Transitioning to Diversity – a Qualitative Evaluation of the Process and Outcome of a Program Aimed at Increasing the Ethnic and Cultural Diversity of Nurses in Western Massachusetts

Noor Farida Fleming

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Transitioning to diversity –

a qualitative evaluation of the process and outcome of
ia program aimed at increasing the ethnic and cultural diversity of

nurses in Western Massachusetts

Noor Farida Fleming

University of Massachusetts
Abstract

Nursing in Western Massachusetts faces a two-fold problem: there are less and less nurses and the ethnic and cultural diversity within the nursing workforce is low. This situation contrasts to the increasing patient population and the increasing ethnic and cultural diversity within the region. Increasing the ethnic and cultural diversity of the nursing workforce is seen as one part of the solution to the nursing shortage problem and is a documented regional, and national, priority. Increasing the diversity of the nursing workforce is important for equity and has been shown to increase the cultural appropriateness of care and overall patient health outcomes.

Responses to increasing the diversity of the nursing workforce to date have focused on supporting minority students enter and persist in nursing programs. This qualitative evaluation describes the process and outcomes of a pilot transition work-based program that supports ten Latina and African-American who are already working in the health sector. As Certified Nursing Aides, these women work in a position with the greatest ethnic and cultural diversity within the healthcare sector. This pilot aims to develop a model for the work-based support to minority CNAs transition to nursing studies in Western Massachusetts. This research evaluates the process and outcomes of the pilot program.
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# Acronyms and definitions

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<th>Description</th>
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<tr>
<td>ADN</td>
<td>Associate Diploma in Nursing. This is one of two possible qualifications necessary to become a Registered Nurse. The ADN requires two full time years of study. Generally the ADN is delivered through a Community College.</td>
</tr>
<tr>
<td>BSN</td>
<td>Bachelor of Science in Nursing. This is the other of the two possible qualifications required to become a Registered Nurse. The BSN requires four years of full time study. The BSN is generally delivered at a university.</td>
</tr>
<tr>
<td>CAN DO</td>
<td>Collaborating for the Advancement of Nursing – Developing Opportunities. This partnership, funded by the Partners Investing in Nursing, involves fourteen major stakeholders in Nursing in Western Massachusetts in an action research project to address the undersupply of nurses and lack of ethnic and cultural diversity in the nursing workforce.</td>
</tr>
<tr>
<td>CNA</td>
<td>Certified Nurses Aide. Training to become a Certified Nurse's Aide (CNA) or Nursing Assistant can be gained through an employer-sponsored program lasting 3 to 4 weeks or through adult education programs of up to 6 months. CNAs must also pass a state-administered test in which candidates demonstrate skills such as positioning a patient in bed, making an occupied bed or exhibiting proper hand-washing techniques.</td>
</tr>
<tr>
<td>HRSA</td>
<td>Health Resources and Services Administration. As part of the U.S. Department of Health and Human Services HRSA conducts a National Sample Survey of Registered Nurses every four years.</td>
</tr>
<tr>
<td>LPN</td>
<td>Licensed Practising Nurse. This qualification requires one full time year of</td>
</tr>
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</table>
study. Generally the LPN is delivered through a Community College and comprises both classroom study and clinical practice. LPN training includes patient care concepts, such as the administration of drugs, nutrition and first aid.

| PIN | Partners Investing in Nursing. This is a partnership between the Northwest Health Foundation and the Robert Wood Johnson Foundation that partners with local foundations to invest in nursing workforce solutions. |
| RN | Registered Nurse. This qualification can be attained either by pursuing an Associate Diploma of Nursing or a Bachelor of Science in Nursing. Registered nurses can choose to specialize in specific fields, such as surgery, emergency room care, cardiology or pediatrics. |
Introduction to the Situation

The nursing workforce in Western Massachusetts

Health care and nursing are important contributors to the regional economy of Massachusetts. Health care is the largest employer in the economy and this has been the case since the decline in the manufacturing sector, which began in the 1980s. Healthcare employs 15% of the workforce, or approximately 500,000 workers, and the proportion of people working in healthcare is projected to grow (Commonwealth Corporation, 2007). Nursing and residential care makes up 3% of the total workforce in Massachusetts, or approximately 100,000 jobs (Commonwealth Corporation, 2007).

Massachusetts has 103,789 registered nurses and the Pioneer Valley has 9,302 RNs (Board of Registration of Nursing, 2004). Between 2010 and 2020, Western Massachusetts will experience a 15% increase in demand for nurses. In real numbers this means that in 2010 there will be a gap of 250 nurses, in 2015 a gap of 750 and in 2020 that gap will increase to 1,362 (Moore, C, 2008). This gap is illustrated in the following graph.

*Figure 1*: Projected gap in nursing workforce in Western Massachusetts
These numbers are mirrored at the national level. The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) conducts a National Sample Survey of Registered Nurses every four years and has been doing so since 1980. The HRSA survey results for the years 1996 – 2000 marked the lowest growth in the RN population over the span of the study (Board of Registration in Nursing, 2004).

As new recruits to nursing are decreasing, the largest and most experienced group of nurses, those between the ages of 45 – 49, is retiring. Over 500,000 nurses, the highest single group of nurses nationally, are between this age bracket and will soon move to retirement and exit the workforce (HRSA, 2004). At the same time, the number of patients is rapidly increasing, due to the baby boom population reaching retirement age.

Massachusetts is a diverse region. The resident population of Western Massachusetts cities, including Springfield and Holyoke, are highly diverse. As of the 2000 census there are nearly 2 million residents in the greater Springfield-Hartford metro region. The racial makeup of the city is illustrated in the following table (Wikipedia, 2008).

Table 1

<table>
<thead>
<tr>
<th>Racial Identity</th>
<th>Percentage of Population</th>
</tr>
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<tbody>
<tr>
<td>African American</td>
<td>21.01%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.92%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.37%</td>
</tr>
<tr>
<td>Other</td>
<td>16.45%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>0.09%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>4.04%</td>
</tr>
</tbody>
</table>
It is important to note that 27.18% of the population defined themselves as Hispanic of any race (Wikipedia, 2008).

The diversity of the resident population is not mirrored in the population of nurses and nursing aides. Throughout the paper, the discussion of diversity will focus primarily on race, ethnicity and language, as this is the focus of the pilot program. There have been studies addressing the gender diversity of the nursing workforce (Kleinman, 2004) but no other studies focused on increasing other elements of diversity including age, sexuality or ablism. At the level of Registered Nurse (RN) the way workers describe their racial and cultural identity is illustrated in the following table (Commonwealth Corporation, 2007).

Table 2

Racial and ethnic identity of RNs in Western Massachusetts

<table>
<thead>
<tr>
<th>RN Racial and ethnic identity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>White</td>
<td>92%</td>
</tr>
</tbody>
</table>
At the level of Licensed Practising Nurse (LPN), the racial and ethnic identity of workers is illustrated below (Commonwealth Corporation, 2007).

**Table 3**

*Racial and ethnic identity of LPNs in Western Massachusetts*

<table>
<thead>
<tr>
<th>LPN Racial and ethnic identity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>White</td>
<td>85%</td>
</tr>
</tbody>
</table>

The greatest diversity in nursing resides at the nursing aide level, which can be seen in the following table (Commonwealth Corporation, 2007).

**Table 4**

*Racial and ethnic identity of CNAs in Western Massachusetts*

<table>
<thead>
<tr>
<th>CNA Racial and ethnic identity</th>
<th>Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>20%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>White</td>
<td>65%</td>
</tr>
</tbody>
</table>

Researchers have examined the results of the disparity between population diversity and the continuing predominance of one racial group in nursing. In a number of studies, researchers have shown how race, language and ethnicity impact on patients’ health outcomes. Prerez-Stable, Napoles-Springer, & Miramontes (1996) undertook a cross-
sectional study of 226 general medical patients with hypertension or diabetes to examine the effect of ethnicity and language concordance between the patient and primary care physician on patient outcomes. Their research showed that patients were more likely to report well-being and functioning when their primary care physician spoke their native language. The study undertaken by LaVeist, Nuru-Jeter and Jones (2003) showed that racial and/or ethnic concordance between doctor and patient results in patients seeking needed health services and reduces the likelihood of postponing needed care. These studies point towards the importance of health care providers sharing or appreciating the ethnic and cultural background of a patient and having the ability to communicate in the patients’ primary language. These studies also point out that these qualities and abilities of health care providers effect not only patients’ perceptions of care but also their health behaviors.

The federal government has articulated its concern about this situation in its statement of national health objectives ‘Healthy People 2010’ (U.S. Department of Health and Human Services, 2005). One of the objectives of Healthy People 2010 is to increase the access to quality health care to all racial and ethnic groups with a specific strategy being ‘In the health professions, allied and associated health profession fields, and the nursing field, increase the proportion of all degrees awarded to members of underrepresented racial and ethnic groups’ (U.S. Department of Health and Human Services, 2005).

So, not only do institutions in the region need nurses, they need to build the diversity of their workforce. To develop a response to this issue, fourteen of the main nursing education stakeholders in Western Massachusetts have formed a collaborative partnership. The goals of the overall partnership, CAN DO (Collaborating for the Advancement of Nursing) is to develop a strategic plan to address the nursing shortage and build the ethnic and cultural diversity of the nursing workforce. This strategic plan is informed by the
process and results of two pilots: one focused on increasing the diversity of nurses in a work-based context and the other on supporting nurses gain post graduate qualifications to become nursing faculty. CAN DO is funded by the national philanthropic collaboration established to support pilots across the country addressing the nursing shortage issue. The national collaborative is known as Partners Investing in Nursing (PIN) made up of the Robert Wood Johnson Foundation and Northwest Health Foundation.

The design of the CAN DO pilot program addressing nursing diversity, *Nurses Succeed*, focuses on supporting a group of Latina and African-American Certified Nursing Assistant transition into nursing studies.

In developing the *Nurses Succeed* program, designers considered the current barriers that exist for minority students/employees to advance in their nursing careers documented in the literature. These include individual barriers: a lack of college graduate role models, need to work to fund study and family responsibilities and structural barriers: lack of ethnically and culturally diverse teaching faculty and Euro-American centric curriculum, teaching methods and materials.

In considering the current diversity of the nursing profession in the US, we need to review the history of the nursing education process. Hine documents how “colored” students faced quota limits in the northern United States and Southern schools barred these students completely. Black nurses were paid lower salaries than their white counterparts, and as a group they did not enter hospital duty in any significant numbers until the 1960s (Hine, 1989).

Barbee describes the racism that characterizes nursing: denial, color-blind and aversive. Denial of racism assumes that nurses, due to their focus on the health of the individual are not concerned with race. Barbee posits that current denials of racism include
the discussion of ‘cultural diversity’ as this ‘does not address structural issues of the roles of government, economics, business, and education in creating and maintaining inequalities between Blacks and Euro-Americans’ (Barbee, p351). Color-blind racism considers that racial and ethnic group membership is irrelevant to the ways individuals are or should be treated (Rist, 1974 in Barbee, 1993, p351).

*Individual barriers to diversity in the nursing workforce.* In a study into the barriers to the educational mobility of the Hispanic nurse, Villarruel, Canales, and Torres found that family barriers existed for students. One student described the lack of role models and understanding of how to navigate the college system in the following way ‘It’s not that our families don’t want us to succeed; it’s that maybe they don’t understand how to succeed with some of the educational opportunities and because of it, you have to go seek out those support systems through other areas’ (Villarruel, Canales, & Torres, 2001).

Studies have shown that many Hispanics need to maintain employment while pursuing higher degrees in order to support family. Villarruel, Canales, & Torres identified this point through consultations with Hispanic nurses in focus groups around the country. Based on this finding they suggest that the development of innovative nursing education programs targeting the employed nurse should be supported at all educational levels (Villarruel, A. M., Canales, M. & Torres, S., 2001, p251).

*Structural barriers to diversity in the nursing workforce.* Structural issues that prevent the education of a more diverse body of nurses and diversity at each level of nursing are substantive and include: lack of diverse nursing faculty, conflict of cultural values reflected in curriculum and teaching materials and teaching methods, and a lack of culturally relevant role models.
Smedley, Stith, Colburn, and Evans outline one of the major problems in nursing education; too few minority nursing faculty. They document that less than 9% of nursing faculty were minority members in 1992: 5.9% were black, 0.9% Hispanic, 1.6% Asian, and 0.3% Native American or Alaskan (Smedley, Stith, Colburn & Evans, 2001). The Health Resources and Service Administration documents that only 10.2% of Hispanic nurses have obtained a master’s or doctoral degree. This affects this population’s ability to affect the health care system at all levels of practice, education and research as called for by the Health Resources and Service Administration (Health Resources and Service Administration, 2001).

