



Nursing Student Retention 2013
White Paper
Report from the Deans and Directors Annual Meeting
September 6, 2013
by
Pamela K. Randolph RN, MS, FRE
Associate Director Education and Evidence-based Education

Introduction

Each year the Arizona State Board of Nursing (Board) holds a meeting with nursing program administrators to address areas of common interest. Meetings have included informal sessions, where each program described its issues and asked for the collective wisdom of the group, formal continuing education, and more structured sessions to seek answers to a common problem. The purpose of the 2013 meeting was to search for answers to the problem of student retention in nursing programs. In 2012, on-time graduation rates for nursing programs ranged from a high of 98% to a low of 16% with 3 programs below the Board established benchmark of 45%. On-time graduation is calculated by dividing the number of graduates in each cohort by the number admitted to that cohort's first clinical nursing course. Students who do not graduate or lag behind their cohort represent lost investments for the school, the funding agency (in many cases the county, state, or federal government), and the individual student.

In order to explore the topic with the programs, an informal luncheon was planned and sponsored by Grand Canyon University and Brookline College.

Planning

Attendance was limited to nursing program directors, deans, or associates who had authority over faculty. Some attendees also brought their supervisors. Board staff opted to plan the day in a manner to encourage sharing between the programs and provide for experiential learning in the cognitive, affective, and psychomotor domains. We believed it would be helpful if the deans and directors were placed in situations that mimic nursing program teaching and learning. Therefore, attendees were asked to wear informal active wear and school logo apparel (mimicking clinical dress codes), to read an entire book (to mimic high reading demands) and to prepare a written and oral report (to mimic nursing program assignments). Another modality utilized was team based learning with games.

Program Assignment

Program directors were asked to read the book: Jeffreys, M. (2012) *Nursing Student Retention 2nd Edition*. New York: Springer.

Jeffrey's book focuses on the culture clash between the culture of a nursing program and the culture, values, and beliefs (CVB) of students. She believes both faculty and student CVBs may account for lack of persistence in some students. She also discussed the importance of student self-efficacy, or belief that they can succeed. She recommended strategies related to cultural awareness, self-efficacy, and professional identity to increase student retention in nursing. Each program was assigned a 5-10 minute oral report and a brief 1-2 page paper addressing the

questions below. Participants were informed that written reports would be de-identified and reported in this paper following the meeting.

Questions:

1. From the reading, which of the factors (from Part 1) are most responsible for your retention rates (whether good or bad)? What evidence did you use to determine this?
2. After reading Part II of the book, how would you rate your faculty's overall cultural competence (A, B, C, D, or F) and what evidence did you use to select the particular rating? How can you further develop or support faculty cultural competence?
3. Jeffreys describes several retention strategies. If your program has implemented or is implementing any of these please describe implementation strategies and outcome, if known? If not, which of the strategies could be reasonably implemented by your program? Why did you choose the particular strategies? What work needs to be done prior to implementing?

Group Activity

Board staff sought to illustrate how using some techniques in Jeffery's book could influence motivation and self-efficacy in participants. We also wanted to demonstrate active learning principles and the role of the coach in learning. We sought to create diverse teams of 4-6 learners with a goal to accomplish that was not easily achieved and that the majority of participants would be unlikely to have expertise. We purchased fun, colorful, athletic socks in bulk and to allow teams to bond by choosing matching socks in their team colors.

We chose children's games for the activity. We agreed on five games and we each became proficient in at least one game. Games were chosen for ease of set-up, cost, our own expertise, and common familiarity. The games were: jacks, hula-hoop, ball-toss, clothespin/milk bottle, and mini-golf. Based on our own experience and practice with the game, we defined minimal competence levels for each game, e.g. 3 clothes pins in the milk bottle. Based on projected attendance, we had two sets of each game which would be kept hidden from participants until we announced the activity.

Meeting

As the participants gathered, it was apparent that some had not read their invitation or simply ignored the instruction to dress in school logo clothing, similar to student's who do not always comply with instructions. Other participants claimed that there were no logo apparel at their school, similar to student's excuses for non-compliance. While all participants were warmly welcomed, the facilitator wondered aloud what would happen to a student who had not followed similar instructions.

