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# Healthcare Student Collegiate Honors Decision-Making: A Grounded Theory

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**Healthcare Student Collegiate Honors Decision-Making:**

**A Grounded Theory**

by

Brenda Lee Frie

A Dissertation

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

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Doctoral Committee:  
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## Abstract

This study sought to understand the decision-making process by which healthcare students decide to participate in collegiate honors programing. Nationally, four-year completion rates in honors programing are low (Cognard-Black & Smith, 2015), particularly for students in professional programs. To further examine retention in honors programing, this study asked how healthcare students' values, knowledge, and experiences inform their decisions to participate in honors programing. The researcher interviewed 25 students representing 10 different undergraduate and graduate healthcare professions. Using the constructivist grounded theory method popularized by Charmaz (2012, 2014), analysis of participant narratives grounded the Model of Healthcare Student Collegiate Honors Program Decision-Making. The Model is comprised of four major themes that explain the factors that influence students' decisions to join, decline, or drop honors programing. The identified themes are valuing honors, pre-college experiences, selective admission, and confounding factors.

Students that joined the collegiate honor program valued the program's offerings. Pre-college experiences in high-school honors programing were associated with being pre-selected for admission and joining the honors program. The identified confounding factors that led students to decline or drop honors programing were: major demands, stress of the program, ethnic diversity, and concerns related to the program cost and effect on cumulative GPA. The generated theory supports program change to meet the needs of students enhancing the learning outcomes and program completion. The study captured students' innovative ideas about how to redesign an honors program to meet student needs through incorporation of an interprofessional education (IPE) framework into honors course design.

### **Dedication**

This dissertation is dedicated to my family and friends who stood by me during this educational journey. As crazy as you may have felt this dream of mine was, you supported me and made sure I felt loved. I appreciate the little gifts; the motivating three C's, cards, calls and candy! A special thank you to my husband LeRoy and children Derek, Bryant, Alex, and Maria who made sure I slept, took breaks, ate well and had a little fun.

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## **Chapter 1: Introduction**

This qualitative research study explores how healthcare students decide to participate in honors programing. The study uncovered how students' values, knowledge, and educational experiences inform collegiate honors decisions. This chapter introduces the role of honors programing in meeting the healthcare needs of an aging and increasingly diverse population and its potential to enhance professional skills in leadership, research, and interprofessional communication. The chapter describes the nature of the research problem, purpose, rationale, design, and the significance of the study. For the definitions of terms used within this study, please reference Appendix A.

### **Healthcare Honors Programing**

From 2012-2050 the United States Census Bureau (2014) projects the nation's population over 65 to double to 83.5 million and our minority population to increase (Ortman, Velkoff, & Hogan, 2014). A correlating increase in the skill level of our healthcare workforce is anticipated to meet the complex needs of our nation's growing aging and diverse population (Lim et al., 2016). Collegiate honors programing is identified as one way for the higher education system to meet this need.

In 1992, the United States National Commission on Allied Health expressed concern over the lack of minority representation in healthcare fields (PL 102-408). The commission recommended the healthcare workforce match the demographics of the population. The commission's recommendations were reinforced in 2004 by the Sullivan Commission Report which stressed the importance of professional diversity in reducing healthcare disparity in under-represented minority populations. Despite these national initiatives, over ten years later many healthcare professions lack representation from rural and under-represented populations

(American Occupational Therapy Association 2012; Gabard, 2007; Institute of Medicine, 2011; Vongvanith, Huntington, & Nkansha, 2012). An increase in the diversity of nursing and allied health professions is key to improving national healthcare outcomes. Medical school honors programs have shown that honors curricula can increase the diversity of a profession through matriculation of underrepresented minority students to medical school (Benitez-Sullivan, 2001) In addition to the potential to increase professional diversity, honors programing are advocated as a way to advance students' skills in leadership, and research to prepare students for graduate studies (Carpenter, 2010; Hartshorn, Berbiglia, & Heye, 1997; Lim, Nelson, Stimpfel, Navarra, & Slater, 2015; Schumann & McNeil, 2008; Stanford & Shattell, 2010; Vessey & Demarco, 2008).

The National Collegiate Honors Council (NCHC, 2014) recommends that honors students are mentored by faculty and are involved in governance roles to develop leadership skills. The NCHC is an organization that represents the majority (60%) of institutions with honors program or colleges in the United States (Scott % Smith, 2016). The emphasis that honors programing places on leadership skill development is particularly relevant to healthcare fields that are projected to lose experienced healthcare providers due to a retiring baby boomer workforce (Lim et al., 2016). Nursing honors program graduates tend to take on leadership roles within the profession and enroll in graduate-level education at rates higher than non-honors students (Williams & Snider, 1992). NCHC (2014) also recommends the inclusion of a senior research thesis or project into the program design to introduce students to research methodology.

Exposure to undergraduate research can develop foundational skills for graduate-level studies and advanced medical practice. In healthcare, exposure to research helps the students make connections between evidence-based practice and clinical decision-making. The ability of

honors programing to foster students' passion for research is important for advancement of the medical profession (Lim et al., 2016; Vessey & Demarco, 2008). Undergraduate healthcare student research projects span across many areas of medicine including quality of care, clinical research, program development, and evaluation (Doyle, Burkhardt, Copenhaver, & et al., 1998; Stanford & Shattell, 2010; Vessey & Demarco, 2008). The development of research and team communication skills are a critical part of clinical care.

The incorporation of interprofessional experiences into healthcare curricula is supported by the 2000 Institute of Medicine report that cites that a high number of medical errors are due to lack of communication between professions (Kohn, Corrigan & Donaldson, 2000). Since the initial report, facilitating collaboration between healthcare providers has risen to a top priority in educational and clinical settings. The World Health Organization's (WHO) definition of interprofessional education (IPE) is "when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010, p. 13). While healthcare programs advocate an interprofessional approach to education, most healthcare honors programs are structured by discipline, limiting contact with other healthcare students. While most traditional honors programs use a cross- or multi-disciplinary design, healthcare honors programs are often departmental differing in that they are "restricted to cohorts of students pursuing the same field of academic study" (NCHC, Board of Directors 2013a, para.1). Restriction of cohorts and instruction to the same field may limit student's development of interprofessional communication skills needed in healthcare to improve healthcare outcomes.

NCHC (2014) recommends that honors courses include faculty from more than one profession, but does not specifically address the need for an interprofessional experience that



engages students and faculty from different professions within honors courses. NCHC (2014) recommends an interdisciplinary instruction as a best practice in honors program design. Interdisciplinary instruction involves “two or more academic, scientific, or artistic disciplines” (Merriam-Webster, n.d.). At this time, there is no known evidence of an interprofessional honors program designed to promote student collaboration across healthcare professions. There is a need to develop an interprofessional framework within honors programming that unites all healthcare fields in a context that replicates clinical practice.

### **Problem Statement**

While many professions advocate honors programming for healthcare students, the traditional format of honors programming may not fit the structure of healthcare curricula. Most health professions have set step-by-step curricula, fieldwork, and senior projects that can be barriers to honors program participation (Campbell & Fuqua, 2008; Carpenter, 2010; Schumann & McNeil, 2008). Campbell and Fuqua (2008) associated majors with rigid curricula and large individual senior projects correlate with attrition from honors programming. They found the highest rates of honors program completion were in education (57.14% n=14), business (47% n=44), human environment sciences (47% n=17) and arts and sciences (41% n=133). Nationally the completion rates for honors programming are low. On average, less than half of the initially enrolled honors students graduate with honors (Cognard-Black & Smith, 2015). While it is suggested that the fit of the honors program to students’ needs improves honors student retention (Cosgrove, 2004), few honors studies have explored programmatic needs from the students’ view point.

## Purpose

The purpose of this study was to develop a substantive theory about what attracts and motivates healthcare students to participate in honors programing. In order to fully understand the needs, desires, and barriers that healthcare students experience when deciding to participate in honors, it is important to explore the issue from the student perspective. Little is known about what attracts or detracts healthcare students from honors program participation. Some assumptions are that students' decisions are influenced by the high credit requirements, structured course formats, and timing of internship placements within healthcare programs. Other assumptions are that students who elect honors programing are motivated to participate in academic enrichment by their professional goal to advance to graduate school or that they are incentivized to participate in honors through attractors such as scholarships, small class size, individual faculty mentorship, and early registration benefits. There are few qualitative research studies focused on student's experiences in honors programing.

Many of the research studies on collegiate honors programing are demographic descriptive studies exploring honors student demographics and predictors of retention (Mariz, 2016). The need for strong evidence based honors research is a current topic of discussion within NCHC directors. A recent lead essay by George Mariz (2016) in the *Journal of the National Collegiate Honors Council* stated the agenda for the NCHC next 50 years will be research. The essay points to the need for quality quantitative and qualitative studies that compare honors students to non-honors students, the relationships of honors to the context of institutions, and explore past practices and new trends in education. Mariz (2016) states,

Although to a casual observer, it may appear that the world of honors is swimming in research, reality may be otherwise. Both narrative and statistical accounts of honors are so far inadequate to yield useful conclusions. In the early days of the honors journals, the

scope of research on and in honors was often narrow, chronicling a particular program's practices at a particular university. These singular examples may have been illustrative and useful in themselves but were often unique to an institution or program and not necessarily replicable in other settings. (para. 7)

Likewise, Achterberg's (2006) after a review of honors literature stressed the need for quality research, contending that many of the original questions posted about honors programing remain unanswered. Achterberg stated,

After nearly a century of honors education in America, there is still no standard definition of honors programs or honors students, nor is there a systematic, organized, or comprehensive body of knowledge that describes how or what honors students should be taught. The questions that Schuman (1984) originally posed about Honors research remain unanswered. What admissions criteria for Honors students really work? What happens to comparable students who do and who do not enter Honors programs? What is the "out-of-class" profile of a "typical" Honors student? Is there a difference between the profile of Honors students at comparable institutions? (p. 33-34).

The article points the need for research and theory development to support collegiate honors education.

Likewise, there is a lack of research on healthcare students in collegiate honors programing. A recent publication by Lim et al. (2016) reported that only 30 articles on nursing honors programs have been published since the first article in 1964. Most studies on nursing honors programing focus on five areas: honors program designs, admissions, barriers, and facilitators, outcome evaluation, preparation for graduate school, and meeting the needs of the profession (Lim, et al, 2016). A data base search (CINAL, Health Source, Pub Med, ERIC, and ProQuest) of academic journals using the search terms honors program (and qualitative, health, community, scholar, undergraduate, design, research, and interprofessional) found only a few qualitative studies representing the voice of healthcare student's in honors programing.

In addition to the data base search, this study also reviewed a database of over 500 honors publications (Kardas, 2015). While more studies may exist, the review of literature found only

three qualitative research articles that interviewed honors healthcare students about their experience in honors programing. One study focused on nursing students' experiences in a healthcare honors course (Carpenter, 2010), and one on the healthcare honors students' experience during clinical placement (McInerney & Robinson, 2001), and one on the experience of student nurses in honors during mentorship (CaHill, 1996). This is the first known qualitative study to focus on specifically on the phenomena of how healthcare students make collegiate honors programing decisions.

### **Rationale**

The rationale for this study was to understand the factors that influenced healthcare honors students' decision to participate in honors programs. To understand the student decision making process, it is important to explore the factors influence students' decision-making. There is little information on how honors students' experiences, knowledge and values influence their decision-making. Since honors programs intend to serve the student, exploring attractors, and detractors that influence healthcare students' decisions to participate in honors can inform honors program revisions and development to better serve the student and enhance program outcomes.

### **Description of Research**

In this study, a constructivist grounded theory approach was used to explore the phenomenon of how healthcare students decide to participate in honors programing. The constructivist grounded theory approach was popularized by Charmaz (2000) to acknowledge the subjectivity of the researcher and their involvement in the construction and interpretation of the data. The theory assumes knowledge is socially constructed, ever changing, and dependent on the situation and circumstance (Charmaz, 2014).

## **Research Question**

The primary research question was: How do healthcare students' values, knowledge, and experiences influence decisions to participate in collegiate honors programing? Two sub-questions supported the primary research question. The sub-questions are: 1) What is the importance of collegiate honors programing to healthcare students? 2) What factors impact healthcare students' decision to participate in collegiate honors programing? A third question captured students idea's surrounding the incorporation of interprofessional framework into honors programing. 3) How can interprofessional education be incorporated into honors programing?

## **Significance of Research**

One of the basic tenets of a fully developed honors program is the program meets the needs of students (NCHC, 2014). Information about how students decide to participate in honors is of value in designing honors programing to meet the needs and interests of healthcare students. The objective of this study was to develop a substantive theory about what attracts and motivates healthcare students to participate in honors programing. There are two projected outcomes of this study. First, the study will construct a model of professional student-decision making explaining the factors that attract and detract students from honors programing. Second, the model was used to guide change incorporating interprofesssional honors courses to improve program satisfaction, feasibility and rate of completion.

## **Chapter 2: Literature Review**

Chapter two shares the results of the literature review. The literature review overviews the evidence-base surrounding honors programing. First, the theoretical and historical context is identified highlighting the differences between liberal arts and department-based programs. Next, the chapter presents the demographics of honors students, program design, and impact on learning. In conclusion, the lens of the student, faculty, and the institution are used to view the advantages and disadvantages of the program.

### **Theoretical Foundation**

No known theory directly identified how students decide to participate in or persist in honors programing. Some aspects of Tinto's (1993) theory of student departure and Astin's (1984) input-environment-outcome (I-E-O) model and theory of student involvement applied to collegiate honors programs. Tinto's (1993) and Astin's (1984) theories assist the understanding of internal and external social, psychological, and academic factors that influence a student's decision to participate in honors programing.

The foundational theory associated with student participation in college is Tinto's (1993) Theory of Student Departure. According to Tinto, students enter college with a variety of attributes based on past experiences, social, and academic characteristics that mold students' expectations and goals. The match of a student's attributes, academic, and social needs to that of the institution correlated with persistence in college. Students' goals and commitments were continually modified over time. Internal academic and external social experiences informed the students' decision to depart or commit to education. Similarly, one may conclude that a match between students' attributes, academic, and social needs and honors programing offerings would facilitate joining and completing the program.

Collegiate honors program best practices included designs that promoted leadership, research, and academic as well as social involvement in campus activities (NCHC, 2014).

Student engagement and social participation found in honors programs align with Astin's (1984) I-E-O model and theory of involvement. In their textbook *How College Affects Students*, authors Pascarella and Terenzini (2005) explain:

According to this model, college outcomes are viewed as functions of three sets of elements: inputs, the demographic characteristics, family backgrounds and academic and social experiences that students bring to college; environment, the full range of people, programs, policies, cultures, and experiences that students encounter in college, whether on or off campus and outcomes, students' characteristics, knowledge, skills attitudes, values, beliefs, and behaviors as they exist after college. (p. 53)

In his 1984 article, Astin defines student involvement as,

Quite simply, student involvement refers to the amount of physical and psychological energy that the student devotes to the academic experience. Thus, a highly involved student is one who, for example, devotes considerable energy to studying, spends much time on campus, participates actively in student organizations, and interacts frequently with faculty members and other students. (p. 518)

The theory of student involvement is rooted in sociological and psychological models of change based on Astin's research findings that show the value of student effort to student learning. Many of the best practices for honors programing developed by the NCHC (2014) directly align with Astin's model and theories. Some of the similarities included valuing pedagogy that honors faculty mentorship, on campus honors housing, small class size, individual programing, and a student centered academic learning structure.

Astin's (1984) and Tinto's (1993) theories are linked to social theories explaining the difference in educational performance based on social exposure. The literature supported the value of honors programs in socializing healthcare students to roles in leadership and evidence-based research (Lim et al., 2016; Vessey & Demarco, 2008). Social theory also explained why

students from low socio-economic backgrounds exposed to honors programs reduced educational disparity (Benitez-Sullivan, 2001).

One may assume all eligible students would join and complete collegiate honors programing. However, a recent survey of public and non-public nonprofit colleges and universities in the United States offering campus wide honors programing found less than half of those that join collegiate honors programing finished the program (Cognard-Black & Smith, 2015). Honors program completion has been associated with the program quality and the match of the program to the student's educational goals and needs (Cosgrove, 2004).

### **Honors History**

The term honors in higher education originated in the early 1800's in the United Kingdom at Oxford (Rinn, 2006; Wallace, 2015). An honors degree classification was used to designate a higher level of achievement than a pass degree (Wallace, 2015). Early United States Scholars obtained their degrees from German and English institutions which influenced higher education development in the United States (Rinn, 2006). Harvard was the first institution to use the term honors to designate a degree with distinction based examination performance (Rinn, 2006). The use of the term honors as a designation of high achievement in undergraduate education paved the way for utilization of the term to describe advanced student educational programing.

Collegiate honors programing started as a specialized offering at a few liberal arts colleges. The program quickly grew to a prominent offering at many public and private colleges and universities. The first honors program was proposed by President Frank Aydelotte, at Swarthmore College in Pennsylvania in 1922 (Kimball, 2014; Sederberg, 2008; Thelin, 2011). Aydelotte believed education was an active process and outlined a set of challenging seminar



courses for students interested in intellectual life (West, 2003). The first honors courses were formatted with harder coursework, and independent study (West, 2003). The courses were taught by two faculty and were assessed with an oral examination rather than term grades or examinations (West, 2003). In the early years, honors programming offered a way for specialized departmental scholarship and matriculation to graduate studies (Thelin, 2011). These programs offered advanced field studies and research to sophomore and junior students (Chaszar, 2008). During this time frame only discipline focused departmental honors programs were offered. Departmental honors programming grew primarily within liberal arts institutions throughout the 1930s and 1940s, growing to about 100 institutions (Chaszar, 2008; Thelin, 2011).

During the Cold War in the 1950s and 60s honors programming propagated. Honors programming was seen as a way to address American deficiencies in science and technological education (Thelin, 2011). Around 1957 Joseph Cohen developed an honors program at Colorado University, and started the Inter-University Committee on the Superior Student (ICSS) (Chaszar, 2008; Rinn, 2006). A grant to Colorado University from the Rockefeller Foundation provided funds for Cohen to travel expediting the expansion of honors programming (Rinn, 2006).

Honors programming was initially offered to lower division freshman through general honors courses designed to meet core requirements (Chaszar, 2008). As freshman admission criteria was established, interest in collaboration with high schools increased. In response to less restrictive criteria for honors admission, access to honors programming increased. While departmental honors programs continued in many institutions, general honors programs gained popularity.

General honors courses were advocated as a way to increase awareness of issues outside of one's discipline leading to the idea of an interdisciplinary honors program. General honors

courses became a way to strengthen liberal arts education versus programmatic specialization (Chaszar, 2008). Honors programs gave public universities a way to compete with liberal arts schools through offering small class sizes and liberal arts focused programs at a reduced cost (Kimball, 2014). By 1960, the institutional standard was a four-year honors curriculum (Chaszar, 2008).

By 1962, ICSS membership included 32 private and 31 public all-university honors programs, and four honors colleges (Chaszar, 2008). ICSS continued until 1965 when it closed due to financial issues (Rinn, 2006). A year later some of the prior ICSS committee members established the National Collegiate Honors Council (NCHC) (Rinn, 2006). NCHC was founded as a non-profit association for undergraduate colleges and universities, administration, faculty, and students involved in honors programming (Chaszar, 2008; Rinn, 2006). Over the years the organization's role expanded to support honors program research, development, implementation, and assessment (NCHC, n.d.). Currently, NCHC monitors honors trends through member surveys and disseminates information through an annual conference (NCHC, 2013a; Rinn, 2006). They support two journals, the *Journal of the National Collegiate Honors Council* and *Honors in Practice* (Rinn, 2006).

Over the past five decades, honors programming has seen significant growth in honors colleges and two-year colleges honors programs (Scott & Smith, 2016; Sederberg, 2008). Honors programming in two year colleges expanded throughout the 1970-1990s (Kimball, 2014). In the 1990s, honors colleges were added to the program offerings (Sederberg, 2008). Honors colleges are magnified honors programs; they have larger numbers of faculty, larger budgets, more department space and degree-granting status. In a descriptive analysis of NCHC colleges, Sederberg (2005) found a 60% increase in honors colleges since 1993. The top two reasons for the establishment of honors colleges

are to recruit top students and improve the academic quality of the campus (Sederberg, 2008). The growth of honors colleges was so significant that Sederberg titled his monograph “The Honors College Phenomenon” (2008, p.1). Smith and Scott (2016) reported honors curricula is currently found in 1,503 out of the 2,500 nonprofit institutions in the United States. The growth patterns were in waves, the most recent wave was in 2000 as programs transitioned to honors colleges.

The increase in national honors colleges and programs mirrored higher education trends increasing merit-based aid for high-aptitude students (Heller, 2008). Pressure from college ranking systems and emphasis on standardized testing may have incentivized honors program growth (Monks & Ehrenberg, 1999). Honors programming became a universal offering at large schools and an option at nearly two-thirds of mid-sized to small colleges (Baker, Baldwin, Makker, 2012). In 2014, Congard-Black and Smith (2015) conducted a non-experimental descriptive study of NCHC member institutions focused on honors student demographics, admission, retention, and completion rates. The study found the NCHC currently has 1,401 participating institutions: 860 honors colleges, 356 four-year honors programs, and 183 two-year honors program reflecting the growth of honors programming. Since 2012, honors programs have increased adding 46 honors colleges and 41 honors programs nationally (Congard-Black & Smith, 2015).

Healthcare professions interest in honors programming increased as graduate level professional program offerings expanded (Chaszar, 2008; Lim, et al. 2016). From 1990-2000s many healthcare programs moved from undergraduate terminal degrees to entry-level graduate programs (Roberts, Kurfuest & Low, 2008). Currently all entry-level physical therapy programs are required to be at the doctoral level (APTA, n.d.) and all entry-level occupational therapy programs are required to be at a masters level (AOTA, n.d.). Nursing offers programs at all

degree levels: associate through doctoral-level practice. As the need for professional leadership and research skills grew, interest in honors programming for healthcare students expanded (Lim, et al., 2016).

**Liberal arts versus professional.** There are philosophical differences between liberal arts colleges and large research universities. Traditionally liberal arts institutions were focused on providing cultural, community, and character building educational experiences, while the university emphasized the development of research and critical reasoning skills (Kimball, 2014). After the expansion of professional education in colleges in the 1950s-1960s, debates increased on the value of professional versus a liberal arts education (Thelin, 2011).

Higher education gradually shifted away from liberal arts toward professional degrees. A descriptive study by Breneman in 1990 found approximately 200 liberal arts colleges awarded at least 40% of their degrees in liberal arts fields. A replication of Breneman's study in 2012 found the number of colleges awarding at least 40% liberal arts degrees declined by 65% (Baker, et al., 2012). The authors concluded the decline in award of liberal arts and humanities degrees represented an educational shift toward professional majors (Baker et al., 2012; Breneman, 1990). In 2008, the Great Recession heightened awareness of the cost of education and increasing the focus on the economic value of a college degree (Kimball, 2014). As a result, enrollment in recession proof professional fields such as healthcare increased.

Valuing liberal arts versus professional programs may influence student views of honors programming. Storrs and Clott (2008), in an ethnographic study of 25 honors students, identified four types of learning orientations. The "liberal scholars" who embraced liberal arts education and the "getting by" who displayed marginal academic effort. The students with learning orientations focused on future grades and scholarship were labeled as "players" and the "critical players" were students

that were critical of the emphasis on grades, but conformed to academically narrow specialties. This study highlights how the educational orientation of a student varies based on their values. Storrs and Clott concluded the majority of honors students (60%) focus on the professional model of education rather than the liberal arts frame. They suggest the current social context is commodifying education though demand for technically trained workers, increasing extrinsic rather than intrinsic educational motivation. The debate between professional and liberal arts is evident in honors programing today, student trends and interests are monitored through demographic trends.

### **Honors Programing**

The NCHC frequently conducts surveys to monitor demographic trends in honors programing. The 2015 NCHC demographic survey found the majority of honors participants are under the age of 24 and female (64%). Over the past ten years there has been an increase in the percentage of minority students and first-generation students; currently, national honors programs have an average of 29% minority and 29% first-generation students (Cognard-Black & Smith, 2015).

Honors programs vary significantly in size, structure and program offerings. Honors programing at two-year institutions tend to focus on honors general education courses while four-year institutions are more likely to have department-based honors programs (Gilroy, 2002). The percentage of students enrolled in honors programing is variable. In 2013, a NCHC study found 14% of honors institutions had more than ten percent of their student body in honors programing, 25% had less than three percent; the mean percentage was six percent (NCHC, 2013b). Honors program vary in size and curricular formats.

**Design.** The curricular structure of collegiate honors programs vary based on the type of institution, professional or liberal arts format, and honors program leadership. The NCHC (2014) recommends that honors program coursework constitute 15-25% of the total program requirements.

A demographic census of honors programs in the United States found 56% of institutions offer honors housing. Most honors programs offer seven or eight honors courses and a senior research project or thesis (Gasman, Fluker, Commodore, & Peterkin, 2014). Many institutions overlap honors coursework with general education or professional requirements to ease scheduling requirements (NCHC, 2014). Benefits are often associated with program membership such as priority enrollment or honors housing. In the United States more than half of the honors programs offer honors housing and special scholarships for members (Scott, Smith, & Cognard-Black, 2017).

The characteristics of collegiate honors programs are similar to high school gifted and talented student programs. In an exploratory study of 11 big ten universities, Tallent-Runnels, Shaw and Thomas (2007) identified nine components found in gifted and talented programming that are common in collegiate honors programs: An interdisciplinary approach to learning, non-classroom options, independent studies, students involved in curriculum development, screening and identification procedures, mentoring, evaluation of the program, guidance and support for students, and instructor training. A full description of NCHC (2014) the recommendations for honors programming is found in the publication titled *Basic Characteristics of a Fully Developed Honors Program*. Many of the NCHC (2014) recommendations align directly with Kuh (2008) “high-impact educational practices” designed to improve student learning outcomes. Kuh identified several beneficial learning strategies such as first-year small group experiences, learning communities, writing intensive courses, collaboration with others, undergraduate research, diversity/global learning, service learning, internships, and senior projects or thesis. A copy of the NCHC (2014) *Basic Characteristic of a fully Developed Honors Program* document is provided in Appendix B. It is common for honors courses to cover general education (95%)

requirements and there is a strong tendency towards interdisciplinary and research based courses (Scott, Smith, & Cognard-Black, 2017).

While the traditional liberal arts format found in many institutions, over half of the institutions offer honors contracts or departmental honors programs (Scott, Smith, & Cognard-Black, 2017). Traditional liberal arts honors program offerings often meet general education requirements and are designed to challenge the students to broaden their education through varied studies that offer cultural experiences and call attention to issues of local and national concern (Kimball, 2014). Honors contracts, and agreements between the student and instructor to enhance course work requirements. Departmental honors focus on providing enriched courses within the students' discipline focused on the development of critical thinking, leadership, and research skills that will advance the profession (Lim et al., 2015). Carpenter (2010), reported a mix of the general liberal arts and departmental course increased the feasibility of honors programming for healthcare students.

Experiential learning experiences incorporated into honors programs differ by institution and departments. Many honors programs include components of leadership or community service hours, summer internships or research experiences, and completion of a final capstone senior thesis or project. A 2016 census of nonprofit undergraduate honors programs in the United States found by Scott, Smith and Cognard-Black (2017) found over half of honors programs included study abroad courses, and around 40% included thesis, capstone, service and experiential learning requirements. The census found the most common curricular element was research intensive courses found at 80% of the institutions. Around 40% of honors courses included an online component and around 20% had internship requirements.

**Cognitive growth.** The effectiveness of collegiate honors programing on cognitive growth is difficult to assess. Only one study by Seifert, Pascarella, Colangelo, and Assouline (2007) sought to examine the effect of honors programing on cognitive growth. The quasi-experimental longitudinal study used standard cognitive measures to assess 2,000 students from 18 four-year colleges and universities in 15 states. Cognition was measured through the American College Test (ACT) and the Collegiate Assessment of Academic Proficiency (CAAP) to identify first-year change in reading comprehension, mathematic skills, and critical thinking. The authors found honors curricula provided challenging course interaction, increased academic involvement, and used higher-order instructional pedagogy. When controlled for pretest measures, small but significant changes in math and critical thinking skills were identified. The participants scored .14 SD higher on cognitive testing, .15 SD higher on math, and .09 SD higher on critical thinking measures. The study, however, did not account for the influence of students' high school educational experiences. It is possible that collegiate honors students have more expectations and are more receptive to academic challenge than their non-honors peers. Pascarella, one of the authors of the study, stressed to the need for further systematic research inquiry into the effects of collegiate honors programs. In a paper titled *How College Affects Students: Ten directions for Future Research*, Pascarella stated: "Given the prevalence of, and belief in, honors colleges and honors programs in American postsecondary education, this almost total absence of empirical support for their existence borders on the scandalous" (2006, p. 513). There is need for further study of the cognitive benefits of honors programs and the relationship to student outcomes.



**Student satisfaction.** Although questions about the programing's academic value remain, student satisfaction is correlated with participation in collegiate honors programing. Astin (1993) conducted a large non-experimental study of 200 four-year colleges and universities with a sample size of 25,000. Astin's longitudinal study used regression analysis to compare students upon college entry in 1985, with college exit in 1989. The analysis included measures to assess student success in college, employing 135 "college environmental" measures, and 57 "student involvement" measures. One of Astin's (1993) student-involvement measures was enrollment in an honors program. Other involvement measures were participating in student clubs and organizations, talking with faculty, joining a fraternity or sorority, taking writing courses, studying abroad, and exercising.