Moorhead and Cowen (2006) talk of the disconnect between the values of minority ethnically diverse students and the majority Euro-American values. They point out that Euro-American values are embedded in institutional practices and impact student outcomes. European-American values of individualism, self-confidence, and straightforwardness are powerful influences in the development of nursing school curricula and grading criteria. Ethnically diverse students are likely to espouse values related to mutual interdependence and a group versus individual focus, along with a preference for smooth interpersonal relations, cooperation, tolerance, and accommodation of others (Moorhead and Cowen, 2006, p541).

Responses to date. Various responses to this issue have been proposed and trialed. One has been to increase the enrolment of Hispanic students into bachelor level nursing programs and to provide support services to increase the likelihood of retention and graduation.

An example includes the Nursing Workforce Diversity Grant program funded project at the University of Texas at El Paso School of Nursing Program (UTEPSON) aimed to facilitate the entry of students from disadvantaged and/ or Hispanic backgrounds
into UTEPSON. The project aimed to enroll 24 students over a three-year period (2004-2007); six students in year one, eight students in year two and ten students in year three. Comprehensive support services are provided through the grant that address the issues facing enrolment and retention of diverse students. In the program format, students are provided with:

- Pre-entry support and enhancement focusing on university survival skills, student skills, test taking strategies, time management, computer competencies, ways to access tutorial resources, financial aid, and academic advising.

- An Educational Outreach Coordinator who tracks the progress of each student during his or her prerequisite course work, develops individual success plans for students facing difficulties including tutorial sessions and presents workshops on test-taking skills.

- Two GAs provide academic coaching for specific prerequisite coursework. Coaching sessions are held on campus to socialize students into the academic environment.

- Project staff provide individual counseling regarding existing sources of financial aid.

- Student stipends provided to each student at an annual value of $3000.

- Case management through a sub-contract with Project ARRIBA, a community-based, economic development initiative targeting the El Paso region’s chronic nursing and allied health professions through advanced retraining and redevelopment of the local community’s underutilized workforce. Project ARRIBA provides counseling and case management to each participant through weekly group meetings and one-on-one management as needed, once a semester review of each participant’s educational degree plans, and weekly VIP (Vision, Initiative and Perseverance) mentoring sessions for all participants.
• Faculty development through two workshops each year on resources for working with disadvantaged students. (Nursing Workforce Diversity Program, 2004)

While these full time university focused programs for new nurses are important, the studies cited above have demonstrated the importance to Hispanics of maintaining employment while pursuing higher degrees. Based on this finding they suggest that the development of innovative nursing education programs targeting the employed nurse should be supported at all educational levels (Villarruel, A. M., Canales, M. & Torres, S., 2001, p251).

The majority of Hispanic college students enroll in community colleges with the majority of Hispanic students enrolling in ADN programs (Board of Registration in Nursing, 2000, p590) rather than the university delivered BSN programs.

Moorhead and Cowen identifies the issue of needing to develop career pathways that track new employees from care assistant roles into professional nursing practice. She goes on to note that these career paths should consider the need to incorporate education components at the work site (Moorhead and Cowen, 2007, p539). In Western Massachusetts, it is at the level of certified care assistant that the highest diversity within the health sector exists (35%).

Torres and Castillo make recommendations to address the main challenges faced by Hispanic students/ nurses, one of which is addressed to the private sector: Promote the career mobility and leadership of Hispanic/ Latino nurses in collaborative and creative opportunities funded jointly by private and community-based funding agencies (Torres & Castillo, 2007, p591).

Based on their understanding of the nursing shortage and nursing diversity issues, and informed by the literature, CAN DO developed a pilot program to be delivered to current
employee CNAs through a work-based program. The program would include the following elements:

- Formal courses on identified areas requiring strengthening including: study skills, and college level preparatory English and Maths,
- Monthly mentoring and career coaching,
- Advisory sessions on specific topics (ex. Session on entry requirements and procedures delivered by the Multicultural Coordinator from Holyoke Community College)

The pilot would be managed by a committee comprised of the Aged Care Facility, Holyoke Community College, the Massachusetts Extended Carer Foundation, Commonwealth Corporation and the Regional Board of Hampden County. Convening this range of partners to a monthly management meeting would allow for strategic management and responses to project issues to augment the operational on-site management.

Partnership with the local community colleges is a key element of the pilot. Holyoke Community College was represented on the Nurses Succeed management committee but all the other local community colleges were partners in the larger CAN DO forum. This allowed for discussion of the progress of the pilot and lessons emerging for the community colleges to consider.

Depending on the results of the pilot, the aged care facility would consider institutionalization of the program.
Why the study is needed

There are no other employer supported workplace programs that support part-time study and provide a career track for minority nursing assistants into nursing studies. Evaluating and documenting the outcome of the current pilot program is important to examine its success and the applicability of this program to other contexts.
Methodology

I designed a qualitative formative evaluation of the *Nurses Succeed* pilot to analyze the process and outcomes of the program. The aim of my research is to contribute to ongoing improvement of the program as it is being implemented.

My research aims to answer the following two questions:

- Does the *Nurses Succeed* program assist the ten participant’s Latina and African American CNAs transition to nursing studies? Specifically, does the program assist participant CNAs move at least one phase upwards on the following scale: (1) No college level courses, (2) Early phases of pre-requisites, (3) Ready to apply to nursing school, (4) In nursing school.

- How does the program assist participants’ transition to nursing studies?

I designed the study as a qualitative evaluation based on my research questions. The qualitative study allows for an investigation of the program process, through developing a thick description (Geertz, 1973) of the program and the participant’s experience in a way that quantitative research does not. The evaluation considers the outcomes as well as the process of the program. Participants were defined as belonging to one of four phases at entry into the program, depending on their level of prior study and college readiness. Successful outcome of the program is defined as moving participants at least one phase from where they entered the program. Examining this question from a qualitative perspective allows us to understand outcomes at two levels: did the program achieve this and what does this mean to participants?

The second reason for choosing a qualitative design is that the study seeks to inform program improvement, not to generalize the results across a larger population. It would not have been possible to generalize these results to the institution or other institutions in
different locations as the participants had already been selected for the pilot program prior to the evaluation design in a purposeful rather than a random manner. Participants were selected based on their interest in and commitment to progressing in their nursing career.

Given the manner of selection of the pilot participants, a qualitative inquiry into their process and experience allows for thoughtful comparison to the rest of the employee population at the site rather than the generalization of findings.

My unit of analysis is the program. To understand the program, I designed the core of the study as interviews with participants, the program staff and the CEO of the organization. I designed the study this way because I agree with Forester (1989) that theories do not plan programs – people do. As Cervero and Wilson (1996, p6) go on to elucidate, planning can be seen as a social activity in which planners negotiate personal and organizational interests to construct educational programs for adults. I extend this view to include participants as well as planners: participants negotiate their personal and organizational interests to engage in educational programs. As such, my evaluation of what and how the program works includes talking to those who designed, implemented and participated in the program. To ensure the validity of my study, I have triangulated these perspectives with student records, notes from ongoing management meetings and relevant research.

My design choices are based on my assumptions of knowledge and of evaluation. I, like the social constructivists (Berger & Luckman, 1990), assume that knowledge is derived from, maintained and reinforced by interaction. Knowledge production is ongoing, dynamic and people contribute to producing and reproducing what is known through their actions and interactions. My assumptions of evaluation relate directly to my assumptions of knowledge. I, like Patton (1997), think that an evaluation has merit and worth only if the results are used. I extend Patton’s definition of use through Preskill and Torres additions of instrumental use
(the uptake of specific information) and process us (contributing to a culture of reflection and learning) (Preskill & Torres, 2000).

Given my assumptions, I understand my position as an evaluator involved in an action research project, as producing and reproducing of knowledge. In the production element of my role, I am responsible for eliciting, analyzing and representing perspectives on program implementation to program management staff in order that my colleagues are able to use this information to improve their program. My role is not only to provide this information but also to instigate, maintain and engage others in the inquiry and reflective process.

I understand that my production role is not neutral but affected by my background and perspectives. These affect the way I listen for, collect and interpret data on this particular project. To guard the validity of my research I have engaged my program staff colleagues and university professors as critical friends (Rossman & Rallis, 2000), engaged with participants individually in member checks of interviews and as a group, through a focus group, to test my interpretations and analysis.

CAN DO engaged Commonwealth Corporation to undertake an evaluation of each part of CAN DO: the strategic planning process, the STAR pilot which focused on developing nursing faculty and the Nurses Succeed pilot. Commonwealth Corporation engaged me as a Research Assistant. In addition to the evaluation activities for the program I proposed to the Nurses Succeed committee that I undertake additional research as part of my Masters program. The committee agree and this research is based on data I gathered over the period of November 2007 to May 2008. I gathered data from the following sources:

*Document review*

I reviewed relevant institutional documents of the aged care facilities previous professional development programs. This includes documentation of the Campus on a
Campus educational office through funding provided through Commonwealth Corporation’s Extended Care Career Ladder.

Management Committee meetings

I participated in and kept records of monthly committee meetings. These meetings consisted of the major stakeholders in the pilot, ‘Spring Woods’, MECF, Holyoke Community College, the REB and Commonwealth Corporation.

Interviews

I interviewed the program participants, program staff and the CEO of the facility. Interviews were semi-structured based on core questions.

Initial interviews with program participants were designed to develop a profile of each person. Questions included:

1. What do you do at Heritage Hall?
2. What do like about what you do?
3. Why do you want to get your LPN/ RN?
4. How do you think the LPN/ RN will change what you do at Heritage Hall?
5. Imagine we are talking 5 years from now. What is different about your work life?
6. I would like you to think about a time when, during the Nurses Succeed Pilot when you had an exceptional experience – when the study seemed worthwhile and you felt that it would make a difference for you/your life. Think back and tell me about this experience.
7. What do you think made this possible?
8. What did you do to make it possible? Who else contributed to it?
9. If you could make three wishes for your workplace so that you could have more of these exceptional experiences, what would they be?
After the first round of interviews and based on initial analysis, I identified three ‘types’ of participants; young CNAs who were close to transitioning to college studies, mature CNAs who were close to transitioning to college studies, and mature CNAs at the beginning of the transition process. I tested this analysis with program staff colleagues and then collaboratively identified three participants for further interviews. I designed two further interviews with each of these selected participants to develop a more comprehensive picture of the experience and outcomes of being in the program. The interviews allowed me to develop a picture across a number of points in time and allow me to elucidate a more detailed description of each person’s lives.

I used a phenomenological approach, focusing the second interview on the participant’s experience of the program and the third interview allowing the participant to reflect back on the overall study process. During the second interview I talked with the selected women about the program, asking about their experience of the formal programs, the mentoring, and the advising. The last interview focused on the participants’ reflections on their progress through the transition process. All three participants had been involved with professional development programs with the institution for approximately five years. The Nurses Succeed pilot was their most recent and intense experience. For this reason, we talked of their experience over this whole period.

I designed the interviews with the CEO and management staff to seek perspectives on the role of the program within the overall organizational strategy.

All interviews were undertaken using an appreciative inquiry approach. Preskill and Catsambas (2006) have applied this organizational development approach to evaluation through focusing on what is working particularly well and envisioning the future based on these peak experiences.
I taped and transcribed the majority of interviews. I did not tape interviews when the participants were uncomfortable or when equipment was unavailable. Seven of the first ten interviews were taped, all of the second interviews, and two of the final interviews. None of the management interviews were taped.

**Focus group**

I facilitated a final focus group with pilot program participants. Participants checked and responded to the general themes and analysis from the interviews. Participants validated the major issues raised and responded to questions generated from the general themes and analysis.

**Students records**

Participants responded to surveys developed at the end of each formal course. These surveys included questions on numbers of classes attended, most useful resource, areas where they had learned the most and whether they would recommend the course to colleagues. At the final focus group, participants were asked to report on their assessment of their own progress along the transition continuum at entry and exit to the program.