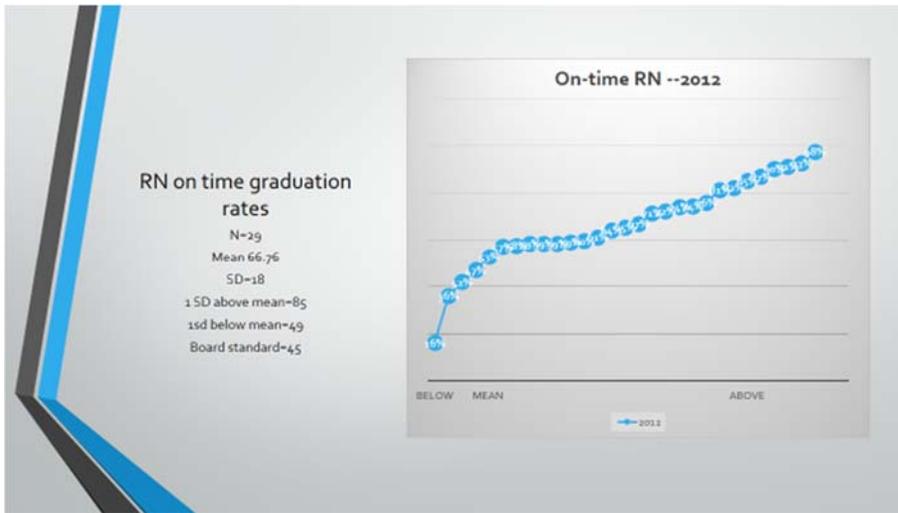
Introduction

"Is there anything really to celebrate when a nursing program with only a 50% persistence to graduation rate boasts of a 100% first time NCLEX-RN pass rate?" (Giddons, 2009)

The meeting started a PowerPoint presentation using the above quote. Trending data of mean on-time graduation (OTG) since 2004 revealed that the rate fluctuated from 66-75% in the last nine years, with the lowest (66%) in 2012. OTG for practical nursing programs was even lower, with 57% graduating on-time in 2012, compared with 76% graduated on-time in 2004. OTG rates for private and public sector RN programs were compared revealing a 69% OTG at public

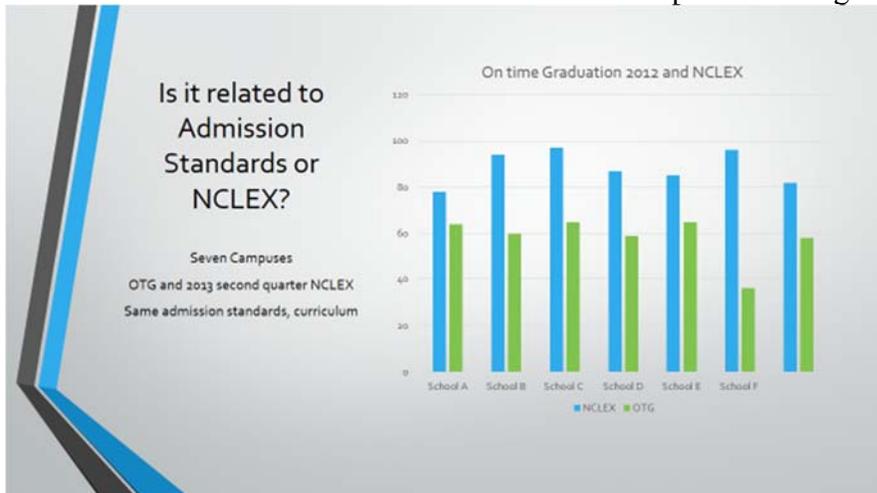
RN programs and 61% OTG at private programs. A scatter plot was then presented with all RN program OTGs as seen below.

Slide 1 On-time RN graduation



The last slide explored the relationship of OTG and first time NCLEX success in seven comparable programs. These seven nursing programs share the same admission, progression and graduation requirements, and the same curriculum. While six of the seven programs posted similar OTGs, around 60%, one program had an OTG of less than 40%. That same program had one of the highest NCLEX pass rates. However, the program with the highest OTG also had an equally high NCLEX pass rate. The group concluded that persistence is more than admitting the right students or having a certain curriculum. The differences at the school with the low OTG and the others were likely cultural and faculty related.