In contrast to his earlier studies, Astin (1993) found no association between honors status and college GPA, or growth in general knowledge, critical thinking skills, writing skills, leadership, or satisfaction with the overall college experience. Some key findings from Astin's study were the findings that honors students tended to fare better than non-honors students on retention (defined as being retained for four years and receiving a degree at that point), desire to contribute to a scientific theory, self-reported growth in analytical and problem-solving skills, and admission to graduate or professional programs.

**Matriculation to graduate school.** Honors programs are one of the primary ways healthcare programs prepare students for graduate school (Benitez-Sullivan, 2001; Vessey & Demarco, 2008; Williams & Snider, 1992). A comparative non-experimental study of nursing students found four to six years post-graduation 65% of honor students went on to graduate studies, compared to 38% in non-honors students with high GPA levels (Williams & Snider, 1992). Development of a University of Texas-Pan America pre-medical honors program resulted

in an increase in medical school acceptance rates to 65%, compared to the national average is 35% (Benitez-Sullivan, 2001). A survey of honors programs within Historically Black Colleges and Universities (HBCU) found one-third of honors programs reported more than 50 % of students were admitted to graduate school (Gasman et al., 2014). Matriculation to graduate school is important to medical professions and allied health professions that require masters or doctoral degree levels for entry-level practice. Many graduate school admission requirements are similar to honor program acceptance criteria.

**Acceptance criteria.** Honors programs commonly have pre-program and in-program acceptance criteria (NCHC, 2014). The mean academic requirements for honors participation are a high school GPA of 3.47 and an ACT score of 26 (Cognard-Black & Smith, 2015). Admission decisions to honors programs often include high school grades, rank, ACT or SAT testing, essays, and interviews (Brown, 2001; Gasman et al., 2014). To expand enrollment, some institutions admit honors students after their first semester, rather than based on high school GPA (Gasman et al., 2014). Admission to honors programs based on high first-semester grades can attract international students and students who find the non-honors curriculum to be less rigorous than desired (Campbell & Fuqua, 2008).

**Completion rate.** In spite of student selectivity, the four-year completion rate from honors programs is variable across institutions ranging from a low of 9% to a high of 92% with a national mean of 47.81% (Cognard-Black & Smith, 2015). Dennison (2008) reported the formation of an innovative honors college at the University of Montana increased program participation. While the participation rate in honors programming rose above 5% of the undergraduate student body, only 2% completed the program (Dennison, 2008). Accurate

analysis of completion rates is confounded by variability in honors programing and criteria for student acceptance (Seifert et al., 2007).

The need for further study of the factors that influence student retention in honors programing is evident. The predictor variables for collegiate honors program completion were examined in longitudinal non-experimental study by Campbell and Fuqua (2008). The study looked at 336 honors students divided into three groups. The first group were “completers,” students that completed more than 39 honors credits with a GPA above 3.5 (n = 62). The second group were “partial completers”, students that completed 21 credits with GPA above 3.5 (n = 73). The final group were “non-completers”, honors students who completed less than 21 honors credits were non-completers (n = 201). The authors found increased program completion rates correlated positively with high school GPA above 3.75, first semester GPA above 3.80, female gender, and living in honors housing. Standardized ACT test scores did not correlate with persistence in honors programs. The study results are similar to the research studies that identify high GPA (not standardized ACT scores) as a strong predictor variable of persistence in college (Hébert & McBee, 2007). Campbell and Fuqua (2008) also identified the relationship of curricular demands to collegiate honors program completion. Majors with rigid curricula, such as engineering, had the lowest graduation rate 22% (n=74). Degrees with flexible curriculums, such as agriculture sciences and natural resources 50% (n=54), business 47% (n=44), and education 57 % (n=14), had the highest completion rates. Many healthcare majors have rigorous academic course work and demanding set clinical and lab requirements.

The structured curricula, and time demands clinical internships associated with healthcare majors can be a barrier to honors program completion (Carpenter, 2010; Campbell & Fuqua, 2008; Schumann & McNeil, 2008). Carpenter (2010), indicated the structured nature of the

nursing program made it difficult for nursing student to complete traditional honors programing. She noted few nurses were enrolling in the traditional honors program and that none of the traditional honors offerings matched the nursing curriculum, which resulted in students having to complete additional credit requirements outside of their discipline to graduate with honors. She found adding nursing honors courses within the existing honors program expanded the nursing curriculum and raised the quality of student clinical experiences. Time demands are further increased for students working to support the cost of education or to gain the required amount experience necessary for program admission (Lim et al., 2016; Schumann & McNeil, 2008). Additionally, the demands of caregiving are relevant to healthcare fields that are typically over represented by female students. According to the Institute of Women's Policy Research (2009), nationally 3.9 million undergraduate college students are parents, the majority of whom are female (71%). Honors program decision-making may be influenced by barriers that limit program completion. To fully understand how the perceived benefits and disadvantages of honors programing influence decision-making the issue is explored from the perspective of the student, faculty and administration.

### **Benefits and Disadvantages**

Views on the benefits and disadvantages of honors programs can vary between students, clinical mentors, faculty, and administrators. Honors programs are designed to attract high potential students through offering enriched academic programing. Attractors such as small classes, faculty mentorship, individual advising, special housing and opportunities for leadership and research are designed to appeal to high-aptitude students.

**Student view.** From the student view, honors programing offers advanced academic programing at a more reasonable price than Ivy League institutions (Long, 2002). Many healthcare honors programs offer faculty mentorship to facilitate student development of research and leadership skills needed for advanced practice (Lim et al., 2016; Schumann & McNeil, 2008). Additionally, the student may be motivated by the perception that honors programing will help prepare them for graduate studies or facilitate admission to graduate school.

In spite of the customized learning opportunities available in honors, some students may not desire the additional work, high grading curve, and performance expectations of honors. An article exploring the effects of honors programs on leadership skill development at the University of Texas Health Science Center at San Antonio School of Nursing found high-aptitude healthcare students electing not to participate in honors due to fear of lowering their overall GPA and reducing their odds of program admission to competitive healthcare programs (Hartshorn et al., 1997).

During internships healthcare students in honors may also experience less support for participation in honors then in the academic setting. In a qualitative study exploring honors student clinical experiences, McInerney and Robinson (2001) reported clinical mentors' comments often devalued the students' participation in honors. Mentors negative response to honors program participation included "Why would you do that?" and "students with good grades were often not the best clinicians" (p. 217). The registered nurses in the honors program hid their professional and research roles and made statements such as "the less people know I am a (honors) student the better," "I rarely tell people about my research," and "I was rewarded for conforming and adapting to the nursing role" (p. 218-219). In the McInerney and Robinson

study, the honors students searched for their identity and experienced self-imposed high expectations during the clinical placement. Like students and clinical mentors, faculty may have differing views of the benefits and disadvantages of honors programs.

**Faculty view.** The perceived value of honors programs within an institution may vary by faculty member and department. Faculty who support honors education tend to value the curriculum's potential to serve as the foundation for reform of undergraduate education. Proponents view the honors program as an intellectual center, a beacon to top students that will elevate pedagogy and instructional methods across campus (Dennison, 2008). As an educational platform, honors programming can challenge students to engage in the community, global service, and research.

Faculty in departmental honors programs may see honors programs as a way to a target a specific student population or professional need. For example, honors programs have been advocated to increase health professionals in high-need medically underserved areas to benefit the population. At the University of Texas Pan America (UTPA) a Premedical Honors College was founded in 1994 to help "close the gap in the number of Rio Grande Valley natives, and especially Hispanic residents, who attend medical school" (Benitez-Sullivan, 2001, p. 7). At the time, the 13-county region was identified as "medically underserved" by the U. S. government (Benetiz-Sullivan, 2001 p. 3). Benitez-Sullivan (2001) found that adding an honors college increased the number of UTPA students accepted to medical school; the honors college was credited with opening a path for regional Mexican American students to enter medical school.

Nursing honors programs are advocated to meet the need of profession to attract the next generation of leaders, faculty members, and researchers (Lim et al., 2016; Schumann & McNeil, 2008; Vessey & Demarco, 2008). Faculty may use honors curricula to facilitate high ability

students' progression to doctoral studies at an earlier age (Vessey & Demarco, 2008) and introduce students to faculty roles (Schumann & McNeil, 2008). Schumann and McNeil (2008) reported out of 37 baccalaureate nursing students that graduated with honors, three went on to clinical research and 11 were either in or applying to graduate school. In some settings honors students work closely with faculty as teaching, research assistants, or co-researchers (Vessey & Demarco, 2008).

Faculty led research on innovative departmental healthcare honors programs is extensive. According to Lim, et al., (2016) there are over 30 published nursing honors articles that highlight the benefits of nursing honors program. Nursing honors programs can be designed to focus on advancing skills in research, leadership, service learning, social entrepreneurship, global health, and interdisciplinary collaboration. Much of the literature focuses on individual reports of innovative courses or honors programs (Benitez-Sullivan, 2001; Carpenter, 2010; Hartshorn et al., 1997; Stanford & Shattell, 2010; Vessey & Demarco, 2008). Many of the innovative honors program are designed to integrate theory with clinical experiences (Carpenter, 2010), leadership (Hartshorn et al., 1997), and promote one-on-one mentorship and advising by expert researchers or educators (Schumann & McNeil, 2008). In spite of a lack of empirical evidence, honors programs are assumed to provide enriched experiences that facilitate student academic and social growth.

From an academic standpoint, some educators worry removing the best and the brightest from the classroom may leave non-honors students with an inferior experience, others may be repulsed by a sense of elitism, privileging a few to the detriment of many (Dennison, 2008; Herron, 2013). In in an essay titled *To the Charge of "Honors is Elitist: On Advice of the Council We Plead Guilty as Charged,"* Spurrier (2009) speaks to the opposition he encountered

when expanding the honors program. He states, among the chief reasons for opposition to expanding honors education were “the elitism allegation and a corresponding assertion that honors had no place in a land-grant institution such as ours” (p. 50).

Dennison (2008) warns that there may be opposition to changing an existing honors program. He warned that there may be an overall sense of everyone or no-one, if innovation benefits some but not all, it does not merit support. Often times change processes can be difficult to facilitate in the university setting. Dennison (2008) states, “Colleges have become havens for people who prescribe change for everyone else but themselves, I know of no group more dedicated to preserving the status quo than faculty members, regardless of discipline, with the possible exception of medical practitioners” (p. 163). Like faculty, administration may have differing views on the benefits and disadvantages of honors programs.

**Administration view.** Administration may view honors programs as a way for their institutions to stand out when they are not able to do so through high selectivity (Seifert et al., 2007). In today’s competitive markets, private non-profit institutions must be innovative and creative, flexing to students’ interests and our national needs to remain viable (Breneman, 2006; Immewahr, Johnson, & Gasbarra, 2009). From the administrative perspective, economic forces such as declining numbers of students under 24 and lower tuition costs at public verses private institutions has led to an environment of competition for top students (Long, 2002).

Investing in honors colleges is an institutional strategy that enhances image and prestige. Cobane (2011) in article on the honors program at Western Kentucky University reports investment in honors college and programing between 2005 and 2009 resulted in raising the number of students with ACT scores above 25 and SAT above 1130 from 19.1 to 24% with associated growth in the student body of 33%. Cobane concludes, “Appropriate investments in



honors education can facilitate one of the fastest enhancements of an institution's undergraduate reputation for academic excellence: success with nationally competitive and prestigious scholarships such as the Fulbright, Goldwater, and Truman" (p. 102). Honors programs can benefit the university through their ability to attract academically inclined students that inspire and motivate their peers (Duckett, Brand, & Fairbanks, 1990; Owens & Travis, 2013).

Astin (1984) notes that high-achieving students can be a college resource to facilitate learning across the campus. Honors students typically persist in college, making recruitment expenditures cost effective (Sederberg, 2008). Honors programs may also benefit the institution through the ability to attract and retain faculty (Owens & Travis, 2013). Since honors students tend to matriculate on to higher level studies, honors programs may be viewed as an institutional feeder for graduate school enrollment.

Administration may also view honors programs as a way to uphold the mission and vision of the institution. Honors programs are a way to reflect the educational commitment such as the advancement of science, development of leadership skills or undergraduate research experiences (Vessey & Demarco, 2008). Gilroy (2002) stresses that honors programs can have a benefit of minimizing the stratification within the educational systems that develops between Ivy League institutions and state or private institutions, giving academically gifted students from disadvantaged backgrounds opportunities to participate in more focused and challenging curricula.

The danger is that the money and energy spent on recruiting and serving the best and brightest students and faculty can detract from other university services. Cost effectiveness is an important aspect of honors programs. Since honors classes have a small faculty to student ratio, they are more expensive to administer than traditional college programming. With higher

education already strapped for faculty, the high faculty-student ratio and supervision may be a deterrent to developing honors programs (Dennison, 2008; Schumann & McNeil, 2008).

### **Summary**

Nationally, honors programs and colleges are increasing in response to higher education institutions desire to attract high-aptitude students. Honors programs offer many high-impact educational strategies that can enhance the student learning such as small class sizes, faculty mentorship, and interdisciplinary instruction. In spite of the strengths of honors academic instruction, there is significant attrition from the program that needs to be explored. This is particularly true in professional fields such as healthcare that have set curricula and additional educational requirements such as fieldwork that are barriers to collegiate honors program participation.

To meet the future needs of healthcare professions and students, honors programs can focus on the development of necessary skills for practice advancement such as research, leadership, cultural competence, and interdisciplinary communication skills. Upon review of the literature, a gap was found in studies that explore how healthcare students decide to participate in honors, or on what types of honors educational activities students' value. There are many quantitative studies by professions, institutions, and faculty exploring honors program trends, but minimal publications exploring this issue from the student perspective. Utilizing a grounded theory approach, this study seeks to capture the voice of healthcare students currently in, or eligible for, participating in honors programing. The purpose of this study is to generate a substantive theory that explains the factors that influence healthcare students' decisions to join and persist in honors programing. Decisions related to honors program persistence were intentionally included to identify retention factors that influence completion rates.

### Chapter 3: Method

This study is a qualitative study exploring how healthcare students' values, knowledge, and experiences informed collegiate honors programing decisions. The study used a constructivist grounded theory method. A grounded theory method is appropriate for this study since the topic was poorly understood and further exploration was necessary to improve student outcomes. Punch (2009) states, "The rationale for doing a grounded theory study is that we have no satisfactory theory on the topic, and we do not understand enough about it to begin theorizing" (p. 133). The resulting theory will identify factors that influence honors student decision-making to inform program revisions to increase program catchment and retention.

The chapter begins with an overview of pre-empirical research including the setting for the study. The body of the chapter focuses on the empirical stage of research including selection of the research design, participant recruitment and selection, data sources, and analytical methods. The chapter ends with the procedures used to verify the study findings.

#### **Pre-empirical Research Stage**

The pre-empirical research stage supports the development of both the research topic and question through exploring the literature, the setting, and the population under study. Gathering foundational information helped the researcher understand the context of the study improving awareness of the surrounding environment, social, and cultural beliefs that may influence the study findings. This section explored the site characteristics and the state of healthcare honors programing at the University.

**Literature review.** Before the start of this research study, the researcher reviewed the literature surrounding honors programing. Her review included exploring the history of the development of honors programing in the United States and researching honors curriculum for

professional healthcare students. National demographic data was gathered on honors retention and outcomes. The review explored the pros and cons of honors programming through the lens of the student, administration, and faculty.

Bryant and Charmaz (2010) identified the importance of a literature review to familiarize the researcher with the relevant evidence base that surrounds the topic. According to Corbin and Strauss (2008), the literature review provides a foundation for making comparisons, enhancing sensitivity, assists in the review of findings, aids the formation of interview questions, refines observations, and helps develop sampling methods. They stated, “Familiarity with relevant literature can enhance sensitivity to subtle nuances in data” (Corbin & Strauss, 2008, p. 37). The literature review in this study served as a tool to improve the design of the research study and provide the necessary background for theory generation.

**Campus setting.** St. Catherine University was selected as the setting for participant sampling. Charmaz (2006) explained the importance of establishing a sample that matches the people, cases, situation, and setting before entering the field. Many factors aided site selection. First, reflective of the research problem, the University had few healthcare students completing the honors program. Second, SCU offered many of healthcare undergraduate and graduate majors. Third, the researcher had access to the site through her employment at the University, and fourth, the University was supportive of using the study results to inform honors program revision.

The setting is unique due to the fact that the University has an undergraduate College for Women and a large school of health. The University offers associate’s, bachelor’s, master’s, and doctoral degrees (National Center for Education Statistics, 2015-2016). The University serves a total of 4,961 students: 3,320 are undergraduate and associate degree-seeking students and 1,641

are graduate students (SCU, 2017b). A distinctive feature of the site is a high percentage of multicultural representation (32.7 %) within the undergraduate student body (SCU, 2017b).

St. Catherine University is a private non-profit four-year or above institution. The University is classified by Carnegie as a basic larger college and university, with undergraduate instructional programs in professions, arts and sciences, and some co-existence graduate programs (Carnegie Classification of Institutions of Higher Education, 2014). A women's college is appropriate for this study since greater than 75% of healthcare professionals (WHO, 2008) and 63% of honors students in the U. S. are women (Scott, Smith, Cognard-Black, 2017). The uniqueness of the setting may limit the generalizability of the study findings to other college settings. Table 3.1. highlights the demographic information of the research site.

The culture of SCU changed significantly in 2009 when the college became a university, transforming the organizational structure into three colleges and four schools. The colleges are the College for Women, the Graduate College, and the College for Applied and Continuing Learning. In 2016, the name of College for Applied and Continuing Learning was switched to the College for Adults. Although the College for Women enrollment is only open to female students, the Graduate College and College for Adults is open to men and women.

**Table 3.1.***Research Site Demographic Characteristics (NCES, 2015-16)*

Characteristics	St. Catherine University
Total Enrollment	4,961
Undergraduate	3,320
Graduate	1,641
Gender	
Women	96.6 %
Men	3.4 %
Full-time/Part-time	
Full-time	64%
Part-time	36%
Undergraduate Race/Ethnicity	
American Indian or Alaska Native	.5%
Asian	11.8%
Black or African	9.3%
Hispanic/Latino	6.6%
White	63.5%
Two or more races	2.6%
Unknown	4.6%
Non-resident Alien	1.1%
Undergraduate student age	
Age 24 or under	64%
Age 25 or over	36%
Undergraduate Student Residence	
In state	83%
Out of State	15%
Out of Country	1%
Unknown	1%
Admission ACT Composite Test Scores	
25th Percentile	19
75th Percentile	25
Retention Rates	
First-time Full-time Students	86%
Overall Graduation Rate	
4 year (starting Fall 2009)	40%
6 year (starting Fall 2009)	64%

*Note.* Data from NCES, 2015-16

The University has over 100 fields of study within four discipline-based schools; Liberal Arts and Humanities, Social Work, Business and Professional Studies, and the Henrietta Schmall School of Health (HSSH). The HSSH is the largest school represented by 11 undergraduate and graduate programs. The top undergraduate majors at SCU are healthcare fields including nursing (34.5%), public health (6.2%), and social work (5.8%) (SCU, 2017b).

Honors programing is available to healthcare students at SCU through the Antonian Scholars Honors Program. The Antonian Scholars Honors Program was founded in 1986, based on a traditional honors program design. The design incorporates interdisciplinary course instruction consistent with the 2014 National Collegiate Honors Council (NCHC) *Basic Characteristics of a Fully-Developed Honors Program* (Appendix B). Since the honors program is housed within the College for Women, 100% of the students are female. Multicultural representation in the honors program is less than that of the University hovering around 20% (Pakudaitis, 2015).

The Antonian Scholar Honors Program is structured to account for 10% of undergraduate student coursework. The program consists of five classes: Four interdisciplinary honors seminar courses and a final independent thesis or project course (SCU, n.d.). The University's signature core courses, reflective woman and global search for justice, are offered as options for the honors seminars. The program has an interdisciplinary, learner-centered design consistent with best practices in honors program design (NCHC, 2014). The model allows for faculty from two unrelated disciplines to teach the course together, with each faculty member receiving full weighting for instruction (Cervantes, 2015 personal communication). The final thesis or project includes faculty mentorship and a committee review. Honors students formally present their work to the public each spring. Students that complete the Antonian Scholar Honors Program are

recognized publicly by the University on the campus website and within the commencement brochure.

Most Antonian Scholars are pre-selected for admission to the program during the college application process. The program also offers admission through an application process. The application process includes two faculty letters of recommendation, an essay, standardized testing, and a GPA above 3.5 (SCU, n.d.). Enrollment in the Antonian Scholars Honors Program has shown little change over the past five years. From 2011 to 2015 an average of 36 students enrolled yearly as a freshman in the honors program; the total student enrollment in honors on campus hovers around 100 students per year (Pakudaitis, 2015). As of 2017, SCU has 1,956 undergraduate baccalaureate students eligible to participate in honors programming (SCU, 2017b). The difference between 1,956 baccalaureate students and the full enrollment of 3,320 in Table 3.1. is the number of students enrolled in associate degree programs and Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) programs at the University. At this time SCU does not offer honors programming to associate degree, RN to BSN students, or weekend hybrid students.

The participation rate in honors programming at SCU is slightly below the national average. Five percent of the student body currently participates in honors programming at SCU, the national mean for honors participation is around 6.% of the student body (Cognard-Black & Smith, 2015; Scott, Smith, Cognard-Black, 2017). Similar to the national data, many students in honors at SCU do not graduate with honors. In 2014-15 only 14 students graduated from the Antonian Scholar Program (SCU, 2015a, b). Of those 14 graduates, only one student represented the HSSH. (SCU, 2015a). Low participation rates of healthcare students in the Antonian Scholar Honors Program and low completion rates of healthcare students in the program make SCU students an ideal population for this study.



## **Empirical Research**

The empirical stage of research included the selection of the research question, qualitative design, participant selection, data sources and collection methods, analytical tools and methods of verification. The study used a qualitative grounded theory method, following the constructivist methods for data gathering and analysis consistent with the teaching of Charmaz (2014). The overarching question that guided this study was: How do healthcare students' values, knowledge, and experiences influence decisions to participate in collegiate honors programing? The research question was explored through two sub-questions: 1) What is the importance of collegiate honors programing to healthcare students? 2) What factors impact healthcare students' decision to participate in collegiate honors programing? A third question asked: 3) How can interprofessional education be incorporated into honors programing? This question was solution focused capturing students opinions and recommendations on the incorporation of an interprofessional educational framework into the program.

The objective of the study was to develop a substantive theory identifying what factors influenced students' honors programing decisions. The study focused on the student decision-making process. Key student decisions were whether to join or decline admission to the collegiate honors program, and whether to complete or drop the program. Exploration of the student decision-making process is an important area of study relevant to many students, faculty, and academic institutions. Identifying the factors that facilitate and impeded students joining and completing the honors program will inform the program revisions needed to improve program outcomes.

**Qualitative design.** Qualitative research is multidimensional representing an umbrella of paradigms, research designs, data gathering methods, and tools for analysis. Several different positions can be used to support the method including positivism, post-positivism, critical theory, and constructivism (Punch, 2009). The constructivist paradigm that guided this research acknowledges that research is a human construction, influenced by the social, environmental, and political contexts.

This study used many methods common to qualitative research. First, the research was conducted in a naturalistic setting familiar to study participants (Deploy & Gitlin, 2011). Second, research focused on gathering empirical data about students' experiences related to honors programing. Third, data was gathered through the recording and transcribing students' experiences. Fourth, the researcher served as an analytic instrument using words to compare and contrast the data, to develop themes and categories, and to describe the resulting theory. There are many types of qualitative research designs, including ethnographic studies that focus on cultures, narrative studies that focus on stories and grounded theory studies that exist to formulate a theory through data analysis (Tracy, 2013). I selected the grounded theory method since the purpose of the study was theory generation.

Grounded theory is a way of doing qualitative research. The term "grounded theory" can be confusing; it is not a theory, but a research method that produces a theory (Charmaz, 2014; Punch, 2009). Punch (2009) explained,

Grounded means that the theory will be generated on the basis of data; the theory will therefore be grounded in data. 'Theory' means that the objective of collecting and analyzing the research data is to generate theory to explain the data. (p. 130)

There are three main reasons why a grounded theory method was selected for this study. The first reason is the effectiveness of the research method in generating a theory (Charmaz, 2014;

Punch, 2009). Second, the method is robust, with a systematic, disciplined, and organized way to gather and analyze data (Charmaz, 2014; Punch, 2009). Third, the method is appropriate for education topics, such as honors programing that need further investigation to understand what is going on (Punch, 2009).

This study used the constructivist grounded theory method first popularized by Charmaz (2000). Constructivists view learning as a social construct embedded in interaction, sharing, and interpretation (Charmaz, 2014). The constructivist grounded theory method is based on the past work of Glaser and Strauss (1967) modified by second-generation grounded theorists. In their original work, Glaser and Strauss established methods of analysis used to develop theories grounded in qualitative data. Charmaz (2014) credits the work of Glaser and Strauss with defining the classic components of grounded theory, including continual engagement of the researcher with the data to advance theory development through a comparative analytic method.

Many aspects of the constructivist grounded theory approach draw from qualitative research methods. Charmaz (2014) outlined the defining characteristics of constructivist grounded theory. She identified methods of simultaneous data collection and analysis, construction of analytic codes, use of cyclical constant comparative methods, use of memo writing, and sampling for theory construction. The constructivist approach is used to highlight the need to continually look for and refine the properties of the phenomena throughout the research process. Charmaz (2012) states “Thus data form the foundation of our theory and our analysis of these data generates the concepts we construct” (p. 3). The resultant theory, grounded in the data, is built using a systematic, inductive, and comparative approach.

The constructivist approach recognizes the subjectivity of the researcher and is open to individual theoretical interpretation and understanding. Charamz (2014) explains, in this way, the

constructivist approach treats research “as a construction but acknowledges that it occurs under specific conditions-of which we may not be aware and which may not be of our choosing” (p. 13). The assumption of the approach is that “social reality is multiple, processual, and constructed” (p. 13). Viewing research as created rather than discovered helps the researcher to remain reflective and focused on the participant statements.

### **Participant Selection and Consent**

Participants were selected based on meeting the eligibility criteria for the study. Healthcare students that self-identified they were freshman, sophomore or juniors in college with a GPA above 3.5 were eligible to participate in the study. Since many students transferred into higher education with a high number earned dual college credits from high school they self-identified by year in college, versus by cumulative credit totals. In this study freshman means first year in college after high school, sophomore second year in college after high school and junior third year in college after high school. Honors and non-honors student were included to ensure a well informed and thorough base for theory development.

Before the research process was initiated, the study was approved by IRB board at St. Catherine University. St. Cloud State University deferred IPB approval to St. Catherine University. The Institutional Review Board (IRB) served to protect participants through making sure ethical concerns were addressed and the researcher has undergone adequate research training. The ethical concerns addressed through the IRB included informed consent, research participant relationship, risk-benefit ratio, and confidentiality. The IRB outlined specific procedures for study eligibility, student recruitment, consent, and participant correspondence. The consent form and demographic intake form were completed and reviewed with each participant before the start of the interview.

The purpose of the consent form was to inform the participant of the study risks and benefits. This study posed minimal risk to participants. Each participant was informed that she may elect to skip any question or discontinue the interview process at any time. The participant's signature on the consent form was required for inclusion in the study. Each participant was given a copy of the original consent form; the original signed copy was placed in the researcher's confidential file within a locked cabinet. A copy of the consent form is in Appendix G. To insure confidentiality of the transcription companies handling of the narrative data, a signed statement of confidentiality was obtained. A copy of the IRB approval letters from St. Cloud State University and St. Catherine University are located in Appendix C. After the dissertation committee had approved the study proposal, the researcher began gathering data. Data gathering started on September 28, 2016 and continued through December 19, 2016. A full timeline of the study implementation and completion dates is located in Appendix D.

**Recruitment.** The researcher received written permission to email students directly, contact program directors, and use media to recruit eligible students for the study. A letter of permission to contact from St. Catherine University's provost is found in Appendix E. Emails to program directors provided information on the eligibility requirements and emphasized the need to over-enroll students that represent areas of high medical need. Personal communication with program directors within the HSSH and the honors program director also assisted the researcher's recruitment of students for the study.

The program directors' recommendations helped attract participants representing rural and under-served minority students. The participants identified as candidates for the study by their program directors were sent an individual email inviting them to participate in the research study. Participants for the study were also recruited through the SCU website, emails to eligible

SCU healthcare students, and a promotional bookmark. The promotional bookmarks were distributed throughout the campus in a snowball fashion. At the end of each interview, each participant was given a few promotional bookmarks to share with fellow students that were eligible for the study.

Each interested, eligible participant that contacted the researcher was sent return email explaining the study with an attached consent form and demographic information sheet. The participant was asked to confirm her interest by forwarding three times they were available for an interview. If the candidate returned an email with available times for an interview, the researcher followed up by sending a Gmail calendar invite for a one-hour interview. The interview time was confirmed by the student acceptance of the Gmail calendar invite. The morning of the interview, the student was sent a reminder email restating the time and location of the interview.

