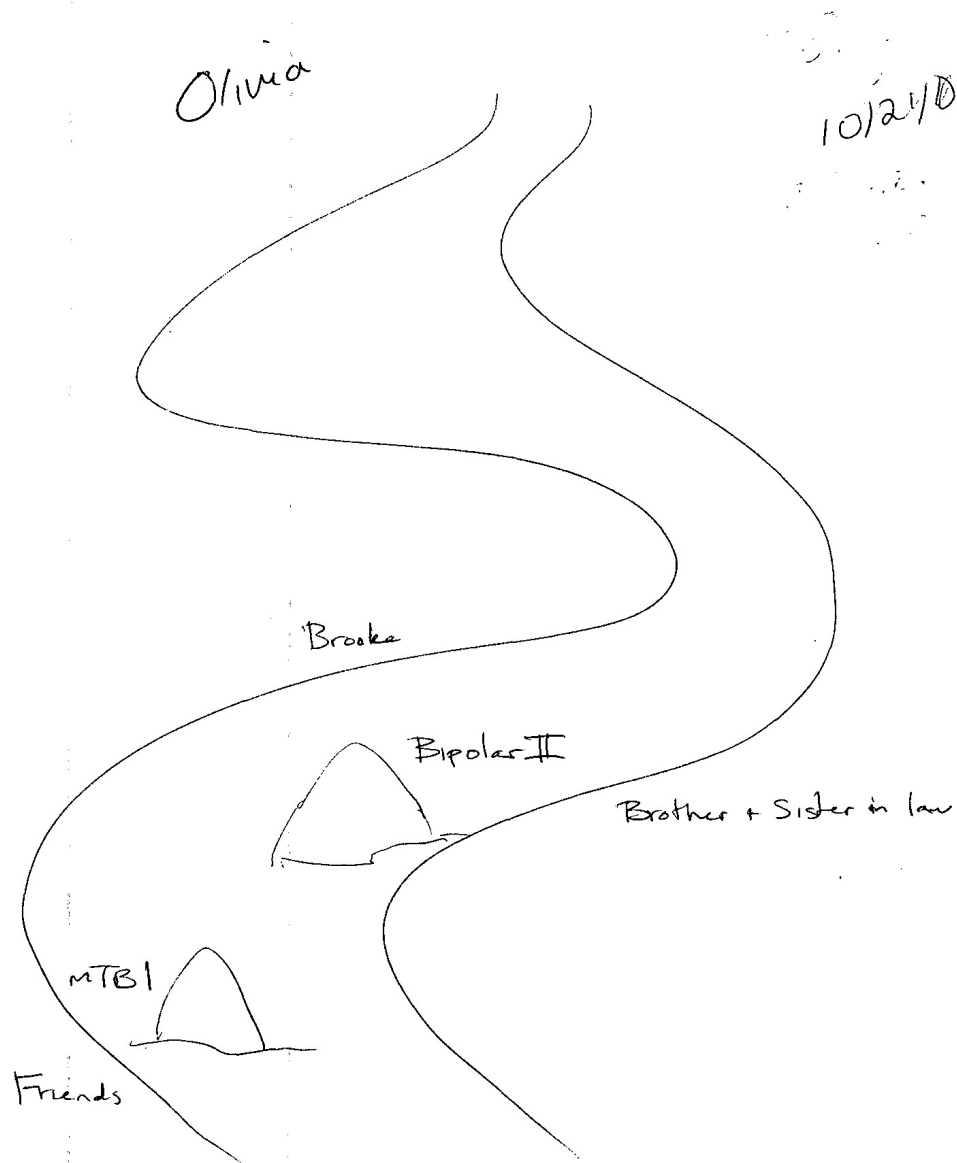


10/22/10

Paula

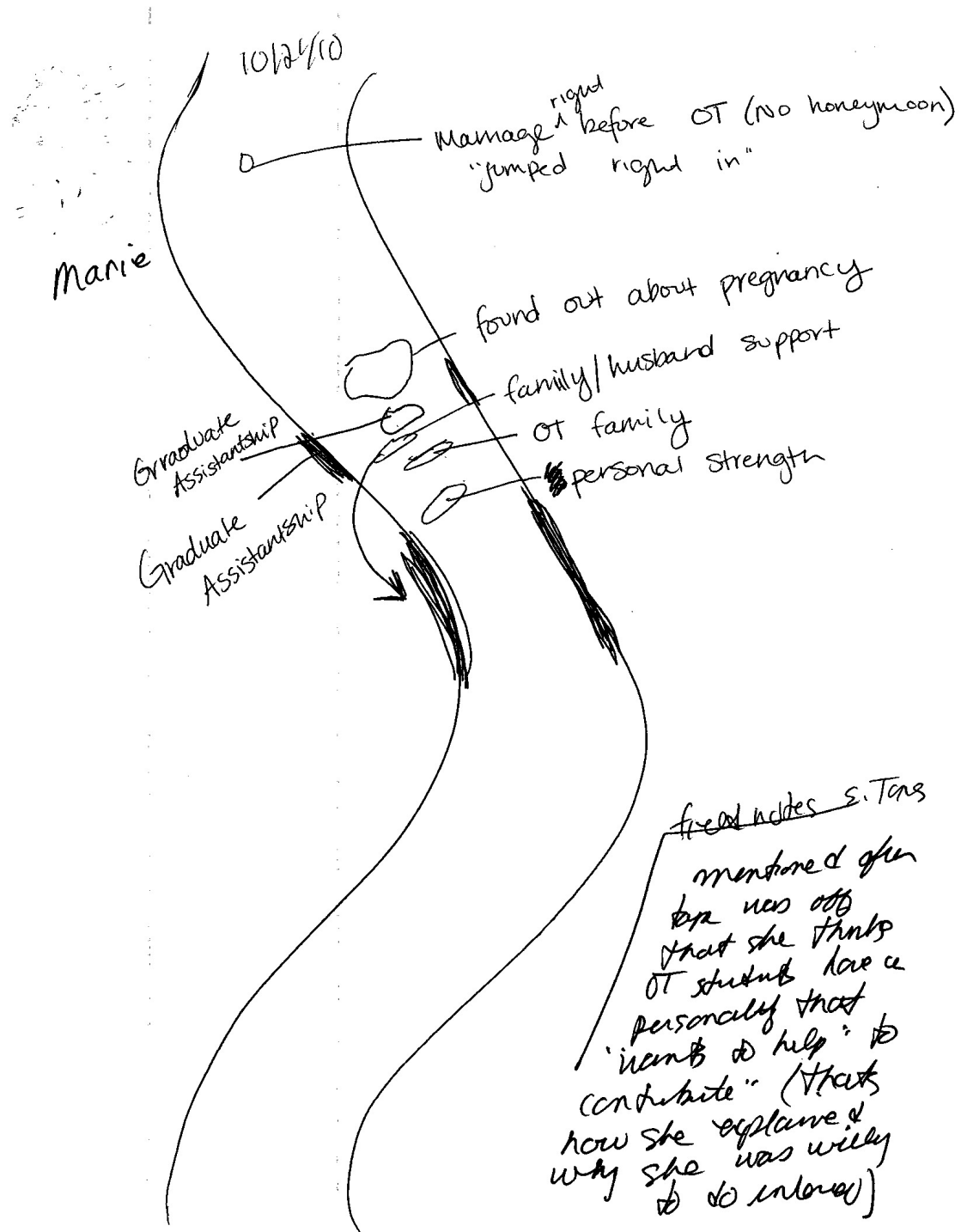
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Figure 17



This figure was hand-drawn by: Olivia

Figure 18



This figure was hand-drawn by: Marie

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