After collecting the data from the above-mentioned sources, I engaged in a process of coding and analysis. I analyzed preliminary themes emerging from the data by reviewing the interview transcripts, sub-committee meeting minutes, and relevant literature and reports. I developed categories through this process of emersion in the data. After developing the categories, I developed subthemes using a grounded theory approach (Strauss & Corbin, 1998) of questioning, listening for what was said, listening for absences, and comparing similar experiences across interviews. These are presented in the following table.
Table 5

*Categories and themes emerging from interview transcripts*

<table>
<thead>
<tr>
<th>Categories and themes</th>
<th>1. Rewards and demands of work as a CNA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.1. Caring for my patients</td>
</tr>
<tr>
<td></td>
<td>1.2. ‘Knowing them’</td>
</tr>
<tr>
<td></td>
<td>1.3. The differences between CNAs and nurses</td>
</tr>
<tr>
<td>2. Deciding to become a nurse</td>
<td>2.1. Moment of deciding</td>
</tr>
<tr>
<td></td>
<td>2.2. Determination to get through</td>
</tr>
<tr>
<td>3. Gains and losses of becoming a nurse</td>
<td>3.1. Wanting to know more about health</td>
</tr>
<tr>
<td></td>
<td>3.2. Having a less physical job</td>
</tr>
<tr>
<td></td>
<td>3.3. Making more money/ be more financially secure</td>
</tr>
<tr>
<td></td>
<td>3.4. Losing closeness of being a CNA</td>
</tr>
<tr>
<td></td>
<td>3.5. Caring for someone in the way they had been cared for</td>
</tr>
<tr>
<td></td>
<td>3.6. More wide-ranging role</td>
</tr>
<tr>
<td></td>
<td>3.7. Advancing in the health sector</td>
</tr>
<tr>
<td>4. Family</td>
<td>4.1. Family as a motivation - ‘Doing it for them’</td>
</tr>
<tr>
<td></td>
<td>4.2. Family as responsibility</td>
</tr>
<tr>
<td></td>
<td>4.3. Family as a resource</td>
</tr>
<tr>
<td>5. Study</td>
<td></td>
</tr>
</tbody>
</table>
5.1. Wanting to ‘finish it up’

5.2. Frustration of not advancing - ‘Standing in the same place’

5.3. Difficulty of college English

5.4. Difficulty of cultural norms and expectations at college

5.5. Difficulty of navigating the college environment

5.6. Difficulty of heavily theoretical courses

6. Program

Participant Perspectives

6.1. Career Coach

6.2. Mentors/ Advisors

6.3. Resources/ courses

6.4. Study skills

6.5. Role model

6.6. Ease and familiarity of location

6.7. Addressing ethnic and cultural needs

Provider Perspectives

6.8. Providing participants with motivation

6.9. Overcoming barriers

6.10. Links to institutions

6.11. Flexibility

6.12. Facilitating links between participants

6.13. Culture of workplace education

6.14. Retention and longevity
To ensure the validity of my findings, I engaged in process of triangulation. I developed draft reports on findings at the end of each data collection and analysis process. These reports were checked with the Senior Evaluator, CAN DO project manager and Spring Woods program staff. These reports were then presented at sub-committee meetings. I also sought feedback informally through conversations with critical friends, undertook member checks of interview transcripts and engaged the whole participant group in a final focus-group forum.

I ensured the ethics of my study at each phase of implementation. I developed my research proposal, which was accepted by the IRB of the University of Massachusetts. I was introduced to the participant group by program staff initially and provided an oral briefing on the proposed research including an outline of participant rights and lack of obligation to be involved. When each participant agreed to an interview, I went through a formal informed consent procedure with each person signing the form to indicate their willingness to be involved. I checked the appropriateness of questions and process of each interview set with the Nurses Succeed committee.

One limitation of the study is that there is no comparison group. I have not considered the progress of participants against others within the institution who are not members of the pilot program.
The Case

Partners in Western Massachusetts have joined together to develop a working group to address the decline of nurses and the lack of diversity in the nursing workforce. The partners include the main educators (the University of Massachusetts, Springfield Technical Community College, Holyoke Community College, American International College) and employers (Baystate Hospital, Mercy Hospital, Knoble Hospital, Heritage Hall Aged Care Facility) of nurses, the Massachusetts Extended Care Federation, Workforce Development Partners and the Regional Employment Board of Hampden County. Commonwealth Corporation has been contracted to conduct the evaluation of the program.

Partners have named this collaboration CAN DO: Collaborating for the Advancement of Nursing – Developing Opportunities. CAN DO has been awarded funding through the national philanthropic collaboration that supports work in this area: Partners Investing in Nursing. The main contributor is the Robert Wood Johnston Foundation. CAN DO has been awarded two years worth of funding.

Funding has allowed CAN DO to engage in a planning process to create a seamless nursing educational advancement system in western Massachusetts. This includes examining barriers to advancement at all levels – CNA, LPN, ADN, BSN, MSN, DNP and PhD – and develop strategies to address them, the partnership is also implementing two pilots. The pilots – STAR and Nurses Succeed – are designed to test different strategies related to student recruiting, academic and employer support for continuing education, and career planning for nurses.

The goals for the partnership are:

1. Creating the Plan: To create a 5-year strategic plan by June 2008 that details ways to create a seamless nursing education system in Western Massachusetts.
2. Solidifying the Partnership: To formalize and sustain a partnership to implement the project and the plan.

3. Recruiting Nursing Faculty: To recruit, support and retain 10 BSN students and/or BSN prepared nurses in MSN, DNP or PhD programs with the intention of becoming nursing faculty.

4. Helping Nurses Succeed: To increase the enrollment of underrepresented students in nursing education and their potential for success. Building on a previous project, the pilot will strengthen the employer/higher education career coach model used in long term care facilities to support underrepresented CNAs and LPN’s preparing to and enrolling in advanced nursing education programs.

A designated senior manager represents each partner at monthly management (Full Partnership) meetings. These representatives are engaged in developing the strategic plan. Subcommittees manage the pilot and these subcommittees feed back lessons learned to inform the development of the strategic plan.

The aged-care institution

This research project examines the pilot project being delivered at the aged care facility in town close to Springfield, Western Massachusetts. For the purposes of this research, I will call the facility ‘Spring Woods’.

Spring Woods has been actively involved in increasing its in house supply of nurses. The institution won funding through Commonwealth Corporation through the Extended Care Career Ladder Initiative. This $500,000 grant financed a five-year work-based educational development initiative. Through the funding an educational office was established, Campus on a Campus (referred to internally as COAC), where over 600 people were trained and over 30 number of employees gained their nursing qualifications.
Spring Woods was invited to become part of the CAN DO collaborative and was selected as the site for one of the pilots. The Nurses Succeed pilot was designed by program staff and other members of the collaborative as a diversity-specific career progression program for CNAs working at the aged care facility, supporting them in their transition to become qualified nurses. The ten CNAs selected to be part of the pilot are all women, nine of whom are Latinas and one of whom is African American.

On the Nurses Succeed project, I work with the Career Coach, the Educational Advisor, the Workforce Development Consultant, the CEO and the pilot participants. The Career Coach and the Educational Advisor who are both full time employees of the facility. The Career Coach is the key person responsible for Nurses Succeed, organizing the courses, undertaking monthly meetings with each participant, and following up on their progress. The Educational Adviser is the general education manager who works across a number of programs and liaises with senior management about release for participants to join the program activities. The Workforce Development Advisor is an external consultant who is employed by a local workforce development company. She has been consulting to Spring Woods for over 8 years, providing advice on workforce planning and development. The CEO is responsible for strategic and operational management of the facility and oversees the pilot ensuring that it aligns with overall institutional strategy and goals. I will use the titles of program staff and have developed pseudonyms for the pilot participants.

Spring Woods is a large facility, including 5 residential buildings spread over wooded acreage. There are over 700 residents who live on site who are cared for by approximately 700 staff: doctors, nurses, CNAs, housekeepers and administrators. The ‘residents’, as they are called most frequently – sometimes they are referred to as ‘patients’ or ‘old people’, live in a range of accommodation types depending on their level of health and well-being. Those
who can care for themselves have their own apartments and live in the ‘Assisted Living’ building. This building includes communal spaces as well as individual self-contained apartments. There are nurses available and on call at all times. There are buildings of residential units that are single rooms where nurses and CNAs work with the residents at all times. The dementia units are more intensive medical units and these areas are locked for the residents’ safety.

The education office is housed in what I will call ‘E Block’, the second large building on the left when approaching from Main Street. The corridors in E Block are full of people. There are usually people waiting in the front foyer area. There are often people in wheelchairs in the front foyer area sitting talking with family members. One of the health workers brings her dog in everyday. Ellen is a golden Labrador looking dog, she is friendly, comes in and out of different rooms and is fed and petted by residents and staff. Most residents and staff refer to her by name.

Spring-Woods has been going through a ‘culture change’ program over the last few years which encourages the development of the facility as a living space instead of just an institution. Cultural change initiatives include installing ‘Country Kitchens’ which are homelike, allowing residents to eat and undertake activities when they feel like it instead of being dictated to by a schedule and honoring residents culture and history by celebrating a range of holidays and festivals and including more memorabilia of the residents on the walls of rooms. The atmosphere in the corridors is familiar, staff can be heard addressing residents as ‘hon’ and ‘snookems’.

There is a mixture of male and female staff walking the corridors. The workers are a mixture of races, mostly Euro-American, African-American and Latino/a. The majority of workers are white, middle aged women.
The education office is in the center of E Block, close to the main office and waiting area. E Block radiates out in three wings out of the central core. These corridors are filled with individual rooms. The education office is a large rectangular room. It is filled in the center with rows of tables and lounge type chairs. There is a trim at the top of the wall near the ceiling, of floral detail. The room is a pink color. The small windows at the end of the room are hung with ruffled curtains. On the left hand side of the room there are at least five computers and a printer. These are available to any employee at any stage. On the right hand side of the room are three desks where the Career Coach and the Education Advisor work. There is another desk for another education worker, who does not work on the Nurses Succeed project.

The Program

The program includes the following three streams:

1. Formal courses: Keys to Success (a course on returning to school as an adult learner); English for Success (a preparatory English program) and Maths for Success (a preparatory Maths program). Courses are intensive and involve two one-hour sessions per week for the Keys to Success and English for Success programs and two two-hour per week sessions for Maths for Success.

2. Career coaching: this involves a monthly meeting with the Career Coach. The coach reviews each person’s situation, checks on progress towards goals, and provides additional information that may be useful (advice on financial assistance and courses). In between the monthly meetings, the coach follows up and provides support through phones calls and informal meetings.

3. Mentoring and peer support: Program staff link students to relevant advice and expertise. An example includes introducing the group to the Multicultural office at the Holyoke
Community College. In addition, program staff encourage participants to consider each other a resource and a peer network.

The Nurses Succeed subcommittee developed a phasing document at the beginning of the program. This categorized the stage of each participant. The four stages are:

1. No college level courses
2. Early phases of pre-requisites
3. Ready to apply to nursing school
4. In nursing school

Evaluating the success of each participant involves moving from one phase to another. The subcommittee and partnership is interested in understanding the process and constituent elements of moving from one phase to another.

*The participants*

Of the nine participants interviewed three described themselves as CNAs, two as Senior CNAs, three as Geriatric Nurses Assistant Specialist and one as an LPN. CNAs described their duties as passing out medication and assisting residents in their activities of daily living. Senior CNAs described their role as assisting residents and acting in a leadership role to other CNAs. GNAs described their role as including administration, leadership and providing extensive care for the elderly. The LPN within the group underlined the importance of communication in her role as part of a team providing care with other LPNs and CNAs.
### Table 5

*Participant demographic matrix*

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phase</th>
<th>Racial Self Identity</th>
<th>Responsibilities</th>
<th>Years with Inst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>LPN</td>
<td>3</td>
<td>Spanish/ Anglo mixed heritage</td>
<td>Married with no dependants</td>
<td>1</td>
</tr>
<tr>
<td>Participant 2</td>
<td>CNA</td>
<td>1</td>
<td>Puerto Rican</td>
<td>Defacto relationship and three daughters</td>
<td>17</td>
</tr>
<tr>
<td>Participant 3</td>
<td>CNA</td>
<td>2</td>
<td>Latina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant 4</td>
<td>CNA</td>
<td>2</td>
<td>Puerto Rican</td>
<td>Separated mother of four adult children</td>
<td>18</td>
</tr>
<tr>
<td>Participant 5</td>
<td>CNA</td>
<td>1</td>
<td>Latina</td>
<td>Single and responsible for the care of her disabled brother.</td>
<td>7 months</td>
</tr>
<tr>
<td>Participant 6</td>
<td>SCNA</td>
<td>1</td>
<td>African American</td>
<td>Married, one son and new baby</td>
<td>2</td>
</tr>
<tr>
<td>Participant 7</td>
<td>GNAS</td>
<td>2</td>
<td>Latina</td>
<td>Married with two children</td>
<td>4</td>
</tr>
<tr>
<td>Participant 8</td>
<td>CNA</td>
<td>3</td>
<td>Ecuadorian</td>
<td>Single mother of four children</td>
<td>12</td>
</tr>
<tr>
<td>Participant 9</td>
<td>CNA</td>
<td>1</td>
<td>Latina</td>
<td>Single mother of one child</td>
<td>4</td>
</tr>
<tr>
<td>Participant 10</td>
<td>CNA</td>
<td>2</td>
<td>Puerto Rican</td>
<td>Single mother of one child</td>
<td>5</td>
</tr>
</tbody>
</table>
Findings

Emerging Themes from Participant Interviews

From the transcriptions, I developed 6 main categories that the CNAs spoke about. Some of the data is related to a question prompt, other data emerged independently. Where a question served as a prompt, for example ‘Please describe your current role’ the category that I developed ‘Work as a CNA’ is further elucidated through the subthemes. These subthemes articulate the properties and dimensions of being a CNA. How do the women describe this role? What does this role mean to them?