All interviews were conducted by the primary researcher. The interviews were all held in the same room, in the main library at SCU. The closed doored room offered participants a private setting that was safe and familiar. Following the interview, the collected demographic data was logged on an excel spreadsheet. The log served to track the sample representation and make sure that a variety of students were being recruited to help inform the emerging theory. Examples of the recruitment emails sent to participants are found in Appendix F.

**Sampling.** There are many types of sampling in grounded theory research. Common types of sampling are convenience sampling, purposeful sampling, and theoretical sampling (Bryant & Charmaz, 2010). In this study, the sampling methods were chosen to fit the research questions, goals, and purpose of this study. This study used purposeful sampling, oversampling, and theoretical sampling.

The study used a purposeful sampling method to obtain a diverse professional mix of high-aptitude undergraduate healthcare students. Bryant and Charmaz (2010) suggested a purposeful sampling method be used when participants are sought who are going through a particular stage of life and the research wants to capture the trajectory of the experience. Purposive samples are often selected initially “to maximize variation of meaning, thus determine the scope of the phenomena or concepts” (p. 236). The intent of using a purposive sampling method was to make sure the study sample is representative of all healthcare fields on campus. The initial sample design included at least two students from each healthcare undergraduate major and pre-professional graduate program represented at SCU. The undergraduate professions are nursing, exercise and sports science, dietetics, respiratory care, healthcare sales, sonography, public health, and social work. The pre-professional graduate programs are pre-physical therapy, pre-occupational therapy, pre-medical, and pre-physician assistant. Pre-Medical is the only pre-professional program that the associated professional program is not housed within the University.

Oversampling students from rural and under-represented minority populations was intentionally incorporated into the study design to ensure the theory was informed by students who represent areas of high healthcare provider needs. Populations with identified provider needs are rural, Black, Hispanic, Hmong, Somali, and Native American. Although this study started with a purposeful sample, the study switched to a theoretical sampling method to refine the categories supporting the emerging theory.

Charmaz (2012) defines theoretical sampling as “sampling for the development of a theoretical category” (p. 3). Theoretical sampling was used to guide the data gathering process until no new properties emerged and the categories were saturated. Theoretical sampling is the

most advantageous and under-utilized strategy in grounded theory research (Charmaz, 2012).

The main principle behind theoretical sampling is that the “emerging categories and the researcher’s increased understanding” begin to direct the sampling (Bryant & Charmaz, 2010, p. 240). Bryant and Charmaz (2010) stated:

The researchers deliberately seek participants who have had particular responses to experiences, or in whom particular concepts appear significant. These participants are then asked to tell their story adding to the existing data set about a particular concept or category; the participants may also be asked targeted questions and the resulting data may be used to verify the theory in its entirety. The participant may also be asked to supplement information about linkages between two categories, hence contributing to the emerging theory. (p. 240)

The theoretical sampling process served as a systematic check, encouraging the researcher to continually refine questions and seek answers throughout the inquiry process. In this way, sampling informs and tests the hypothesis, grounded in the empirical data, which strengthens the research method (Charmaz, 2012, 2014).

**Participants.** The depth and breadth of the participant sample provided strong narrative evidence for the analysis. To gather narrative data, I interviewed 26 students. I excluded one student interview that was non-decipherable due to an audio recorder malfunction. The final sample included 25 female undergraduate healthcare students from ten different healthcare fields. All students who expressed interest in participating in the study completed the consent form and the open-ended interview.

To assist in comparative analysis, I intentionally included a diverse mix of high-aptitude healthcare students in collegiate honors programing and non-honors students. The mean self-reported GPA was 3.80. Most of the study participants (n=20) reported they were in honors programing in high school. Fourteen participants were in the collegiate honors program, and 11 were not. The mean age was 19, with a range of 18-31; only one participant was over the age of



24. I represented the influence of time through the recruitment of students in their freshmen (n=8), sophomore (n=7), and junior (n=10) year of college. Through oversampling students from rural and under-represented minority populations, I insured representation from populations with the greatest healthcare needs. The sample included nine participants from rural towns with populations less than 25,000. The ethnic distribution included White (Northern European n=18), Asian (Korean n=1, Vietnamese n=1, Hmong n=2), Black (Somali n=2) and Hispanic (mixed n=1). The sample included eight first-generation students and two students who were parents.

The majority of the sample reported obtaining college credit before attending the university. The number of dual college credits participants obtained before starting college ranged from 0 to 75 with an average of 23. Most of the participants (n=23) in the study earned dual college credits through College in the Schools (CIS), Post-Secondary Education Option (PSEO), Advanced Placement (AP), and International Baccalaureate (IB) programs. Two participants attended another institution after high school before transferring to SCU. Only one participant identified she did not obtain college credit before starting at the University.

To reflect the views of many health programs, I included a large cross-section of healthcare professional undergraduate and graduate programs. The sample included eleven healthcare fields (nursing, dietetics, respiratory care, sonography, social work, exercise and sports science, public health, occupational therapy, physician assistant, physical therapy, and pre-med). Fourteen students were pursuing undergraduate medical degrees (nursing [n=7], dietetics [n=3], exercise science [n=1], respiratory care [n=1], sonography [n=1], and social work [n=1]). Eleven pre-professional healthcare students were completing undergraduate degrees in exercise science, public health, biology, psychology, and communication studies. The students in pre-professional programs planned to matriculate on to a Masters or Doctoral program (Master of

Arts degree in Occupational Therapy [n=4], Doctor of Physical Therapy [n=4], Doctor of Medicine [n=2], and Masters of Physician Assistant Studies [n=1]). Nursing students had a higher range of ethnic diversity than other fields, which led to over-representation in the study. Some healthcare programs had few students that met the GPA eligibility criteria for the study, limiting the sample.

Upon analysis of the demographic data, I found students in the collegiate honors program and non-honors students were similar. The two groups were comparable in cumulative GPA and college credits obtained before starting college. The biggest discrepancy between the two groups was a higher percentage of collegiate honors students self-identified as an honor student in high school on the demographic form (92%) compared to non-honors students (63%). The demographic profiles of honors and non-honors students that participated in the study and their associated pseudonym name are shown in Table 3.2.

During the participant interviews, I found the many meanings associated with the term honors was confusing to students. For clarification and consistency, I elected to define the specific honors related terminology used in this paper. The term “high school honors programing” was used to identify students who participated in honors courses or NHS in high school. The term “honor roll” was used to denote high school students’ who received semester based awards of academic distinction for a high GPA (“Honor Roll”, 2017).

**Table 3.2.***Pseudonym Names and Demographics of Honors and Non-honors Students*

Honors Participant Pseudonym	High School Honors	Desired Field of Interest	Year in College	Generation	GPA	Dual College Credits
Dallas	Yes	Dietetics	Junior	Second	3.81	38
Nancy	Yes	Pre-Nursing	Sophomore	First	3.60	30
Penny	Yes	Pre-PT	Junior	Second	3.72	32
Elisa	Yes	Pre-Nursing	Junior	Second	3.95	40
Daisy	Yes	Pre-Nursing	Sophomore	First	3.90	30
Emily	Yes	Ex-Science	Junior	Second	3.98	20
Macey	Yes	Pre-Med	Freshman	First	3.66	20
Wendy	Yes	Social Work	Sophomore	Second	3.77	12
Natalie	Yes	Pre-Nursing	Freshman	Second	3.83	12
Tamyra	Yes	Pre-OT	Freshman	Second	4.20	12
Paige	Yes	Pre-PT	Freshman	Second	4.0	22
Pandora	No	Pre-PT	Freshman	Second	3.50	4
Nova	Yes	Pre-Nursing	Sophomore	Second	3.60	30
Naomi	Yes	Pre-Nursing	Freshman	First	3.70	12
Average					3.80	23
Non-honors Participant Pseudonym	High School Honors	Desired Field of Interest	Year in College	Generation	GPA	Dual College Credits
Darcy	Yes	Dietetics	Junior	Second	3.56	26
Nala	No	Pre-Med	Freshman	First	3.95	75
Patty	Yes	Pre-PT	Sophomore	First	3.90	28
Aryia	No	Pre-Nursing	Sophomore	Second	3.89	19
Debbie	Yes	Dietetics	Junior	Frist	4.0	38
Opal	No	Pre-OT	Junior	Second	3.78	18
Olivia	Yes	Pre-OT	Junior	Second	3.55	18
Odelia	No	Pre-OT	Junior	First	3.9	12
Ariel	Yes	Pre-PA	Junior	Second	3.92	16
Sally	Yes	Sonography	Freshman	First	4.0	11
Rachel	Yes	Respiratory Care	Junior	Second	3.5	0
Average					3.81	24

The terms “AP” and “IB” were used to identify dual credit options offered through the high school, and “CIS” and “PSEO” were used to denote dual credit options offered through college systems. I used the general term “advanced educational programing” to define all enriched education available to high school students.

The sample formed a strong base of narrative evidence to support qualitative analysis and grounded theory generation. The sample has strength in the diversity of the population and the variety of healthcare professions represented. Through exploring the experiences of participant’s completing one, two or three years of college, I was able to identify the change in student views over time. Including collegiate honors and non-honors students in the study offered insight into the various factors that influence decision-making. I used the participant interview as the primary tool to gather evidence for the analysis

**Data sources.** The data was gathered through the use of the demographic information form, a semi-structured interview, researcher field notes, and memo writing. Data gathering in qualitative research is “a complex, changing, and contested field- a site of multiple methodologies and research practices” (Punch, 2009, p. 115). These methods were selected to gather “rich data” that fully explores the students’ views honors programing to add strength to the study. Charmaz (2014) states “Rich data are detailed, focused and full. They reveal participants views, feelings, intentions and actions as well as the contexts and structures of their lives” (p. 23). Grounded theory gains strength and validity through the use of many data gathering methods.

**Demographic intake form.** Before the start of the interview, I asked each interested and consenting participant to complete a demographic intake form. The demographic form served as a tool to collect self-reported contact, demographic, and educational information that related to

the study topic. During the study, an up to date log of information was kept on each study participant to help understand and portray the context of the study sample.

The demographic form asked participants to fill in blank questions about their contact and demographic information and educational history. The self-report form included students' contact information including: Name, email, home address, and phone number. Demographic information including: Age, race, and ethnicity as well as primary and secondary language. Questions about the students educational history included: Year in college, major, grade point average (GPA), credits complete, involvement in honors programs (high school and college), and transfer in credit history (CIS, AP, IB, PSEO, Community College, or University). A copy of the demographic intake form is in Appendix H.

**Intensive interview.** The primary data gathering tool used in this study was the participant interview. The interview is the preferred methods of data gathering serving as the primary source of data collection to support grounded theory development. Charmaz (2014) stressed the importance of interviews as a data gathering tool:

Interviews are complex situations. Intensive interviews create an open and interactional space in which the participant can relate his or her experience. Yet the purpose of your interview, the people you talk with, their understanding and stake in the interview all figure in the quality and usefulness. (p. 57)

The interview focused on three main topics relevant to the study: The importance of honors programs to participants, what factors influence their decision to participate in honors, and what types of educational experiences they value. I used a semi-structured interview format with an interview guide to facilitate the participants sharing of their experiences. It is common for novice researchers use an interview guide to direct the research questions.

The interview guide designed for this study used open-ended and probing questions. The open-ended nature of the questions allowed the questions to evolve during the interview process to allow in-depth exploration of the research topic. According to Charmaz (2014), the interview questions are designed by “creating open-ended, non-judgmental questions” (p. 65), that encourage participant’s stories to emerge. The questions are designed to “explore the topic and fit the participant’s experience” (p. 65). The questions are constructed in a “how” and “why” format to encourage the participant’s unique statements and stories to emerge (p. 65). During the interview, I used pre-designed probing questions to focus my attention on the participants’ responses rather than question formation.

The design of the interview guide follows the recommendations of Charmaz (2014) with an opening, a middle, and a closing section. The interview opens with general questions to introduce the participant to the nature of the interview questions. The middle of the interview asks questions exploring the participant’s experiences relating to the area of study. The interview closes with catch-all questions that invite the interviewee to add information to the interview. Table 3.3. provides a sample of each question type used in the study. The full interview guide that was submitted to IRB is included in Appendix I.

I selected the campus library as the location for this study. The interview location was selected because it is a naturalistic setting centrally located, safe, and familiar to the students. For confidentiality, I interviewed each student in a closed, small group room. At the end of each interview, I gave each participant a small snack, a thank you, and a 20-dollar gift card in appreciation for her time.

**Table 3.3.**

## Sample of Interview Questions by Type

Stage	Questions
Opening	Tell me why you volunteered to participate in this study about honors programing?
Middle	What influenced your decision to be in honors programing? Probes: Tell me about your thoughts and feelings when you learned about honors? As you look back on your experiences what attracted (detracted you) from honors? Who if anyone was involved in your decision? How did you decide to participate or not participate in honors?
Closing	Is there anything else you think I should know about your major and link to honors programs?

**Field notes.** Immediately after each interview, I recorded field note observations. The field notes included each participant's expressions, actions, and mannerisms not captured through audio-recordings. Field note observations are a valuable data gathering tool used in qualitative research that stems from ethnographic research (Punch, 2009). The interview data was strengthened by noting meaningful mannerisms, participant characteristics or tone assisting theory formation (Charmaz, 2014).

### Collection Methods

I used a portable recording device to record the interview narrative. At the end of the interview, I uploaded the audio file to a secure transcription site. Immediately following the return of the transcribed narrative (within 24 hours), I proofed the narrative. Proofing the narrative involved reviewing the narration, filling in missed segments, and making corrections by listening to the audio tape to make sure the corrections match the participant's statements. The original transcripts were written in a naturalistic style preserving the original conversational tone of the interview including words such as "um", "like", and repeated phasing. During the writing

process, the narratives were denaturalized to improve the original flow of the participant's statements.

I used the NVivo 10 qualitative data management system (QSR International, n.d.) to assist with data organization and management. I uploaded the de-identified proofed transcription into the NVivo 10 data analysis software prior to analysis. NVivo is a qualitative data management system designed to assist in coding, sifting, and sorting data (QSR International, n.d.). The query tools in NVivo 10 assisted the analytic process through the computer software's ability to search the data for key words, assess words frequently used, and compare data between sets. In order to gain skill in the use of the data management system I completed three online training courses: the NVivo10 foundations, NVivo moving on and NVivo and the dissertation.

**Data confidentiality.** I maintained the transcribed interviews, field and memo in a password protected computer file to ensure confidentiality of the data. Hard copies of signed consent forms were kept in a locked researcher file. Only I, advisor Dr. Michael Mills, and the transcription company, have access to the raw data. To protect student privacy, I signed a client non-disclosure agreement with the transcription company. I will delete the participant computer files, and any hard copy records associated with the study, when the study is complete and the results are disseminated.

### **Analytical Tools**

The analysis of data began with the first interview and continued through writing the final draft of the dissertation. In qualitative research, as researcher, I am the primary data analysis tool. In this section, I define my role as researcher, giving a statement of positionality. As part of the grounded theory process, I used data saturation, memo writing, coding, and comparative methods to assist data analysis. As researcher, I looked for interactions between the data, social



meaning within statements, and the participant's intentions. I used comparative analysis of the data patterns and trends to develop themes and categories to answer the research questions and support grounded theory generation. Charmaz (2012) explained the analysis stage of research in the following manner: "By interrogating our data - and emerging ideas - with analytic questions throughout the research, we can raise the level of conceptualization of these data and increase the theoretical reach of our analyses" (p. 3). The expected outcome of the analysis is the generation of a theory explaining the phenomena of how healthcare students decide to participate in honors programing

**Researcher role.** Consistent with the constructivist grounded theory approach, I served as a research instrument to gather and analyze the data to ground the theory development. In qualitative research, the researcher's "mind and body...serve as research instruments" (Tracy, 2013 p. 3). As a researcher, I fully disclose the context of the study, self-reflexivity, and positionality that frames the study.

The doctoral program, research, and professional activities related to honors programing provided foundational information on the context of the study. I began the study of honors programing within the Higher Education Administration program at St. Cloud State University in the Fall of 2015. As part of the doctoral coursework, I conducted an in-depth study of the literature and history of honors programing. On a national level, I attended the NCHC annual meeting in 2015 and 2016 which provided insight into the current state of honors programing.

In this study, I disclosed any affiliations that influence reflexivity within the statement of positionality. Tracy (2013) defines self-reflexivity as "the careful consideration of the ways in which researcher past experiences, points of view and roles impact these same researchers' interactions with, and interpretations of, the research scene" (p. 2). In the statement of

positionality, the researcher discloses her experiences, biases, and assumptions that may influence her interpretation of the research data.

***Researcher's statement of positionality.*** In the statement of positionality, I disclose experiences, biases, and assumptions that may influence interpretation of the research data. I have never been an honors student; truth be told I am dyslexic. I struggled in academics throughout the primary and secondary school years. My mother tells the story of a first-grade teacher who informed her "she will never get above a C." With the exception of my grandmother, who thought I should be a doctor, no one expected I would attend college.

I had exposure to high school and college honors programming through my four children. My first child was invited to participate in honors programming in middle school. He did not want to be labeled as an honors student and threw the application in the garbage. My second child was not invited to participate in high school honors programming. My third child was invited to participate in honors in middle school. He completed the honors application and was inducted into the National Honor Society (NHS). He remained in the honors program throughout high school, and was the only one of my children to be invited to and graduate from collegiate honors programming. My fourth child was invited to participate in high school honors, but did not complete all the requirements for the application and was denied. She attended PSEO while in high school graduating with her associate's degree before graduating from high school.

The setting for this study is St. Catherine University (SCU) where I am employed as an assistant professor in the Masters of Art's in Occupational Therapy Program. The data gathering and analysis phase of the study was done while I was on sabbatical during the fall 2016 semester. The study participants are SCU undergraduate students, with whom I do not have a faculty-student relationship. I do not currently teach in undergraduate programs, at the time of the study I

did not have contact with honors students. I conducted this study as part of my doctoral coursework for degree completion in the Higher Education Administration Program at St. Cloud State University.

In 2015-16, I was awarded funding from SCU's Legacy Grant. The grant provided funding to conduct Appreciative Inquiry (AI) interviews with honors program stakeholders to inform the development of interprofessional honors courses at SCU. Appreciative Inquiry is a positive process that combines appreciation that values personal input into systems through affirming present strengths and success through an inquiry (Cooperrider & Whitney, 2005). The AI interviews were conducted with the Director of Interprofessional Research. As a direct result of my foundational study of honors programing, in 2016-17, and in 2017-18 25% of my academic weighting was devoted to revising the Antonian Scholar Honors Program to include interprofessional courses for healthcare students. Through my current position, I was able to inform honors program change based on the results of the study.

I obtained financial support for this study through St. Catherine University. In 2016, I applied for and received the SCU Carol Easley Denny Award. The award provided 7,500 dollars funding to support the research project. The funding supported transcription services, research training in NVivo 10, professional mentorship on grounded theory formation, and a 20-dollar gift card to reimburse study participants for their time. Since I am employed by SCU, and SCU is the financial sponsor of this award, there is potential for the award to bias the research results. The institutional review process fully informed the study participants of the researcher's background, affiliations, and sponsorship. The Carol Easley Denny Award letter is in Appendix J.

**Theoretical sensitivity.** Charmaz (2014) stated a researchers' development of theoretical sensitivity enables them to "bring analytic precision to your work" (p. 160). The definition of theoretical sensitivity is "the ability to understand and define phenomena in abstract terms and to demonstrate abstract relationships between studied phenomena" (p. 161). Theoretical sensitivity helps the researcher to look at the full scope of the problem from beginning to end, exploring deep into the how's and why's of the phenomena under investigation. Theoretical sensitivity is developed through "stopping, pondering, and thinking" (p. 244). In this study, I looked at the data many ways, making comparisons and formulate theoretical ideas. She captured her ideas through memo writing, models, and diagrams of interactions unveiled during the analysis. The skill of theorizing involves "seeing possibilities, establishing connections, and asking questions" (p. 244). The dissertation drafting process further refined the results of the analysis and model development.

Analysis of data starts with viewing the data through analytic sensitizing, theoretical, and practical questions (Charmaz, 2012, 2014; Corbin & Strauss, 2008). As researcher, I used questions to facilitate data analysis. The use of sensitizing questions helped frame the issue from the participant's perspective. Corbin and Strauss (2008) emphasized the value of sensitizing, theoretical and practical questions:

Its value is that once one starts asking questions about the data, more questions come to mind, enabling the analyst to probe deeper into the data.....When we probe and develop a concept it becomes not just a "label" for a piece of data, but a whole new set of ideas about a phenomenon. (p. 71)

Corbin and Strauss (2008) gave examples of when and how to use questions to assist the analysis. Sensitizing questions were used to explore the implications embedded in the data "What is going on here; what are the issues, problems, concerns" (p.72)? The use of theoretical

questions helped explore connections between concepts, “What is the relationship of one concept to another; that is how do they compare and relate at the property and dimensional level” (p.72).

The use of practical questions helped structure the theory development, “Which concepts are well developed and which are not” (p.72)?

Birks and Mills, (2011) outlined steps to assist the researcher’s development of sensitivity: it is important the researcher understand and reflect on her own personal, professional and experiential history; the researcher must use tools to enhance theoretical sensitivity, and must spend significant time with the data. Through defining my role in the study and positionality, I was able to reflect on my personal and professional interaction with honors programing. Through conducting a literature review, I was able to reflect on the literature and explore interactions with the research findings. I used resources to help develop sensitizing questions that prompted reflect on the emerging codes and meaning of the data during theory formation.

The use of theoretical sensitivity increased the analytic power of the coding process. Theoretical sensitivity and coding are linked. Through using the coding process, I was able to make connections as each level of coding emerged. I looked for emergent patterns in the data to discover and construct categories that informed theory development. Through the grant I received funding for mentorship in the constructivist grounded theory method. The purpose of using an experienced mentor was to increase the accuracy of the findings and check interpretations to make sure findings are supported by the data. Through email correspondence, Dr. Charmaz recommended Dr. Linda Belgrave as a consultant for the study. Dr. Charmaz and Dr. Belgrave have co-authored research publications using grounded theory. Dr. Belgrave agreed

to served as an expert mentor, external to the research project to examine the analytic process and product of the research study.

I consulted with Dr. Belgrave in January 2017. The consult was conducted over two consecutive, four-hour, face-to-face sessions. During the consult, I reviewed multiple levels of coding and discussed emerging themes. I received tips from Dr. Belgrave on how to remain open, to stay close to the data, and make sure coding is action focused. She stressed that the participant's views must be reflected in the coding process. Through Dr. Belgrave's mentorship, I gained confidence in the strength of the data, developed analytical skills, and gained confidence in data driven theory generation.

**Data saturation.** The study design ensured that the projected qualitative sample size was sufficient size to reach a point of saturation. After 12 interviews, I conducted a week-long analysis of the initial codes gathered. At this point, I raised some codes to focused codes, and identified what additional information was needed to saturate the study. Since much of the initial data was gathered on junior level, pre-professional students, recruitment was re-focused on gathering data from freshman and sophomore students from fields not yet represented in the study. The honors program director assisted in recruitment of students recently admitted to the university. I continued the interview process until 25 interviews were complete. At this point, I felt no new insights were being gained from the interviews, indicating that all theoretical questions were answered and the data was saturated. Corbin and Strauss (2008) described the significance of data saturation:

Saturation is usually explained in terms of "when no new data are emerging." But saturation is more than a matter of no new data. It also denotes the development of categories in terms of their properties and dimensions, including variation, and if theory building, the delineating of relationships between concepts (p. 143).

According to Bryant and Charmaz (2010), the golden rule is that sampling is stopped when a point of saturation is reached. They report that the researcher will know when the saturation point has occurred. The point of saturation is signified by the researcher understanding what they saw and identifying the consistent underlying themes.

**Memos.** I began memo-writing at the start of research and continued throughout the process of data gathering and analysis. For this study, I kept a detailed account of her decisions and activities through a research journal. A research journal was kept to record thoughts and scribbles of cognitive maps while formulating theories. I created memos linked to the participants' stories that merged into theoretical categories and concepts. The memos defined how the theory developed, how the data was interpreted, and how the data helped inform the theory.

The use of memo-writing is a common qualitative research method used to assist in the process of theoretical code formation and theory conceptualization. Memo writing during qualitative research is advocated by Charmaz (2014) and Corbin and Strauss (2008). In grounded theory, memo-writing is a tool to support analytic thinking and increase the speed of processing data for analysis (Charmaz, 2014). In this study, I used the process of memo-writing and diagramming during coding to identify the emergent theory.

**Coding.** In this study, I used coding to support theory generation. Codes are labels I constructed through interaction with the gathered data. Part of the power and potential of a grounded theory lies in the strength of the coding process (Charmaz, 2014). I followed the emergent coding processes outlined by Charmaz (2014) with a first level and second initial phrase by phrase coding, the third level focused coding, and fourth level theoretical coding. During coding I used gerunds, “-ing” words, to help her focus the analysis on the action and

meaning of the data versus themes and categories (p. 121). Using this method allowed the coding style to arise from the data, rather than being based on preconceived interview questions. When this method of coding is used, each code is tentative, allowing sift and sort throughout the coding process. The actual coding process is layered, circular, and reiterative.

I started coding each phrase on the transcript line by line as initial codes. Initial coding is also referred to as open coding. During the initial coding phase like information was merged into a code representing the content of the data. As initial code fragments grew they were sorted into second and third level initial codes reflecting similar actions or meaning. I continually sifted and sorted the data from higher level codes that encompassed the meaning of a larger data set. During the initial coding process data from each participant was continually cross-checked to check the consistency of the gathered data. All interview data informing the initial research question was coded.

Charmaz (2014) recommended starting with close line-by-line coding to identify meaningful actions, and processes. I used line by line coding helped to define connections that formed the layered codes, sub-categories, categories, and themes. Through the use of line by line coding, I discovered meaningful patterns informing theory development. Charmaz (2014) talked about the importance of the initial coding phase of research:

Initial coding is that first part of the adventure that enables you to make the leap from concrete events and descriptions of them to theoretical insight and theoretical possibilities. Grounded theory coding surpasses sifting, sorting, and synthesizing data as the usual purpose of qualitative coding. Instead grounded theory coding begins to unify ideas analytically because you kept in mind what the possible theoretical meanings of your data and codes might be. (p. 137)

During the interview and coding process, I remained attentive to the participants' language listening for quotes reflective of their views.



Codes taken directly from participants statements are called in vivo codes; in vivo codes “serve as markers of the participants’ speech and meanings” (Charmaz, 2014, p. 134). The use of in vivo codes strengthened the study though capturing innovative terms that expressed participants meaning, experiences, and actions. According to Charmaz (2014), the value of in vivo coding is the preservation of the voice of the participant. In vivo codes are found at all levels of coding; they do not stand on their own but are integrated into categories or theoretical definitions.

During the initial coding phase like information was merged into a focused code representing the content of the data. The purpose of focused coding is to condense data to focus on what is most important in the analysis; focused codes are more conceptual than the initial line-by-line codes. The advantage of focused coding is it speeds the analytic process without losing detail (Charmaz, 2014). During this phase of coding, I focused on what the codes said and how they compared to the current codes. I raised some initial codes representative of larger trends in the data to the next level of focused coding. While the shift between first and second level initial coding and focused coding appears linear, this study’s process alternated between initial and focused coding as themes emerged from the data. The process of concurrently merging data into unified themes, categories, and higher-level codes is referred to as axial coding. The axial coding process reassembled the data based on meaningful relationships integrating concepts within each category. The value of axial coding is the identification of patterns of actions, interactions, and consequences related to the issue under study (Charmaz, 2014).

The third phase of coding was theoretical coding; coding that links categories and subcategories to theory development. The theoretical codes tell a story supporting theory

development through adding precision and clarity to the research. Theoretical coding moves the process from research toward the development of a theory. I used theoretical coding process to refine the analysis and ground the theory. Through the use of a theoretical coding process, I uncovered the factors influencing high-aptitude students' decision to participate in honors programing.

**Comparative method.** At this stage in the process categories were constantly compared with the themes developing based on the gathered data from interviews and the review of literature. I used a comparative method to discover relationships and variation within the data, codes, emerging categories, and evolving theory. The comparative method was popularized by Corbin and Strauss (2008). Corbin and Strauss called this method "Constant Comparison" (p. 73). They state, "As the researcher moves along with analysis, each incident in the data is compared with other incidents for similarities and differences" (Corbin & Strauss, 2008, p. 73). Throughout the study, I recurrently reviewed and compared the data and field notes with the interview data to ensure the voice of the student was captured. The comparative technique promoted continual analysis and interpretation of the data, enhancing the credibility of the developing theory (Charmaz, 2014). The grounded theory gained explicit strength through the use of a comparative method and an iterative process during data analysis.

### **Verification of Findings**

I continually verified the research findings by using a grounded theory method of analysis. According to Charmaz (2014) the power and potential of grounded theory analysis is the robust nature of the design that enhances the reliability and validity of the findings. The method of analysis verified the findings by ensuring the constructed descriptions accurately reflected the participant's voice and the emerging theory was relevant and meaningful. Five

sources of verification were utilized: Triangulation, member checking, thick description, external audit, and grounded theory quality check. The methods used to verify the findings were selected based on the nature of the study and techniques used within the grounded theory research paradigm.

