

A Qualitative Narrative Study Investigating Nursing Student Attrition in an Associate
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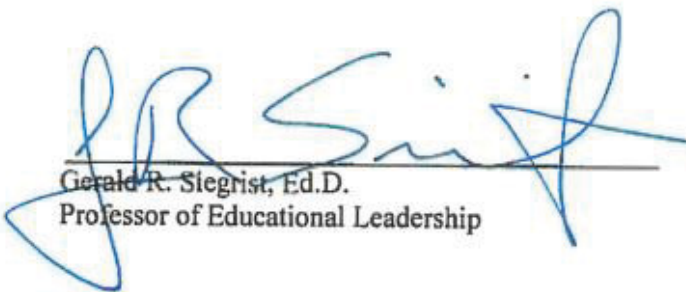
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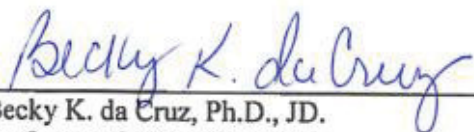
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ABSTRACT

The purpose of this study was to describe and examine nurse educator and nursing student experiences and perceptions on attrition, barriers to program completion, relationships with nurse educators and peers, and support mechanisms. Participants in this study were four associate-degree nursing students who exited an associate degree nursing program and three faculty members teaching in an associate of science nursing program at a technical college in Southwest Georgia.

I used purposive sampling in my study because purposeful selection is a strategy used to select individuals who can provide relevant information to address specific goals and research questions (Maxwell, 2013). Semi-structured interviews were conducted with each participant. After transcribing and reviewing the recorded notes from each interview, concepts were organized in categories. Using thematic analysis, I was able to “uncover and categorize thematically” the experiences of nursing students and educators in the nursing program (Riessman, 2008, p. 54). The data collected through semi-structured one-on-one interviews allowed me to prepare narratives.

The results indicated 1) the nursing program is intense and rigor is present in the nursing curriculum, 2) there is a history of unsupportive educators with some classroom drama and, 3) support mechanisms are in place with varying degrees of value.

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Chapter I

INTRODUCTION

Background of Study

During my educational experiences as an associate degree-nursing instructor, I recognized my desire to help unsuccessful associate degree-nursing students, specifically in their mission to achieve success in nursing education. I felt compelled to investigate issues that led to their premature departure from the nursing program. I understood their burdens and challenges, as I, too, was once a struggling nursing student, mother, wife, and employee. I remain inspired by their commitment and robust dedication to continue in nursing education even with reoccurring obstacles.

My initial interest in nursing stems back to high school experiences in 1978. After graduation, I knew I wanted to enroll in an associate degree-nursing program. At that time, this program was not available in our community. When I returned thirty years later, the community remained without an associate degree-nursing program. Unbeknownst to me at that time, I would become the new program director for an upcoming associate degree-nursing program in Lowndes County. I was also unaware of the unveiling events orchestrated by my personal experiences in nursing and nursing education that would influence my professional career.

A significant student experience in a practical nursing program opened my eyes to interactions between educators and students. Our army nurse educator did not understand why the youth in her class were not grasping the concepts she was attempting to explain.

She came to my desk to view my nurse's notes. The notes were not to her satisfaction and she threw my chart across the room. Papers flew everywhere as she instructed me and several other students to collect our notes from the floor. As I leaned over to pick up my papers, I thought to myself "I can pick my papers up, but I still do not know what I did wrong."

After completing the program and entering an associate degree-nursing program, I began to love my career and the rewards I gained from providing patient care. It not only provided a salary for my family, but priceless emotional support from physicians and peer nurses as I cared for an ill spouse in my home. My career started on a medical-telemetry and medical-surgical floor, and I advanced to the intensive care units. I thrived in the cardiac intensive care and progressive care units that soon became my true passion. My experiences varied and expanded with assignments I accepted as a travel nurse. Years went by and my experiences grew as I advanced from a novice to proficient nurse. My profession was extremely satisfying to me and furthering my education was the last thing on my agenda. It was only after the sudden death of my new boyfriend that I decided I would pursue education as my coping mechanism. I could certainly now relate to my patients in a way no one could perceive. I found myself being a pretty good therapeutic counselor and teacher to students, patients, and families. I unexpectedly found that I loved being a preceptor for student nurses and nurses new to the hospital environment. My career advanced and I began to accept leadership positions within the health care environment. I did not forget my experiences in nursing school and the army nurse educator and her practices. My ultimate goal was to become a practical nursing program instructor and this career would be my retirement plan. I gained employment as

a practical nursing instructor and then unexpectedly pursued an opportunity to teach in an associate degree-nursing program.