Not all categories or subthemes are mentioned by each woman. Listing the categories in order and examining each subtheme allows the reader to engage with the ideas through the narrative flow of one woman’s transition story. The categories follow sequentially through the process of change: her current role, the moment she decided to change, what change means to her, her family – as a motivation, as a help and as a hindrance, her experience of study, and how the pilot program is helping her with the transition process.

In the following section I will describe Profile before the program, Program – from participants and provider perspectives, Profile of three typical cases ongoing involvement in the program. This will help the reader understand who these women are, how both parties see the program and the actual experience of going through the program. The final analysis and recommendations link the each separate element of these descriptions.

Rewards and demands of CNA work. Participants primarily described their role as providing care to their patients. This care is both technical and emotional. The words they use range from: ‘provide extensive care for the elderly in a long-term Alzheimer’s setting’ to ‘give my heart’. Other dimensions of this care involve: ‘being there’ and ‘playing a role in their lives’.
This care is not one-way. Participants talk of their work as rewarding and mention how they get attached. They mention how they are told not to get attached and not to have favorites but doing this anyway.

It is rewarding, you meet a lot of people and they tell you not to get attached to them but you do. It’s nice, you know, you’re giving them something.

I like the fact that I’m there for these patients. Um, even though they have dementia, they still recognize my face.

‘Knowing them’: Part of the role of being a CNA is coming to know the residents. This knowing comes from extensive exposure over time and the familiarity of being involved in all activities with residents: managing wounds, toileting, relaxing, eating. Part of providing care comes from noticing and paying attention to the state of residents and reacting accordingly.

So, you get to know their little details. You get to know that their left toe hurts. You learn that you need to lift the sock off just a little and twist the shoe when you put it on. It makes it so much easier in their life and so much harder when they pass.

Almost every participant distinguished the level of care that they provided as CNAs and that provided by nurses. CNAs described their role as involved in day-to-day activities while nurses were responsible for the health and well-being of residents. There seemed to be some underlying tension in this distinction in roles. This was made explicit by a small number of participants. One CNA described how it is important that the CNAs know *why* a patient is getting a treatment done, pointing to a lack of communication on treatment details or reasoning for treatments. The nurse in the cohort mentioned that she had had a previous experience of having CNAs not tell her
something, which then led to a problem. This story confirms the CNA perspective that they have access to day-to-day details of patients’ well-being that contributes to their overall medical care. This situation has led this LPN to believe that communication between nurses and CNAs is the key to taking the best care of the residents.

*Deciding to become a nurse.* Participants describe a moment of deciding that they wanted to change. This decision occurred in dialogue with themselves but also involved thinking about how this change would affect their family. Their families provided the motivation for wanting to make this change.

Like one day I was just at home and I was thinking and I just said to myself, you know, I need to get together here because I’m not going to get anywhere if I keep leaving everything last minute or if I’m easily distracted by the television or by something in my class, you know. So I, I kind of like told myself that I need to, you know, focus. I have to open up my eyes. You know, I’m trying to do this for my family. So, I’ve just gotta put a straight line and just stay on it.

As well as deciding to make a change, participants talk of their determination to change and continue the difficult process of working and studying. When asked about what contributes to their success in studying, participants consistently cite themselves and their determination.

Me – I made a big effort. I keep practice what she said.

What kept me in school, was myself. I knew I wanted it.

*Gains and losses of becoming a nurse.* The change of role from CNA to nurse means many things to these women. For some women, they would like to know more medically, others would like to work less physically. Being a qualified nurse would increase their pay but lessen their direct contact with the residents. Some women talked of wanting to give
back after being cared for by nurses in the past. Becoming a nurse would allow for more diversity in their role and their career and allow them to advance.

Participants cite wanting to know more as a reason for wanting to become a nurse. They are interested in knowing of different illnesses, medicines, and in gaining critical thinking and assessment skills.

I mean being an RN obviously is more schooling so there is a lot more for you to understand, you know, about different illnesses and your critical thinking skills, I think, are a lot better. You begin to understand, like, what’s going on in the body more and you are able to put two and two together and figure things out for yourself.

The main reason cited for changing roles is to take away the heavy toll of the job of being a nursing assistant. Participants talk of the weight of lifting and moving patients and the impact this has on their bodies.

I do love it but it also ruin my body because you know, I’m getting older, my back is, you know, back problem, I got tenderitis in my shoulder by lifting for so many years. So, I chose the RN to become, come out, and go work in the hospital.

Becoming a nurse also means making more money. This increased income meant increased security through contributing to buying a house. Participants also mentioned how increased income would also help manage the day-to-day expenses of raising a family.

I’d like to own my own house. That would be the only difference, I rent now.

The transition in role was not all positive. One of the parts of being a CNA that a number of participants would miss is the closeness to the residents. The role of a nurse
was described as busier, more involved with bureaucracy, and more focused on medication. Negative words respondents used to describe the role of being a nurse included: 'always in a rush', doing a 'lotta paperwork' and 'only passing out pills'.

For some participants, the decision to become a nurse relates directly to the experience of having been cared for by a nurse in the past. Participants described this experience and the impact that this care had on them. They describe their decision as being driven by a motivation to give back to those nurses and to give someone else the experience that they had received.

Well, one of the main reasons why I want to get my RN is because in 2001 I was diagnosed with Lupus and when I was going through the whole process of being diagnosed and all the examinations they did the nurses were really helpful to me, the nurses were very caring and comforting to me and I saw them more than I actually saw the doctors. The doctors would come in and examine me, say this and that or whatever, and then they'd be gone and the nurses would still be there. That made me feel good that that person was there helping me and making me feel better. So I feel like I want to do the same for other people, you know, and it's kind of like a payback that I want to do, you know, just to show my appreciation to certain nurses out there. That's why I want to do it.

Participants described wanting to work in a range of areas once qualified as a nurse. The most often cited areas for work include maternity wards, emergency wards, or becoming a traveling nurse. These choices seemed to indicate an interest not only in diversity of role but also of patients and settings.

I did want to go and work in a hospital because it's more fast paced. People change, different situations. In long-term care, I know that they're there for
one reason. We’re not there to rehabilitate them, we’re just trying to give
the comfort care until they pass.

Some participants were interested in recognized advancement as well as the
previously discussed reasons of increased knowledge and payment.

Being a nurses aide you are at the bottom spectrum of the health field, the
nursing field. I’d like to advance.

Family. The major emerging theme from all of the interviews is the importance of
family. This was the most oft cited subject. Participants talked of their families in three
main ways: as their reason for wanting to advance, as a responsibility and as a resource.

The first and second reasons were the most discussed. It is worth considering the
findings of Dominguez and Watkins (2003) who conducted research regarding the
networks of poor single mothers in Boston through a long-term ethnographic study.
They found that the networks of these women are useful for social support but less for
social leverage. These networks tended to be composed of strong overlapping ties rather
than weak links to diverse networks more likely to offer opportunities to new and
different resources and information. It is significant that the only participant in the group
to mention family as a resource for information and college navigations skills is the LPN
in the group. The CNAs in the group spoke of the importance of family in providing
support in the form of childcare, encouragement and motivation.

‘Doing it for them’. The mothers in the group describe their desire to become a
nurse so that they will be a role model to their children. This role model is one of gaining
a higher education, completing tasks, and leading a law-abiding life. Participants spoke to
how they became more focused after they became a mother.
It was like kind of challenging. Because I stopped in my 12th grade, when I was in the 12th grade. That's when I got married. My mom married me to their father which was something fixed, not love. And uh, I went through a lot for 20 years. And I always say, I mean I don’t want to say, I come up with a family, they’re drug users, so I always say, I don’t want to leave my kids on that side. I want to try to lead them to the, I work hard for them. Just not to I don’t want to leave my kids as drugs and alcoholics.

I kind of mostly did it for my son. I don't want to be ‘Go to school, go to school, go to school’ and then don’t do it. At least he has one parent who has.

Almost all of the women spoke of their responsibilities within the family. This included caring for children, parents, siblings and partners. These responsibilities were significant, often participants cared for family members who needed assistance due to their physical or mental health. There seemed to be an overlap with their role as a CNA in this regard. Responsibilities included helping family members undertake their activities of daily living: washing, cleaning, and shopping.

Right now it's a little bit complicated because ah, my grandmother passed away and now I've been taking care cause I have a brother, he’s handicapped, and I'm helping him out while my mother is out, out there.

I was in a nursing program but dropped out because of my son. My son was really sick and I have to decide, either to take care of my son or losing my son. He was nine or 10 years old. He tried to commit suicide. The last time we found him in a closet.
Family members also provided participants with help. These resources included the
material: childcare, transport, housing. They also include emotional support:
encouragement, motivation and attention.

My 21 year old, she’s like the, my, my nanny. She does everything,
she takes care of the other girls and she cooks and does that. She’s like my
maid, my little nanny. She’s not in school no more, so um, so she’s there,
she’s there for me…And people get mad at me and say ‘How can you have
her in your house? You don’t have her working?’ Well she probably is
working. Cause if it wasn’t because of her, most of the stuff I wouldn’t be
able to do. But she’s the one that takes my, takes the 6 year old to school.
Gets her, brings her, picks the other one up and stuff. And, if it wasn’t
‘cause of her I wouldn’t, I don’t know what I would have done. She’s a big
part of it.

A few friends of mine, and my husband at the time, he became a
CNA and he was encouraging me to do it because, you know, his aunts a
nurse, she’s been a nurse for I think 10 or 15 years. I started looking into it
and when I went to college um you know I started taking prerequisites for
um the nursing program

Study. The women in the transition pilot are at different stages of the transition
process. Some are in college taking prerequisites prior to entry to the nursing program.
These women in particular talk of wanting to ‘finish it up’. This seems to signal a
determination to get through the process.

I had my mind already and I want to do this. I don’t care how pushed I get
or I don’t care how many years it’s going to take me but I want to do it. I
want to finish it up. I do want to finish it up. If only for my kids. But I also
want to do it more for myself. That I can start something and finish it up and not just give up.

Despite taking courses, some women describe their experience of ‘standing in the same place’. Not understanding the college system, some of the participants have enrolled in courses and not completed (resulting in an F grade) or taken unnecessary courses. Due to the highly competitive nature of entry into the nursing program this has prolonged the process of taking prerequisite courses.

I’ve got Anatomy and Physiology 1 & 2. I have to do Micro again cause they gave me an incomplete. Nutrition, I want to do for a better grade cause I got a C. And that’s it.

It was a class that I took, Micro, and I had pneumonia and I ended up in hospital for two weeks. So, they gave me incomplete, they withdraw me. So, I had to take it again. But I have to pay the class.

In 2001-03 I applied for classes and never went. Those classes, some of them became Fs. It is the teacher’s discretion whether they give you Fs or automatically withdraw you from the course. I knew nothing about transcripts, I knew nothing about college. The Education Department weren’t as informed, weren’t as knowledgeable as they are now. It was like ‘You’ve got to take classes’, ‘You’ve got to take placement’. I messed up those two semesters and I’m paying for them. I went for two semesters and now I’m going back. I’ve been taking nutrition, biology, sociology, English 102.

In preparing for school a number of participants express a concern about their level of English. All of the women communicate easily in English but are concerned about
their reading and writing skills. Due to the technical terms used some participants talk of their experience of thinking between two languages.

I want to go straight for my RN. Which is a challenge... A challenge because of my language.

I understand in English but my brain starts thinking in Spanish and I think that’s my weakness right there. And I start getting confused and then I start going down, so I want to reinforce that.

Participants made assessments of the culture of the educational institution in making decisions about where to study. Some participants made distinctions between the ‘American’ learning culture, which they described as more individually focused, and ‘Puerto Rican’ learning culture, described as involving shared learning and being inclusive. Other participants talked about which institutions had Latina students, preferring to go to an institution where this was the case.

Then I received a letter from Elms College saying you can’t continue in courses. I don’t want to go there. When they see Latinos and they think you are so lazy.

Some of those who have encountered the formal college system while taking pre-requisites, talk of their sense of anonymity. They talk of their difficulty of navigating the system without being able to find someone to assist them. In encounters with college staff they sense a lack of care and a lack of expectation.

No-one really cares about you – no-one cares if you don’t care. No one cares if you fail or don’t fail. It’s just this random woman who looks at your history and sees how bad you did before and how badly you’ll do in the future.
Some participants expressed frustration with the ‘theoretical’ bent of study. They do not understand or support the system that requires that students learn and pass advanced courses that are not required for the nursing role. Working and talking with nurses at the aged care facility, participants know that they will not need advanced Maths or English for example and as a result find studying these subjects frustrating.

I mean it would be nice, if like you want to become an LPN they train you for the LPN. That would be nice because you’re hands on. You know, and then once you finish the course they place you so you could do your, how you call that?, your training to see whether you’re good at it, and which is your weaknesses, like they’re testing you. You learn from the other course and you do hands on…Rather than you going, taking all theses courses like Math, English, all that. You know. Going through all these steps. You gotta do, this step first before you enter for nursing.