**Member check.** Member checking is a common way of verifying findings in grounded theory research. Member checking involves the researcher checking data and analysis as it develops with the study participants (Punch, 2009, p. 358). During the interview, I used member checking to increase the validity and credibility of the interview data. To assure the accuracy of evolving theory all participants invited to the honors program were contacted via email to request their feedback on the emerging model. The participants were emailed a copy of the emerging model and definition of the model and asked if the theory was representative of their views or if they had additional comments to add to the theory.

**Triangulation.** Triangulation is another method used to verify the study findings. To increase the robustness and credibility of the study, I triangulated data from many sources. The definition of triangulation is “using multiple types of data, researchers or sources produce similar results, to strengthen the credibility of the study” (Tracy, 2013, p. 250). This study used a range of sources including quantitative and qualitative data: (a) semi-structured interviews and fieldnotes (b) literature review (c) review of Antonion Scholar Honors Program website (d) review of campus webpages, and (e) demographics data on the research site. Table 3.4. reviews the sources used in the triangulation process.

**Thick description.** Thick description is central to all forms of qualitative research (Charmaz, 2014). In this study, I used thick description to capture the views of healthcare students and uncover themes and expressions reflecting the participant’s views and context of the

study to inform theory development. According to Tracy (2013), thick description is defined as an “in-depth, contextual, and rich accounts of what researchers see (and also what is missing) in their fieldwork, it enables readers to be shown the scene, as it were, with their own eyes” (p. 250). I used thick, rich, detailed descriptions in written memos, quotes, field notes, and coding to bring the participant’s voice to the reader and help frame the context of the study. The use of thick description in this study allows the reader to assess the transferability and credibility of the findings.

**Quality check.** To ensure the research methods incorporate quality and credibility, I followed the seven criteria for quality outlined by Charmaz (2014). The study design included: (a) Enough gathered data about the honors students, honors programing and the setting at SCU to understand and portray the context under investigation. (b) The inclusion of participants from many healthcare majors, ethnicities, and urban and rural settings reflects a variety of student views and actions. (c) Conducting a review of the literature and rich data gathering methods allowed deep, rather than superficial investigation of the topic. (d) The inclusion of participants from freshman, sophomore, and junior years of college was used to examin the issue over time. (e) The inclusion of honors and non-honors students in the study offered more than one view of honors programing. (f) The data gathered is sufficient in range, number, and depth to inform analysis. The breadth and quality of data supported the comparative analysis and strengthened the potential for theory development.

**Table 3.4.***Sources of Data Triangulation*

Source	Artifact Type
Healthcare Student Interviews	Interview transcripts and field notes
Honors Research	Literature review
Antonian Scholars Honors Program	Website analysis, meeting with director, demographic statistics, historical review of honors projects
Exploration of Site	St. Catherine University website, publications, demographics, rankings, and statistics

**Conclusion**

This chapter began by overviewing why I selected a constructivist grounded theory approach to answer the central research question. The need to explore the phenomenon of healthcare students in honors programing was generated based on the knowledge that few healthcare students at SCU were completing the honors program. The use of grounded theory methods was used to assure the formulated theory is grounded in the data and reflective of the participants' voice.

The body of the paper explained the methods used to obtain the participant sample, collect data, conduct the analysis, and verify the findings. The rich data gathering methods selected for this study are appropriate to gather in-depth information to inform ground theory development. The semi-structured, intensive interview process and sampling method support identification of emerging themes, refinement of the theoretical analysis, and theory generation. The chapter explains the analytical process, through a process of sifting and sorting, I developed

focused codes by merging or raising initial and in vivo codes into larger groups of similar data. In the final stages of analysis, I used comparative analysis of the focused codes to inform the development of categories and themes reflective of the factors that influenced participants' decisions to join and continue in collegiate honors programing. The next chapter, will overview the findings generated through analysis.

## Chapter 4: Results

Chapter four reveals the identified themes and supporting categories generated from analysis of the findings. Then, the model of Healthcare Student Collegiate Honors Decision-Making is introduced through answering the research questions. The primary research question that guides this study is: How do healthcare students' values, knowledge, and experiences influence decisions to participate in collegiate honors programing? The two sub-questions that support the primary research question are 1) What is the importance of collegiate honors programing to healthcare students? 2) What factors impact healthcare students' decision to participate in collegiate honors programing? In conclusion, participants' recommendations on how to incorporate interprofessional education into honors programing is presented.

### Analysis of Findings

The final analysis revealed five over-arching themes: pre-college experiences, selective admission, valuing collegiate honors, confounding factors, and innovating IPE honors. Many of the themes interacted and influenced each other. All 25 participant narratives served as sources for the study. Table 4.2. diagrams the number of coded items and total sources supporting each theme and Table 4.3. identifies the total number of supporting statements and sources for each of the 23 categories.

**Table 4.2.**

*Themes, Individual Statements, and Total Sources*

Theme	Sources	Number of Coded Items
Pre-college experiences	22	117
Selective admission	25	217
Valuing honors	18	230
Confounding factors	23	239
Innovating IPE Honors	25	300

**Table 4.3.***Themes and Categories*

Categories	Coded Statements	Total Sources
<b>Theme 1: Pre-college Experiences</b>		
Identifying as honors	39	15
Tracking honors	17	8
NHS leading the way	20	8
Not electing honors	21	5
Tallying dual credits	11	8
<b>Theme 2: Selective Admission</b>		
Pre-selected joining	41	8
Family swaying decision	17	4
Advising benefits	67	11
Opting out	15	4
Not pre-selected	26	7
<b>Theme 3: Valuing Honors</b>		
Rounding out education	91	14
Doing amazing research	20	8
Living and learning in community	17	8
Holding higher standards	42	12
Standing out	52	14
<b>Theme 4: Confounding Factors</b>		
Concerning stressors	24	10
Demanding major	99	18
Concerning GPA	8	5
Prioritizing healthcare	10	4
Completing costs	13	7
Lacking diversity	65	7
<b>Theme 5: Innovating IPE Honors</b>		
Preparing for real world	171	25
Interesting IPE courses	129	22

*Note.* Number of statements and sources are included to note quantity of data that informs the emergent theme and categories.



## **Theme 1: Pre-college Experiences**

The first theme, pre-college experiences, explored how participants' past high school experiences informed their educational values and assumptions about collegiate honors programing. The evidence supporting this theme was gathered through information collected on the demographic information form and in the narrative interview. This theme directly supports the main research question that asked how healthcare students' values, knowledge, and experiences influence decisions to participate in collegiate honors programing and the second sub-question explored the factors impacting healthcare students' decision to participate in collegiate honors programing. The evidence supporting this theme is presented through five categories including (a) identifying as honors (b) tracking honors (c) NHS leading the way (d) not electing honors, and (e) tallying dual credits.

**Identifying as honors.** High school students self-identified as being an honors student in many different ways (informing the category, identifying as honors). This category is supported by participants who self-identified as being in "honors" in high school on the demographic form. The face to face interview clarified what being an honors student meant to participants. This category reflects how different interpretations of as being an honors student informed students values about collegiate honors programing.

Most of the participants in the study identified they took honors courses or were in the National Honors Society (NHS) in high school. Secondary school systems offering high school honors courses typically select students for the program based on academic aptitude and faculty recommendations ("Honors Course," 2016). The NHS is an organization that recognizes high-aptitude high school students' scholarship, service, and leadership ("National Honor Society," n.d.). Paige's narrative reflects the views of participants' in the study who were in high school

honors programing. She explained, “I was always in honors classes and I graduated with honors.” Paige was also member of NHS in her school. She noted in order to be in the NHS, “I needed to have a high enough GPA and then volunteer. Some people went more into it than others, and I was involved in it because I led a lot of activities.” Sixteen out of the 20 students who self-identified as honors students on the demographic form in the study reported they were in NHS and/or honors courses. Honors programing tended to be offered in larger school districts.

Some participants’ in the study reported their school did not offer honors courses or NHS. Daisy, did not have honors programing offered at her school, so she participated in advanced placement (AP) courses. Advanced placement courses are offered in high school settings to prepare students to take a test. If the test score is high enough, the student may be eligible to place out of college courses or receive college credit for the course. Daisy expressed, “I guess there wasn't a specific like honors thing in high school. It was just if you took AP courses then you were considered an honors student.” Two out of three students who took AP courses in school systems that did not offer honors programing identified as high school honors students. One student who took AP and College in the Schools (CIS) courses did not identify as an honors student. College in the Schools (CIS) is a concurrent enrollment program offered through the University of Minnesota and the Minnesota State Colleges and Universities that offer dual high school and college credit.

Tamyra’s father was in the military, as a result, advanced high school programing through the International Baccalaureate (IB) program was available to her. The IB program offers examinations to meet high education requirements (“International Baccalaureate,”2016). Tamyra reflected, “It's the IB program. It was originally created for diplomat's kids, so that when they move around or transfer, they can do the same thing. It's very much an honors program, it's

very advanced.” She reported that in her high school the term “honors” was used to designate “advanced classes so you do more coursework. It's usually quicker-paced and I took all honors classes.” She clarified, “I did IB, so that's not exactly honors. It wasn't classified as honors because there's honors AP and then IB. It's an honors advanced course.” Tamyra self-identified as an honors student in high school on the demographic form but acknowledged during the interview she was in IB programming. She considered IB to be an honors programming due to the level of academic difficulty of the coursework.

In rural settings, being a high school honors student had a different meaning. Sally described, “Ours wasn't really a program, I guess. It was more you got your GPA, and whatever it was we got, say special honors for 4.0's. It was just like, you know, like an honor roll.” The honor roll typically designates academic achievements by listing top students' grade point average (GPA) each academic term. Sally reported that, although her school did not have an honors program, she participated in all the clubs and activities she could in high school. She detailed her involvement, “I was class president for three years, and then vice president for one. I did that, and then I was in student council four years. Any club I could join, I joined.” Two participants from rural settings self-identified as being in honors programming in high school on the demographic form but during the interview clarified that in their school it meant being on the honor roll.

Analysis of the narrative interviews clarified that identifying as an honors student in high school had different meanings dependent upon the academic offerings of the school system. Healthcare students used the term “honors” as slang to identify students taking the most challenging academic courses that were offered through the high school system (honors courses, AP, and IB) rather than associated with college systems (CIS, PSEO). The most common

participant interpretation of the term “honors” in high school was taking honors courses or being in NHS. Four rural students identified the term “honors: with being on the high school or participating in AP or CIS classes. These students were from school districts that did not offer high school honors programming. For the purpose of analysis, the remainder of the study will use the terms high school honors student or high school honors programming to represent students in honors courses or NHS in high school. Students self-identifying as honors students in high school associated the term with having high academic aptitude, motivation, and drive to take the most challenging courses offered to them through within the high school setting. The next theme explored the past experiences of students in honors programming in high school.

**Tracking honors.** Honors students who participated in honors programming in high school reported they were in advanced classes with a core group of high aptitude students in high school (informing the category tracking honors). Nearly all the students in the collegiate honors program reported they were in honors programming in high school. The value students’ placed on being with other honors students was explored in this category.

High-aptitude students are often identified in grade school. Emily’s told a story from elementary school. She recalled,

Even in elementary school, I always felt like the students who were smarter always got more attention. Not that I necessarily needed to have more attention, but I was like, “Wow, that’s really cool that they’re really smart.” I was like, I could do that.

Emily was in honors programming in middle school and high school. Like other participants in honors programming, she observed that “staying on par” with other students in honors programming challenged her academically. Her peers in honors programming were her good friends. She noted how she was able to develop relationships “because it would always be the same group of honor students moving from class to class both in middle school and in high school.” Emily observed

that the engagement of honors students in high school enriched her learning experience. She perceived, “The teachers, from what I understood, saw better turnouts in grades and participation within the classroom than the general classes.” She noted the effect of the classes on her learning, “Just the depth of knowledge and how deep the teachers were able to go [increased] because the students wanted to learn more and more.” Participants in high school honors programming identified benefiting socially and educationally from being in advanced educational programming. Like many students in high school honors programming, Emily completed college credits through the AP program.

Taking high school honors courses built a pathway to other advanced education options. Like many high school honors students, Ariel took high school honors courses, then classes through the AP program, then courses through the Post-Secondary Education Option (PSEO) program. The PSEO program allows high school students take college courses at a college, outside of the high school environment (“Post-Secondary Education Option.” 2012). Ariel shared how taking honors classes allowed her to opt out of classes that she viewed as “pointless really,” giving her the opportunity to take advanced coursework. She went on to explain, “Then I had the chance to take anatomy and physiology, and AP physics, and biology, and honors chem[istry], and all that stuff, which really helped me.” Participating in honors programming in high school allowed students to advance faster through the high school curriculum and prepare for higher level work in college.

Many participants’ in high school honors programming correlated the rigor of high school courses with their college success. Patty was in high school honors programming and completed 28 dual college credits through CIS prior to college. She recalled, “I think [the] courses that I took, especially ones in high school that were CIS, were good at preparing me to think to another

level, or having me take in more information and getting the content out of it.” She then noted, “I felt like more information was given, so it was more of a challenge to me to focus on what I was learning. I think that really helped me prepare for college.” Participating in honors programing served as a stepping stone to AP, CIS, and PSEO course work that helped prepare students for college.

The findings show healthcare students’ in the collegiate honors program received social and educational benefits from participating in high school honors programing which informed students assumptions about collegiate honors programing. Honors students progressed through middle and high school with a cohort of high-aptitude students who became their friends. They felt the rigor of their coursework helped them develop the skills they needed to be successful in college. Students’ taking high school honors courses reported their pre-college experiences were not only influenced by academics but also by their involvement in the National Honor Society (NHS).

**NHS leading the way.** Honors students who participated in NHS valued the organization’s strong leadership and community service focus (informing the category, NHS leading the way). Participant statements from past members of NHS supported this category. What students’ valued in being a member of NHS was explored in this category.

Members of the NHS identified how the organization influenced their educational values and opportunities. Patty was very involved in NHS in high school. She remarked, “Then, my senior year, I served as the President of the National Honors Society. I think that really helped me develop leadership and planning skills and learn how different community service projects have different impacts on the community.” Healthcare students’ felt NHS membership was foundational to their leadership skill development.

The narratives of Naomi and Nancy reflected participants' comments on the social value of NHS membership. Naomi related,

I liked my involvement in the honors program because I felt like I had a family there in high school. People who had the same values as I do. It's just a little circle of community that you like to be a part of.

Nancy similarly identified the social importance of an academic community in her narrative. She revealed, "I found it really important because it helped a lot of us come together to study because we were all in advanced classes. So, it definitely made a nice community for us." NHS membership provided important social and academic support for high-aptitude students in high school.

Nova and Nancy's narratives reflect how NHS membership influenced their assumptions about collegiate honors programing. Nova stated, "I guess I thought that it [volunteering] would have just naturally been part of an [collegiate] honors program because in my high school, in order to be in the honors society, you had to do so much volunteer work." Nancy proposed, "When I was in the honors program in high school, we did a lot of volunteer work. That was the main basis for our honors society, so maybe we could do that in this setting as well." Nancy and Nova's narratives show how participating in NHS in high school informed assumptions about collegiate honors programing.

The narrative analysis revealed students' in NHS valued membership for the social rewards, community experiences, and leadership skill development. Student experiences as members of NHS informed assumptions about collegiate honors programing. Many of the past members of NHS felt community service should be part of the requirements for collegiate honors programing. Patty, a pre-PT student, suggested "giving equal opportunity to women or low-income families, helping jump start what they're doing... I think that would definitely fulfill St.

Kate's mission statement. While the majority of study participants identified as honors students in the high school, a few did not. The next category explored the experiences of those that did not identify as being an honors student in high school.

**Not electing honors.** Some students elected not to take honors programming in high school (informing the category not electing honors). This category is supported by participants that did not elect or were not given the opportunity to participate in high school honors programming. Why students decided to participate in educational programming other than of honors programming is explored in this category.

Opal was from a metropolitan school district that offered high school honors programming as well as many other advanced education options. She elected not to participate in high school honors programming, but participated in AP courses and CIS. She shared her reasoning,

I never took the highest honors class, but I took all the advanced classes. I really think that just building the basics in high school was really helpful. I took college writing lab, and everyone's like, 'You should take the honors one.' It wasn't for me.

She went on to explain how electing to take the general English class was a better fit for her educational needs. She noted, "I think I learned a lot more than my peers that took the honors level one." A few students in the study elected to take dual college credit options available to them rather than participate in high school honors programming.

Aryia was from a rural school system that did not offer honors programming, so she participated in AP and CIS advanced education options. She noted, "We didn't have honors at my high school, but I was in the AP and the CIS in the higher enriched community of students, those were your friends, and everything was great." While Aryia identified with the other high-aptitude students that elected to take dual college credit options within her high school, she did not consider herself an honors student.



Odelia is a non-traditional first-generation student who was older than the other participants in the study. She was not selected to be in honors programming in high school. She shared, “I was not a model student by any means leading up to high school.” After high school, Odelia worked as a waitress. When the economic downturn hit, she joined the U. S. Navy. After serving in the Navy she attended community college, then transferred to SCU. Odelia was the only student in the study that indicated she was not in high school honors programming and did not take dual credit college options.

Nala is a first-generation immigrant to the United States who lived in a metropolitan area with many advanced academic program offerings. She shared how she learned about honors programming in high school. Nala mentioned, “Growing up, my parents both didn't go to school. They instilled in me and my siblings, that's school, that's the only way you'll get out of the life that we were brought into.” She stated, “I knew honors courses existed in high school. I knew there was honors English but I didn't really understand what it was.” Nala's school had an early college program that offered AP and PSEO dual credit options. She shared her first experience in an AP course, “At first, I remember when we had the AP class, it was all of us. It was a very diverse class. Then after one week, it was just me and another girl.” Nala remembered her friends saying, “We're not smart enough. Only certain groups of people going to those classrooms.” She noted her thoughts,

In my head I was like, “What does that mean? You have to be extra smart?” I didn't understand; I knew I wasn't a part of it, if that makes sense. That's why I just went with the PSEO route and did it like that.

Nala went on to state the importance of inclusivity to minority students. She reflected, “I feel like our teacher would be able to see such a thing, or try to include them [minority students], it wasn't that hard. You know you can do it just as good.” Nala's narrative is evidence that immigrant

students' may not have an understanding of what honors programming is. Many were not exposed to honors programming in their home country. While a few other countries offer honors programs the majority of the programming is found in China and the United States (Kitagaki & Li, 2008). Her narrative also identifies how stereotype threat can impact retention in advanced programming. Stereotype threat is when negative group stereotyping exists about certain group students who identify strongly with a particular group identity negatively influences academic performance (Steele, 1997). Nala identified how her peer's feelings that they were not smart enough reduced retention of immigrant students in AP courses. Nala also noted how teachers can influence feelings of inclusivity in the classroom.

Macey, another first-generation immigrant to the U.S., reported she also felt more welcome in PSEO programming than the high school honors program. She recounted her high school experience, "I didn't like them [high school honors courses]." She commented, "most of the teachers I had in high school were pretty bad." Then Macey noted, "The teachers were nicer [in community college]. I think they were advised to (work with diverse students)" Macey stated, "Just the community college is more diverse, too. That helped a lot." Macey expressed that she felt teachers in their high schools were not as well-trained to work with diverse students as those in community colleges. When questioned by the interviewer, Macey indicated she liked the courses offered through PSEO better than high school honors courses. Macey valued the diversity and quality of instruction in the community college setting.

The analysis revealed four main reasons students did not participate in high school honors programming. First, some lacked access to honors programming; it was not available at their school. Second, they were not selected to be in honors programming. Third, they elected not to take the honors program. Finally, they felt culturally excluded in the honors programming. All five

participants who did not identify as honors students in high school earned college credits before attending the university primarily through the community college, CIS or PSEO.

Out of the five students that did not identify as honors students, three were students of color (SOC). It is concerning that students of color felt that the community college courses were more welcoming than advanced courses offered in the high school setting. Stereotype threat reduced retention in high school advanced programming. Study participants identifying as honors and non-honors students in high school reported similar rewards from engaging in advanced academic courses before college. An additional benefit from participating in advanced course work is obtaining dual college credits for classes while in high school which supported the next category, tallying dual credits.

**Tallying dual credits.** Most of the healthcare students in the study earned pre-college credits while in high school (informing the category, tallying dual credits). The high school system currently offers many ways for students to earn credits in high school that may transfer into higher education systems. The participants in the study started at the University with an average of 23 completed credits, many from multiple sources. This category is supported by 11 statements from eight participants. The effect of increased credits earned prior to college on traditional honors program decisions was explored in this category.

Penny's narrative reflects the views of participants in the study who reported taking many of the advanced academic programming options available to them. Penny was in NHS, took honors courses, and completed 32 dual credits through AP and CIS programs prior to starting classes at SCU. She stated, "Yeah, I took a lot of credits in high school. I took a lot of the history classes, and economics, and microeconomics, all those ones before I came to college." Similarly, many high-aptitude students reported completing most of the college general education requirements in

high school. Penny explained “A lot of the honors seminars cover requirements that I already have taken, like history, English, literature, those kind[s] of classes.” Healthcare students that completed dual college credits in high school had already completed some general education course requirements that are taught in collegiate honors seminars.

While many students mentioned taking advanced courses in high school that offered dual college credit during the interviews, Nala is the only participant that specifically mentioned the benefit of dual courses reducing the cost of college. Nala shared her reasoning, “I was taking them [PSEO classes] because I needed the credits. I didn't want to pay for school, and nobody was going to pay for school.” Nala transferred into college with 75 credits completed through the PSEO program. While Nala is the only student that specifically mentioned the cost of college, the number of dual college credits students earned prior to attending the university suggests that cost and time in college were motivating factors for other students as well.

The analysis revealed high school students obtaining high numbers of dual college credits influenced collegiate honors program decisions in two ways. First, college honors programs are often in a traditional format designed to be completed in four years. Students transferring in with a high number of dual credits completed may plan on only three rather than four years to degree completion which limits the time needed to complete the honors program requirements. Second, honors programs often offer seminar courses that meet general education requirements. The evidence supported obtaining a large number of dual college credits covering college general education requirements may reduce the attractiveness of the honors course offerings or pose barriers to program completion.

**Summary theme 1.** Analysis of the narrative evidence in theme one revealed how pre-college experiences influenced collegiate honors program decisions. One of the ways decisions could be influenced was by different interpretations of the term “honors.” The multiple meanings associated with the term honors meant students had varying knowledge of what being an honors student meant. The term was particularly confusing for first-generation immigrants who were unfamiliar with the concept of honors courses or NHS in high school. The most common definition of high school honors students was participating in honors courses or being in NHS.

The second way pre-college experiences could influence collegiate honors program decision-making was life experiences associated with taking advanced classes. Healthcare students spoke of progressing through the secondary education system as a cohort with other friends that were also high-aptitude students. Social bonding with other high-aptitude students was strengthened through NHS membership. Members of NHS highly valued learning leadership skills through community service activities. High school honors programming served as a stepping stone or in some cases, as an alternative to advanced academic coursework through AP, CIS, or PSEO. Participants’ felt participating in advanced educational programming helped prepare them for college. Some students felt they were better served by taking classes offered in the community college setting. The two students who reported negative experiences in honors and AP courses offered in the high school setting were first-generation immigrants to the United States. They felt the teachers and education in community college were better suited to meet the needs of diverse students.

High aptitude healthcare students with consistent patterns of high educational engagement and attainment in high school may seek similar experiences in college. Healthcare students leveraged their high school education to support their college education by participating

in many of the advanced educational opportunities available to them. Nearly all students in the study engaged in more than one type of advanced educational programming while in high school. Common values identified were goal-orientation, self-regulation, hard work, and educational attainment. Patterns of high academic productivity and success were established in high school, reinforcing students' academic identity. The findings revealed obtaining dual credit for college courses in high school was valued and influenced collegiate honors program decisions. Students' who obtained a large number of dual college credits felt collegiate honors program seminars overlapped the general education courses they completed in high school, thus making the collegiate honors program less compatible with their educational goals.

Healthcare students' knowledge and assumptions about collegiate honors programming were informed by positive or negative experiences associated with participation in advanced educational programming in high school. In general, most students' experiences associated with high school honors programming were positive. Nancy's narrative explains the direct link between her positive experiences taking advanced courses in high school and her decision to participate in collegiate honors programming. She rationalized, "The other thing that spoke to me was taking higher-level classes like I did in high school, so I figured I would in college." The link between being in honors in high school and deciding to participate in collegiate honors programming is further explored in the next theme, selective admissions. Theme two will show how collegiate honors decision-making was influenced by the selective admission process.

## **Theme 2: Selective Admission**

The second theme, selective admission, explored the how the selective admissions process influenced students' decision to join collegiate honors programming. Narratives from all participants supported this theme. The admission process involved college admissions staff

reviewing college applications and pre-selecting candidates for the honors program. Students selected for admission to the collegiate honors program were sent a letter informing them they had been pre-selected for admission to the collegiate honors program. The letter included information about the honors program. The pre-selected students then opted to accept or decline participation in the program. This theme directly supported the main research question asking how healthcare students' values, knowledge, and experiences influence decisions to participate in collegiate honors programming and the second sub-question that explored what factors influenced students' decisions to participate in the collegiate honors program. The categories that support this theme include (a) pre-selected joining (b) family swaying decision (c) advising benefits (d) opting out, and (f) not-preselected.

**Pre-selected joining.** Many of the healthcare students' pre-selected for the collegiate honors program conclusively decided to join program (informing the category pre-selected joining). This category is supported by participants who reported joining the program soon after receiving the pre-selection letter. The factors attracting pre-selected students to join the honors program are identified in this category.

Daisy was a pre-nursing student. Her narrative reflected how participants felt when they received the letter of pre-selection to the collegiate honors program. Daisy shared "Wow, that's so cool for them to pick me to be part of the Antonian Scholars." She recalled sharing the news with her family, "My parents saw the mail, and they were like, 'Oh, that sounds really cool. Do you want to do it?' I said, 'Yeah.'" Daisy thought being part of the honors program was a good educational opportunity. She stated, "You get to dive deeper into discussion and really dig deep into literature and different things." Healthcare students who joined the program were honored to be selected for admission. Many, like Daisy, shared the good news with their family and friends.

Pre-Med student Macey and Pre-OT student Tamayra shared their pre-selection letter with family members. Macey recalled, “My sister was with me. She was like, ‘You have to join.’ I wanted to join so I’m like, ‘Okay.’” Tamyra noted that she really did not realize how important being pre-selected for admission to the collegiate honors program was until she shared the letter with her mother. She relayed, “My mom started crying, and I was like, ‘Yeah, okay, cool.’” Tamyra, a freshman in the honors program, went on to talk about the opportunity before her. She explained, “so it’s keeping you more at a faster pace, and I think a lot of times, you get a lot more opportunities as an honors student because they know that you want to pursue academics in a different way.” Pre-selected students’ who joined the honors program remembered how they felt when they opened the pre-selection letter; it was a special moment many shared with family members. The students’ who immediately joined program were attracted by the advanced academic opportunities the program offered.

Some participants, like Naomi, were shocked they were pre-selected for admission to the program. Naomi was a pre-nursing student who had a baby her sophomore year of high school. She noted that having a baby her sophomore year caused her to miss school. She worked hard her junior and senior year to graduate from high school with honors. She noted that admissions must have seen “even though I fell in the ditch a little, I still came up and did my best.” She stated, “I cannot settle for less. If I could do better, I will do better. Yeah, it’s just that, I just have that mindset: if I cannot reach for the sun, No, I have to reach for the sun.” Like other healthcare students, Naomi that joined the collegiate honors program to continue to challenge herself academically like she did in high school.

Elisa’s narrative is reflective of participants who felt being selected for the program made her decision. Elisa, a pre-nursing student shared, “I received a little letter, I opened it myself and



I read it myself. It wasn't one of those conversation whether should I do it or should I not. It was like 'I was accepted and I'm doing it' kind of a process." When asked what influenced her decision to join the honors program, Elisa confided, "It's validating to yourself to know that academically you performed the caliber of being able to be in an honors program and you're set apart from your peers." Like many of the students who joined the honors program, Elisa viewed being selected for admission to the program as validation of her prior hard work and academic ability. For Elisa, being selected for the program made her decision to join the program.

The pre-selection letter informed students of the collegiate honors program offerings. Those selected for the honors program also learned about the program offerings through web searches and at pre-college information sessions. Dallas's narrative reflected how the program offerings influenced participants' decision-making. Dallas, a dietetics major, identified "[what] really drew me in when I read about it was how you have the two disciplines that come together. I thought that probably added a piece of like social competence, understanding multiple points of view." Dallas mentioned the collegiate honors program also had value "in the people you meet." Dallas felt she fit socially with the other honors students reflecting "That was pretty much me. That was my group that I needed to be in." Dallas, similar to other participants who elected to join the honors program, based her decision to join the program on what the collegiate honors program offered them academically and socially. Pre-selected students' who joined the collegiate honors program self-identified with other honors students and desired to be with other students who shared the same academic drive and values. Those who joined the honors program valued the interdisciplinary format and advanced educational opportunities the collegiate honors program offered.

Analysis of the narrative and demographic data revealed eight out of the 14 students who were pre-selected for the collegiate honors program reported they joined the program soon after they received the pre-selection letter. All eight students' who immediately joined the collegiate honors program self-identified as high school honors students on the demographic form. Six were in high school honors programming, two students considered themselves high school honors students through participating in AP and IB programs. The letter of pre-selection was received as an acknowledgement of their past academic work. The identified factors that influenced their decision to join the honors program reflected the value they placed on collegiate honors programming. They valued the prestige of the program, the academic challenge it offered and the opportunity to learn and socialize with other honors students.