During my time as a nursing instructor, I felt compassion for unsuccessful nursing students. I knew I could have easily been one of these students under different circumstances. I felt led to discover current issues in nursing education for nursing students who exited the program from the perspective of the students in addition to that of nursing instructors. While studying for my Certified Nurse Educator exam, I read numerous books and articles on nursing education and student attrition. I studied from the educator point of view about teaching and learning in nursing education. I knew I wanted to further research issues related to nursing student attrition and possible alternatives in education for unsuccessful students.

One example for the proposed study originated from an experience in a college where the perception of nursing student attrition is an expected and usual occurrence. One particular student, obviously devastated by her inability to continue her education after a program failure, will remain forever in my mind. This student came to me on several occasions and expressed her fear of approaching nurse educators. She expressed concern about the lack of polite and quality interactions with educators and difficulty in even asking a general question. She expressed her fear of embarrassment and ridicule and her new desire to pursue opportunities in other professions. I then remembered the experiences with the army nurse educator. I also realized that day there should be and could be an alternate curriculum plan in nursing education instead of college withdrawal for unsuccessful nursing students.

Summary of Historical Highlights

Known as the founder of modern nursing, Florence Nightingale developed the first nursing theory (Potter & Perry, 2011). Based on her experiences caring for soldiers in the Crimean War, she used the nursing process and taught others the importance of sanitation and hygiene to promote optimal health (Potter & Perry, 2011). Nightingale was not only a nurse; she was a statistician and epidemiologist (McDonald, 2010). She became a member of the Royal Statistical Society and an honorary member of the American Statistical Association (McDonald, 2010). She overcame great difficulty convincing military leaders about the relationship between poor sanitation and diseases. Her sanitation methods dropped mortality rates significantly (Zborowsky, 2014).

Long before Nightingale's time, women worked as "nurses" or nursemaids as unpaid hospital cleaners. Recognizing the need for professional training for nurses, Nightingale opened the Nightingale Training School and Home for Nurses at St. Thomas Hospital in London in 1860 and provided the first training of nurses (McDonald, 2010). Nightingale promoted the idea of nurses providing quality care under the direction of a physician (McDonald, 2010).

Because of the continued shortage of nurses in the 1940's, New York's Mayor Fiorello H. LaGuardia, the director of civilian defense, created a training program for nurse aides to work beside registered nurses in hospitals (Haase, 1990). Nursing programs were invited to participate along with the Office of Civilian Defense and the Red Cross. These efforts were an attempt to increase the work force of nursing. In 1943, 170,599 nurses were educated and licensed (Haase, 1990). Regardless, the American Hospital Association reported hospitals continued to close because of the persistent

shortage of nurses for acute care (Haase, 1990). During the twentieth century, nursing began to standardize education in diploma programs.

The advancement toward a more defined and organized profession began with the first publication of the American Journal of Nursing in 1900. The curriculum-focused era ensued during the early 1900's (Potter & Perry, 2013). The research era was prevalent between 1950 through the 1970's and promoted nurses to participate in studies and share results with colleagues (Potter & Perry, 2013). The theory era followed in the 1980's and 1990's and enhanced knowledge development (Potter & Perry, 2013). Nursing theories are vital to nursing education and curriculums and theorists provide a theoretical foundation for mission statements, philosophies, and nursing curriculum models (Billings & Halstead, 2009). Diploma based nursing programs were eventually moved out of hospitals and associate degree programs developed rapidly during the 1950's and 1960's (Roberts & Glod, 2013).