Program – Participant Perspective

Career coach. One of the advantages of the program for participants is having someone who takes an interest in their career and encourages them. Participants talk of their meetings with the Career Coach where they discuss the study plans, their jobs and their family responsibilities. Participants appreciate that these sessions address the totality of their responsibilities while still providing motivation to continue.

I will say before you looked for them, now you have someone who almost cares and looks after your progress. I think it’s really nice. You have a set appointment with Lynda. And you want to give her good news.

Lynda was a good help. She kept at me, ‘Sandra, Sandra, Sandra.

You’ve got to go!’

Transitioning to diversity 46
Advisors. Participants talk of how the pilot has provided advisors who assist them in navigating the college system and act as mentors. Pilot staff have provided advice on college placement tests, entry requirements and cut-off dates for application and withdrawal. One participant contrasts the advice provided under the pilot to what was not available to her five years ago. Staff have also engaged in lobbying on behalf of participants and brokering relationships with relevant staff in schools.

Even now even just having Lynda and now all of the resources that they have. I wish they would have had that before and I wish that the pilot would have been 5 years ago. I think if I had her, she is, she’s a mentor. I would have not taken all of those courses, I would have taken some other courses before I would have taken those classes.

She starts her nursing aide program in Putnam. But I had Shawntsi, when I told Shawntsi about it, she called up the school and stuff. And they helped out and tried to get her into classes. And she did.

Resources and courses. Participants talk of the resources and courses provided through the pilot program. Important resources the women talk of include: the Keys to Success course, the English course, the Math course, and book reimbursement.

And I did benefit from book reimbursement which was a big time relief.

Last semester my books cost me almost $300. It was nice to take a day off and be able to study and still be able to pay for my books.

The teachers. The whole Campus on a Campus is good. I go. And if I need help, they know.

Study skills. One of the most mentioned elements of the pilot program is the focus on improving study skills. Participants mention appreciating the introduction to: taking notes, test taking strategies, memorization exercises. All of these skills assist in
internalizing and retaining information. Despite understanding health care intimately through their experience, these women describe feeling alienated from the formal process of studying the same content. The way they describe study is a necessary set of hurdles. For this reason, coming to understand a range of ways to ease this process is particularly appreciated.

Taking a class with Deb was really good. She gave us tips like test taking tips which I never realized how helpful it was. After that I started doing so good, she said to us what to do before the test and I did and did really good.

Role model. As well as providing advice and skills, the pilot program provided a role model. A number of participants spoke of one particular teacher. The teacher shared her experience of advancing in her nursing career through overcoming her own learning difficulties. Participants were able to empathize with her difficulties and hope for the same kinds of advancement. The teacher described the opportunities that nursing opened for her through becoming a traveling nurse. For many participants this was a new potential avenue in their career. A number of participants spoke of their interest in becoming a traveling nurse.

Well the class that we did with (her), she gave us a lot of handouts and she sat with us and she, actually she told us how it was for her. How she would get distracted easily, how she had the dyslexia and how she fought through that and she had come so far and she had us open up and say what our distractions were and what things that we did that prevented us from having study time.

The teacher that we had, she was really inspiring. She told us all these stories. She was a nurse and she was in Africa, she traveled a lot of
places and met different cultures, again as a nurse. She told us when she
was in Africa, she was almost a doctor because they didn’t have the medical
staff they have here. She loved her job and she loved meeting people.

*Ease and familiarity of location.* Having courses offered on site made a significant
difference to participants. Studying at Spring Woods allowed participants to concentrate
on stretching themselves academically without having to negotiate a new and foreign
environment. Participants also preferred the option of studying before or after class on
site rather than studying at home. Plans to study at home were often disrupted by other
responsibilities.

It's so convenient to have campus-based things, campus based classes, now
they’re doing campus based placement tests. It’s so hard as a single mother
to have extra time. If everything that you needed was there it would make it
a lot easier for the students.

*Recognizing culture and ethnicity.* Participants spoke of the encouragement of studying
with others of a similar culture. Interestingly this culture was described in different ways:
Latina, minority, CNA. The women used words such as: ‘belonging’ and ‘having
something in common’.

We all have an understanding of being a minority and not a lot of Latin
nurses. We have to prove ourselves to people, because people judge you by
what you are. A lot of people are like that. That’s where we had our
connection.

*Program - Provider perspectives*

*Overview.* There are some ways in which the participant and provider perspectives
overlapped regarding the program. Both of them emphasized the importance of the
elements of the existing transition pilot: the career coach, mentors and advisors,
resources and courses and the ease and familiarity of location. Providers did not mention the importance of study skills nor role models specifically. Providers stressed the importance of these similar elements but from the perspective of providing these elements rather than consuming them.

Given that the pilot is aimed at increasing the diversity of the nursing workforce, it is interesting to examine provider and participant perspectives on the issue. Although diversity is the terminology used in the grant, participants and providers spoke more often of ‘culture’, ‘ethnicity’ and ‘socio-economic group’. In general, providers talk about barriers to nursing advancement for the participant population at an individual rather than a systematic level. Providers talk of using the pilot as an investigation to the systematic barriers that exist to participant advancement. The pilot also serves to further develop internal professional development systems that will be applied across the institution.

*Career Coach:* Providers described how the pilot program gave the opportunity to provide one on one follow up that was not possible for larger number of people. This is the model that the Career Coach would like to use with all employees, if possible.

It has helped us to focus one on one attention with these individuals. At any time we have about 200 individuals involved through Campus on a Campus. But often it is the employees seeking you out. This pilot is a model for how we’d like to see things done. The pilot helps us stay focused, meet individual needs.

*Mentors/ Advisors.* Providers acknowledge that acting as a mentor involves being available as needed. They take time outside of work hours to address the concerns and needs of participants. They do not explicitly acknowledge the mentoring role that
participants describe them playing in their lives. Either the providers are unaware that
they play this role or are more focused on the technical content of their role.

There is residual work - someone in crisis needs to talk. I don’t restrict that
– a 2 or 5 minute phone call makes all of the difference. Lots of time there
is work in the evening or when I am not there.

Resources/ courses. Providers understand the importance of the resources provided
through the program. They have a detailed understanding of the financial circumstances
of participants and the impact of budgeting on their decision to study. Providers
familiarize themselves with the details of financial aid and grant monies available. The
committee provides another source of networking for available resources.

Next thing is getting financial aid.

Ease and familiarity of location. Providers were involved in the original establishment of
the Campus on a Campus site. The decision to establish the training venue at the aged
care facility came about by thinking about how to eliminate transport as a barrier to
employee involvement in training and education. Physical distance is not the only barrier
that employees face but also anxiety related to negotiating a new and intimidating college
environment.

Bringing things (college placement tests, courses) on sites has allayed a lot
of anxiety on the part of the employee.

Diversity/ ethnicity/ culture. Providers described not having programmed specifically to
increase workforce diversity prior to this program. They described watching the changes
in resident population over the last 20 years and needing to match this with the nursing
population. There were differences in perspectives to the barriers facing the participant
population – some providers described these barriers as systematic and other as
individual. The CEO in particular mentioned that the pilot allowed the institution to
examine the issue of barriers to workforce diversity prior to developing or instituting response strategies.

The following two quotes illustrate the different responses within the institution to increasing diversity in nursing. The first response illustrates and individualized response and the second is concerned with examining structural barriers:

I hadn’t thought about that before (ethnicity), and socio-economic status also. This is something the pilot allows me to look at. How much does that close follow up make a difference? A lot.

The most tangible way its been successful, in my opinion, is that is was targeted at their ethnic group. Although the common theme is that we are all the same and not different, the reality is that there is a difference and there are barriers, systematic barriers that exist. This pilot targeted an underrepresented group. Quite frankly in an industry where there is an under representation of this minority this pilot allows them to have support.

The following quote illustrates the reasoning for increasing nursing diversity:

NS has allowed us to identify the diversity of our workforce. When I started the clients and workers were different. It'll be going in that direction, we will have to create programming.

The needs of the group are defined as not only relating to their ethnicity and culture but also to their socio-economic status:

That is important. They have to know it will be useful to them. So many are single parents – on small salaries – not having support salaries. We have to take into account the culture of the socioeconomic groups. Many times they are the first person in the family to go to school/ finish high school. Some are fortunate – have an aunty or relative that has gone
through the education process. For some of them education is a dream or they can’t even believe it is a dream for them. So the workplace family is important because their family doesn’t support it. Some say – ‘I didn’t go, why do you want to go?’ Or ‘Okay go – but nothing will change at home.’

At the level of CEO, it is clear that the pilot serves two purposes – primarily to further develop the internal professional development system and secondly to address issues of diversity.

It was an ideal situation where we had components in place where we could further enhance programming for us. That would hopefully make their program as successful as possible because there was a template, a base.

Secondly, the process in which a person is able to move up against different types of barriers, with our diversified population, this project addresses specific barriers to a specific group – and also some other barriers that are common. CAN DO allows us to address barriers that are specific and particular.

The CEO is using the pilot to examine the issues faced by minority CNAs. He articulates a need to wait on the outcomes of the program before taking any systematic actions.

Question: How does the organization’s strategic/staff development plan take into account the needs of Latino/minority workers? How does NS relate to this aspect of organizational plans?

There hasn’t been any conclusions at least I’m not aware of a final report to look at each of that population’s challenges. I would wait until I get that report…We are addressing/ band-aiding immediate needs but not yet addressing/ putting together the long term plans and aligning it to the organizational strategy… I think we do that all along, we identify and
respond to needs. Some things may not rise to the level of organizational change because you may have it in place system wide.

Overview of Factors that Differ from Participants. In addition to the areas of overlap that providers share with participants, providers also speak specifically about a range of other issues: how the program provides motivation to the participants to start studying, how the pilot assists participants overcome barriers, how the pilot assists the institution develop links to educational institutions, the importance of flexibility in the program, the importance of building links between participants, the pre-existing culture of workplace education that the pilot builds on, how the pilot builds the retention and longevity of resident nurses, and plans to institutionalize the model.

Motivation. Providers describe the importance of the pilot in serving as a motivation to participants to start their transition process.

The program has served as a catalyst to help individuals get started. Some have been in school and focused, for others this initiative is what gave them the nudge to do it - this is their time. Often they don’t have the time or money.

Overcoming barriers. Providers make mention of barriers that exist for participants’ advancement. These barriers are not spelled out though.

With this group – there are many barriers – this pilot has helped overcome.

Strengthening Links with Community Colleges. Each of the four people interviewed talked of how important it has been during the pilot to strengthen, deepen and broaden their relationships with the community colleges.

An example of strengthening relationships is demonstrated by the Career Coach gaining an appointment for Lola with a community college board member and admissions counselor prior to her placement test to gain tips on the criteria for selection.
The broadening of relationships includes making more links within the same organization. Previously the Career Coach knew one particular trainer within Holyoke Community College – the ESL trainer. Now she has links with the Multicultural Adviser, the Dean, the ESL trainer. This broadening of links allow for additional information to be passed to the participants. The deepening of relations includes a point made by the CEO that the pilot program has changed the dynamic of the relationship between Spring Woods and the community colleges from the community colleges seeing the employer as a burden to employer as a committed partner in the development of employees.

Providers also describe the difficulty in maintaining relationships in an environment of staff turnover at the community colleges.

Through the program I've developed contacts in each of the schools. GCC now is becoming a strong link…We’ve developed a strong link with HCC and dream to do that with all the schools.

During the ECCLI grant, there was a formal agreement with HCC. There has been a great deal of staff turnover since then. Deb is the new Dean and CAN DO activities as allowed relationships to develop quickly.

The hope is that CAN DO will increase the bond between us and all the schools.

It is clear that providers have experience tensions with schools in the past regarding advice provided to students and access to relevant expertise. In particular, providers describe a presumption that exists within some schools that it is only the school that acts in the best interests of the student. Developing stronger links helps to demonstrate to schools the importance that employers place on employee development.

It takes a village is the message I try to get across – the employees spend so much time here at work that we have a good deal of access to the
employee. It, it, it seems sometimes the school wants to believe they are the only ones that can help or that help can only be delivered in that setting.

We can directly affect the student outcomes.

   CAN DO has also enhanced our relationship with some of the Community Colleges. The focus up until now for schools has been seeing employers as a burden. They are not used to institutional level relationships but through having an intermediary like the REB the focus now is not on the employer but on the process….Now schools can see that we also want to support employees who face barriers, especially if they haven’t been in school in years, and we try to offer support services. CAN DO offers the same page for everyone to understand and work on the same vision. Where it falls down is at the lower levels of administration, we may have a good relationship with the Dean but not all of the Administration staff or the Guidance Counselors understand that. Those are our challenges. So we try and work with those schools at different levels.

*Flexibility and tailored support.* Providers describe the overall ethos of the program, which allows staff the budget and capacity to respond to participants needs as they arise.