Participating in honors programming in high school appeared to increase the odds of being selected for admission to the collegiate honors program. Fifteen out of the sixteen students self-identifying they were in honors programming were selected for admission to the collegiate honors program. Out of the eight students in NHS in high school, seven were selected for admission to the collegiate honors program. Since a high GPA and volunteer experiences are required for membership in NHS, it is possible the NHS program requirements overlap with some of the criteria for admission to collegiate honors programs. While most students who received the pre-selection letter knew they wanted to join the program, some recipients were reluctant. The following theme explored hesitant participants concerns and the influence of family on collegiate honors program decision-making.

**Family swaying decision.** Some honors students were swayed to join the program by family members (informing the category, family swaying decision). This category is informed by

17 statements from four participants. How family members influenced honor students' decision-making is explored in this category.

Pandora, a pre-PT major, was not sure she wanted to join the honors program. She sarcastically noted her parents influence on her decision to join the honors program. She stated, "It was ultimately my decision completely influenced by my parents. They wanted me to do it. I think there was a whole thing about I wanted my parents to be proud about me and everything." She shared her fears: "Really it was like all these classes [physical therapy pre-program requirements] are honors classes because college classes are already going to be hard." Pandora's reluctance to join the honors program was based on concerns about the rigor of her major course work.

Nancy, a pre-nursing student, talked to her father about being selected for the collegiate honors program. She laughed as she acknowledged her decision to join the program was swayed by her father. She stated, "My father pushed me into it. He was like, 'It will look good for your resume. It will look good when you graduate.' So definitely, my father pushed me into it." She noted her father's advice, "Go for it, it will be fine. If it doesn't fit, you can remove it later." Nancy was in honors programing in high school. She decided to follow her father's advice and joined the honors program to take high level courses like she did in high school. She joined in spite of concerns about how the honors program would fit with the nursing curriculum.

Nova was a pre-nursing student and a collegiate athlete. She was concerned about the combined stress of her major and extracurricular interests. She shared, "I didn't need an extra thing to pile on my schedule." She compared the stress of nursing to non-healthcare majors. She stated,

Academically obviously you have to keep up a certain GPA, so more is expected out of you. When it comes to being a nursing student, it's not like it's a business class where you can forget what you learned and just build off of that. When you're a nursing major, you have to remember what you learned, and you have to learn a lot in a small amount of time. I guess you don't necessarily learn everything but you learn almost just as much as a doctor in four years and doctors get eight or 12 to learn all of it. It's just pretty demanding

Nova noted her mother's influence on her decision, "I guess I talked to my mom and she's the one who really wanted me to be in it." Nova joined the honors program. She reasoned,

If it does get to the point where I feel too overwhelmed, I would rather drop the honors program than quit sports, which is the opposite of what my mom wants because she feels that being in the honors program will look better than being an athlete.

Nova expressed being in sports is more important to her than being in the honors program, but she joined the program for her mother. Nova later shared, "It's not 100% important. It's not my priority. If it does get to the point where I feel too overwhelmed, I would rather drop the honors program than quit sports." In spite of the known curricular demands of healthcare fields and competing extracurricular interests, some students elected to join the honors program knowing they would drop the program if it became too demanding.

Analysis of the narratives of pre-selected students' hesitant to join the collegiate honors program revealed how family influenced their decision-making. Family member's support of the honors program swayed reluctant students to join the program. The students' hesitancy to join the program was based on the perceived rigor of their healthcare major. Concerns related to the demands of their major focused on the difficulty of college courses, having to maintain a high GPA, time demands, desire to focus on their major, and commitment to other extracurricular activities. All the reluctant students were pursuing professional programs that have a reputation for a competitive admission processes and rigorous pre-requisite courses. While the hesitant students later joined the collegiate honors program, they knew they could drop the program at

any time if it did not work for them. This category showed how family influenced decision-making. In addition to family, advising was also an important influence on collegiate honors program decision-making.

**Advising benefits.** Students' in the collegiate honors program were aware of the benefits being in the program offered them (informing the category, advising benefits). Students in the collegiate honors program had benefits of priority registration and taking honors seminar courses covering up to three general education requirements. The influence of honors programing benefits on students' collegiate honors decision-making was explored in this category.

Many participants in pre-professional programs knew the honors program would be difficult for them to complete. Pandora was a freshman pre-PT student in the 3+3 program. Her narrative reflects the views of participants in pre-professional programs (nursing, pre-PT, pre-OT). She recalled, "They have a lot of trouble getting people who have health-related majors to stay in all the way. I asked about it and my advisor was like, 'you can try it,' I'm not going to guarantee that you're going to be able to stay in." Pandora realized in the 3+3 program she would only have three versus four years to complete the honors program. She added, "I'm kind of worried about it to that point whether or not I'll be able to do it." Her advisor recommended she "ride the system" and take advantage of the benefits for as long as she could. Pandora recalled the membership benefits, "to be able to register for classes early. Some of those courses double dip or triple dip on core courses, so I could do one of those instead of some of the requirements." Pandora joined the honors program with encouragement from her family and input from advising aware that she may not be able to complete the program.

Penny was a junior in the 3+3 physical therapy program planning to apply for admission to the Doctor of Physical Therapy this year. She initially declined participation in the honors

program. She remembers thinking "I don't know if I'm smart enough for that." She changed her mind after she arrived on campus as a freshman and talked to advising and realized, "you only need four classes, and then the project." She recalled her advisor saying, "Well, if you can't do it, just keep it as long as you can. Wait it out, but then, if you have to drop it." Advising was influential in changing Penny's mind; she decided to join the honors program.

Like Penny, Wendy, a social work major, initially decided not to participate in honors program. She confided, "Part of me wanted to take it easier in college and just kind of focus on the studies I do have, rather than going that way." She shared,

Then at the beginning of the year, the RA's, they have to sit down with you, kind of one-on-one, just to see how you're doing so far. When it came to clubs like somehow that got brought up and she said that she was in the honors program, and I said that I'd thought about it. She's like, "you should join."

After Wendy was advised by her RA to join the collegiate honors program, she changed her mind and joined the program the first semester.

For some healthcare students the known fact that few healthcare students completed the collegiate honors program increased the perceived value of finishing the program. The narratives of Dallas, a dietetics major and Naomi, a pre-nursing student, reflected the views of participants that desired to be one of the few students who completed the honors program. Dallas stated, "I think it's a sense of pride to have it, to say that you finished, especially as a healthcare major, you know?" Naomi shared, "I feel like you really, you beat the odds to being a healthcare student and to have honors. That's how you beat the odds." Some students were attracted to the challenge of completing the honors program as a healthcare student.

Analysis of the narrative data revealed that students' decisions to join the honors program were influenced by the benefits of program membership. Hesitant students joined the collegiate

honors program after being advised of the program benefits. Students were aware of the known difficulty healthcare students had completing the program and joined knowing they would likely not be able to complete the program. Most students appeared to join for the benefits of membership, a few students were attracted to the challenge of beating the odds and completing the program. Next the experiences of pre-selected students who declined participation in the honors program is explored within the category opting out.

**Opting out.** A few students preselected for admission declined membership in the collegiate honors program (informing the category, opting out). This category was informed by 15 statements from four participants who decided not to join the honors program. The experiences of students who elected not to join the collegiate honors program are explored in this category.

Ariel planned to attend graduate school to become a physician assistant. In high school she took AP, CIS and PSEO classes. Her pre-college high school experiences influenced her views of collegiate honors programing. Ariel remembered picking up information on the collegiate honors program during a freshman overnight visit. She stated, "I did this all in high school and this just seems like a lot of work, and I already knew that I was getting into a lot, so I never really looked at it." Ariel elected to pursue a double major in biology and public health as well as a chemistry minor, rather than honors programing. Her recognition that the honors program would be more work and the fact that she had already completed many of the general education course requirements that honors seminar courses covered led to her decline honors program admission.

Opal initially decided to join the collegiate honors program, then opted to drop the program before classes started. Her narrative reflected how she made her decision to decline the

program. Opal explained, “Then closer to school, I was like, "I don't think that's for me. English has never been my strongest suit. I wanted a class that would meet the needs of my mental ability and my mental health.” Opal explained how she talked over her decision with her mother. She relayed,

I told her, “Do you think this is a good idea? I'm dropping out of this.” She's like, “I think it'll be fine for you because you realized, right away that it's not for you.” Like I said, in high school I was never like, “Let's take the highest honors courses.” I like to be challenged, but if I'm up super late, upset, that's going to affect the rest of my life.

She went on to describe the time demands of her program. She noted, “With two of the OT tracks and a minor, I don't really have time to add in some of the more liberal arts reading.” Opal noted how difficult it was for her to decide not to be in honors. Then she reasoned, “I realized I can still prove myself in my academic ability and not necessarily have to be like. . . ‘I'm in the scholar’s program.’ Yeah, I still definitely can show my all-around person.” She looked back on her decision stating, “Definitely, I don't regret my decision at all.” Like Ariel, Opal decided to dedicate her academic skill toward supporting her major track of study rather than the honors program. Opal made her decision based on the academic demands of her major and perceived stress of the honors program.

Rachel was a junior in the respiratory care program. She also initially joined the collegiate honors program but later decided not to take honors courses. She confided,

I've gotten an email that said if you want to stay in the honors program, you need to take an honors class next semester. It didn't fit with my schedule, so I just decided to kind of let it drop.

Rachel decided not to take honors courses because they did not fit with her course schedule.

Olivia planned to apply for the MAOT program. She shared what influenced her decision not to join the honors program. She stated, “I just wasn't sure that I'd be able to do that along



with my coursework. I wanted to make my coursework my priority.” She added, “Even now, I think it would be difficult to incorporate that honors with my coursework, work, and my other extracurricular activities.” Olivia declined honors program membership due to concerns about the fit of the honors program with the demands of her major, work, and extra-curricular interests. She expressed a desire to focus on her major course of study.

Students’ declined membership in the collegiate honors program due to concerns about the fit of the honors program with the course demands of their major course of study. One student decided not to join the collegiate honors program because the program overlapped courses she completed in high school. Another was concerned the combined academic challenge of the honors program and her healthcare major would cause distress. In general, students who opted out of the program expressed a desire to focus their energy on their major courses rather than the liberal art’s courses offered through the honors program. Two of the students’ who opted out of the honors program were pursuing double majors. While most healthcare students in the study were pre-selected for admission to the collegiate honors program, a few students were not.

**Not pre-selected.** Some high school students’ who were qualified for admission to the honors program were not pre-selected for entry into the collegiate honors program (informing the category not pre-selected). The experiences of the students’ who were not selected for admission to the honors program are identified in this category. This category explored the effect of not being pre-selected on admission to the collegiate honors program.

Sally was from a rural school district that did not offer high school honors programing. She had a 4.0 GPA in high school and took dual credit options through both the AP program and

the local community college. She was not invited to the honors program and shared her experience when she first heard about collegiate honors programing. She explained,

When I was registering they were talking about, “Oh, you can only do this one if you're an honors student.” I was like, “What is an honors student? How do you know?” I had a good GPA and all that stuff. Maybe I'm an honors student. He was like, “Oh, you'll know if you are one.” I was like, Okay, I guess I'm not one.

Students who were not in honors programing in high school expressed little awareness of the option of honors programing in college.

Debbie's narrative is reflective of participants who were not selected for admission to the honors program who earned pre-college earned credits primarily through the PSEO program. Debbie was a dietetics major who did not participate in high school honors programing due to being hospitalized. Prior to starting college she earned 30 PSEO credits and 3 AP credits. Her high school GPA was 4.0. She shared what she knew about collegiate honors programing prior to starting college,

I didn't necessarily actually know that there was an honors program. I just knew that they acknowledged me for my success in school because I got a part scholarship. I don't remember what it was called, but I got that. That's as far as I knew from anything. I didn't know there was really an honors program.

Analysis of the demographic data appeared to suggest that students who completed a large number of pre-college credits through PSEO and were not in high school honors programing tended not to be pre-selected for honors programing. Since the pre-selection letter was the primary way students were informed about the program, they did not know about the program offering or how to apply to the program outside of the pre-selection process.

Odelia was a non-traditional college student who transferred from community college. She did not participate in honors programing in high school. She expressed how she felt when she first heard that there was a collegiate honors program and she was not invited. She shared, “I

feel pretty miffed, just because I transferred in with a 4.0 and I have a 3.9, which I think is pretty dang good. I just, I think that's irritating. Like, how do they decide who gets invited?" She questioned, "Why am I not invited? I don't understand why. It doesn't make sense. I know nothing about honors programs even. Every person I ask, they said, 'well, I just got invited.' Well, good for you." Odelia questioned how students were pre-selected for the honors program. She was frustrated that even though she had a high GPA she was not selected for the program.

Patty and Aryia both participated in dual credit college options primarily through the CIS program. They both knew about the collegiate honors program. They shared their experiences when they found out they were not admitted to the program. Patty shared, "I was not in the honors program, because they send out a letter saying if you are or you aren't. I wasn't. I was kind of surprised." Patty felt even though her GPA was high and she was president of the NHS, her ACT score did not allow her to be in the honors program. She goes on to tell how she tried to talk to the admissions staff to gain entry to the collegiate honors program. She expressed,

I guess I was trying to communicate my interest and they were telling me that they would look it over and stuff, and I never really got confirmation on that, and so I didn't register for the honors courses, because I couldn't.

Patty blamed herself for not being selected for the collegiate honors program. She was disappointed that she was not admitted to the program and was unaware of the options available to her to apply for admission outside of the pre-selection process.

Like Patty, Aryia was not pre-selected for admission to the collegiate honors program. Aryia explained, "I also heard that you have to be invited and I didn't get the invite, so I'm like, Okay. Well, then I'm all right." She goes on to tell why she felt she did not get an invite to the program. She explained, "I had a 3.6 coming into college. That was my high school GPA. I thought maybe that wasn't high enough for the honors program. They weren't sure if I could do

well.” She shared, “Yeah. I was a little bummed. I will admit that. Just because I was used to being invited to things like that in the past.” Aryia discussed the situation with her father,

I asked my dad, he goes, “You don't need to take honors programs because college is already hard enough and why would you want to make it harder. Just graduate and you'll be fine.” I'm like, “You're right, college is hard.” If I want to maintain my grades, and do clubs, and have a social life, and all that stuff, maybe I shouldn't do honors.

Aryia followed her father's advice and decided not to ask more about the collegiate honors program. She felt her pre-college GPA was not high-enough to enter the honors program. During the interview, she expressed that she wanted to know more about the program so she could inform her younger siblings about what the program had to offer.

Analysis of the demographic information and narratives of students who were not selected for admission to the collegiate honors program identified the factors influencing admission to the honors program. Completing a large amount of dual college credits mainly through CIS and PSEO was associated with not being selected for collegiate honors program. Being a non-traditional student or from a rural school system also reduced the odds of being selected for admission to the collegiate honors program. Since a higher percentage of students of color opted for PSEO or community college options, they were less likely to be pre-selected for the honors program. The biggest factor associated with not being admitted to collegiate honors programing was not participating in honors programing in high school.

Interestingly, the average GPA and dual college credits of those not selected for admission to the program was higher than the mean for the study. Those not selected had an average GPA of 3.88 and averaged 30 dual college or transfer credits. It appears the admission process for the honors program was unintentionally biased toward students with access to honor programing in high school, disadvantaging rural, non-traditional students, and SOC who elected

to participate in advanced academic programming through CIS and PSEO pathways. Obtaining a high number of dual credits through college systems (community college, PSEO, and CIS) rather than AP or IB was associated with a reduced chance of being pre-selected for admission to honors programming.

A lack of knowledge about collegiate honors programming, lack of visibility, and lack of information about how to apply for the program outside of being selected for admission also limited access to the program. All students' that were not pre-selected for the collegiate honors program were eligible to apply for the program outside of the pre-selection process. Even though they were eligible to apply for the program, they were not aware of this option. Many students in the honors program expressed concern about the lack of visibility of the collegiate honors program offering on campus. The lack of visibility of the program is reflected in Penny's narrative. Penny's stated,

It's very much almost hush hush. It's not being talked about anywhere I am. I feel like people don't know about it, so they don't know, "Oh, I could do this." I feel like that's just part of it is letting them know that there's an option out there.

Like Penny, Dallas's narrative linked lack of visibility to reduced access to the honors program. She shared, "Unless you're pre-selected, you have no idea that there's even an honor's group. I think that out there there's probably lots of students who would love and would be interested, but just don't know about it." Students in the honors program were aware that the lack of visibility limited access to the honors program. Reduced access to the honors program due to lack of visibility is evidenced in the fact that none of the students who were eligible for admission to the collegiate honors program, applied for entry to the program outside of the pre-admission process.

**Summary theme 2.** Analysis of the theme selective admission revealed the factors that influenced students to join or not join the collegiate honors program. One of the biggest factors that influenced joining the program was being pre-selected for admission to the program. Fourteen out of 18 students who were pre-selected for admission to the program joined the program.

The type of advanced educational programming the students' experienced in high school influenced their opportunity to be pre-selected for admission to the collegiate honors program. The majority of students (83%) that stated they took honors courses (or were members of NHS) were pre-selected for admission to the collegiate honors program. Many students who completed dual college credits offered through AP or IB within the high school system were also pre-selected for admission to the collegiate honors program. Taking advanced academic course work primarily through PSEO or CIS reduced the likelihood of being pre-selected for admission to the honors program.

There was a direct association between participating in honors programming in high school and joining collegiate honors programming. Out of the 14 students who joined the honors program, seven reported being in NHS, and five were in honors courses. The main factors that attracted students to the honors program were the desire to participate in an advanced academic program, recommendation from family, and the benefits of membership. In general, a history of healthcare majors not completing the honors program did not deter the majority of participants from joining the program. Students' educational values, the prestige of the collegiate honors program, and positive experiences in high school honors courses and NHS membership appeared to positively influence their decisions to join collegiate honors programming.

In this study, the seven students who were not selected for admission to the collegiate honors program started college at the university with an average of 30 credits primarily earned through community college, PSEO or CIS dual credit options. Obtaining a large number of credits prior to attending the university may influence the collegiate honors program admission process in a number of ways. It is possible that starting at the university with nearly one year of college credits reduced the chance that these students would be selected for admission to the collegiate honors program. Of concern in this study is the fact that the students who elected taking credits primarily through college systems (PSEO and CIS) tended to be SOC and rural students, the same students needed in healthcare professions that honors programming seeks to draw. Non-selected students were not aware of the application process available to them to gain admission to the collegiate honors program. It appears the admission process for the honors program was biased toward traditional students from metropolitan areas that had access to honor programming in high school.

Factors that led students' to opt out of the collegiate honors program were the perceived rigor of their major, difficulty of the collegiate honors program, or scheduling conflicts. Students in the pre-professional programs that required an application process for admission (pre-nursing, pre-PT, and pre-OT) were the most concerned about the difficulty of the courses required in their healthcare major. Some healthcare students were concerned about the amount of extra time, work, and academic stress the collegiate honors program would add to their busy schedules. Students who opted not to join the honors program expressed concern about how the collegiate honors program would fit with the demands of their major course work. Some of the students who opted out of the collegiate honors program reported pursuing double majors that would complement their desired field of study. While being pre-selected for the honors program

influenced admission to the honors program, so did students' values and past experiences. The next theme, valuing honors explored the value of collegiate honors programming to healthcare students.

### **Theme 3: Valuing Honors**

The third theme is valuing honors. This theme identified the value of honors programming to healthcare students. The theme valuing honors highlights what students in the collegiate honors program expected to gain through taking part in the program and what non-honors students felt about the program. This theme supported the main research question through answering the first sub-question that explored the importance of honors programming to healthcare students. The categories uncovered during analysis include (a) rounding out education (b) doing amazing research (c) holding higher standards (d) living and learning community, and (e) standing out.

**Rounding out education.** Honors students' identified how the program broadened their educational experience (informing the category, rounding out education). This category is informed by the students currently participating in collegiate honors programming. Honors seminar courses are taught by two instructors from different programs. The courses integrate two or three subjects and are taught at a higher-level pedagogy than traditional college courses. The aspects of honors programming that attracted students to the program are identified in this category.

Honors courses integrate two or more subjects, challenging students to explore the course subject from more than one point of view. Penny's narrative reflects the value of the multi-subject instructional format to healthcare students. She explained,

It's really a benefit to your education, because it [the collegiate honors program] makes you think different, and especially incorporating the two different subjects into one class



really makes you have to think about things differently, and that's always important to be able to see things in more than one way.

Penny expressed the value of the honors program to development of skills that she will need in her career. She reflected,

I'm taking ethics, philosophy, and writing classes where I'll need those skills in my life: even if it's not directly related to physical therapy. I'll still need to be able to think critically and evaluate things and be able to understand different aspects of my job that aren't just science related.

Similar to Penny many students in the honors program were attracted to the programs ability to develop analytical and critical thinking skills.

Honors courses incorporate active and participatory learning activities (NCHC, 2014).

The Naomi and Macey's narratives reflected how participation in collegiate honors programing influenced their learning. Naomi stated:

Honors courses, I feel like they're more-fast paced. You learn more than the basics of the subject. You're intensively and critically thinking and reading and writing all the time. You're using more than just the lining of your brain. You're using whatever that's inside of your brain; it can be harder because it's more intensive, but then I do feel like you get more as well. The more you put in, the more you get, so I feel like that's what the honors courses are.

Macey shared, "You do more work sometimes. If you don't necessarily do more work, the work is more in depth, and so it's making you look in a different perspective at things and just challenges you more than a typical class." Students in honors programing felt the extra work in honors courses improved academic, professional and critical thinking skills.

The analysis determined that most students' in the honors program valued the integration of two or more subjects within the courses and the academic challenge of collegiate honors program. They felt the program increased their critical thinking and academic skills. The collegiate honors courses were perceived as having greater depth, more focus, a faster pace, and

more home-work. Healthcare students' felt being in the collegiate honors program pushed them to grow intellectually, developing analytical, writing, reading, and communication skills and increasing their confidence in their abilities.

These results are consistent with the findings of Seifert, Pascarella, Colangelo, and Assouline (2007). They found college honors curricula were challenging, used higher-order instructional pedagogy, and promoted cognitive growth in both math and critical thinking skills. Most of the students' in honors programing viewed academic skill development as not only important for college, but also foundational for future clinical practice. A few students' expressed concern about the lack of direct application of honors courses to their healthcare field, indicating the liberal arts focus of the program may be undesirable for some students. In addition to honors coursework, the collegiate honors program required a senior project, which is discussed in the next category, doing amazing research.

**Doing amazing research.** Students in the honors program valued the opportunity to do a capstone senior project (informing the category doing amazing research). This category is represented by students in collegiate honors programing. Exploring the perceived value of a senior honors project to students' is important to identify how offering a capstone experience influenced student decision-making.

The incorporation of a senior project into honors programing offered students the opportunity to present and publish their work. The senior project is completed in collaboration with a faculty committee. Pandora, similar to other participants in honors programing, commented on the educational value of the senior honors project. She shared,

You always hear about people who like, oh this person did this, and it was amazing, and they had all their research shown. It's like your time, you get to help people and work

with faculty, but this is all you. You get to do the project. I think it's a really big step of becoming your own person.

Students in the honors program viewed the opportunity to do an independent senior project as an important part of their college experience.

The senior project is designed as a year-long intensive research or project based experience. The demands and value of the senior project are reflected in Emily's narrative. She noted, "Yes, I know it's [senior project] going to be a lot of the extra time and effort. I'm going to have to put [time] in next fall to start that project then complete it in the spring." Emily later reflected on the value of completing the senior project as part of her honors coursework. She stated,

I think it's really important because then you actually have something. I mean, it's one thing to say, "Oh yeah. I was honors. I graduated with honors," blah, blah, blah. I almost think by having that senior presentation and that senior research, you actually have something to show for all the time that you put in.

Students' in the honors program valued the senior project as tangible evidence of their ability and college learning.

The analysis found healthcare students' valued the senior project as a learning experience that would expand their learning and develop them as a person. They were attracted to the chance to work with faculty and the independent nature of the project. The project was valued as something tangible that could be presented and published. These results are consistent with research by Kuh (2008) that showed undergraduate research is a high-impact educational strategy. The NCHC 2016 Census found 47% of honor programs included an honors thesis (or capstone) requirement, around 80 percent of programs reported research-intensive coursework (Scott, Smith, & Cognard-Black, 2017). NCHC (2014) recommends the inclusion of a thesis as an educational experience to learn research methods and dissemination.

**Living and learning community.** Healthcare students in the collegiate honors program valued living and taking classes with other honors students (informing the category living and learning in community). At SCU, honors students have the option to live together on an honors floor. Some non-honors students who have roommates in the honors program also live on the honors floor. This category is supported by statements from students who lived on the honors floor. The category identifies the how social aspects of the honors program influenced decision-making.

Best practices in collegiate honors programing include designing residential life and social activities to meet the social and academic needs of honors students (NCHC, 2014). Daisy, like other honors students, felt living on the honors floor influenced her college experience. She reflected, “It's cool, the community is very warm and everybody is very inviting. I think just sharing that common goal of being intellectual and embracing it; I think it's really good.” She shared, “it is a place to build friendships.” Healthcare students valued being on the honors floor for intellectual comradery and socialization.

The educational value of living with other honors students was expressed in Pandora’s narrative. She explained what it was like as a freshman in the honors program to live with other honors students. She commented,

When they talk about things, it's much more in depth, whereas some people just graze the surface when they talk about issues. You can have in-depth conversations, and they're really big with their community. They're very much like, I want to be in my community and help my community.

Honors students valued being with other students who shared the same passion for learning and serving their community.

The honors program included students who lived on and off campus. While many students in the honors program who lived on campus elected to live on the honors floor, some did not. Others lived off campus so they did not share the honors floor experiences. Dallas was a junior who had lived on the honors floor for three years. Her narrative reflected her concern for the majority of honors students who do not live on the honors floor. She shared,

The program we have now, they don't do a lot as a group, unless you live on the honor's floor. I think living on the honors floor is very excluding to the majority because the majority of people don't live on that floor.

Dallas's narrative showed concern about students in the honors program who were not part of the honors floor community. Her narrative suggests that honors students who commute to campus may not have the same opportunity to form a community with other honors students as the students who live on the honors floor.

The analysis found that living on the honors floor provided a supportive community for high-aptitude healthcare students. The honors floor was a place where honors students could meet people like themselves who shared similar academic goals and aptitude. Living together offered educational and social benefits. The student narratives confirmed research by Kuh (2008) that identified learning communities as a high-impact educational practice.

These results showed community with other high-aptitude students was an attractive aspect of the honors program. Research by Campbell and Fuqua (2008) found that living in honors housing was a predictor of honors program completion. An identified concern was that honors students who do not live on the honors floor may have missed out on bonding with other honors students, reducing the fit and threatening completion of the program. Healthcare students liked living with other honors students who had similar academic values.

**Holding higher standards.** Healthcare students in collegiate honors programing felt they were held to a different standard than other students (informing the category, holding higher standards). This category is supported statements from students currently in collegiate honors programing. How internal and external pressures associated with honors programing influenced students' decisions is identified in this category.

Many students' in the honors program, like Daisy, reported they were raised with high educational standards. Daisy was the youngest in her family. All of her siblings attended college. Like other participants in the study, she reported how being in the honors program influenced her educational aspirations. She described,

It's something that just motivates me to work harder and to know that I can achieve something really good and that I have the ability to do that. Being part of honors is just knowing that I can strive further in my education, and I can reach the goal that I want to.

Students in the collegiate honors program felt the program helped motivate them to work hard and achieve their goals.

Naomi, a freshman honors student in the nursing program reflected on the expectations honors students hold. Her narrative reflected the academic culture described by participants in the program. She stated,

I feel like you really have to, not just be in it, but be in it physically, emotionally, and spiritually. An everyday kind of thing, have that mind-set that you are an honors student. You have to fulfill [expectations] not just what the program wants you to, but for yourself. Yeah, I feel like a lot of honor students are overachievers, and that's why they are honor students.

Many healthcare students' in the honors program described themselves as over-achievers.

Participants' in the honors program felt that they were different from non-honors students. Tamyra's and Nova's narratives reflected the difference in honors students' orientation to learning. Tamyra stated, "I just think it's a different mindset a lot of times. I think that really

helps you stay in that mindset of always learning. You're not just done when you're done.” Nova confirmed, “I do think that being an honors student is something to maybe look for because it's a student that's voluntarily pushing themselves, not necessarily being pushed by somebody else.” Students' in the honors program viewed themselves as internally driven learners.

Natalie's narrative noted faculty expectations for honors students. She recalled, “I think you just have a higher standard from the teachers. Like, if they know you're in the honors program, they expect you to do better, and you have a higher expectancy rate.” Being in the honors programing increased the faculty expectations of students. In turn, honors students demanded more of themselves because they were in honors programing.

The analysis revealed healthcare students in the collegiate honors program were internally and externally motivated to succeed academically. They were attracted to the additional academic push the collegiate honors program provided. Honors students described themselves as over-achievers.

**Standing out.** Students in the honors program felt completing the honors program would increase future career opportunities (supporting the category, standing out). Many healthcare students compete for program entry; they are used to trying to be the best so they can get into their desired field, placement, or school. This category identifies how students' beliefs associated with the status of completing the collegiate honors program influenced decision making.