Statement of the Problem

For decades, there has been a lack of nurses in health care organizations. The United States health care system is in jeopardy due to the continued shortage of professional registered nurses (Shelton, 2012). Nurses face challenges every day meeting patient outcomes and facilities employ temporary staffing to meet consumer needs. Hospital staffing is a major concern because insufficient nurse-to-patient ratios threaten patient safety and quality of care (Martin, 2015). Risks for medication errors increase with inadequate nursing staff (Frith, Anderson, Tsent, & Fong, 2012). Hospitals must maintain an adequate number of registered nurses in order to provide safe and competent patient care (Davis, Mehrotra, Holl, & Daskin, 2013).

The total number of job openings for registered nurses will most likely reach at least 1.2 million by the year 2020 (Bureau of Labor Statistics, 2015). Employment opportunities for nurses is expected to increase 16% from 2014 to 2024 which is much faster than average for all occupations (Bureau of Labor Statistics, 2015). The Bureau of Labor Statistics (2015) projected the total number of available jobs for registered nurses will reach 3,190,300 by the year 2024. The *American Journal of Medical Quality* published the “United States Registered Nurse Workforce Report Card and Shortage Forecast”, a state by state analysis of the registered nurse shortage that is proposed to increase until 2030. This report stipulated nursing shortages would be the highest in the Southern and Western parts of the United States.

The current number of students enrolled in nursing programs is not sufficient to provide an adequate nurse workforce to sustain the needs of health care organizations. By 2020, the registered nurse workforce will be at least 20% below the required demands in the United States (Stickney, 2006). In addition to the insufficient number of graduates, the current workforce is approaching retirement age. According to the 2013 National Council of State Boards of Nursing survey, The Forum of State Nursing Workforce Centers reported at least 55% of the registered nurse workforce is age 50 or older and an additional 30,000 nurses will need to graduate each year to meet the needs of health care in the United States. This represents a growth of 30% over the current number of nursing program graduates.

Due to numerous issues in health care, women are choosing alternate careers and are electing to enter the male-dominated professional careers of medicine or law

(Shelton, 2012). This reduction in nursing staff affects the nursing shortage in hospitals. This information supports the need to retain and produce more graduate nurses.

Attrition

To meet the demands of the ongoing nursing shortage, it is imperative that nursing programs retain students enrolled in nursing programs (Williams, 2010). One of the problems in nursing education is student attrition (Higgins, 2005). At least one third of all nursing students admitted to nursing programs fail in the successful completion of their program with attrition rates reported as high as 47% in associate degree nursing programs and even higher (15-85%) for minority students (Harris, Rosenberg, and O'Rourke, 2014). Students leave programs for a variety of reasons but the majority of students withdraw due to unsuccessful academic performance during their first year of college (Jeffreys, 2012). In order to reduce the national nursing shortage, programs need to implement efforts to retain as many of these students as possible (Stickney, 2006).

Nursing programs strive to maintain successful retention rates while preparing students to pass the National Council Licensure Examination-Registered Nurse (NCLEX-RN). The National Council Licensure Examination, (NCLEX) is a standardized exam each state uses to determine competency and safety and decide if a student is eligible for entry level nursing practice (NCSBN, 2016). Higgins (2005) described successful students as those “who not only complete the nursing program, but also pass the NCLEX-RN exam” (p. 541). The state boards of nursing calculate successful board pass rates for students based on the first attempt results rather than on subsequent attempts (Rogers, 2010). The challenge for nursing programs is to retain and produce safe and competent graduate nurses who are capable of passing the National Council Licensure Examination-

Registered Nurse without compromising the standards of care. As stated by Rogers (2010), “the true challenge is identifying ways to increase both retention and National Council Licensure Examination-RN pass rates” (p. 96). Rogers identified the trials programs encounter and promoted educator support and the advancement of professional practices as well as promoted the profession of nursing.

Communities, stakeholders, administrators, and health care facilities evaluate the strength and reputation of a nursing program by several factors (Higgins, 2005). One of these factors is the percentage of students passing the state board exam. Unfortunately, as programs attempt to increase the state boards of nursing pass rates, attrition increases (Rogers, 2010). Another factor that influences the strength and reputation of a nursing program is how many students a program retains and graduates (Higgins, 2005). Nursing programs must integrate techniques to retain students. Graduation rates are crucial for the nursing profession and for the U.S health care systems.