This program allows us to develop custom designed classes – for example what Deb did. We’ve been able to do a lot of assessment to see where the group is. With help from Shawntsi we’ve developed a lot of tools like a flowchart and plans. The pilot format gives us room to plan for what is needed and also gives us space for responding to what we didn’t know.

*Facilitating links between participants.* Providers encourage participants getting to know each other and support each other.

one of the things that came out of the focus groups is that most of
the participants, if not all, did not know that there were other people on the
campus of the same cultural background, struggling with the same issues
and on the same career path. They were all kind of working within a
vacuum. To all be working in the same industry with the same experience
and not know. At a minimum the focus groups allowed them to be aware
and to publicly express fears, concerns, wishes, challenges and ways they
personally could benefit and how culturally people could benefit.

Culture of workplace education. One of the largest issues that emerged was the pre-
existing institutional commitment to an internal professional development culture.
Providers described the evolution of the Campus on a Campus structure, the supporting
funding available to students for study, and flexible management practices to allow
employees time to take courses. It is clear from these comments that the success of the
NS pilot builds directly on the established ground of Campus on a Campus.

Institutionally the fact that a part of the facility, the corporation
and the employers mission is workplace education and skill development
only enhances this pilot. There is already a climate of saying, implementing,
and living it. There are also resources, as far as staff time and financial
allocation – agreeing to half time, being paid relief time, some of the fringe
perks, refreshments. This shows that the employer does care and supports
the participants beyond what they do. In this industry this is almost unheard
of – usually it is ‘Do your job and we’ll see you tomorrow’. Clearly that is
not the institutional position of Genesis.

Part of the cultural change…is that to recruit and retain good
workers and to be a quality service provider you have to invest in your
workforce. That is the premise. And from that premise developed the
mechanism to do that – and that is Campus on a Campus. Actually
dedicating a physical location and institutionalizing a place at this job where people know ‘I can go there and talk to these people and get help to doing my job better and furthering my career not only in the institution’.

This culture is not without contention. Education remains secondary to the overall needs of the organization: care for the residents and the fact that this is a business.

Because it is a whole new program it is not structured. A bunch of educationalists trying to make operational decisions is not the best. I have had to remind them that we are here to make money. We have encountered challenges, but nothing negative.

Retention and longevity. The workplace culture described above, while serving the interests of employees, also acts to the advantage of the institution. Education and training programs are described as developing nurses from existing staff in order to reduce turnover rates and to encourage employee longevity.

Those needs can cost an employer about $22,000 by orientating staff, trying to retain them by providing benefits and then they might move. When you grow your own staff there is a commitment to the organization, generally, they tend to stay longer. When we looked over the years, the return between 5 years ago to today, there is an 85% retention rate.

So it saves on retention and training costs, there is some evidence of quality of care improving, because of having your own employee going through system, there is a commitment that you can’t put a price on, and you come to be known as an education organization.

We could see some results in terms of turnover being reduced and retention increasing. Our goal is to keep them. We do have longevity at the center, 15 – 20 years, and it says something about the center.
The difficulty of retaining employees begins prior to the person walking in the door. Providers talk of the need not only to improve workplace programs but also to improve the perception of work in the aged-care environment at schools.

Here is the problem, schools don’t focus on Long Term Care. Acute care has the thrill, the image and here in Long Term Care we don’t. On the contrary we offer so much in terms of types of care. So the retention - if you are an RN in Long Term Care seventy percent are LPNs and in acute care settings, in hospitals 100% are RNs. They come out of school, they haven’t had much practical experience and in a Long Term Care centre you’ll get 3 weeks training. They are not used to doing the job – and the job is not what they thought the job was. A large part of the job is medication and paper work. Long-term care is the most regulated sector, more regulated than acute care.

Institutionalizing the model. Providers spoke of the elements necessary to institutionalize the NS model. These include: funding, staff with particular qualities and expertise

Money. We look at grant opportunities. It is hard to come by resources so we try to get resources from different ways.

We are dependant on grants.

Long-term care is a tough business. There is a lot vying for a pot of money.

Although providers are aware of the resources required, only providing resources may not be sustainable. They question the scalability of the model to the rest of the population.

We have learned the time commitment of this model. It would take more people to deliver the same services, at that level, through Campus on a campus. We’re not sure how that would work. This might be a question for
Ira regarding the institutionalization of the intense advising role. It may be unrealistic that this can be done for more people. Is there a way to do this differently? To recognize the people who will benefit from 1on1.

Providers described the different roles necessary to sustain the program and the skills and qualities required.

Career Coach: The person (Career Coach) should value education, believe that it is the door to a better life, believe in the people they are working with that they can do it, they have a right to it. The person should be organized, a good communicator, flexible, empathetic.

Education Advisor: It is important to have a point person to move some of those obstacles and overt barriers to the employees’ participation and development.

Workforce Development Adviser: I need to be on the cutting edge of new grant monies, new initiatives, new ways of doing business. Whatever is going to enhance what they are doing with the employee. I am looking at what is going on in the Commonwealth and across the country. RWJ is a national funder. At Workforce Development we did something with Jobs for the Future, they are also a national funder. So, the resources that we are able to bring are important to the pilot. Those resources are available because of the work that we do.

The Program Director – you need to be someone that understands the organizational mission, vision, where is the program going, have direction and leadership skills, be able to understand policy, and how you implement change in an organization. You have to be able to have vision to see beyond the task piece of it. Challenge the team on the direction of
education. Understand financials and how it impacts the organization.

Drive the sustainability. Deal with politics.

Finally, the CEO talks of how the existing professional development model is being applied to other parts of the institution. This is worth considering in relation to institutional commitment to applying the NS model to other parts of the organization.

There is a strategy and plan, and we see pieces of it being applied to other parts of the company and across New England. There is a group of centers across Lowell applying the model but we are still proving ourselves. We have a Director of Learning for the Company. There is a clear understanding and value about growing your own and giving them opportunities to develop with education. This model is one recognized by Commonwealth Corporation by the ECCLI grant. What is nice about the model is that it is sustainable. It is not grant fueled, for us the grant is the spark. What started this education program was the need to get out of agencies – using outsourced nurses and CNAs would cost the company millions of dollars. That was my motivation, we had an understanding of what education meant but not exactly. We got the grant, brought a team together, got an advisory board. This piece and pieces of it have gone across Genesis. Career coaching is new – 2-3 years old. We treated career coaching and Campus on a Campus as separate and did not align them with the nursing education program. We are now aligning these, that is part of the completion of an evolved system. CAN DO is allowing us to do that by allowing us to enhance skills of each employee – we will have a plan in place for every employee. You may only decide to take part in 12 mandatories, if you take others then you get a plan, then we can check on that. Within 6 -12 month we want to be able to identify those areas that are presenting a problem.

In addition to the qualitative data gained through interview, participants were asked to assess themselves on the transition continuum at the end of the pilot.
Table 6

Assessment of participants’ phase at beginning and end of program

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phase – beginning of pilot</th>
<th>Phase – end of pilot</th>
<th>Racial Self Identity</th>
<th>Responsibilities</th>
<th>Years with Inst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1</td>
<td>LPN</td>
<td>3</td>
<td>4</td>
<td>Spanish/ Anglo mixed heritage</td>
<td>Married with no dependants</td>
<td>1</td>
</tr>
<tr>
<td>Participant 2</td>
<td>CNA</td>
<td>1</td>
<td>1</td>
<td>Puerto Rican</td>
<td>Defacto relationship and three daughters</td>
<td>17</td>
</tr>
<tr>
<td>Participant 3</td>
<td>CNA</td>
<td>2</td>
<td></td>
<td>Latina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant 4</td>
<td>CNA</td>
<td>2</td>
<td>4</td>
<td>Puerto Rican</td>
<td>Separated mother of four adult children</td>
<td>18</td>
</tr>
<tr>
<td>Participant 5</td>
<td>CNA</td>
<td>1</td>
<td>1</td>
<td>Latina</td>
<td>Single and responsible for the care of her disabled brother.</td>
<td>7 months</td>
</tr>
<tr>
<td>Participant 6</td>
<td>SCNA</td>
<td>1</td>
<td>2</td>
<td>African American</td>
<td>Married, one son and new baby</td>
<td>2</td>
</tr>
<tr>
<td>Participant 7</td>
<td>GNAS</td>
<td>2</td>
<td>2</td>
<td></td>
<td>Married with two children</td>
<td>4</td>
</tr>
<tr>
<td>Participant 8</td>
<td>CNA</td>
<td>3</td>
<td>3</td>
<td>Ecuadorian</td>
<td>Single mother of four children</td>
<td>12</td>
</tr>
<tr>
<td>Participant 9</td>
<td>CNA</td>
<td>1</td>
<td>2</td>
<td>Latina</td>
<td>Single mother of one child</td>
<td>4</td>
</tr>
<tr>
<td>Participant 10</td>
<td>CNA</td>
<td>2</td>
<td>4</td>
<td>Puerto Rican</td>
<td>Single mother of one child</td>
<td>5</td>
</tr>
</tbody>
</table>
As can be seen in the matrix, the program assisted in moving four women from one phase to another. Two women moved significantly from Phase 2 (Early stages of pre-requisites) to Phase 4 (In college). The program was able to offer specific and timely resources and advice for these women, this is detailed in Lola’s story in the following section. Interestingly, the program was less successful in moving participants from Phase 1 (No college level classes) to Phase 2 (Early stages of pre-requisites). The two women assessed at Phase 1 at the beginning and end of the program were unable to overcome the pressure of high levels of family responsibility and the theoretical emphasis of learning. This is detailed in Nancina’s story below. From the matrix, there are a number of women who appear to stay in the same place. We will see that this sometimes includes stages of going backwards, to improve past scores and certify records. This process is time intensive and frustrating for the women involved. This is detailed in Sola’s story below.

Following are the three profiles. These are written from the data gained through the interviews. These profiles are my depiction of the women’s perceptions.
Three In-Depth Profiles

*Lola – Doing it for the Little Man*

Lola always wanted to be a nurse. Ever since she was little. In her 1989 Year book, when she was moving from the 3rd grade to the 4th grade she said she wanted to be a nurse. She is a first generation child of Puerto Rican migrants, and her family is so proud of her plans to go to college are wonderful.

Lola is a Geriatric Nursing Assistant Specialist at Heritage hall. She provides extensive care for the elderly in a long-term Alzheimer’s setting. The Alzheimer’s unit is different from the others. The environment is as homelike as possible. Each resident is surrounded by their history, their pictures, their interests. The unit isn’t set on routines. ‘They can stay in bed if they want to, they can eat when they want to, they can eat cereal for lunch.’

Lola has been at Heritage Hall for five years and a-half years. What she likes about her job is that she plays a big role in peoples lives and that is important. If she was ever in a nursing home, she hopes that the person who looked after her loved what they did.

Lola is going for both her RN and her LPN. Getting in to the LPN program is her short-term goal. She would like to get her qualification to advance in her career and to provide a different level of care. She also wants to get her degree as a role model for her child.

Asked about her future, Lola hopes to become an RN. She hopes to be able to say, in the future, that she works for a very nice facility. She hopes to stay in her Alzheimer’s unit. ‘I am providing excellent care to all these really cool elderly.’

When Lola entered the Nurses Succeed program, she’d already taken most of her prerequisites. She appreciates the career coaching in the program, that someone cares and
looks after her progress. ‘You have a set appointment with Lynda. And you want to give her good news. My parents never went to college, they don’t know about my grades, they don’t ask to see my report card.’

For Lola, having her son has made a difference to her focus and determination. Having a child has made her want to grow up. She wants to get her qualification but doesn’t want to go to school forever. ‘What kept me in school, was myself. I knew I wanted it. Now it’s more need than want. I need to be a nurse cause my child is growing up. Before I’d take a class here, I’d take a class there. But now I know there is no class that you’re going to waste your time on.’ Now that her boyfriend is out of school they can focus on her study.

One area that is difficult for Lola is negotiating the college system. Not having anyone in the family with experience of going through college means that she didn’t understand the importance of withdrawing from classes by certain dates or of the affect of this on her GPA and future opportunities. For Lola, the resources and knowledge now available through Nurses Succeed would have been more useful 5 years ago when she was getting her prerequisites. ‘I think if I had her (Lynda), she is, she’s a mentor. I would have not taken all of those courses, I would have taken some other courses before I would have taken those classes.’

The second time we meet, Lola talks to me about the difficulties of studying as a single mother. As I come to her house, her son is crying. He burnt his hand while Lola was attending to the gas alarm. She wonders whether she should take him to hospital. If she had class today, she wouldn’t be able to go. And the teachers wouldn’t be interested in her situation, they would expect her to be there. On another, similar occasion her teacher told her ‘We’re not in high school anymore’. 
When I ask who advocates for her in these situations she tells me how she is new to the college environment. No one she knows went to college, not her family, not her friends. ‘We were all people who lived on welfare. We were all people who um, thought ‘Oh, I can’t, you know, when I have a kid…’

Lola talks about acting as a mentor to other employees as Spring Woods. They ask her about studying and going to college. She wonders why they ask her. But somehow or other she has always been given a leadership role at work. She thinks that by her going to college, those around her that see her at work and think ‘Wow, I can do it too, you know what I mean?’ like ‘Why not? Even if it’s just one class and see how I do’. She has taken a colleague and friend to college and told her about the placement test.