Students who completed the honors program were identified by name at graduation and within college publications as Antonian Scholars. Naomi's narrative reflected participants in the honors program views on the importance of completing the honors program. She stated,

I would feel like I took my education seriously. I really did push through and work hard. You feel good about yourself, and I feel that's important. I would feel like you love your education, you cherish it, and you work hard.

Naomi went on to explain how completing the honors program would look to future employers.

She noted,

Employers really look for that extra oomph, and I feel like if you graduated with honors, that's the "extra" that they look for, and then I feel like doors open automatically for you. Like there's no buttons to push if you're an honors student and a nursing student in one.

Elisa, like Naomi, expressed the value completing the program would hold to future employers and in graduate school admissions. She noted, "It sets me apart, at the end of the day they're going to be looking at experiences I've had and things that I've done. If it's between myself and another person having honors on my resume looks very nice." Students' in honors programing who completed the program valued being able to identify that they were an Antonian Scholar on their resume. They felt becoming an Antonian Scholar would represent their academic ability, motivation, and drive in a way that would be valued by future employers.

Many students in healthcare professions faced competition for program entry or internships in their desired field. Dallas is a dietetics major, her narrative explained how completing the honors program could influence her future internship opportunities. She mentioned,

When you graduate, you have to apply for a certified internship by the dietetic board. They're very highly competitive, so for me, completing the honor's program is another thing that I can say makes me unique. Even when we go into advising, every one of our advisers says, "You have to do something like honors."

Healthcare students' in honors programing felt completing the collegiate honors program held prestige that was valued within their professions. Completing the honors program was seen as one way to stand out in competitive fields to increase career opportunities.

Analysis of the narrative statements found honors programing was valued by healthcare students a way to attain future career goals. They believed completing the collegiate honors



program would give them an advantage when seeking employment, internships or entry to graduate school. Findings within the literature review support healthcare students' assumptions, showing greater matriculation rates to graduate school for honors students than non-honors students (Benitez-Sullivan, 2001; Gasman et al., 2014; Williams & Snider, 1992). The exclusivity and academic difficulty of the program strengthened the value of completing the program. The views of students who elected to participate in the collegiate honors program differed from those who declined program participation. The views of those that declined participation in the honors program is explored in the next category, concerning stressors.

**Summary theme 3.** The theme, valuing honors, revealed the importance of honors programing to healthcare students. Dallas's narrative best summarized the value of the collegiate honors program to healthcare students in the program. She stated,

First, it would be the group of people that you meet. Second, it would hold yourself to a higher standard. Life just gets busy, but if you put academics first and if you have honors there pushing you, it makes you strive for the GPA, makes you strive for that program. I think the third thing is it just provides you with so many opportunities that you have at school.

The analysis uncovered that students' in collegiate honors programing valued the access to high level academic programing, the opportunity to do undergraduate research, and being part of an academic social community. They felt being in the program held them to a high standard that would help them grow intellectually, and completing the program would help them attain their professional goals. Based on their experience in the collegiate honors program students' felt the program enhanced their college education. They valued the program's ability to develop their critical thinking and academic reading, writing, and communication skills they would need in their future careers. They were also attracted to the opportunity the program offered to do a senior project or undergraduate research in the program. Based on what they knew about the

senior project, they felt the project would be a tangible product of their education that would reflect what they learned. They noted that the project could be presented, published, and listed on future job or graduate program applications.

The experience of living and learning with others honor students was attractive to healthcare students' in the program. They noted how they shared similar academic values with other honors students and formed a community that offered friendships, support, and helped others on campus. Living on the honors floor promoted the development of the community that those in honors who live off campus may miss out on. One student expressed that more should be done to include honors students who do not live on the honors floor.

Honors students felt they held themselves to a different standard than other college students. They were intrinsically motivated and had a learning mindset that pushed them to do their best and take advantage of the opportunities before them. Taking courses with other honors students increased the academic challenge and competition within courses. They noted being an honors student had a certain level of prestige.

#### **Theme 4: Confounding Factors**

The next theme confounding factors identified the factors associated with healthcare students' decisions not to join or to drop the collegiate honors program. This category is supported by statements from nearly all participants in the study. This theme addressed the main research question through answering the second sub-question identifying the program factors that impacted students' decision to join or continue participating in the collegiate honors program. Naomi, a nursing student in the honors program, reflected on the history of the healthcare majors in the collegiate honors program. She shared, "The students who have been in the Antonian program for years, and students who know students who were going into the

medical fields, had to drop out of the Antonian Honors Program.” This theme uncovered the factors that influenced students’ decisions not to join the honors program or to drop the honors program. The following categories supported this theme (a) concerning stressors (b) demanding major (c) concerning GPA (d) prioritizing healthcare (e) completing costs, and (f) lacking diversity.

**Concerning stressors.** Honors and non-honors students expressed concern about the stress associated with the additional home work required in honors courses (informing the category concerning stressors). This category is supported by statements from honors and non-honors students. This category identifies how honors programing concerns influenced student decision making.

Honors and non-honors students frequently used the term “hard work” or “a lot of work” to describe honors courses. Nova, an honors student compared the work load and stress of her honors course to general course work. She shared,

With my honors class, we have a paper due every single class period and it has to be a three to four-page paper. That in itself is a lot. Most other classes, they give you about two weeks to write a three to four-page paper, and nope, you have one due three times a week.

Nova expressed frustration over the amount of work in honors courses. She confided,

There's nothing about the honors program that is more closely tied to nursing. It doesn't push me to do things related to nursing or related to healthcare. It just pushes me to write more papers and analyze more things, which really isn't necessarily benefiting me, nursing-wise.

After completion of one course in the honors program, Nova decided not to register for an honors class next semester. While most students in the honors program viewed the extra work as a challenge that pushed them to do their best, some students like Nova were concerned about

adding the stress of honors courses to an already demanding schedule threatening continuation in the program.

Olivia, a pre-OT student, declined honors program membership due to concerns about the work and stress of the program in addition to her major course work. Olivia, went on to assess the time demands of the collegiate honors program with that of her major. She reflected,

I just wasn't sure that I'd be able to do that along with my coursework. I wanted to make my coursework my priority. Even now, I think it would be difficult to incorporate that honors with my coursework, and work, and my other extracurricular activities. I think you need those good grades, and then you have a different side project. I think that would be very difficult.

Students' who declined membership in the honors program felt the collegiate honors program would be difficult to complete given the demands of their major and extracurricular interests.

Opal, a pre-OT student, declined honors programing noting that her mental health was more important than being in the honors program. She stated, "I like to be challenged, but if I'm up super late, upset, that's going to affect the rest of my life." Opal told a story about her concerns for her roommate in the honors program. She shared,

She's up so late. I think she has missed some classes for other reasons, but she's like, 'My honors book, I got to read it.' She's sitting there not struggling to get through it, but like, 'This is a lot of work. I have to write all these questions and papers.' I feel really bad for her. Her mental health is definitely pretty low right now. Just having her go through that is super hard to watch. I know my other roommate and I are encouraging her to take a break. Yesterday, we all ended up at the athletic center, and she's there reading her book. I was like; you can put the book down for fifteen minutes. You need to focus on a different aspect of your life for a little bit.

Non-honors students who declined participation in the program expressed concern about the amount of stress taking honors courses added to their peers in demanding healthcare majors.

Honors students concerns about the feasibility of completing the senior project are

reflected in pre-nursing student Natalie's narrative. She told a story about a past nursing student in the honors program. She shared,

I talked to one of my nursing students friends the other day and she was like, 'Yeah, it was so hard. I couldn't do the senior research project because I was personally so busy,' and so she had to actually drop the honors program.

The feeling that the senior project was a barrier to completion of the honors program was evidenced in honors and non-honors student narratives. This was particularly true for pre-professional students in 3+2 and 3+3 dual degree programs that allowed only three years to complete undergraduate course work before entering graduate programing.

The analysis revealed healthcare students concerns about the work and stress of the program and their ability to complete the senior project were associated with declining and dropping the program. These results are consistent with the findings of Campbell and Fuqua (2008) that show the senior project can be a reason for attrition from honors programs. Distress associated with honors programing was reflected within the student narratives. Two students in the honors program disclosed they suffered panic attacks. A study by Rice, Lever, Christopher, and Porter (2006) found perfectionism to be associated with perceived stress in honors students. The study correlated perfectionism in honors students with stress, social dis-connectedness, depression, hopelessness, and difficulties with academic adjustment. The effects were mediated by social connectedness.

**Demanding major.** Honors students' and students' who declined the honors program expressed concern about the fit of honors program requirements with their major course requirements (informing the category, demanding major). This category is supported by statements from students that declined entry to the honors program, and students currently in the

program. How healthcare curricula influenced honors program entry and completion is explored in this category.

Elisa is a junior pre-nursing student. Her narrative reflects the views of participants in the honors program who had difficulty finding honors seminar courses that fit with their course schedules and interests. She noted, "It's been hard to find honors seminars that fit with my schedule and that also interest me. Also completing a senior project is daunting because you have to find the time for that as well, which can be hard." Elisa goes on to note the difficulty nursing students have completing the program. She stressed, "It's hard for people, especially people who haven't completed credits outside of college, whether it be during the summer or from high school. It can be very hard to try and fit in those honor seminars." Similar to many students in the study, Elisa, felt the content of honors seminars favor liberal arts versus science associated healthcare majors. She shared, "I would say that we feel like outsiders inside more of those liberal arts driven honors courses. We don't necessarily think the same way as some of those people and that can put us at a disadvantage." Many students in the study were concerned about their ability to complete the honors program given the liberal arts focus of the program and their program demands.

Penny's narrative reflected how healthcare students' views of the feasibility of completing the honors program changed over time. Penny was a junior in the pre-PT program. She stated,

You only need four classes, and then the project, but then I got into sophomore year, and I was like, "Where am I supposed to fit in these classes? I need all these other ones, and the only ones being offered were credits I already have covered, so I don't need those." It is tough when it's just, you have this history and English one mixed together, or this music and this mixed together. It's kind of like, "I don't need those credits. I've played in orchestra the whole time I've been here. Like, I don't need music credits or fine arts credits. I think the options are small and hard to make work.

Like many healthcare majors, Penny had already completed many of the liberal art's courses offered in the honors program in high school through dual college credit programs. Penny went on to explain her attempts to schedule courses that met the seminar requirements. She noted,

It's harder and harder to get it [honors seminars] into your schedule. When you have classes that are only offered one time, one semester. You are coming down to two semesters to fit in the rest of everything, and you need this, and this, and [these] credits. But you need this class, which is at the same time as this [class]. So you try and see if you can get stuff done early so you can make it fit in. If you know there's an honors class you want to take, see if another class you need is offered at a different time, or if you can take it over a J Term, or in the summer.

Penny's narrative correlated the scheduling difficulties healthcare students face with attrition of students in the honors program. She reflected,

I don't think that there's anybody else that's pre-accepted PT that stayed PT. There was people my freshman year that were like, "Yes, like I'm PT, I'm in the honors program," but then they either dropped the honors program or they dropped the honors program and they dropped the PT.

The number of pre-PT students in the honors program diminished over time.

Penny's narrative represented healthcare students' view that a one-size-fits-all honors program design was not working. As time went on, the barriers of time and lack of course offerings that she had not already taken limited her ability to complete the honors courses needed to complete the program. Penny noted she would most likely have to drop the honors program next year.

The importance of adapting the time frame of the program to meet the needs of students who are matriculating on to dual degree professional is reflected in Paige's narrative. She suggested, "Planning ahead so people in the 3+3 [dual degree program] could do it [the senior project] their junior year and getting people interested in it their sophomore years so they can complete the project." Flexibility in the design of the honors program was important to

healthcare students. An adaptable design was important, not only for students in professional 3+2 and 3+3 programs, but also for the ever-increasing number of students who start college with a number dual college credits complete, limiting their time to degree completion.

Non-honors students like Opal, expressed how changing the honors program course offerings may have changed her decision to participate in the honors program. She explained,

I think having maybe a sub-discipline of it to more of a science side would definitely draw more people. If it definitely applied to what I wanted to do and I had the time and the course ability to put in, I definitely would've considered it harder than I did when I read it online.”

Healthcare students felt designing honors courses that matched their interests and integrated with their curricula would increase the desirability and feasibility of collegiate honors.

The analysis revealed students in demanding healthcare majors with fixed curricula had increasing difficulty over time fitting honors classes in their schedules, reducing the feasibility of honors program completion. The main barriers identified were scheduling conflicts with major coursework, liberal arts course offerings that were not needed to complete their major, and lack of flexibility of the honors program to accommodate students who needed to complete the program in three rather than four years. Healthcare students' felt the collegiate honors program unfairly disadvantaged them due to the lack of fit of the program with their major course requirements.

Healthcare students' in honors programing volunteered for the study to share their ideas of how to integrate the honors program with healthcare curricula to increase the feasibility of completing the program. They recommended cross listing honors courses with their major requirements and increasing the flexibility of the program. The desire for more flexibility in the design of the honors program was most applicable to healthcare majors who had 3+2, 3+3 or



internships that increased time demands of the major in their senior year. These sentiments are consistent with the work of Campbell and Fuqua (2008) that found curricular rigidity negatively impacted program completion. Interestingly, none of the students expressed that healthcare programs lacked flexibility and should change to accommodate the honors curriculum. Healthcare students were also concerned about the effect of the honors program on their GPA, informing the next category, concerning GPA.

**Concerning GPA.** Maintaining a high GPA is important to healthcare students (supporting the category concerning GPA). Since GPA is heavily weighted during the admission process to healthcare programs, it is important to students the honors program does not negatively impact their chance for admission to their desired major. This theme is supported by statements from students that declined and are currently in the honors program. This category determined how student concerns related to maintaining a high GPA influenced honors enrollment and completion.

A few participants, like Macey, noted concerns related to maintaining their GPA in the honors program. She shared, “I heard that lots of people drop out the first year. Sometimes it's hard just to keep your GPA up for it.” Concerns related to maintaining a high enough GPA to stay in honors program or to gain entry to healthcare fields are implied within the student narratives as reasons students may drop or decline program entry.

Rachel and Elisa shared advice they would give healthcare majors looking at joining the collegiate honors program. Rachel is a respiratory care major who elected not to participate in the honors program. She advised, “I guess not to let your scores or grades in the respiratory classes be affected by taking on an honors class.” Similarly, Elisa, a junior nursing student in the honors program shared her advice for nursing majors. She recommended, “I'd tell them to keep

the GPA requirement in mind as well because some people do everything, but they're satisfied with doing it mediocre and, in the end, that can kind of come and bite you." Honors and non-honors students' felt that honors courses were harder than regular course work and cautioned that being in the honors program could negatively impact students' GPAs.

The analysis found students' concerns related to maintaining a high GPA were related to their decisions to decline or drop the program. A study by Spisak and Squires (2016) explored the effect of honors courses on GPA at the University of Iowa. The study explored the common assumption of students, faculty, and advisors that an honors program will lower students' GPA. The study found this perception invalid. Student participation in the honors program did not affect cumulative GPA. Students' were concerned not only about the programs impact on GPA but also about the honors program detracting from their major course of study.

**Prioritizing healthcare.** A few healthcare students' expressed how their major and extracurricular activities take precedence over honors programing (informing the category, prioritizing healthcare). Statements from students that declined the honors program and students that are currently in the honors program support this category. The category identifies how the desire to focus on major course work influenced decisions to participate in a liberal arts based honors program.

Rachel, a respiratory care student confided how she decided not to join the honors program. She shared, "I think that was the thing for me was just that I had to kind of prioritize what I wanted to focus on, and I kind of let the honors piece go because it wasn't as important to me as to doing well in the major classes." Similar to Rachel, Paige an honor student, prioritized her honors program in relation to her major course work. She stated, "I'll continue with it (honors) as long as it doesn't interfere with my classes. If it gets too challenging to do the harder

science classes and honors, I'll probably not continue.” She added, “I'd rather do well in my normal classes and be successful in those than continue having the honors program. I'd rather make sure I graduate in the time I need to, than do the honors.” Healthcare students’ used prioritization as a decision making method.

The analysis found healthcare students’ primary goal was to obtain a degree in their desired field of study. If students perceived being in the honors program as barrier to completing their major course work, they would drop or decline the program. Another factor that influenced completion of the honors program was costs associated with completing the program which informed the next category.

**Completing costs.** Honors students identified additional expenses associated with completion of the collegiate honors program (informing the category, completing costs). Statements by students currently in the honors program support this category. This category explored how costs associated with completing the honors program influenced program completion.

Elisa, a pre-nursing honors student indicated the cost of the program was a barrier to program completion. She shared,

Then of course there’s the extra cost of being an honors because for some people you’re taking these extra courses to try and complete the honors program which can be a plus or minus for people, I suppose, depending on how they’re paying for school. I know for thinking about trying to fit them in and thinking about paying for them is very hard.

Similar to Elisa, Penny, a pre-PT students viewed the honors program as double paying for credits above and beyond what she needed for her major. She noted “I guess that would be the biggest thing for me. Having to pay again for those credits, even though I already have what I need for my major.” Healthcare students’ felt that in order to complete the honors program they

may need to pay credits above and beyond what they needed to meet their major course requirements.

Daisy's narrative underscored how the cost of the program influenced program completion. She shared,

I know some people have told me that they would have to take an extra seminar even though they don't need it to fit the requirements for their liberal arts. Sometimes that comes down to financial issues with money and things like that. That's why they decide that it's not worth it in the end. I think that's probably the biggest barrier for students to not completing the program.

Additional costs associated with completion of the honors program requirements was one of the factors that led healthcare students to drop the program.

Analysis of healthcare student narratives identified the potential cost of taking additional general education credit hours to complete the honors program as the biggest barrier to program completion. The perception of the honors program costing additional money is closely linked to the fact that many of the honors students had completed general course requirements prior to starting college. If completing the honors program required additional money or time beyond what was required to meet their major requirement, the students identified they would drop the honors program. The efficiency of the collegiate honors program was important to participants. While the most of factors associate with dropping the honors program were identified by majority and minority students, one factor, diversity, was identified only by under-represented minority students.

**Lacking diversity.** Under-represented minority students' in the study were concerned about the diversity of the honors program (supporting the next theme, lacking diversity).

Statements from students representing under-represented minority populations (Somali, Hmong,

Vietnamese, Korean, and Hispanic) support this category. This category explored how the ethnic diversity influenced honors program enrollment and completion.

Macey is a freshman honors student who commutes to campus. She noted, "I know some people in honors. I made one friend." Later in the interview Macey shared why she does not feel she fits in the honors program. She stated,

Also, some people feel left out. I know my teacher actually was talking to me about it, how there's not a lot of women of color in there, and they feel awkward. I feel pretty awkward, too. That might cause them to drop out.

Macey directly noted how a lack of diversity in the honors program may reduce the likelihood of minority students completing the program. In regard to pre-selection of students for admission she stated, "Well I don't think you can just put anyone in there and say, "Hey, we brought a woman of color. It's fine." Macey was concerned about the social fit for of students of color in the collegiate honors program.

Further evidence of the importance of diversity in the honors program can be found by the value non-minority students placed on the diversity of the institution. Ariya's narrative shows how diversity of the honors program influenced her college decision. She shared,

Diversity, the fact that St. Kate's has diversity and everything, it was a really big factor in deciding which college to attend. I didn't want to go to a college where I would be the only person of color, I wanted to be where I could talk with peers that looked like me, and didn't look like me, so that was a big factor.

Ariya was attracted to the institution by the racial diversity of the campus, reflecting the importance of diversity to her.

Odelia, noted differences between the diversity of the campus and the honors program. She quoted the university diversity statistics, "Last year, our multicultural and ethnicity numbers were at 38%. With the exception of the native population, we reflected in national average." She

recommended that honors program revisions are done “with the multicultural office to adopt their way of diversifying St. Kates so successfully.” She added “People don't understand but walking around this campus is like walking around a tiny United States. How amazing is that?” Only students from under-represented minorities expressed that they valued the diversity of the campus during the interview.

The differences between the educational views of the majority and under-represented minority students are represented in Nala's narrative. She shared,

I just feel that I have to give back to my community and that's what drives me to always be on top of everything. If I learn, if I gain knowledge, I can help them grow, too. I'm not doing this education just for myself. I'm doing it for a lot of people. That's how I think of it.

Students from under-represented minorities had many of the same educational values and aspirations as majority students. The main difference was how they viewed their education as not only for them, but for their community, and the value they placed on understanding cultural values.

The analysis revealed minority students felt it was important the honors program reflect the diversity of the campus. The diversity in collegiate honors program is 20%, about half the diversity of the campus (Pakudaitis, 2015). The diversity of the campus attracted students of color to the university. Lack of diversity of the honors program could reduce feelings of social fit in the program, leading to dropping the program. Other differences between the majority and minority populations was the feeling education was not only for them but for their community and the recognition healthcare providers should reflect the diversity of those they care for. Retention of under-represented students in the honors program is important as honors

programming has been suggested as a way to increase matriculation of diverse students into health professions lacking minority representation.

**Summary theme 4.** Healthcare students were aware of the history of healthcare students dropping the collegiate honors program. They were concerned about the feasibility of completing the program due to their demanding course schedules, the imbalance of course offerings, and overlap with core courses they had already taken. The honors program was also perceived to lower GPA and take time away from major course work; both are factors that influenced completion of the program. Students prioritized their involvement in the honors program based on their number one priority of completing their health care major. They were not willing to spend additional time in college or additional money to complete the honors program. The honors program lack of diversity reduced the social fit of minority students in the program threatening completion. Including under-represented populations in the honors program is particularly important to the allied healthcare fields seeking racial diversity.

#### **Theme 5: Innovating IPE Honors**

The last theme, innovating IPE honors, represents participants' ideas to improve the honors program through the addition of IPE courses to the honors curriculum. Statements from all students that participated in the study support this theme. This theme directly answered the third research question that asked how interprofessional education could be incorporated into collegiate honors programming. The third research question did not support the main research question but had value in capturing creative ideas of how to enhance the honors program for healthcare students through adding IPE course offerings.

St. Catherine University began incorporating IPE courses into undergraduate curricula in 2012. Since then, IPE courses have been gradually integrated into healthcare programs starting

with nursing, exercise science, and dietetics. In 2016, IPE courses were integrated into public health, sonography, and respiratory care programs. Because the IPE courses were being phased into undergraduate curricula during the study, only six participants in the study had experienced IPE courses. The rest of the participants' in the study based their feedback on what they had heard about the IPE courses or intuitively understood about the educational format.

On the demographic form, the majority of healthcare students indicated they were interested in an IPE honors courses. The students who were not interested were junior non-honors students graduating the following year. The positive response to the idea of IPE honors courses reflected the attraction of offering honors courses that aligned with healthcare students' interests and were cross-listed with their curricula.

Nancy and Elisa had taken IPE courses within the nursing curriculum. They defined what IPE programing meant to them. Elisa stated, "Interprofessional education, in general, it's kind of like looking at healthcare multidisciplinary-wise I'd say. You're looking at all facets of treatment as opposed to just your one concentration." Nancy defined the team-based aspect of IPE courses,

A team is everyone's contributing equally. In my interprofessional class, we worked together for a larger amount of time. As a group, you work together for just a week or two. The courses help students understand their profession, to ensure it is right for you and teach you how to work in a team.

An IPE educational framework includes team-based assignments to facilitate communication between professions. Similar to honors interdisciplinary education format, the courses are taught by two faculty from different professional programs. Understanding what participants want in the honors programing is a key factor in increasing the attractiveness of the program and improving honors program retention. The two categories that inform this theme are (a) preparing for the real word and (b) interesting IPE courses.



**Preparing for the real world.** Healthcare students expressed the value of incorporating IPE courses into the honors program (informing the category, preparing for the real world). Narrative statements from all students in the study informed this category. The students narrative comments that support this category were generated by the interview questions, that asked students specifically about what they would like included in IPE honors courses, their ideas for program design, and course topics. This category is important to demonstrate what healthcare students hoped to gain from adding an IPE framework to the honors program.

Nala, a pre-med student, and Nova, a pre-nursing student, were both freshman. Neither had taken an IPE course. Their narratives reflected the value of IPE education. Nala expressed,

I feel like that goes back to applying it to the real world. I feel like it makes it more realistic, in a way. Once you start working in a health field, you're not just going to be working with other doctors.

Nova identified what she valued about IPE courses. She stated,

Because these ones [IPE courses] are interprofessional skills. It's not all just little nursing facts but it's learning how to be an effective nurse to possibly the patient's family or the patient themselves. Not necessarily just doing the skills and then just leaving, but learning how to be a good professional at your job and being welcoming and inviting and making sure that the people that possibly are in the room understand what you're doing and are comfortable with you being in the room.

Healthcare students viewed the IPE courses potential to improve interprofessional communication skills as a necessary part of their professional development.

The importance of communication skills to healthcare outcomes is outlined in Penny's narrative. Penny is a pre-PT student who has not taken IPE courses. She cautioned:

It's important to communicate between everyone, and have them all working together, instead of apart, because then things can go wrong, or you might not know something. You might not know a piece of the patient's history, if they've only just told this person. It's important to have that communication and to know everybody's role in the team, then to make sure everybody is getting what they need to do the best job that they can.

Penny's narrative is reflective of healthcare students' narratives that identified interprofessional communication skills are a critical part of patient care.

Natalie is a freshman nursing student. Her narrative reflects how healthcare students felt about the opportunity to take honors courses with students in different professions. She revealed, "I think it would help them to interact with not only with the other healthcare students, I think it would benefit healthcare students overall." She goes on, it will "help them to be able to put themselves in the patients' shoes, or somebody else's shoes, maybe a friend's, or a person who's in trouble in the public and just needs help." Healthcare students' felt that the team based structure of IPE courses would enhance their learning through exposure to different health professions. They felt that taking courses with students in other professions would increase the depth of the course through broadening their leaning and understanding different perspectives.

Building professional relationships was important to healthcare students. Patty and Ariel's narratives reflect the perceived value of taking courses with other healthcare students. Patty shared, "I think the big thing I would be interested in is just getting to know these different people, and working with them, and seeing their ideas and how maybe they're similar or different to what I know." Ariel identified how the team-based structure of IPE honors would influence problem solving. She explained, "It brings more knowledge to the table, more to work with. You have two different sets of ideas and then you have a lot more information to work with and you're more powerful coming up with conclusions and decisions." Ariel noted the strength of deferring to other fields. She commented,

You have so many resources through all the different schools, OT, PT, PA, they're all connected. Being able to say, "I don't know this," and asking someone else is a really good trait to have because you can't do everything.

Healthcare students felt the IPE team-based format would improve networking and clinical problem solving.

Students who had taken IPE courses shared their experiences. Aryia and Daisy were sophomores who experienced IPE courses in the nursing curriculum. Aryia noted the application of IPE course to her work as a certified nursing assistant (CNA).

I think especially after I took it, and then I started working as a CNA, you see all the pieces come together and it was just a really tangible class. That was one of the first classes where everything came together in real life.

Daisy shared how her experience influenced her understanding of the roles of healthcare professionals. She stated:

It's really nice to know other people's roles and to know that you're all working as a team. I think for me, the one thing that stood out is knowing that your patient is also part of the team. I think that's really cool, because sometimes you don't think about that. To know that if everybody is on the same side, and knowing that you're all caring for that patient and doing the best for them, and keeping it patient centered.

Healthcare students' in the study who had taken IPE courses felt the courses broadened their perspectives and helped them learn professional interaction with other disciplines. They linked the courses to real clinical experiences that would help them understand the patient's situation and care for their needs. While most students' who had taken IPE classes as part of their healthcare curricula viewed IPE courses positively, they identified a few concerns.

Daisy's narrative reflected some of the concerns that participants in IPE programing had about IPE courses. She confided,

Sometimes it's hard for other students if they're not engaged, and they don't want to do it, then it ruins the experience for somebody who is really into it. If there was an honors option, and all the students were very active in it, I think it would be good experience.

While engagement of the peers in IPE courses was an identified concern, healthcare students felt that taking IPE courses with other honors students would enhance the educational experience of the course.

The analysis revealed healthcare students' valued interprofessional education. They felt skill in interprofessional communication was key to prevention of medical errors. Adding IPE courses to the honors program would allow them to learn and network with other healthcare professionals enhancing problem solving and broadening their perspectives. They valued learning effective communication strategies to work with different professions and how to adapt communication styles to various team cultures and contexts. Participants in the study identified topics for IPE courses they would be interested in forming the next category interesting IPE courses. IPE educational programming for students in health care professions has been advocated to prevent medical errors (Kohn, Corrigan & Donaldson, 2000).

**Interesting IPE courses.** The participants' voiced their support of IPE honors courses (informing this category, interesting IPE courses). The majority of healthcare students in the study eagerly shared their ideas for future honors courses. The category explored students' interest in and ideas for honors course topics that integrate the fields of art and science.

Participants' in the study voiced their desires for interesting IPE honors course topics that would integrate healthcare topics. Daisy, a pre-nursing student, suggested a course that explored prevention of chronic conditions combined with technology. She stated, "I feel like with obesity, diabetes, just all those things, with technology. I feel like technology with the different types of equipment that we have for medical things in the healthcare field." IPE courses that covered clinical conditions, health promotion and prevention of illness were of interest to healthcare students.

Wendy, a social work student, mentioned integrating the topics of health and psychology in a course that explores how infants are nurtured and develop social attachments. She explained,

One thing is how infants are nurtured. Because at a point, I guess, parents let them cry out of it. But there's different attachments that children have, whether it's strong or [not]. I'm kind of curious about that, I guess, like how it [attachment] effects the child later on in their relationship with the parent.