According to Horkey (2015), the average rate of first year attrition is 18% for nursing programs with the majority of attrition occurring during the first year. Reasons for students withdrawing from nursing programs include academics, dislike for the profession, personal, and health issues (Horkey, 2015). Jeffreys (2012) cited personal reasons including work and family along with an inadequate fit in the nursing profession as reasons students left nursing programs. Other reasons for the increase in attrition rates among nursing students is because the nursing curriculum is designed to follow the format and blueprint of the NCLEX-RN and meet the nursing profession standards (Carrick, 2011). Trends in nursing education and advancements in science and medicine place emphasis on patient safety and has led to an increase in competency requirements

for the graduate nurse (Carrick, 2011). These trends caused rigor to increase in the NCLEX-RN, therefore programs increased the rigor in the curriculum that resulted in an increase in attrition (Carrick, 2011).

In order to maintain an adequate diverse workforce, it is crucial to retain as many students as possible (Murray, Pole, Ciarlo, & Holmes, 2016). One strategy to reduce attrition is to enhance educator awareness and knowledge of the consequences of attrition (Park, Perry, & Edward, 2011). In addition, a goal for educators is to promote student success. Efforts to retain as many students as possible should be a high priority for educators (Stickney, 2006).

Nursing programs can retain students by recognizing strengths or weaknesses in admission criteria, student demographics, and program curriculum. Filling the coveted and valued seats in nursing programs is not the issue for most programs (Horkey, 2015). Eager candidates are readily available to enter programs. Colleges turn away qualified applicants yearly due to the lack of nursing faculty and clinical locations (Edmonds, 2013). There are more candidates for nursing schools than nursing schools can accommodate (Horkey, 2015).

The nursing student body is composed of a variety of ages and demographics. There are four primary groups of learners; the traditionalists, baby boomers, Generation X, and Generation Y, also known as millennials (Caputi, 2010). Nursing programs face a diverse applicant pool because of changing demographics, nonconventional workforce and a less than academically prepared applicant pool (Jeffreys, 2012).

Traditional nursing students are those who enter college immediately after high school and in nursing, predominately female, white, and speak English as a first language

(Jeffreys, 2012). A nontraditional nursing student may be 25 years old or older, commutes to class, male, member of an ethnic or minority group and speaks English as a second language, or has children (Jeffreys, 2012). The National League for Nursing (2016) reported forty-two percent of all nursing students in associate degree-nursing programs were over age thirty. Nontraditional students have not only been out of school for some time, but many are returning for a second career and/or have families. One out of four nursing students is identified as a nontraditional nursing student (Caputi, 2010). The nontraditional nursing student is quickly replacing the traditional nursing student (Jeffreys, 2012). The increase in minority students, immigration, and globalization have the potential to change the diversity of the nursing student body and help meet the needs of a multicultural society (Murray et. al., 2016). A diverse health care workforce improves quality of patient care, enhances cultural competence and provides benefits to minority patients (Murray et. al., 2016). In order to accomplish a diverse workforce, educators must retain students after entry into a nursing program.

It is important for educators to understand how the combination of student demographics and personal issues may affect a student's academic performance. Students entering the nursing profession are likely to be mature adults, have employment and family obligations, and have been out of school for several years (Shelton, 2012). These students are entering nursing as a second career due to changes in the economy and job layoffs (Shelton, 2012). Wray, Aspland, & Barrett (2013), reported that older students are more successful than younger students and female students are more likely to be successful in a nursing curriculum than male students.

According to the NLN (2016), women represent 85% of nursing students while men remain at 15%. African Americans represent the highest percentage of minority nursing students at 12.2%, with Hispanic nursing students at 8.1%, and Asian or Pacific Island nursing students at 5.9% (NLN, 2016). Students who learned English as their second language are students who speak two or more languages and represent a subset of the minority student population. In the United States, of the nearly 3 million registered nurses, 16.8 percent have been identified as belonging to racial or ethnic minority groups (Murray et. al., 2016).

Jeffreys (2012) recognized academic difficulties nontraditional nursing students face. Attrition rates are higher for nontraditional students as they enter programs with varying degrees of responsibilities including family obligations, employment responsibilities, childcare issues, and financial strains (Jeffreys, 2012). The percentage of nontraditional students who persisted to graduation is lower than that of a traditional nursing student (Tinto, 1993). The nontraditional nursing student faces additional challenges and stressors. These students face challenges because they have diverse learning styles, time constraints due to family and work obligations, and often experience more anxiety about learning and fear of failing a new endeavor (Moyer & Whittmann-Price, 2008).