Slide 2 OTG and NCLEX Pass Rates from Seven Equivalent Programs



School Reports

Most, but not all participants completed their program’s assignments. Some gave informal verbal reports (again similar to students). Programs who had completed the assignment expressed enthusiasm about what they learned and planned to share their knowledge with faculty members. Nineteen programs submitted written reports (one report was submitted for seven comparable programs within the same community college district). Programs identified both positive and negative factors that influenced retention. Programs also identified several promising strategies that they are either currently using or will use in the future. One program director told a story of a cohort of students that had a 100% OTG. She interviewed the students to discover the reason for this unusually high persistence. The most common response she received was that each individual in the cohort would not let another cohort member fail. They supported and mentored each other to enhance success.

The participants offered a diversity of interventions to enhance retention. A comprehensive approach was suggested by several programs, starting with awareness of faculty cultural values and beliefs (CVB). Interventions were targeted to include both individual, at risk students and nursing student populations. Some of the population interventions were tailored to all nursing students and others to specific sub-sets of nursing students, such as English language learners. While some interventions required substantial resources (student support center, increased advising), others were resource neutral (establishing a culture of acceptance, surveying students, curriculum changes, and reducing student stress).

Following the meeting, all written responses related to success factors, risk factors, and strategies were analyzed for common threads. All comments could be sorted into one of four broad categories: 1) Institutional/Program Commitment: those factors or interventions that are dependent on the institution or program culture, values and beliefs or campus resources; 2) Students as individuals: those factors and interventions the are based upon recognition of the uniqueness of each student; 3) Nursing student group; those factors and interventions that are common to all or specific sub-sets of nursing students; 4) Curriculum: those factors and interventions that are dependent on curriculum and classroom activities. Responses were collapsed and synthesized to reduce redundancy. Responses are compiled in Table 1. Responses common to many programs are denoted with an asterisk. One program submitted a profile of 13 students who took more than 150% of the time to graduate. The profiles were analyzed for themes that aligned with factors identified by other programs and added to the chart below.

Table 1. Factors related to Retention; Interventions to Support Retention

Institutional/Program Commitment Positive Factors	Institutional/Program Commitment Negative Factors	Institutional/Program Commitment Interventions
Faculty mentors*	Cultural incongruence between student/faculty*	Recruiting diverse faculty or faculty who value diversity and innovation*
Frequent counselling and advisement*	Faculty verbally expressing negative thoughts on “problem students”	Increase student resources and utilization of student resources*
At Risk program*		Develop of a nursing resources center/student success center*

Institutional/Program Commitment Positive Factors	Institutional/Program Commitment Negative Factors	Institutional/Program Commitment Interventions
<p>Family orientation meeting and family events*</p> <p>Community or school support/resources*</p> <p>Direct admission model High admission criteria* Stop out policy</p>	<p>Lack of support by school*</p> <p>Open enrollment policy</p>	<p>Encourage students to participate in program decisions</p> <p>Small classes (30 or less)*</p> <p>Academic tutoring and small study groups facilitated by faculty</p>
Students as Individuals Positive Factors	Students as Individuals Negative Factors	Students as Individuals Interventions
<p>Self-efficacy and motivation*</p> <p>Academic Preparation*</p> <p>Identification of learning disabilities</p> <p>Investing in each individual student—getting to know them*</p>	<p>Past educational experience—multiple Ds and F's*</p> <p>Weak science skills</p> <p>English language learners*</p> <p>Financial issues/working too much *</p> <p>Social/family issues *</p> <p>Illness *</p>	<p>Treating each student as an individual*</p> <p>Early and on-going identification of at risk students—personal learning plan*</p> <p>Mandatory structured advising at fixed frequencies with an assigned mentor/advisor*</p> <p>Success contracts*</p> <p>Success plan on re-entry that is followed throughout the program</p> <p>Considers a student's home address when assigning clinical sites</p> <p>Self- efficacy appraisal early in program*</p> <p>Faculty support students with ADA accommodations.</p>
Nursing Student Group Positive Factors	Nursing Student Group Negative Factors	Nursing Student Group Interventions
<p>Attitude of group support*</p> <p>No student left behind/ cohort bonding*</p> <p>Peer mentors *</p> <p>Student Nurse Association Chapter*</p>	<p>Generational Differences</p>	<p>Student surveys</p> <p>Helping students manage stress and increase positive psychological outcomes*</p> <p>Increase support to international students</p> <p>Recruitment, retention and mentoring programs for diverse student populations*</p>