Healthcare students in the study identified interest in IPE courses that explored the intersection between mind, body, and health.

Pandora noted how health insurance issues are not discussed much. She would like to see a course that is focused on understanding the impacts of insurance on patient decision-making and what to do if a patient does not have insurance. She shared, "I don't know how it would work, but health insurance and pro bono work. I feel like that's not talked about as much." She continued on, it is important to know "what you can do if they don't have health insurance or something." Healthcare students identified their desire to have IPE honors courses that focus on the topics of insurance, health systems and patient advocacy.

Natalie's narrative is reflective of participants who suggested that the IPE format could be adopted for the honors senior project course. She shared,

I think researching in a big group of people or a team-based thing is helpful, because everybody finds different things, and everybody brings different point of views and aspects to a group. I think a lot about research things, or maybe they can do, like create something that might help change science.

Healthcare students realized the potential power of incorporating an IPE team-based senior project into the honors program.

Healthcare students identified topics to consider for future IPE honors courses. The students were inventive, looking at different ideas from traditional course offerings. Common themes were topics related to medical history, mental health, human anatomy, global health,

physical health, clinical conditions, research, and futuristic medicine. They also recommended offering an IPE team based senior project. The idea of multidisciplinary senior projects was attractive to participants in the study. They felt having many professions represented within the team would strengthen the research design and the quality of the research outcomes. Increasing the quality of the outcome would offer opportunities to present their projects regionally or nationally, enhancing their experiences. A full list of identified courses, sources, and statements is provided in Appendix K.

**Summary theme 5.** Healthcare student narratives identified many benefits to adding IPE courses to the honors program. One, it would make the program more feasible through linking coursework within healthcare majors and the honors program. Two, the participants felt the team-based nature and topics of interest to healthcare students would draw and retain students in the program. Three, the diversity of the students in the course had value for peer-to-peer learning professional roles. Four, the ability to work with other professions was attractive to participants and viewed as the preferred way to solve clinical problems and prevent errors. Five, utilization of a team-based format within the course would develop the necessary communication skills for practice.

Ariel saw the potential value of adding IPE courses to the honors program. She stated, “I think it would just help our college stand out as well, because I've never heard of anything that does that before. It's new, and it's a really great idea, so hopefully, it'll catch on [here] and [at] other colleges.” The IPE honors program could be a national model of how to integrate honors courses with professional curriculums to improve program outcomes.

Tamrya felt an IPE honors program matched the University's mission, intertwining interconnectivity through interprofessional education. She expressed, “I think interprofessional

education can benefit millions of people, and that's a big part of what St. Kate's is about, it's helping millions of people. I think that's definitely something that St. Kate's should do.”

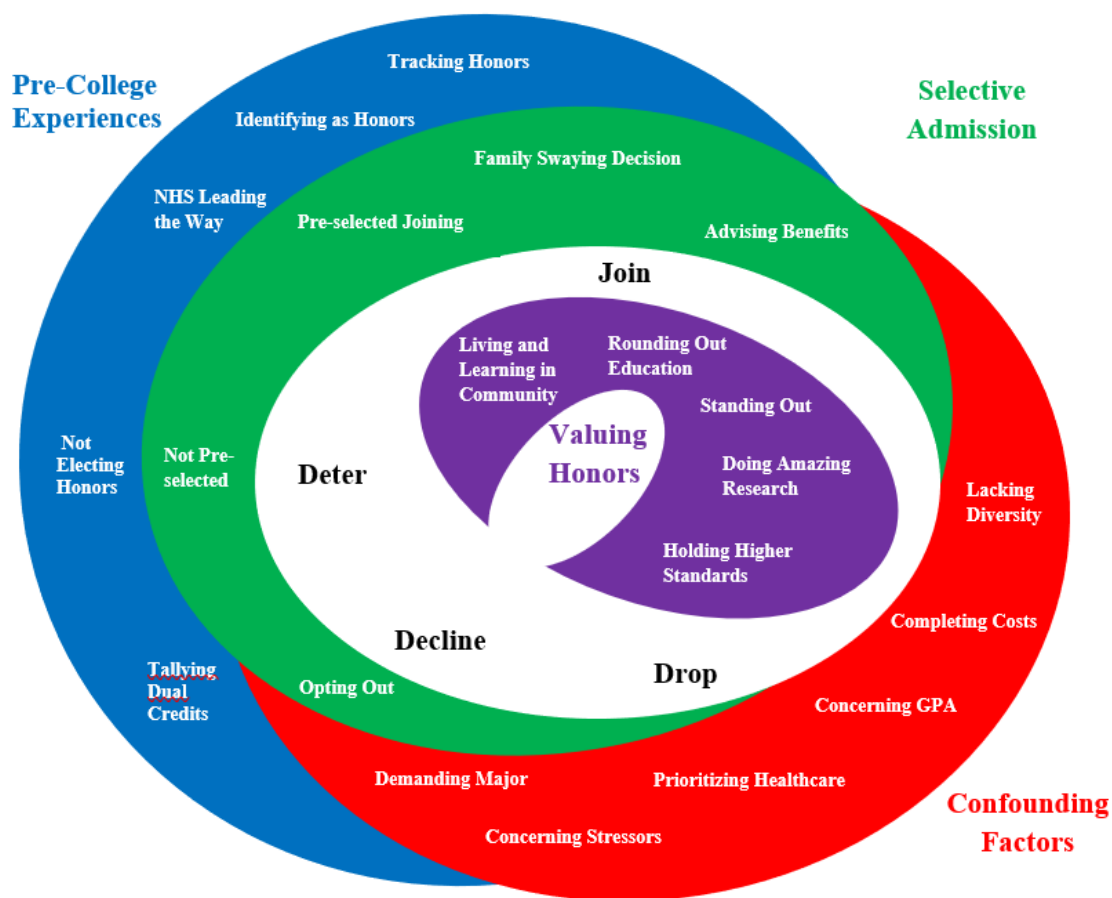
Healthcare students' in the study felt that the prospective IPE honors program would align with the mission of the University. They viewed IPE honors courses as a way to increase the learning and research experience of healthcare students on campus. Beyond individual learning, IPE was felt to have the potential to change medical practice, benefiting millions of people through improving healthcare practice and research.

The analysis revealed five themes and their supporting categories. The identified themes are pre-college experiences, selective admission, valuing honors, confounding factors, and innovating IPE honors. The generated themes, field notes, and memos served as evidence to answer the research questions and ground theory generation.

### **Model of Healthcare Student Collegiate Honors Decision-Making**

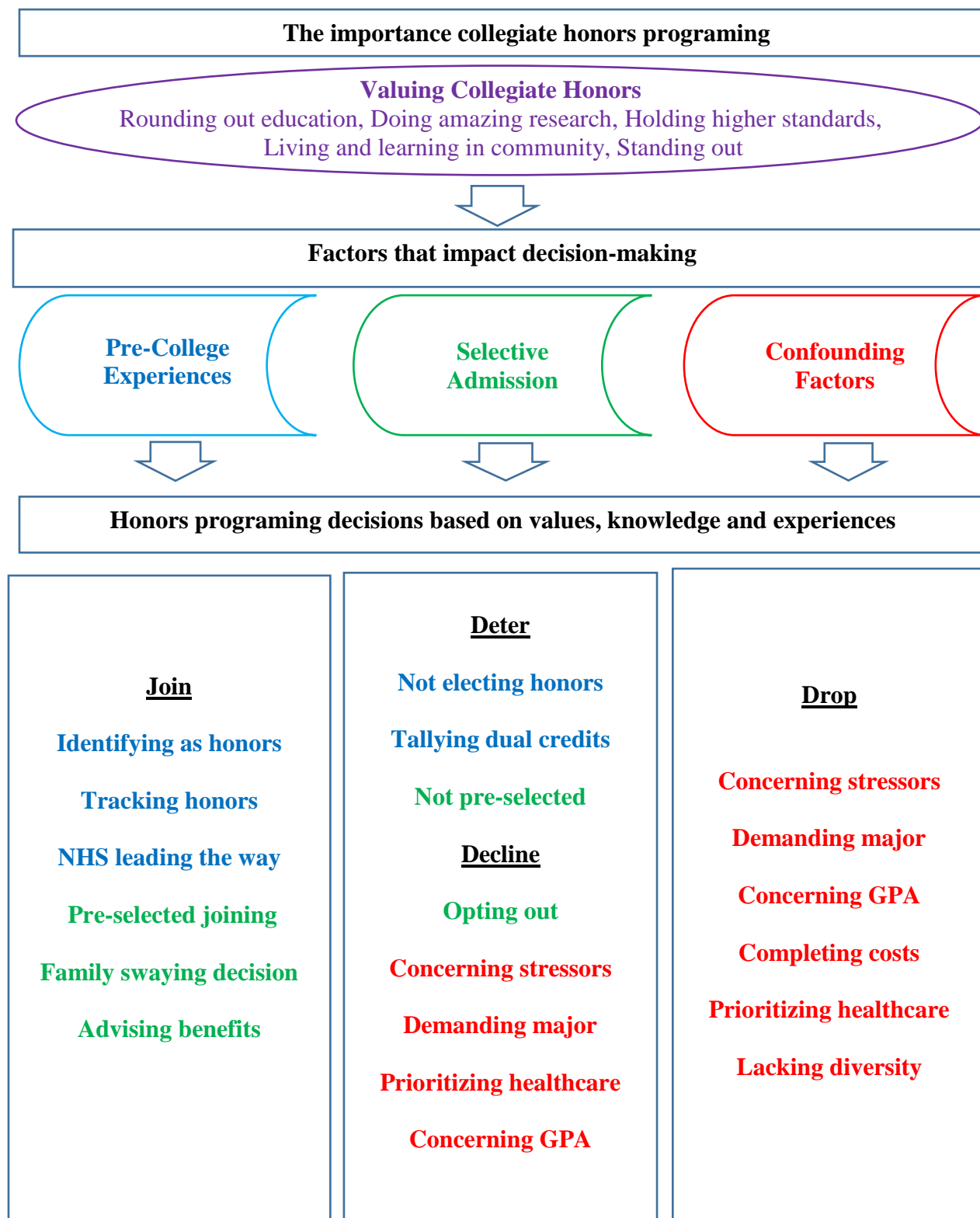
I developed the model of Healthcare Student Collegiate Honors Decision-Making through comparative analysis of the evidence that answered the main research question. Answering the first two sub-questions informed the main research question. While the third sub-question did not inform model development, it is important to capture healthcare students' ideas on how to improve the honors program through the addition of an IPE framework. The model underwent many iterations based on feedback from dissertation committee members refining the final model. The Model of Healthcare Student Decision-Making is centered on decision-making as a cognitive process informed by healthcare students' values, knowledge, and experiences.. before, undergoing many iterations before finalizing the model. I would also indicate that you obtained feedback from members of your dissertation committee and the model went through various iterations... this strengthens the reliability of the model The factors associated with

joining, deterring, declining, or dropping the program are identified. The model and the supporting evidence are diagrammed in Figures 4.1. and 4.2.



**Figure 4.1.** Model of Healthcare Collegiate Honors Program Decision-Making





**Figure 4.2.** Research Questions Grounding the Model

**Sub-Question 1: The Importance of Honors Programing**

The first sub-question asked, what is the importance of collegiate honors programing to healthcare students? This question explored the value of honors programing to high-aptitude students in healthcare fields. The canted purple oval center of the model showed how honors program decisions revolved around the value of the program offerings (theme, valuing collegiate honors). The value of collegiate honors programing offerings to students that joined the honors program is represented by the purple center ring (categories rounding out education, doing amazing research, living and learning in community, holding higher standards and standing out). The angled placement of the valuing honors theme in the model represents that the students that declined the honors program valued the program for others but not for them.

The model of Healthcare Student Collegiate Honors Decision-Making is centered on the value of honors programing to healthcare students. As evidenced in the category rounding out education (theme valuing collegiate honors) healthcare students' that joined the honors program valued the educational design of the program. They were attracted to the multidisciplinary design of the program and challenge of the coursework. They felt being in the honors program would promote intellectual growth, enhancing critical thinking, academic, and professional skills. As evidenced within the category doing amazing research (theme valuing collegiate honors), the opportunity the program offered to complete a senior project was important to students. They appreciated the tangible nature of the project, as well as the ability of the project to showcase college learning.

Healthcare students in the collegiate honors program similarly described the importance of holding themselves to a higher standard (theme valuing collegiate honors, category holding higher standards). Honors students used descriptors like motivation, drive, and hard work to

describe themselves. Elisa's narrative statement, "At the end of the day, one of the most important things is drive. Someone can be very intelligent but have no drive. The drive to actually complete the program is something that's valuable." Elisa's statement reflected participants' views on the importance of self-regulation skills to high achievement. Healthcare students' in the honors program were attracted by the program's ability to push them to work hard to achieve the most they could from their education.

As evidenced in the category living and learning in community (theme valuing collegiate honors), collegiate honors students' who lived together on the honors floor valued being part of an academic community. They welcomed the opportunity to live with other students who shared the same academic values. Living together provided social-emotional support and enriched their educational experience. The evidence indicated collegiate honors students' who were not living on campus might not feel the same sense of community as honors students living on the honors floor.

Within the category standing out (theme valuing collegiate honors) healthcare students' noted the program's potential to distinguish themselves and open doors to the future. They felt graduating from the honors program could enhance their chances of obtaining desired internship placements, enter graduate school, or gain employment. They valued obtaining a tangible certificate of completion from the honors program at graduation that represented their academic ability and work ethic.

### **Sub-Question 2: The Factors that Influence Decision-Making**

The second sub-question asked, what factors impact healthcare students' decision to participate in collegiate honors programming? The three main factors influencing honors program decision-making are represented in the Model of Healthcare Student Decision Making by the

themes pre-college experiences (blue), selective admission (green), and confounding factors (red).

The factors related to pre-college experiences influencing honors program decisions are shown in the blue shaped crescent. Pre-college experiences in honors courses, NHS, AP, and IB were associated with joining the honors program (categories, identifying as honors, tracking honors and NHS leading the way. The blue crescent extends toward deter to represent pre-college experiences primarily in CIS and PSEO deterred admission to the honors program (category, not electing honors). The close interaction between pre-college experiences and admission to the honors program was represented by the overlapping blue and green crescents.

The inner green crescent represented the influence of the selective admission process on decision-making. As shown in the model, the factors that prompted students to join were the program offerings, family, and the associated benefits of membership (categories, preselected joining, family swaying decisions, and advising benefits). The bottom of the green crescent extends to show the admission process deterred admission to the program for those not selected (category, not pre-selected) and that some invited students declined admission (category, opting out). The overlap of the green selective admissions crescent and red confounding factors crescent represents the overlap between the reasons students declined and dropped the program.

The bottom red crescent represented the confounding factors that led to students dropping or declining the program. The factors associated with declining and dropping the honors program concern the stress of the honors program and the amount of work it required, the rigor of healthcare curricula, the lack of fit between honors courses and course schedules, and a desire to focus on coursework related to their major (categories, concerning stressors, demanding major, prioritizing healthcare) As shown in the model, students' concerns about maintaining a high

GPA, an unwillingness to pay extra for honors courses, and a lack of ethnic diversity in the program were associated with decisions to drop the program. Analysis of the first four themes identified the factors influencing healthcare students' decisions.

The main research question was: How do healthcare students' values, knowledge, and experiences influence decisions to participate in collegiate honors programming? The model of Healthcare Honors Programming Decision Making represents the decision making process as a white ring representing students' decisions to join, deter, decline or drop the program. The model showed how students' values, knowledge, and experiences intertwined to influence collegiate honors program decisions

**Join.** Healthcare students' who decided to join the honors program valued the program's offerings. They had experienced high school honors programming and were selected for admission to the program (categories, identifying as honors, tracking honors, NHS leading the way, pre-selected joining). Some students were influenced to join the program by family and the benefits associated with joining the honors program (categories, family swaying decision and advising benefits). Being pre-selected for honors programming was one of the strongest influencers for participation in collegiate honors programming. Pre-selected healthcare students' who joined the program valued the prestige of the program, the opportunity to learn and socialize with other honors students, and the academic challenge the program offered. Parent's recommendations to join the honors program and awareness of the benefits associated with collegiate honors program membership encouraged hesitant students to join the program. The placement of green advising benefits category toward the red confounding factors crescent represents Healthcare students' who joined the honors program knowing they most likely would not complete the program.

**Deter.** Healthcare students' decisions to participate primarily in PSEO or CIS options in high school deterred admission to honors programming (categories not-electing honors, tallying dual credits, and not pre-selected). Not electing honors in high school, and having a large amount of earned dual college credits were associated with not being pre-selected for admission to the honors program. Being a non-traditional student or from a rural school setting that did not offer honors programming also were associated with being overlooked for admission. Not being selected deterred admission due to lack of visibility of the honors program and lack of awareness of how to gain access to the program outside of the pre-selection process. None of the students' who were eligible for the program, but were not pre-selected, applied for admission to the program.

**Decline.** Healthcare students' who declined admission to the program were concerned about the perceived stress and work of the collegiate honors program and the rigor of their major (categories concerning stressors, demanding major). They wanted to concentrate on major coursework and felt they had completed the general course content covered in honors seminars through pre-college dual credit programs (category, prioritizing healthcare). High aptitude healthcare students' who declined the honors program found other ways to stand out. They reported taking leadership roles in extracurricular clubs, participating in other research opportunities on campus, and planning to complete double majors that complemented their major field of study. The concerns of healthcare students' who declined the honors program overlapped those of the students who dropped the honors program.

**Drop.** Many factors were associated with healthcare students' decisions to drop the collegiate honors program. One of the primary factors for healthcare students' who decided to drop the program was the amount of work associated with the courses, particularly the time demands of the senior project (category, concerning stressors). Honors students were also

concerned about lack of time to complete honors program requirements due to the demands of their major (category, demanding major). Other factors that led healthcare students' to drop the collegiate honors program were concerns related to maintaining a high GPA, an unwillingness to pay for honors credits needed to complete the program that were not required for degree completion, and a lack of minority representation in the program (category's concerning GPA, completing costs, and lacking diversity). If stressed, students prioritized graduating from their major above completing the honors program (prioritizing healthcare).

There were many identified factors that impeded program completion associated with healthcare students' decision to drop the honors program. Early entry into a professional program (pre-OT and pre-PT) or the internships requirements (pre-nursing) reduced the healthcare students' time to complete honors program requirements. Since many healthcare students' had completed their general education course requirements prior to college, they viewed honors course offerings as wasting time or requiring them to pay again for graduation requirements they had already completed. The fact that many of the honors programming course offerings were based in the arts, humanities, and social sciences rather than the natural and medical sciences further reduced the desirability and feasibility of the course offerings. Over time, healthcare students' college experience focus changed from an initial primary goal of broadening their educational experience, to a specific goal of obtaining a degree in their desired field of study. Many students' planned to drop the honors program if it became a barrier to completion of their major coursework, added additional cost, or interfered with valued extracurricular interests.

The evidence revealed ethnic diversity within the honors program was important to under-represented minority students. A feeling of lack of social fit was associated with dropping the honors program. Under-represented minority students' expressed the importance of the

honors program reflecting the diversity of the campus. The importance of feelings of inclusion for minority students was reflected in Aryia's narrative. Regarding diversity, she stated, "You have to create an environment where people are willing to share that they're different and that's okay." Her narrative reflected the values of under-represented minority students who felt it was important to create an inclusive environment welcoming to all.

### **Sub-Question 3: Interprofessional Education**

The last sub-question was, what type of education and interprofessional experiences are valued by healthcare students? This section of the paper did not answer the main research question or inform the model but focused on exploring healthcare students' ideas on how to improve the honors program. The answers to the last sub-question were informed by the theme innovating IPE honors (categories preparing for the real world, and interesting IPE courses). This theme revealed the perceived value of adding an IPE educational framework to the honors program.

Healthcare students felt there would be several benefits from adding IPE courses to honors programming. The team-based structure would allow students the opportunity to practice communication skills, network with other health professionals, and learn team roles. The fact the IPE courses integrate liberal arts courses with courses needed for their major increased the desirability and feasibility of the program. Healthcare students envisioned the addition of a team-based senior project would improve the quality of their projects, increasing the value of the research, and the odds of dissemination and publication. Adding IPE courses was viewed as a solution that would increase healthcare students' ability to complete the collegiate honors program.



## **Conclusion**

The results of this study answered the research questions and grounded the Model of Healthcare Student Collegiate Honors Decision-Making. How healthcare students' values, knowledge, and experiences influenced collegiate honors program decision-making was revealed. The value students' placed on honors programing, intertwined with pre-college experiences, the admission process, and confounding factors to inform their decisions to join, decline, and drop the honors program.

Students who joined valued the programs offerings. Their decisions were influenced by precollege experiences in high school honors programing, being selected for admission, and knowledge of the program benefits. Some pre-selected students declined membership. Their decisions were influenced by concerns about the amount of stress and work the collegiate honors program would add to an already demanding major. The concerns of students' who declined overlapped with the concerns of students' who dropped the program. Those who indicated they may drop the program were concerned about the program's curricular demands, the program's influence on GPA, and incurring additional costs beyond what they needed to graduate. The evidence revealed a lack of minority students in the program could threaten persistence of minority students in the program. The factors deterring admission to the honors program were not participating in honors programing in high school and being overlooked by the admissions process. To increase the desirability and feasibility of the program, students' supported the idea of adding IPE honor seminar courses to the program. The next chapter will discuss the findings, the limitations of the study, implications for practice, and need for further research.

## Chapter 5: Discussion

The primary problem that guided this study was enrolling and retaining healthcare students in collegiate honors programing. The purpose of the study was to develop a substantive theory about what attracts and detracts health profession students' participation in honors. A constructivist approach was used to explore the factors influencing healthcare honors students' decision to participate in honors programs. This chapter discusses the findings from this study.

The findings are informed by the review of the literature in chapter two and the methods outlined in chapter three give strength and validity to the research findings. Chapter four focused on analysis of the narrative data, providing the evidence for four major themes of the study (valuing honors, pre-college experiences, admitting selectively, and confounding factors) that informed the development of the Model of Healthcare Collegiate Honors Decision-Making. The model explained what attracted and detracted student's from participating in honors programing. An additional fifth theme, innovating IPE honors, analyzed the value of adding IPE honors courses to the traditional honors program.

Chapter five begins with a discussion of the importance of the Model of Healthcare Collegiate Honors Program Decision-Making. Next, I discuss the limitations of the model along with recommendations for future research. In conclusion, I provide recommendations for further research along with the relationship of the model to educational theories and implications for practice.

### **Importance**

The findings represented within the Model of Healthcare Collegiate Honors Program Decision-Making are important for a number of reasons. First, healthcare students' views of the value of collegiate honors programing are acknowledged. Second, the model identifies the

relationships between healthcare students' values, knowledge, and experiences and their decisions to join, decline, and drop the honors program. In addition, factors that deter students from enrolling in the program are identified. Third, the model reveals the influence of pre-selective admission processes on collegiate honors program enrollment. Fourth, the model addresses retention in the honors program as an area of student, faculty, and administration concern.

The model explicitly identified what students' value in collegiate honors programing. The themes uncovered (rounding out education, doing amazing research, living and learning in community, holding higher standards and standing out) are consistent with the NCHC Best practices in honors (2014). Regardless of the type of instruction, most students felt challenging themselves to learn through taking educational options with more rigor was helpful in preparing them for their healthcare career. Many students viewed honors programing as important to their future internship opportunities and application to graduate schools. A foundational component of improving program retention was understanding the value of honors programing to students.

The model has value in representing the direct link between values, knowledge, and experiences and student decision-making. The decision-making process was important in that it linked directly to program admission, satisfaction and completion. For example, the model showed a direct link between experiencing honors programing in high school, valuing honors program offerings, and being invited and deciding to participate in honors programing. It also identified the factors that deterred admission to the program and led to students dropping the program. The process of decision-making revealed the specific factors that could be modified to improve program outcomes. In this case, based on the study findings, cross-listed IPE honors

courses were added to the traditional honors program to address students concerns about the stress of the program and the demands of their major.

The fact the model showed the intersection between pre-college experiences and selection for admission is also important. This study found joining the honors program was highly correlated with being pre-selected for admission. Knowledge of overlooked eligible students groups in the pre-selection process has value. Sharing the results of this study with the admission department led to admissions process change. As a result of a more inclusive process this year the enrollment of freshman students in the honors program nearly doubled.

The Model of Healthcare Collegiate Honors Decision-Making specifically addressed the area of poor rates of completion in honors programing through identification of factors that led student to drop the honors program. The model verified assumptions of concerns related to the stress and work required, effects on GPA, and fit with demanding majors. Other factors such as costs related to being in the program and diversity of students in the program were not mentioned in the literature. Of concern is the fact students who are first-generation immigrants to the United States did not feel a social fit in high school or college honors programs. The findings of the study called attention to areas of the program in need of revision to increase inclusivity. This is particularly important for healthcare programs seeking to increase the enrollment of underrepresented minority populations.

The study called attention to how current changes in higher education are influencing honors programing. The results suggest the current trend of obtaining dual college credit in high school that covers general college requirements is influencing enrollment and retention in honors programing. The student narratives suggested a need for honors programing meet to meet major course requirements (rather than general requirements). In this case, major curricular

requirements for IPE courses could be blended with liberal arts requirements meeting the requirements for honors seminar courses. The blended format retains the value of liberal arts, and broadens the scope of the traditional professional curricula.

Rates of completing the program were reduced by confounding factors that posed barriers to healthcare students. Solutions to overcome the identified barriers to program participation are explored through the third sub-question looking at the addition of IPE honors courses. The rigid curricular demands of professional majors, such as healthcare fields, has been attributed to high rates of attrition in honors programing (Carpenter, 2010; Campbell & Fuqua, 2008; Schumann & McNeil, 2008). The student's ideas on how to best incorporate IPE programing into healthcare curricula prompted program change. This year, two IPE honors courses were added; one titled "Aging: Women and Health" and the other titled "Pain and Suffering: An Interprofessional Perspective." Honors program retention will be tracked as an outcome metric to assess the effectiveness program change.

### **Strengths and Limitations**

The study has strength in the size of the study and the breadth and depth of the sample. Incorporating students' in honors and not in honors programing from multiple health professions broadened the theory's lens. The inclusion of students' in their freshman, sophomore, and junior years informed how students' views change over time. The data gathered through the narrative interview was comprehensive, spanning high school experiences, the college admission processes, and current concerns.

The results of this study reflected the views of female healthcare students at a private women's college. A limitation of the study was the represented findings may not apply to men in healthcare fields or the experience of women in other private or public co-educational

institutions. The study findings related specifically to student experiences in a traditional 4-year honors program and are not applicable to other more flexible honors programs or students in departmental honors programs. Another limitation of the study was an over-representation of pre-nursing, dietetics, pre-occupational therapy and pre-physical therapy students. The study initial design of two students from each profession was altered due to lack of students who qualified for the study or difficulty recruiting students. Six fields were represented by one student in the study. For example, Sonography was a new program at the University. Since the program was in its first year, the pool of available students was small. Respiratory care was similar; it had few students who qualified for the study. There was only one healthcare sales student who met the criteria for the study, she did not volunteer for the study. Only one student from social work and one pre-physician assistant student volunteered for the study. The fact many programs were only represented by one student reduced the strength of the data that informed the theory.

Pre-nursing students' over-enrolled in the study. Since the nursing program had the greatest ethnic diversity, they were oversampled to make sure under-represented SOC were included in the sample. Professions other than nursing appeared to lack ethnic diversity. Seven out of 25 students in the study were students of color, and nine out of 25 students were from rural settings. Eight students were first-generation students. Even though nursing was over represented, the study did meet the goals of over-enrolling students of color and rural students representing high areas of healthcare need. Over-representation was achieved and was important to expose the needs of the populations desired in the programs and in healthcare fields, which was important to inform the theory development. The fact most diverse students were enrolled in

nursing indicated the results may represent the nursing profession values more than the other healthcare professions in the study.

Another weakness in the study was it did not include students in their senior year of the program. The honors program director reported most honors students' drop the program in their senior year due to their inability to complete the senior project and meet their major requirements for graduation. While these views may have been captured by the views of junior students in the study that expressed they will have to drop the program, including senior students may have added another dimension to the study. The students in the study who dropped the honors program, did so their first year before classes started or after one honors seminar course.

### **Implications for Research**

In conducting this study, I discovered many areas in need of further research. The study suggests PSEO and CIS options are favored by SOC, rural and non-traditional students. A large quantitative study of high school student enrollment patterns in honors courses, AP, CIS, PSEO and IB is needed to explore demographic trends and the relationship to college acceptance. The finding that PSEO, rural, and non-traditional students were not invited to honors programing was an unexpected finding that influenced college pathways for these students. An assumption questioned by the results of this study is that higher education honors admission processes can pre-select the high aptitude students that will be successful in the program. The fact that the honors and non-honors students in this study had nearly the same average GPA and transfer in credits raises questions regarding this assumption. The inclusivity and evidence base of honors admissions processes needs further study.