Ethnically diverse students are at risk for attrition due to language barriers and lack of understanding in the classroom. These students are also at a disadvantage due to feelings of isolation and lack of family and educator support (Jeffreys, 2007). These students are often victims of stereotyping, racism, and isolation from peers (Caputi, 2010). The high attrition rates among minority students in nursing programs contribute

to the underrepresentation of minority nurses in hospitals (Veal, Bull, and Miller, 2012). Minority students face challenges completing the nursing curriculum.

Program completion is defined by Accreditation Commission for Education in Nursing (ACEN, 2015), as “The number of students who complete the program within 150% of the time of the stated program length; the length of the program adjusted to begin with the first required nursing course” (ACEN, 2015). The proposed site for my study is a unit of the Technical College System of Georgia (TCSG). This technical college has experienced issues with program completion and nursing student attrition. The current national attrition rate is 20% (NLN, 2016). The attrition rate at the proposed site for the initial nursing class of 2014-2015 was 33% (Ridley, 2016). The program started with 31 students, graduated 21 students, and finished with an attrition rate of 33%, retention rate of 67%, and a board pass rate of 94.75% (Ridley, 2016). For a new program with a first class, the attrition and retention rates were acceptable although undesirable. The second class of 2015-2016 admitted 38 students, graduated 19 students and completed with an attrition rate of 50%, a retention rate of 50%, and a board pass rate of 100% (Ridley, 2016). The third class of 2016-2017 admitted 38 students, graduated 20 students and completed with an attrition rate of 48%, a retention rate of 52%, and a board pass rate of 95% (Ridley, 2016). The fourth class of 2017-2018 admitted 40 students, graduated 22 students, and completed with an attrition rate of 45% and a retention rate of 55%. The fifth class of 2018-2019 is currently enrolled in the third semester. While the National Council Licensure Examination Board pass rates are excellent, the attrition rates are above the national attrition rate.

It is important for educators to recognize the influence and significance of their role in student success (Jeffreys, 2012). It is beneficial for nurse educators to embrace nursing students with a welcoming persona to the campus culture. Nurse educators have the potential to influence and inspire their nursing students (Jeffreys, 2012). By developing partnerships with students, educators create student learners who participate in the learning process and the educator focus shifts from teaching to learning (Jeffreys, 2012).

Significance of the Study

The significance of this study lies in the gap of current nursing information on nursing educator and nursing students' perspectives on experiences and perceptions of nursing programs. Unsuccessful nursing students are dismissed and largely invisible from the college until they are eligible to return to the program. Most students are not eligible to return to a nursing program for two to five years; a college policy currently present in most Georgia nursing programs (Ridley, 2016). Studies are lacking which share information from the educator and nursing student perspective on their experiences in nursing education. In summarizing the literature gaps in educator and nursing student perceptions, Shelton (2012) made a good argument for my proposed study:

A qualitative study exploring the complexity of factors that contribute to student retention could reveal facets of the process beyond those that can be studied by quantitative methods. For nontraditional students who are faced with many stressors in their lives, the qualitative study of students' perceptions of those stressors and how they impact the student role would lead to a greater

understanding of the supports that could be provided to help students succeed.

(p. 14)

Rogers (2010) also made a strong case for the study I am proposing:

More can be investigated regarding the subjective nature of the predictability of success. Work can be conducted to validate this qualitative data and to explore the role of these findings in admission and curricular policy decisions. It would be valuable to compare the findings from this study to those of a qualitative study involving students who are not successful either in program completion or on the NCLEX-RN. (p. 99)

Purpose of the Study

The purpose of this study is to describe and examine the experiences and perceptions of nurse educators and nursing students who exited an associate degree nursing program on attrition, barriers to program completion, the value of relationships with nurse educators and peer students and support mechanisms available or not available to students. This study will provide insight into the perspectives of educators and nursing students regarding their experiences with nursing education. I hope to illustrate the difficulties of unsuccessful nursing students to understand how their experiences contributed to their unsuccessful completion of the nursing program. It is hopeful educators and students will identify issues that lead to program changes in order to retain students and promote student success. Educators can share valuable experiences and perceptions of their history in nursing education. This information may also provide pertinent information and identify barriers to program completion, enhance the nursing curriculum, promote program strengths, and provide interventions for program

weaknesses that can potentially decrease attrition. Educators can also describe and explain their experiences and perceptions of their student interactions. These experiences can improve and promote effective educator-student relationships to enhance student success.