Nursing Student Group Positive Factors	Nursing Student Group Negative Factors	Nursing Student Group Interventions
<p>Workshops for motivation and test preparation for both admission and progression tests*</p> <p>Kaplan support systems</p> <p>Professional identity and socialization*</p>	<p>Generational Differences</p>	<p>Actively promote student involvement in professional activities*</p> <p>Promote professional organization membership*</p> <p>Hold a professional conference each year</p> <p>Peer mentor program (SNA or upper classmen mentoring lower classmen)*</p> <p>Library orientation and IT support</p> <p>“Nursing Student Boot camp”</p> <p>Student success sessions related to using APA, study skills, testing taking, time management and stress management.*</p>
Classroom/Curriculum Positive Factors	Classroom/Curriculum Negative Factors	Classroom/Curriculum Interventions
<p>Consistency between classroom and clinical instructors</p> <p>Active learning strategies *</p> <p>Schedule general education courses before nursing courses</p> <p>Innovation/simulation</p> <p>Structuring program so scholarship monies (Pell) can be used</p>	<p>“gripe sessions”</p> <p>Lack of professional integration*</p>	<p>Culture and Health course part of curriculum</p> <p>Culture threaded throughout curriculum*</p> <p>Revised lab check-offs to decrease stress</p> <p>Incorporate cultural awareness into simulated activities</p> <p>More classroom activities re: study group formation, group dynamics, conflict resolution and communication</p> <p>Create assignments to promote professional involvement*</p>

Cultural Awareness

Program directors were also asked to rate their faculty member’s cultural competence. This was asked because: “Cultural blindness, cultural imposition, and culturally incongruent actions can cause cultural pain to others” (Jefferys, 2012, p. 210). Awareness and actions consistent with the cultural values and beliefs of students can support the student’s self-efficacy and motivation. Two programs disagreed with the use of the term “cultural competence”. One preferred to call it cultural sensitivity and another cultural awareness and humility. One participant defined it as accepting the student where they are and taking them where they need to go. One program did not respond to the question in their written report.

While the grades ranged from A to C, the comments were quite interesting. Some programs identified “cultural blindness” or ignoring the culture of the student as being a reason for a lower grade, while others identified the tendency for faculty to “weed out students” who do not exhibit the qualities the faculty is seeking. Some directors justified their grade based on lack of diversity of the faculty itself; however, cultural awareness and sensitivity does not depend on the diversity of the faculty. Several programs identified current and future strategies to encourage cultural awareness, such as international volunteer opportunities, recruitment programs, and faculty workshops. These were captured in Table 1 above. The most frequently cited future activity was cultural self-assessment by faculty. Faculty self-assessment of cultural values and beliefs (CVB) was a featured strategy in the required reading (Jefferys, 2012, p. 210).

Following the meeting, assessments of faculty were organized into the table below.

Table 2. Faculty Cultural Competency (Awareness) Assessment

Grade	Rationale
B+	More people think they are culturally sensitive than truly are
B/B-	Assumptions based on ethnicity and race of students
B-/C+	Unconsciously incompetent—cultural blindness
C (undergraduate) B (graduate)	Lack of diversity of undergraduate faculty
“long way to go”	Faculty look to “weed out students”
B+	Serving at risk population; culturally diverse faculty
B	Diverse students; value talents and skills of students; diverse clinical faculty
C	Defines cultural competency as understanding student motivation and factors associated with self- efficacy;
No grade	College committed to an inclusive environment; recruit and retain culturally diverse faculty and staff;
C	Threading culture throughout curriculum; Faculty has cultural blindness
B	Faculty not always sensitive to student cultural needs and beliefs, but are striving to improve
A	Faculty establish cohesive environment where all students feel part of the group

Group Activity

Following a short break, the group activity was announced. There were groans all around and one person even said, “You know we hate those”. Participants were asked to keep an open mind and remember their students may also hate group activities. It was then announced that we would be moving to another area to demonstrate competence in games such as jacks and hula hoop. The group relaxed and started having fun—the noise and energy level suddenly increased. The following pre-game activities were conducted:

- The group organized into teams of 4 with each team member from a different school (diversity of logo shirts)
- Each team choose a captain who drew their “game” from a fishbowl
- The team captain chose a set of matching socks for their team-mates (strengthen team identity)

- A set of competency standards and game instructions was provided to each team captain
- The team could only score points after EVERY team member achieved minimal competency as defined in the instructions.
- It was announced that there would be prizes awarded (we did not disclose the criteria for winning)
- Board staff with specific competencies in the game offered to coach the teams.