When I ask about the program, Lola feels that a lot of it is too late for her. She would have benefited from the advice and the preparatory courses five years ago. The Career Coach introduced her to the on the Holyoke Community College board who is responsible for accepting students into the Nursing Program. They met up and went over the general requirements and some of the specifics, like the new Math requirement. The Career Coach has given Lola the phone number for a Maths tutor. She will call him and try to set up an appointment. She hopes the tutoring will help her pass this test and enter the program next semester. The college is sending out letters of acceptance in the first or second week of April. She is hoping to get in. She thinks there is a slim chance she will get in. She is worried about some of her previous Cs.

One of the grades she most worries about is Human Growth and Development. On one of the days she was held up because of juggling work and study, she missed a movie shown in class. She was supposed to refer to this in her paper but didn’t because she wasn’t aware of the requirement. She worked hard on the paper. She turned it in on time with only
three other students out of the whole class. She hopes her teacher recognizes the effort she put in.

Lola thinks that she will go to school full time and work on the weekends. If she does weekend work, she gets a 15% incentive on her income. As she and her boyfriend are getting married in June she doesn’t think she will qualify for financial aide.

The last time we meet Lola is tired from work. With the warmer weather, a few CNAs called in sick. Her and a colleague had to look after all of the residents. Everything got done, it just took a little longer. The important things got done.

Despite it being late April, the Community College hasn’t let her know about admission. They are still making their decision. They said she should know in a month.

When I ask Lola how she has changed over the time she has taken courses she says she has grown up, matured. Five years ago, she would be the one calling in sick. Now that she has a son she is focused and determined. She says she is an old lady. An old lady at 25.

When I ask about the paper in Human Growth and Development she tells me she got an A. And she tells me that the Maths tutoring is going very well. She feels ready to take the test.

When I ask about how her job has changed over the time, she doesn’t think that it has. It is still as hard and working in the Dementia unit is starting to depress her. Families are starting to keep their parents at home for longer, with home help. So the residents that come to Lola have end-stage Alzheimers. It is not pretty and it is not easy. ‘The residents they bite and hit and scratch. And then after that they’ll say ‘I love you’. They don’t remember.’

Her favorite resident has been taken into the emergency ward with a gastronomical infection. His family have opted for him not to have the necessary operation. As a result, he will come back to the ward to die. If he starts bleeding all the staff are allowed to do is stop
the bleeding. Lola doesn’t know if she can cope with that. She has been offered a place in
the rehabilitation unit. This unit usually deals with people recuperating after hip or knee
operations. The patients come there to get better. Lola knows she needs a change. If she gets
into the nursing program she will stay in her unit. If she doesn’t get into the program she will
change to the Rehabilitation unit or think of something else.

When I ask her what has helped her the most in her study she says, the Education
office and the Career Coach. The Career Coach ‘is like a mother, and you don’t want to
disappoint her. I go to her with my grades and if they’re bad she’s like ‘Oh, how did that
happen? If you need any help, you know we can…’ And so, you don’t want to bring her bad
grades. Like I said before, my parent’s didn’t finish school. My mother finished to the third
grade and my father to the sixth grade. So, they don’t know about school and they don’t care
about my grades. They’re happy with Cs. I was happy with Cs.’

We talk about the transcript from the first interview. I ask Lola her impression. She
said she liked it. She said she found it interesting to read someone else’s perception of her
life. She’d never thought of it as one whole piece like that before, rather only in bits and
pieces. She thinks it would be interesting if it happened to me one day. She thinks it would
be interesting if I could see my life like that too.

Lola typified a number of women in the group: a young CNA close to transitioning
to college. On the scale of college readiness, developed to assess participant progress, Lola
rated a 3 – ‘Close to transition’. A surface reading of this rating gives the impression that
there will be a range of simple measures to assist Lola get to stage 4. Implicit in the rating is
the assumption that movement along the stages is linear and that the ease or difficulty of
movement from one stage to another is equal, meaning that moving from Stage 1 to Stage 2
is as easy as moving from Stage 3 to Stage 4. The stages also give no sense of timing, how close is ‘close to transition’?

Lola’s story illustrates that her movement through the initial three phases was hard fought and time intensive. Lola’s story shows the priority she places on her family. For example, she only is able to take a certain amount of courses because she has to look after her son.

Lola’s story also illustrates the benefit of the additional, non-programmed elements of the course. The mentoring and advice was most useful for participants close to transition like Lola. For new entrants, these elements are important too while also benefiting from the general programming. The advantage to offering mentoring and advising at the early stage is that hopefully the new participants will not face the looping and doubling back that Lola faced.

_Nancina – I got my GED on my daughter’s 21st birthday_

Nancina works in the Rehabilitation Unit of Heritage Hall. This is where patients who are recovering from accidents or surgery come to get intensive therapy and rehabilitation. She has been in the unit for 17 years. Asked what she likes about it and what has kept her there for so long, she says:

It is rewarding, you meet a lot of people and they tell you not to get attached to them but you do. It’s nice, you know, you’re giving them something. I don’t know, I just like it.

Nancina tells me about the ways she gets attached to some of the residents. She tells me stories of the care she provides above and beyond her job. One story is about Alan. When he came in everybody said he was a groucher. Nancina didn’t think he was. At least he wasn’t to her because she is able to get along with everyone, whether they’re a groucher or not.
Alan and Nancina got really close. She went to the casino with him once because he likes casinos. Nancina and her daughters would pick him up and take him to the mall. They’d get him Chinese food. He wasn’t supposed to eat it because he was a diabetic and had high blood pressure. But he did it anyway. They went to the Big E once. They all got really close. After that he passed away. He was one of Nancina’s favorites. He was fun. He was a painter. She remembers that.

Nancina likes being a Nurses Aide because in that role she works closely with the patients. Getting older, she doesn’t think she will be able to keep doing the heavy work that is involved in the role. She can feel the toll in her body already after doing it for 17 years. This is one of the reasons she decided to join the transitional program *Nurses Succeed*, designed to assist Latina CNAs transition into Nursing programs.

*Nurses Succeed* is not the only program Nancina has benefited from at Heritage Hall. Before this program, she took courses to get her GED. She did the courses part time over five years. For Nancina, getting her GED wasn’t only important to her but also to the rest of her family. In finishing her high school qualification she is a role model for her daughters. Actually I received my diploma through the mail on July 6th on my daughter’s birthday. … So, I was happy and she was happy…I always wanted to graduate, I didn’t graduate and when I came here it was available to me. So I tried it. It took me five years, but I did it. I felt good about myself. I thought I would never do it. Then as I got older, I thought I’d never do it… But I did it and I feel good. Cause it’s something the girls look at too, my girls. And I don’t know maybe I’ll tell them, you know, ‘Don’t quit school or do this’. Cause then later on in life you’ll need all this and it’s harder once you get older it’s harder. So I hope I showed my girls something, and so keep in school.
The second time I meet Nancina she is worried about the coming Math course. Math and her don’t get along. ‘You can explain it, and explain it to me and I’m blank.’ She’ll try not to worry and see how it goes.

Thinking about her involvement in classes over the years she mentions that the teachers have gotten better. The current teachers make sure that everyone understands, they take time to review and check in with each individual. Nancina prefers to take courses at Spring Woods. It is convenient and she doesn’t like traveling. She has found the meetings with Lynda and the extra advice provided by external advisors useful. She doesn’t want to repeat the experience of her colleagues of taking unnecessary course or taking courses a number of times. It was an emotional experience when the other girls shared their experience:

Yeah, it was really touching the meeting that they had that day. Everybody was, everybody got really emotional. And talking to these girls, a lot of them were saying that they’d wasted like half of their time. Like two or three years, just time wasted.

And they’re still standing in the same spot.

When I ask about how she is planning to pay for her courses, Nancina talks of taking out loans. She has the 401K plan. She thinks that she’ll continue to work while studying. She’d like to study at night so she can stay on her same shift. She’s worked the same 7am-3pm shift for the last 17 years. She worries about the effect of this workload on her family. Her daughters and her husband already complain because they see less of her now that she has taken a second job. She looks after an old man in his house. Her family is her priority. If the study takes her a little longer just so she can have time with them that is okay.

When I ask about a role model, Nancina talks about the nurse on her floor, Mary. Nancina has asked Mary if she can shadow her when it comes to that point during her study. Mary has agreed. When Mary is working, everything is done well and the residents are happy.
I ask Nancina for a story that shows this and she tells me about Mary’s consideration through contrasting the care a patient received from another nurse:

Like today we showered somebody, and Mary usually, as soon as he comes out of the shower Mary comes around and wraps up his leg, fast. And then he goes to therapy. Um, today we took the person to the shower and he just got done now. Since this morning. And he’s like ‘Oh, I can’t wait till Mary get’s back’ and I’m like ‘When is she coming back?’ and he says ‘After a week, I think she’ll come in on Tuesday’. And he’s like, he was upset, very, very upset. I’ve never seen him mad and today was the first time I’ve seen this man mad.

The last time I talk to Nancina she is upset. She received notice from the college that she failed her placement test. She doesn’t know if she wants to go on with the courses. She is tired of trying and trying. The Maths class is hard. She knows she should ask the instructor questions but she worries that she will hold the class up, ‘he’s going to be there with me forever.’

When I ask how she has changed over the years of taking courses, she tells me how she has gained in confidence. She used to be very shy and not talk to anyone. Now she has learned to mingle more with people.

When I ask how the courses have changed how she does her job, Nancina says that it hasn’t made any changes. She thinks she doesn’t need to know the things she learns in class to do her job. When she talks to the nurses, they tell her that they don’t use the advanced Math and English they learned during the nursing program. When I ask what has helped her succeed in studying she doesn’t think that anything has. She thinks that it was a miracle that she passed her GED. Because she took the test five times and each test was different, she thinks the final test was an easy one. That is how she managed to pass it.
Nancina is getting married. Her husband (this is the term she uses) woke up the other day in a panic. A number of their friends had lost their property after one partner died. Not being legally married, their friends had their property repossessed rather than being passed to the family. Now after 17 years of living together, he thinks they should get married. Nancina is on a diet and is wondering whether to wear a pants suit or a dress. Her daughters are excited after the initial news. When she told her youngest daughter she was getting married, she asked ‘To who?’. Nancina gave her a look but thought it was funny, she is only seven.

I originally chose to speak with Nancina as she typified a number of women in the group: she is a mature CNA in the early stages of transitioning to college. On the scale of college readiness, developed to assess participant progress, Nancina rated a 1 – ‘Beginner’. Nancina’s story is interesting because in the initial interview she described her vision of being a nurse negatively. She thought it would just be ‘handing out medications’. She was not able to articulate clearly differences between her current and future role.

In the second interview, Nancina talked in more detail about her vision of becoming a nurse and gave particular detail about one nurse who she admired. This nurse gives good medical care through paying close attention to the needs of the residents. This is important to Nancina.

It is clear that Nancina takes major responsibility for the family, she works a second job to make sure there is enough money for the family. She does not ask her husband to take a second job. She is able to manage by her daughter taking on some of the housecare duties.

Nancina started to talk, in the second interview, about being in starting at college next semester. Gauging the timing of other participants progression along the scale, this expectation did not seem realistic. The other participants who had reached Stage 3 had taken
approximately five years of part time study. This high expectation can then result in
disappointment. Nancina’s dissapointment was clear in the last interview. This is something
the providers need to be cognizant of. In setting participants up for success it is important to
give a realistic sense of timing for transition and important that participants have objective
feedback regarding their stage of transition.

*Sola – My Kids are Grown Up and I’m Getting into School*

The first time I meet Sola, she tells me about herself. She is a Geriatric Nursing
Assistant Specialist. In this role she trains other CNAs, acts as a team leader, and oversees
the work of her team. She started working in this role when she was 17 and has loved it ever
since. When I ask her what she likes about what she does she talks about caring for people.

Well, I always chose this. I always like giving my heart, helping other peoples.

Working with the elderly is a good experience for me...I always liked it. I always, you
know, take care of them like they’re my own family. You know, you learn a lot from
them. I learn a lot from them.

Through the Nurses Succeed program, Sola is preparing to enter the Registered
Nursing program at Holyoke Community College. She finds the study challenging because
of her difficulty with written English. She has been taking courses for 6 years at Campus on
a Campus at Spring Woods. She has almost finished her prerequisites and is eager to finish
and start at College.

A number of times she has felt like giving up. But one of her friends she works with
has just finished his nursing qualification and he motivates her. Yesterday she said ‘I’m
quitting’ and he said ‘No you’re not! No, you’re not quitting! You’re going to stay there’.