Another area worth exploring is a qualitative study of the immigrant student experience in high school honors programing. This study suggested immigrant students' elected PSEO over

high school advanced programming due to feelings of exclusion in the high school setting. Are the experiences of immigrant students and majority students different in high school honors settings? I recommend further study of student decision making and completion rates in honors programming. The model of Healthcare Collegiate Honors Program Decision-Making needs further study to see if it holds value at other institutions and with other professional programs such as engineering that face similar demands to healthcare students. The study suggests dual credit options (PSEO, CIS), and graduate 3+3 and 3+2 collegiate programs are influencing honors programs' enrollment and completion. More study is needed on how honors programming can adapt successfully with the changing face of higher education.

### **Implications for Practice**

The Model of Healthcare Collegiate Honors Program Decision-Making can be used by other institutions looking to assess enrollment and retention of professional program students in honors programming. I suspect many of the circumstances experienced by the students in this study are found at other institutions and in other professional programs. The primary implications for practice are the identification of the factors influencing honors student decision making. Identification of factors that deter students from honors programming, or lead students to decline or drop the program are useful in addressing areas to improve program attractiveness, admission and completion rates. The model suggests that enrollment can be partially addressed through the admissions processes. Decreased retention in honors programming can be addressed by addressing stressors such as fit of the honors programming with major coursework, or addressing senior project timing by increasing the flexibility of the project timing. This study suggests IPE honors courses may be one way to cross-list major and general course requirements to increase desirability and feasibility of the program, potentially improving program retention.



The analysis of ideas for innovating an IPE honors program may also be helpful to other institutions looking to revise their honors program to meet the needs of healthcare students. A number of ideas for formatting IPE honors courses were generated by healthcare students. Healthcare students were attracted to the opportunity to study and learn with other future healthcare providers. They valued the chance to develop interprofessional communication skills and to learn professional roles in client care. The pilot IPE honors courses developed based on the study results were taught using an interprofessional educational framework that valued team-based learning and community based experiences.

### **Implication for Theory**

. The Model of Healthcare Student Collegiate Honors Program-Decision-Making is the first model to specifically address honors programing. The model identifies the value of honors programing to students and how pre-college experiences, the admissions process, and confounding factors influence decision making. The models most cited to support honors programing are Tinto's (1993) theory of student departure and Astin's (1984) input-environment-outcome (I-E-O) model and theory of student involvement. Tinto's model acknowledges students enter college with a variety of pre-entry attributes based on past experiences, social, and academic characteristics that inform the students' college expectations and goals. The model shows how students intentions inform academic performance and integration and how social systems such as peer groups and extracurricular activities influence social integration. Tinto's model does not address system barriers to program participation or the selectivity of the admission process or acknowledge the specific factors that influence a student's decision to join, deter, decline, or continue in an honors program. A similarity between the Model of Healthcare Collegiate Honors Decision-Making and Tinto's Model of Institutional

Departure is how the students recurrently assess and modify their goals. Tinto's models stressed that goal modification is based on the individual student's academic and social experiences. The model of Healthcare Student Collegiate Decision-Making is more global, taking into account not only academic (maintains GPA) and social (social-cultural fit) but many other factors such as concerning stressors, completing costs, and major course demands.

Student engagement and social participation found in honors programs align with Astin's (1984) I-E-O model and theory of involvement. This model views college outcomes as functions of inputs, the environment, and outcomes. Sociological and psychological models support Astin's model. While the model values pedagogy consistent with honors programming such as faculty mentorship, on campus honors housing, and small class size; the model does not identify how pre-college experiences, the admission process and program offerings influence honors programming decisions or specific factors that are barriers to program completion.

The model that most closely aligns with the outlined processes are economic models of child development. These models suggest early patterns of high academic engagement appeared to follow the participants into the higher education system. The notion that patterns of engagement among high school students will inform the patterns of engagement in college are explained in the economic models of child development by Cunha and Heckman (2008). The model explained how skill acquisition is a life cycle process. An example of a life cycle process where skills build skills is participating in honors courses in high school, which prepares students for college, multiplying skills. The model acknowledges cognitive skills are inherited and created through early investment by families that develops human capital, skill attainment, self-regulation skills, and productivity. Learned skill in self-regulation such as motivation, attention, and focus can build cognition, but cognition alone does not build self-regulation skills. While

this model explains why many high school honors students join collegiate honors programing, it does not explain how admission processes influence the opportunity to participate in the program, or how confounding factors reduce rates of program completion.

### **Conclusion**

I developed a substantive theory about what attracts and detracts students from participating in honors programing through the use of a constructivist approach. The students' voice informed the development of the Model of Healthcare Honors Student Colligate Decision-making, which explained how decision-making is informed by students' values, knowledge, and their experiences surrounding honors programing. The study captured students' ideas about how to redesign an honors program to meet their needs through the addition of IPE honors courses. The generated theory supports program change to meet the needs of students enhancing the learning outcomes and retention in the program.

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## Appendix A: Definition of Terms

Advanced Educational Programing: Enriched educational opportunities available to high aptitude high school students.

Advanced Placement (AP): Advanced placement courses are offered in high school settings to prepare students to take a test. If the test score is high enough, the student may be eligible to place out of college courses or receive college credit for the course

Certified Nursing Assistant (CNA): Nursing assistants, sometimes called *nursing aides*, help provide basic care for patients in hospitals and residents of long-term care facilities, such as nursing homes. (U.S. Department of Labor, Bureau of Labor Statistics. 2016a).

Certified Personal Assistant (CPA): Personal care aides help clients with self-care and everyday tasks. They also provide social supports and assistance that enable clients to participate in their communities. (U.S. Department of Labor, Bureau of Labor Statistics. 2016b).

College in the Schools (CIS): College in the Schools (CIS) is a concurrent enrollment program offered through the University of Minnesota, Minnesota State Colleges and Universities and community colleges that offer dual high school and college credit.

Collegiate Honors Program: College level honors programs.

Departmental Honors: The National Collegiate Honors Council recognizes “departmental honors” as educational experiences that are similar but restricted to cohorts of students pursuing the same field of academic study. (NCHC. 2013a).

Doctor of Physical Therapy Three Plus Three Program (3+3): The St. Catherine University Doctor of Physical Therapy (DPT) Program has a 3+3 option. This option involves 3 years of pre-professional undergraduate work followed by admission to the Doctoral program for 3 years. Student entering the physical therapy program with the 3+3 option will complete an

undergraduate degree within the Doctoral program, they will graduate in their 6<sup>th</sup> year of study. (St. Catherine University, 2012).

**Dual Credit Option:** Courses that are offered to high school students that offer high school and college credit.

**Grade Point Average (GPA):** An indication of a student's academic achievement at a college or university, calculated as the total number of grade points received over a given period divided by the total number of credits awarded. (“Grade Point Average,” 2016).

**Guaranteed Admission Program (GAP):** The guaranteed admission program is offered to high potential students that meet certain academic or test requirements. Students in the guaranteed admission program are guaranteed admission to the associated professional program. The student must apply for and meet all requirements for application to the professional program to enter the program.

**High School Honors Programing:** Participation in honors courses or the National Honor Society in high school.

**Honor Society:** An organization for high-school or college students of high academic achievement. (“Honor Society,” 2016).

**Honors Course:** An academic course reserved for students meeting certain advanced requirements. (“Honors Course,” 2016).

**Honors Education:** The National Collegiate Honors Council recognizes an honors college, program, institute, or equivalent descriptor, as the academic unit on a collegiate campus responsible for devising and delivering in-class and extracurricular academic experiences that provide a distinctive learning environment for selected students. The honors college or program provides opportunities for measurably broader, deeper, and more complex learning-centered and

learner-directed experiences for its students than are available elsewhere in the institution; these opportunities are appropriately tailored to fit the institution's culture and mission which frequently occur within a close community of students and faculty. In most cases, the honors community is composed of carefully selected teachers and students who form a cross- or multi-disciplinary cohort dedicated to achieving exceptional learning and personal standards. (NCHC, 2013a).

**High School Honor Roll:** A list of students achieving academic distinction. ("Honor Roll", 2017).

**International Baccalaureate (IB):** A set of examinations intended to qualify successful candidates for higher education in any of several countries ("International Baccalaureate,"2016).

**Master of Arts in Occupational Therapy Dual Degree Program (DD):** The dual degree MAOT program is also called a 3+2 program. This option involves three years of pre-professional undergraduate work followed by admission to the Master of Art's in Occupational therapy for two and a half years. The dual degree program allows the accepted student to earn an undergraduate degree while they are in the master's program. (St. Catherine University, 2017a)

**National Collegiate Honors Council (NCHC):** Founded in 1966, the National Collegiate Honors Council (NCHC) is a unique educational organization designed to support and promote undergraduate honors education. NCHC has nearly 900-member institutions and several hundred individual members, impacting over 330,000 honors students. NCHC provides its members with resources, training opportunities, and collaborative events to build and sustain honors programs and their curriculum. Students also have access to honors scholarships and exclusive events through NCHC and its members. (NCHC, n.d.).

National Honor Society (NHS): The National Honor Society (NHS) is the nation's premier organization established to recognize outstanding high school students. More than just an honor roll, NHS serves to recognize those students who have demonstrated excellence in the areas of scholarship, service, leadership, and character. (“National Honor Society,” n.d.).

Post-Secondary Education Option (PSEO): Postsecondary Enrollment Options allows high school juniors, seniors, and some sophomores (see yellow box at right) to take college courses at an actual college. The courses are taught by a college instructor. You can take a variety of courses, ranging from general education to technical courses. They can be taken face-to-face in a classroom, online, or a combination of the two. You can go part-time and take some classes at your high school and some at the college. Or you can take all your classes at the college. (“Post-Secondary Education Option.” 2012).

## **Appendix B: Basic Characteristics of a Fully-Developed Honors Program**

Although no single or definitive honors program model can or should be superimposed on all types of institutions, the National Collegiate Honors Council has identified a number of best practices that are common to successful and fully developed honors programs.

1. The honors program offers carefully designed educational experiences that meet the needs and abilities of the undergraduate students it serves. A clearly articulated set of admission criteria (e.g., GPA, SAT score, a written essay, satisfactory progress, etc.) identifies the targeted student population served by the honors program. The program clearly specifies the requirements needed for retention and satisfactory completion.
2. The program has a clear mandate from the institution's administration in the form of a mission statement or charter document that includes the objectives and responsibilities of honors and defines the place of honors in the administrative and academic structure of the institution. The statement ensures the permanence and stability of honors by guaranteeing that adequate infrastructure resources, including an appropriate budget as well as appropriate faculty, staff, and administrative support when necessary, are allocated to honors so that the program avoids dependence on the good will and energy of particular faculty members or administrators for survival. In other words, the program is fully institutionalized (like comparable units on campus) so that it can build a lasting tradition of excellence.
3. The honors director reports to the chief academic officer of the institution.
4. The honors curriculum, established in harmony with the mission statement, meets the needs of the students in the program and features special courses, seminars, colloquia, experiential learning opportunities, undergraduate research opportunities, or other independent-study options.
5. The program requirements constitute a substantial portion of the participants' undergraduate work, typically 20% to 25% of the total coursework and certainly no less than 15%.
6. The curriculum of the program is designed so that honors requirements can, when appropriate, also satisfy general education requirements, major or disciplinary requirements, and pre-professional or professional training requirements.
7. The program provides a locus of visible and highly reputed standards and models of excellence for students and faculty across the campus.
8. The criteria for selection of honors faculty include exceptional teaching skills, the ability to provide intellectual leadership and mentoring for able students, and support for the mission of honors education.
9. The program is located in suitable, preferably prominent, quarters on campus that provide both access for the students and a focal point for honors activity. Those accommodations include space for honors administrative, faculty, and support staff functions as appropriate. They may include space for an honors lounge, library, reading rooms, and computer facilities. If the honors program has a significant residential component, the honors housing

and residential life functions are designed to meet the academic and social needs of honors students.

10. The program has a standing committee or council of faculty members that works with the director or other administrative officer and is involved in honors curriculum, governance, policy, development, and evaluation deliberations. The composition of that group represents the colleges and/or departments served by the program and also elicits support for the program from across the campus.
11. Honors students are assured a voice in the governance and direction of the honors program. This can be achieved through a student committee that conducts its business with as much autonomy as possible but works in collaboration with the administration and faculty to maintain excellence in the program. Honors students are included in governance, serving on the advisory/policy committee as well as constituting the group that governs the student association.
12. Honors students receive honors-related academic advising from qualified faculty and/or staff.
13. The program serves as a laboratory within which faculty feel welcome to experiment with new subjects, approaches, and pedagogies. When proven successful, such efforts in curriculum and pedagogical development can serve as prototypes for initiatives that can become institutionalized across the campus.
14. The program regularly assesses and evaluates program goals and learning outcomes as articulated in the National Collegiate Honors Council's definition of honors education and modes of honors learning, and as appropriate to the institution's culture and mission.
15. The program emphasizes active learning and participatory education by offering opportunities for students to participate in regional and national conferences, Honors Semesters, international programs, community service, internships, undergraduate research, and other types of experiential education.
16. When appropriate, two-year and four-year programs have articulation agreements by which honors graduates from two-year programs who meet previously agreed-upon requirements are accepted into four-year honors programs.
17. The program provides priority enrollment for active honors students in recognition of scheduling difficulties caused by the need to satisfy both honors and major program(s) requirements.

Approved by the NCHC Executive Committee on March 4, 1994; amended by the NCHC Board of Directors on November 23, 2007; further amended by the NCHC Board of Directors on February 19, 2010; further amended by the NCHC Board of Directors on June 19, 2014.

**Appendix C: Letters of IRB Approval**

SCSU Approval 9/14/2016

I am glad to inform you that your IRB file has been approved. Attached to this email are the approval letter along with the complete file. Kindly, let me know if you have any further questions as I will be happy to assist you.

Regards,  
Shahroze Khan  
*Graduate Assistant*  
Institutional Review Board (IRB)  
Office of Research and Sponsorship programs  
*RSPGrad2@stcloudstate.edu*



Approval St. Catherine University 8/29/2016

Brenda Frie

To:

From: John Schmitt, IRB Chair

Subject: Protocol #698

Date: 08/29/2016

On behalf of the IRB, I have reviewed your response to stipulations for application # **698: How healthcare students decide to participate in honors** has been verified by the St. Catherine University Institutional Review Board as Exempt according to 45CFR46.101(b)(2): Anonymous Surveys - No Risk on 08/29/2016. You have addressed all edits and clarifications as requested. As a result, the project has been approved as revised. You may begin your research at any time.

Please note that changes to your protocol may affect its exempt status. You must request approval for any changes that will affect the risk to your subjects using the Amendment Request Form. You should not initiate these changes until you receive written IRB approval. Also, you should report any adverse events to the IRB using the Adverse Event Form. These documents are available at the Mentor IRB system homepage, which can be accessed through the St. Catherine University IRB homepage. When the project is complete, please submit a project completion form.

If you have any questions, feel free to contact me or email via the Mentor messaging system. We appreciate your attention to the appropriate treatment of research subjects. Thank you for working cooperatively with the IRB; best wishes in your research!

Sincerely,

John Schmitt, PhD

Chair, Institutional Review Board

[jsschmitt@stkate.edu](mailto:jsschmitt@stkate.edu)

## Appendix D: SCU Permission to Access



ST. CATHERINE  
UNIVERSITY

2004 Randolph Ave. St. Paul, MN 55105  
651-690-6000 [www.stkate.edu](http://www.stkate.edu)

St. Cloud State University: Institutional Review Board  
720 4<sup>th</sup> Ave South  
St. Cloud, MN 56301  
[OSP@stcloudstate.edu](mailto:OSP@stcloudstate.edu)

RE: IRB permission to recruit St. Catherine University Students  
Study Title: How healthcare students decide to participate in honors: a grounded theory  
Advisor: Dr. Michael Mills [mrmills@stcloudstate.edu](mailto:mrmills@stcloudstate.edu)  
Student: Brenda Frie [frbr1303@stcloudstate.edu](mailto:frbr1303@stcloudstate.edu)

To the IRB Board:

This letter of support from St. Catherine University gives Brenda Frie permission to access undergraduate healthcare students at St. Catherine University eligible to participate in the Antonian Scholar Honors Program. Brenda Frie is a member of the Masters of Arts in Occupational Therapy faculty, and is in the Doctor of Higher Education and Administration Program at St. Cloud State University. She has our permission to recruit St. Catherine University students through email, our internal website, and promotional materials. Her study has been reviewed by our administration and is supported by the Carol Easley Denny Award.

Sincerely,

**Colleen Hegranes, Ed.D.**

Executive Vice President & Provost

St. Catherine University | 2004 Randolph Avenue | Saint Paul, MN 55105  
651-690-8844

### **Appendix E: Email Communication**

Student email and post on St. Catherine University's the internal campus website the Daily

Update: Undergraduate and pre-professional healthcare students,

St. Catherine University is planning to develop an interprofessional honors program for healthcare students. To support the program design, I am conducting a qualitative research study interviewing healthcare students about how they decide to participate in honors programing. The interview will ask questions in regard to the importance of honors programing, what factors could influence your decision to participate in honors, and what you value in your education.

I am currently recruiting freshman, sophomore and junior undergraduate or pre-professional healthcare students with a GPA of 3.5 or higher to participate in a 90 minute recorded interview. You do not need to be a current honors student to participate. Preference will be given to students that represent populations of high healthcare need. The interview will be conducted in the campus library. Each interview participant will receive a 20.00 gift card as a thank you for your time.

Please contact Brenda Frie, blfrie@stkate .edu or call 651-690-8721 if you are interested in learning more about participating in this study, or would like more information on the study design.

To Henrietta Schmoll School of Health Program Directors

HSSH \_\_\_\_\_ Department,

St. Catherine University is planning to develop an interprofessional honors program for healthcare students. To support the program design, I am conducting a qualitative research study interviewing healthcare students from each undergraduate healthcare major about how they decide to participate in honors programing. The study is designed to over-sample students from populations that represent areas of high healthcare needs (Black, Hispanic, Hmong, Somali, American Indian and rural settings). Your help is appreciated in identifying the students most appropriate for the study.

Please forward at least five names of freshman, sophomore or junior students from your discipline with a GPA above 3.5 that you feel are good candidates for this study. The students do not need to be a current honors student to participate. I will then contact the students to see if they would like to participate in the study. The interview will be conducted in the St. Catherine University library between the months of September and October. Each interview participant will receive a 20.00 gift card as a thank you for your time.

Thank you in advance for your help in identifying students that may be interested in participating in this study. Please contact Brenda Frie, blfrie@stkate .edu or call 651-690-8721 if you would like more information on the study design.

To prospective students that have been recommended for the study by their department.

Your department has recommended you to participate in a research study on honors programing. As part of this research, I will be conducting 90 min interviews of healthcare students surrounding the topic how healthcare students decide to participate in honors programing.

The interviews will be held in the campus library and will ask questions in regard to the importance of honors programing, what factors could influence your decision to participate in honors, what you value in your education. You do not need to be a current honors student to participate. Preference will be given to students that represent populations of high healthcare need. Each interview participant will receive a 20.00 gift card as a thank you for your time.

Please contact Brenda Frie, blfrie@stkate .edu or call 651-690-8721 if you are interested in learning more about participating in this study, or would like more information on the study design.

To students if enrollment sample has been met:

Thank you for your interest in participating in this study about how healthcare students participate in honors. I have recruited the number of students that I currently need for this study, but would like to place your name on a wait-list incase additional participants are needed.

Please respond to this email, indicating if you would like to be placed on a wait list for this study. The students on the wait list will be contacted in October to let them know if there is need for additional participants in the study.

To students if no further participants are needed:

Thank you for your interest in participating in this study about how healthcare students participate in honors. I have recruited the number of students that I currently need for this study, but would like to thank you for your willingness to participate in this research project.

## **Appendix F: Consent Form**

### **HEALTHCARE STUDENT CONSENT FOR STUDY PARTICIPATION**

#### **WHAT IS THIS STUDY ABOUT?**

The primary investigator of this study Brenda Frie wants to know if you would like to be part of a research study. Brenda Frie is a doctoral student in the School of Education at St. Cloud State University and is a faculty member the Occupational Therapy and Occupational Science Department at St. Catherine University. This study is as part of her terminal degree requirements within the Higher Education Administration Doctoral Program. The purpose of this study is to gather data to inform the development of a grounded theory about how healthcare students decide to participate in honors programing.

You are invited to participate in this study because you are an undergraduate healthcare student at St. Catherine University who is eligible to participate in honors programing. This study will engage healthcare students in a semi-structured interview process. The interview will ask questions in regard to the importance of honors programing, what factors could influence your decision to participate in honors, what you value in your education.

#### **HOW DOES PARTICIPATING IN THE INTERVIEW WORK?**

If you consent to participate in this study you will receive an email to set up an interview time that is convenient for you. If there is no response to the first interview request, a second request will be sent and you will be contacted by phone to see if you are still interested in participating. All interviews will be conducted in the St. Catherine University Library. If you decide to participate in the study, you will be asked to fill out a demographic information for and to participate in a 90 minute interview. If additional time is needed, it will be scheduled at your convenience. As a thank you for participation in the interview process you will receive a snack and a 20.00 gift card at the conclusion of the interview.

The interview will be recorded on a digital MP3 recorder. The audio recording is used to insure your responses are recorded accurately and completely. Upon completion of the interview, the interview will be transcribed and I will review the transcription to make sure it is reflective of your voice in the interview.

#### **WHAT ARE THE ALTERNATIVES FOR PARTICIPATING**

It is your choice to participate in this study. If you do elect to participate you may choose to only answer some of the questions. The interview process can be discontinued at any time you indicate you are no longer willing to participate in the study.

#### **WHO IS PAYING FOR THIS STUDY AND WILL IT COST ANYTHING TO BE IN THIS STUDY?**

The study is paid for through the Carol Easley Denny grant award by St. Catherine University. Your decisions to or not to participate will not affect your current or future relationships with St. Catherine University. It will not cost you anything to participate in the study.

### WILL BEING IN THIS STUDY HELP ME?

The study may or may not have direct benefit to you. The direct benefit is this study may engage you in a reflective process on what you value in education and the importance of honors programming at the university. The indirect benefit to participation in the research study is the information gathered may be used to shape the future development of an interprofessional healthcare honors program at St. Catherine University.

### WHAT ARE THE RISKS TO ME IF I AM IN THIS STUDY?

There are minimal risks to participation in this study. Some interview questions may ask personal questions about your education that may be personal to you. Filling out the pre-interview demographic form may feel like an invasion of privacy. You may choose to skip questions that make you feel uncomfortable, stop the interview or participation in the study at any time.

### DO I HAVE TO BE IN THIS STUDY?

Your participation in this study is voluntary. You can decide not to be in the study and you can change your mind about being in the study at any time. There will be no penalty to you and it will not affect your status as a student at St. Catherine University. If you want to stop being in the study, tell the researcher and they will destroy your survey results. No one should influence or pressure you to be in this study. A student's decision to be in the study, or to leave the study early, will not affect your status as a student.

### HOW WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Your identity will be protected as required by law and according to St. Cloud State and St. Catherine University policies. Any information obtained in connection with this research study that can be identified with you will not be disclosed. The recorded and transcribed interview and data collection form will be kept confidential in password protected computer file. To protect your identity a fictitious name will be used, at no point will your real identity be disclosed. Only the primary researcher, you, and the transcriptionist will have access to the recorded data.

### WHO CAN I TALK TO ABOUT THIS STUDY?

If you have any questions, concerns or complaints about the study procedures you may contact the Brenda Frie or her advisor Dr. Michael Mills at any time. Brenda Frie can be reached at 651-690-8721 or email her at [blfrie@stkate.edu](mailto:blfrie@stkate.edu). Dr. Michael Mills can be reached at 320-308-3720, or email him at [mrmills@stcloudstate.edu](mailto:mrmills@stcloudstate.edu). Please notify Brenda Frie if you would like receive a copy of the study findings.

This study has been submitted and approved by the Institutional Review Board for the Protection of Human Subjects at St. Cloud State University and St. Catherine University. If you have any questions in regard to your rights and as a research participant please contact St. Cloud State IRB board at [osp@stcloudstate.edu](mailto:osp@stcloudstate.edu), phone 320-302-4932 or the IRB website [ww.stcloudstate.edu/irb](http://ww.stcloudstate.edu/irb).

### CONSENT

You are invited to participate in a research study. Because information about your educational experience is personal and private it requires your written consent to be used within this research

study. Signage of this consent form will provide authorization for use of the data you provide for research, professional presentations, and publication. I have read this information and I know that I can call the primary investigator with questions. I am at least 18 years old and voluntarily agree to be in this study. I agree to allow the collection, use, and sharing of my interview information as described above.

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_  
Researcher \_\_\_\_\_ Date \_\_\_\_\_

## Appendix G: Healthcare Student Demographic Intake Form

### Personal Information

Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
 Race \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Are you from an Urban or Rural setting? \_\_\_\_\_ Name of town \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

### Educational History

Year in College  Freshman  Sophomore  Junior  
 Status  First-generation student  Second-generation college student  
 Primary Language \_\_\_\_\_  
 Additional languages \_\_\_\_\_  
 Credits complete \_\_\_\_\_ GPA \_\_\_\_\_ AP credits \_\_\_\_\_ PSEO credits \_\_\_\_\_ CIS credits \_\_\_\_\_  
 Transfer credits \_\_\_\_\_ Institution \_\_\_\_\_  
 Co-curricular on campus activities (clubs, organizations, scheduled internships)

Off campus activities (work, community involvement, volunteering)

Were you in honors in high school?  yes  no  
 Have you participated in college honors at another institution?  
 yes  no If yes, which program did you participate in? \_\_\_\_\_  
 Have you ever participated in the Antonian Scholars Honors Program?  
 yes  no If yes, are you currently in the program? \_\_\_\_\_  
 If no, are interested in the Antonian Scholars Honors Program? \_\_\_\_\_  
 Do you think you may be interested in participating in an Interprofessional Healthcare honors program?  
 yes  no  
 Have you taken an interprofessional course at St. Kates?  yes  no



## Appendix H: Interview Guide

### Healthcare Student Semi-Structured Interview Questions

#### **Initial open ended questions (About person and healthcare field)**

Tell me why you volunteered to participate in this study

Describe the events that led to you deciding to attend college at St. Kates? Tell me about a key foundational experience that helped you decide on your major? What excites you about your major?

#### **What Influencing pre-college factors do students identify that impact their decision-making?**

Tell me about your involvement in high school honors programing...

What did you know about honors programing when you came to St. Catherine University?

What role does enriched educational programing that involves more rigor than traditional course work (such as honors) have in professional programs? What is the difference between honors courses and regular classes?

#### **What is the importance of honors programing to healthcare students?**

What personal values guide your studies?

Describe the importance of honors programing to you?

How would you describe the typical honors student?

#### **What would healthcare students include in the design an IPE honors course?**

What if anything do you know about interprofessional education?

If you were to create a National model for an interprofessional healthcare honors program what would it look like?

If you were to design an ideal honors course for you what would you name the course?

#### **Closing**

What personal traits help you manage the demands your curriculum? Where do you see yourself in 5 years? What do you think are the most important ways doe St. Kates to involve healthcare students in honors?

Is there anything else you think I should know about your major and link to honors programs?

Is there anything else you would like else that you might not have thought about before that you would like to add to this interview?

## Appendix I: Carol Easley Denny Award



ST. CATHERINE  
UNIVERSITY

2004 Randolph Ave. St. Paul, MN 55105  
651-690-6000 www.stkate.edu

February 25, 2016

Brenda Frie, MA, OTR/L, CHT  
Mailbox: 4200

Dear Brenda,

Thank you for your proposal for the Carol Easley Denny Award. We found your project for "How healthcare students decide to participate in honors: A grounded theory" to be most compelling. I am pleased to inform you that you will receive \$7,500 award for your project. The Deans' Council believes that this proposal will be a significant contribution to the field and will indeed provide exciting opportunities for our students and faculty.

Mary Clem, Director of Research and Sponsored Programs, will contact you regarding access to your awarded funds. In the meantime, please accept our sincere and deep appreciation for the work you do for St. Catherine University and our students.

Sincerely,

Colleen Hegranes, Ed.D  
Executive Vice President and Provost

cc: Office of Research and Sponsored Programs (ORSP)  
Faculty File

## Appendix J: Interesting Honors Course Topics

Course Topics	Sources	References
Interesting IPE course topics	21	97
History		
Learning the history of how medicine evolved	2	3
Mental Health		
Focusing on understanding mental health	4	19
Communications		
Wanting class on patient provider connections	1	13
Learning about medical technology	1	2
HC career writing courses	1	2
Anatomy		
Integration of anatomy and creative arts	1	1
Global Health		
learning about HC in other countries	2	3
Exploring racial, population, age and gender language barriers	1	1
Catholic Social Teaching		
learning about Catholic Social Teaching and healthcare	1	1
Physical Health		
Wanting more on human health	9	14
Exploring women's health issues	1	2
Nurturing children	1	1
Current health issues	1	1
Learning about healthy lifestyles	1	1
Wanting more on pediatrics	1	1
Clinical Conditions		
Branching into abnormal diseases	1	1
Focusing on prevention	4	8
Learning about chronic disease prevention	2	5
Preventing heart disease	1	3
Preventing injury through analysis of posture	1	1
Exploring current health issues	4	4
Exploring current issue dementia	1	1
Exploring cancer	1	1
Exploring obesity	1	1
Research		
Recommending research methods honors class	1	1
Integrating measurement and evaluation in to research project	1	2
Researching health	1	5
Health Systems		
Looking at health systems	3	4
Future		
Looking toward the future of medicine	1	1
Relating biomedical ethics to all professions	2	2