We allowed 10 minutes for the activity.

Following the rule announcement, there was general chaos as the teams scrambled to form and don socks (we bought special socks for the men). After drawing their “game,” several participants offered excuses for their perceived poor future performance in the game. These ranged from claims of being naturally clumsy to health issues to perceived or actual disabilities. The one non-ambulatory faculty member (an actual disability) was assigned to the “jacks” group. Performance anxiety was high in some groups. Each Board staff was assigned to coach the teams to success. Designated Board staff visited each assigned team to encourage them and give them hints on how to achieve success. Board staff noted several teams cheating despite an announcement that cheating was not allowed. One team brazenly cheated throughout the entire activity. When asked why they were cheating, the group responded, “the rules did not say that we couldn’t.”

Board staff were surprised at how easily these deans and directors exhibited student-like behaviors including cheating and trying to “bend the parameters to achieve success.” However, when the teams “got down to business”, nearly all members of every team achieved competency. For example, in the hula hoop group, one male member of the team had never played hula hoop before, yet he was able to revolve the hoop 20 times without stopping as did another team member with a hip replacement. A participant recovering from eye surgery was able to master the clothes pin/bottle game which required hand-eye coordination. Staff played a pivotal role in explaining how to master the games and encouraging the teams. In fact, the milk bottle team, who originally opined that mastery was “impossible” actually got bored as they came close to hitting the target every time.

De-briefing

Behaviors Board staff had observed were pointed out to the audience, such as the inclination to cheat, the anxiety and some negativity. We also pointed out positive examples of working together and bonding. While the teams wanted to apprise Board staff of their total points, it was announced that actually the object of the game was not to rack up points, but to encourage persistence in each team member. Board staff then asked each team to nominate the most persistent player on their team: the one who struggled the most but eventually mastered the skill. These participants were asked what factors led to their persistence. Responses were:

- I had to do it
- Team members helped
- I had fun
- You told me to do it, Pam
- Great support from my team and my own stubbornness
- Team leader helped
- I was the worst, but they cheered me on till I met competency

- Team leader set the bar
- Found an alternate way to do it—they (the team) supported each other and had fun with each other
- I work day and night, I don't stop till I get it done

As can be seen by the answers, the keys to success were a combination of personal efficacy and team support/identity. The subsequent discussion centered on how participants could take this lesson and apply it to students. Could faculty coach and encourage students? Could peers be used more effectively? Could we understand (not condone) the tendency to want to cheat or cut corners when tackling something new and hard? Could we understand student tendencies to express negativity over a new topic due to lack of self-efficacy?

Participants stated they really enjoyed the meeting, especially the group activity and it was a powerful learning tool. Several asked for the activity rules (which were sent to them) and will be doing the activity with their faculty. One stated she would keep her socks in her office to remind her of the lessons learned today.

SUMMARY

There are always students who persist, achieve, and succeed in spite of pitfalls and obstacles – and then there are students who appear to have all the tools but have no interest in using them – (from MCCDNP program report). This meeting was held with nursing program decision makers to help them discover strategies to encourage success and persistence in students. Prior to the meeting, participants were instructed to complete reading and written assignments. A combination of lecture, individual reports, and gaming was used to reinforce major concepts in the assigned reading. Cognitive, psychomotor, and affective domains of learning were considered in planning the event. Participants reported enjoying the event and taking the messages learned to their faculty. The Board will continue to monitor OTG to measure effect of this strategy.

Reference

- Giddens, J. (2009). Changing paradigms and challenging assumptions: Redefining quality and NCLEX-RN pass rates. *Journal of Nursing Education*, 48 (3), 123-124.
- Jeffreys, M.R. (2012). *Nursing student retention: Understanding the process and making a difference*. New York, NY: Springer.