Being an LPN already, her friend helps her learn and passes on his book to her. This makes
a difference, so she doesn’t have to spend too much money on books.
A proud mother, all of Sola’s children have gone to college. Her youngest is her daughter, an engineer who works with aircraft, her daughter is 19 and is in the Navy. Now she is living in Japan. Sola’s eldest child is 26 and is a Staff Sargent in the marine corp. Her second child was also a marine. Now he works for CommCast. Her third son is a producer, he sings, produces people, makes music.

Sola stopped schooling after her 12th grade. Her mother arranged her marriage. Those years of being married were hard. Sola had a difficult time for 20 years. Coming from a family of drug users, she has been determined not to let her children be affected. That was part of the reason for her going back to school and part of her focus to become a nurse.

So that’s when I chose to go back to school and I promised my daughter and my kids ‘You guys go out in your profession and I promise you guys that I follow you guys’. And that’s what I’m doing.

Her children are supportive of her going back to school. They help her with her homework, especially computers. They gave her a new laptop a few months ago so she can learn how to ‘play’ with it. She says she doesn’t get too far.

Sola chose to become a nurse so that she doesn’t keep ruining her body and to have more options in how she works.

So, I chose the RN to become, come out, and go work in the hospital. My goal is to work in the hospital. I want to do like, it was two choices, do a traveling nurse where I can travel for the rest of my life out of the United States, anywhere or work in the hospital. But I would love to be a maternity. Just to work with people…But in my mind is also like a traveling nurse cause my kids are everywhere.

Asked about a moment when she had an exceptional experience, when the work and study worked well together, Sola talks about the Nurses Succeed class.
When I took a first class with that group it feels like, it was interesting when you’re in a group, in a class, that you can work all together, help each other and um I don’t know, it’s different because you know why cause I took some classes with high school kids. And I feel so old, sitting in a corner. And everyone raising their hands cause they know the answer and I feel like quitting. Honestly, I feel like quitting cause you don’t feel like you belong there. High school kids! They just came out of high school and they know everything, the material…

Another part of the class that makes it different is that the class is all Latina students. Often the only Puerto Rican in a class at college, Sola sometimes finds it difficult when the learning environment isn’t sharing and communal.

Besides the design of the program, what marks Sola out is her determination.

What helped me stay was like, I had my mind already and I want to do this. I don’t care how pushed I get or I don’t care how many years it’s going to take me but I want to do it. I want to finish it up. I do want to finish it up. If only for my kids. But I also want to do it more for myself. That I can start something and finish it up and not just give up.

The second time I meet Sola, she talks more about her plans to go to College. She talks about the preparation she has done through the Campus on a Campus office at Spring Woods. Through COAC she has taken courses in English, Sociology, Maths and Psychology over a six-year period. She finds taking the courses on-site very convenient, especially during the wintertime.

More recently through the Nurses Succeed program she has received more intensive career coaching sessions. These monthly sessions allow her to talk about the courses she is taking and what can be done better to make the program succeed.
The process of taking prerequisites at the Community College has taken some time and costs her a lot of money. She talks about needing to take more courses to meet the specifications: Anatomy and Physiology and Pharmacology. She talks about needing to take a course again to get a better grade. She is considering applying for the LPN course instead of the RN course. If she applied for the LPN, she only has one more requirement to fulfill.

‘Should I do that first’, she wonders.

When I ask about financial assistance, Sola says she doesn’t qualify. She gets a yearly reimbursement for study, which she puts aside so she doesn’t pay for her courses from her wage.

The last time I talk to Sola she is disheartened because the college has checked her GED transcript and does not recognize this. She took the test in the 1980s with her husband. She took the test in Spanish, at that stage she didn’t know English. She thought it was a recognized institution, the certificate has a stamp on it. But the college checked to get her transcript and was not able to find the details. She has to take the GED test again. This will take time and cost her money. The pilot staff are helping her with this process. They will meet with her, allow her to take a preliminary test and then assist her in studying in the areas she needs assistance.

When I ask about the things she has learned during the process of taking courses she talks about advising her family. She tells me two stories about diagnosing conditions of her mother and son and telling them to see a doctor. She feels good that she is able to solve problems for other people.

When I ask about what could have helped her more she talks of the increasing heavy load of responsibilities at the workplace. As a GNAS she is responsible for paperwork to turnover patients from the night to the day staff. She still maintains her regular load of
patients to care for. If other CNAs call in sick on her floor or others, she is often called
upon to assist those floors while managing her own. When she isn’t at work, she is caring for
her mother who needs assistance. ‘She’s single, she’s alone, she’s sick. My days off, I have to
take her to pay bills. I take her for two hours a day, to clean her house, to help her cook, to
help her take her shower. I got school, I gotta go to work. I got no time for myself.’ Her
love is dancing. It is a respite from work and family responsibilities. At the moment, she
doesn’t have the time. ‘I don’t even dance anymore.’

I originally chose to speak with Sola as she typified a number of women in the group:
she is a mature CNA close to transitioning to college. On the scale of college readiness,
developed to assess participant progress, Sola rated a 3 – ‘Close to transition’.

There are similarities between Sola and Lola’s stories – that movement through the
initial three phases was hard fought and time intensive, that apparent gains can be quickly
lost. Her story also shows that apparent gains can be quickly lost, that progress along the
phases is not only linear. Losing her GED certification means that she will have to double
back. She has to retake courses, prepare for a test with the possibility that she may not pass
on the first try.

The amount of time that this process has taken her has to do with the priority that
she gives her study. From her story, it is clear that her family takes a lot of her time and her
energy. She deals with her family history of drug dependency, which has ramifications on her
life today – she is caring for her mother. She bears the history of her abusive marriage. At
the same time, her family is also her motivation. She wants to go ‘out’ into the world with
her children.
Recommendations

The Nurses Succeed program aims to assist Latina and African American nursing assistants at the Spring Woods Aged Care facility transition into nursing studies. The evaluation assessed two elements of the program: process and outcome. From the perspective of process, we considered the perspective of a typical minority CNA working within the institution, the program – from both a participant and provider perspective and the details of how the program actually unfolded for three types of minority employees.

From the findings it is clear that the participants value:

- Career Coaching
- Mentoring/ Advice
- Resources/ Courses
- Study skills
- Role model
- Convenient and familiar location
- Taking account of culture: in-group selection, in selection of mentors and provision of advice.

The outcomes of the program include four women moving from one phase to another. This includes two women who moved two phases. By the end of the program these two women were in college, building on their previous pre-requisites. A graphical depiction of the process of transition developed by the program is included in the diagram below.
Figure 2: Initial Phasing diagram of transition process

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<th>Stage 1:</th>
<th>Stage 2:</th>
<th>Stage 3:</th>
<th>Stage 4:</th>
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<tr>
<td>No college lvl courses</td>
<td>Early phases of pre reqs</td>
<td>Ready to appy</td>
<td>In nursing school</td>
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**Individual level findings and recommendations**

Investigating the in-depth profiles in more detail points to questions about what might be included in the program to further assist transition. Issues raised by participants but not currently covered by the services include: addressing the importance of family through providing childcare and including family into the recruitment process and study phase, communicating the long-term nature of transition, communicating a positive and detailed understanding of the nursing role, and providing targeted tutoring and services at critical points in transition.

During the study phase the priority of family may mean that students take longer to complete studies than initially expected. As Lola mentioned, she can only study two days a week because of her childcare responsibilities as a single mother. As Nancina mentioned, she wants to be there for her family in the evenings. During the final focus group, participants mentioned how difficult it is to source childcare in the evenings and on the weekends. ‘Spring Woods’ previously had a childcare center on site. Based on the findings of the interviews and the final focus group the evaluation recommends considering providing childcare onsite or through a partnership with a local provider.
Family is the key emerging theme from the interviews with each program participant. Family effects the women’s involvement in the program directly through helping (providing transport and childcare), hindering (giving negative feedback about the possibility of transition) and motivating (wanting to act as role models to their children by gaining a college degree). Based on the findings of the interviews and the final focus group the evaluation recommends considering celebrating the involvement of family in the positive progress of transition. This may involve invitations to family for program celebrations, recognition of childcare duties by providing subsidies, and recognition of transportation support through fuel subsidies.

Reading the in-depth profiles it becomes apparent that for this group, the transition process from CNA to LPN, depending on the level of prior qualifications, can take from 5 – 10 years. This includes looping back, for example to take courses a second time for better grades. The transition pilot, running for these eight months will only be one element of this process. This 5-10 year period to transition may be an advantage from an organizational perspective, it is clear in the provider interviews that longevity is one of the most important issues. For the women involved, the long time it takes to see tangible results can result in a loss of momentum and positivity. A depiction of the phases, with an understanding of the possibility for looping back, and the average timing based on the in-depth interviews is below. The evaluation recommends communicating the average timeframe of transition to all newly entering participants.
Participants mention the caring element of their current role, which is an important part of their career fulfillment. They are aware that nurses have less time with patients and are responsible for medication and administration and worry about the loss of caring in their new role. The evaluation recommends addressing this concern through modeling different ways to care and having nurses come and talk about how they feel they continue to care for patients.

Another issue that becomes evident in the profiles, is that there are critical points in this transition process. During these points, participants may need assistance in bridging issues of family or difficult content. For example, targeted tutoring was described as useful and sought after. For Lola, targeted tutoring offered at the right time may have made a difference to her entry into college – we are still waiting on the results. Sola is currently hoping for tutoring in the area of Microbiology also to ensure her entry into college. The evaluation recommends considering targeted tutoring services for those participants at critical points in their transition process. The extent to which these services are offered and to which employees is a question of priority and cost and one that needs to be considered by the organization.
These additional services, provided through the program, point to an increased capacity of each participant to solve problems through additional information, links to expertise, enlarged networks and advocates. Seen in this way, the problematic looping back may better be depicted as an outward developing spiral. This spiral takes the participant back through phases to solve a problem with rings being built that describe the additional capacity and links developed to assist in solving these problems. A possible depiction of this point in transition is below. For new participants beginning the transition process the hope is that through the program they will develop the additional necessary skills and linkages to not double back.

*Figure 4: Support through the doubling back process*
Institutional level findings and recommendations

The issues raised above illustrate individual level responses and outcomes from the program. In the literature review, theorists pointed out that structural issues must also be addressed in attempting to build diversity. Considering the program management of the pilot, there is room for further representation of minority staff perspectives. Program staff are different from participants, they have more experience and qualifications in nursing and in staff development. In this way they are able to share information, expertise and access to different networks that are new and important to the participants. In their role as career coaching and educational staff, they have gained experience in providing advice and acting as mentors. There are also ways in which some of the characteristics of staff and participants need overlap. One participant mentioned that she did not think program staff understood what it means to be a single mother. There is also a question as to whether program staff, from the majority culture, can understand the feelings and needs of minority students negotiating dominant institutions. Program staff have acknowledged this gap and augmented their own expertise by provided experts from a range of cultures and backgrounds. The evaluation recommends considering ongoing input through representation and input of minority staff in program design and review phases.

Participants mention their difficulty of gaining necessary study skills, their preference for practical and active learning, their past experience that they bring in the field of health care. Participants also distinguish between educational institutions where they feel comfortable and supported as Latina’s and minority students. Supportive institutions are described as enrolling large numbers of minority students, having positive images of minority students and the assumption that these students will succeed. Although the literature indicates that having minority faculty also is a factor in creating a supportive
environment, participants do not mention this specifically. As the Nurses Succeed pilot sits within the larger planning context of CAN DO, the evaluation recommends that these findings be reported to CAN DO.

Partners are currently developing a strategic plan to address the nursing shortage and to build the diversity of the nursing workforce. Given the large pool of minority health workers in the role of CNA, the evaluation recommends that CAN DO propose that educational institutions consider how to recognize workers practical experience in the same way that there has been consideration given to second-degree students entering nursing.

Finally, it is important to note that the pilot program is designed as an action research project. Members of the sub-committee meet monthly to review progress, evaluate monitoring data, and share new information. As a result, findings of this evaluation have fed into the ongoing management of the project and the evaluation has been informed by the work of each committee member.

Changes in the program have been initiated from a number of sources. Changes have stemmed from the reflection of the program manager, from the reflection of the CAN DO program manager, from new information, from the collaborative management process and from evaluation.

Relevant changes have that have been made during program implementation as a result of the above mentioned inputs include:

- Specific selection criteria developed for trainers
- Training provided for Career Coaches
- Collaborative design of an computer course to augment the programmed Keys to Success, English for Success and Maths for Success courses
- Flexible tutoring provided to students
I thank my colleagues for their commitment to the program and wish them the best in the future in the ongoing development of the program. I thank the participants for allowing me into their lives and sharing their reflections of the program. I wish them the best in their ongoing career development and in their lives.
References


Board of Registration in Nursing (2008). HRSA 2004 Survey of MA RNs


*Pew Health Professions Commission, 1998*