This research will produce an original contribution as a qualitative narrative study sharing the experiences and perceptions of nurse educators and nursing students who exited an associate degree nursing program. I hope to gain insight from nursing students and nurse educators to promote positive interventions and policy advancements. The proposed study will fill a gap and provide administrators and educators with valuable information about the associate-degree nursing program in the Technical College System of Georgia. The associate degree-nursing program increases the overall college enrollment in general education courses because students are required to complete prerequisite and corequisite courses.

Accrediting agencies support and promote nursing program retention policies (ACEN, 2012). The attrition rate experienced by schools reduces the number of nursing graduates (Chen & Voyles, 2013). Attrition rates, the aging workforce, and the worldwide nursing shortage emphasize the importance of retaining students in nursing programs (McLaughlin, Moutray, & Muldoon, 2007). I hope to use my findings to influence current policies and make recommendations to enhance the future of the nursing programs in the state of Georgia. These findings may allow unsuccessful nursing students options in nursing education.

Research Questions

The research questions will guide the narrative study and emphasize the increased attrition rates in associate degree-nursing programs. The research questions will aid in understanding the problems of attrition as they pertain to academic challenges and personal student issues. The overarching research question for the study is “What are the experiences and perceptions of nursing students who exited an associate degree nursing program?” This question places emphasis on the issue of nursing student attrition. Embedded in this question along with the following questions are the inquiries of curriculum content and program rigor. These questions correlate with the theories utilized in the conceptual framework.

Research Questions Nursing Students

- RQ1: What are the experiences and perceptions of nursing students who exited an associate degree-nursing program?
- RQ1A: How do nursing students who exited an associate degree nursing program experience and perceive faculty and peer students as supportive or non-supportive in nursing programs?
- RQ1B: What are support mechanisms students describe as helpful and motivating during the associate-degree nursing program?

Research Questions Educators

- RQ2: What are nurse educator’s experiences and perceptions related to nursing student attrition?
- RQ2A: How do nurse educators perceive faculty and peer students as supportive or non-supportive in nursing programs?

- RQ2B: Describe if support mechanisms are helpful and motivating during the associate-degree nursing program.

The research questions addressed experiences and perceptions of associate degree nursing students and were used to obtain explanations of why students left their programs of study. Students may leave voluntarily for personal issues or due to academic challenges with the nursing curriculum. The research questions were used to gather information from the student's perspective and identify themes in student feedback. The research questions addressed student relationships and involvement with peer students and faculty members. These relationships correlated with theories identified in the conceptual framework.

Nurse educators provided valuable insight into student attrition through their experiences and perceptions of nursing education. Analyzing the stories of educators provided insight on strategies and perceptions about student attrition, retention, and strategies beneficial to student success. Educators disclose student experiences in application of theory to practice in the clinical environment and place emphasis on content and rigor of nursing curriculums.

My research questions relate to Bandura's Theory of Self-Efficacy and Tinto's Theory of Student Retention. The questions correlate with narrative pedagogy by allowing the student and nurse educator to share their stories from a personal perspective. This method allows the researcher to understand and analyze the experiences and allows the data to trend. Through narrative pedagogy, the researcher is able to share their stories and serve as a student advocate.

Bandura's Theory of Self-Efficacy

Albert Bandura first proposed the social cognitive theory in 1977 (Karabacak, Serbest, Onturk, Aslan, & Olgun (2012). Self-efficacy, a component of this theory contends behavior is strongly motivated by self-influence (Bandura, 1986) and defines self-efficacy as “people’s judgments of their capabilities to organize and execute courses of action required to attain designated types of performances” (p. 391). In addition to self-efficacy, motivation is a key factor for professional learning and affects self-efficacy (Hassankhani, Aghdam, Rahmani & Mohammadpoorfard (2015). Self-efficacy links to a student’s perception of feelings, thoughts, and performance and is reflected in academic and clinical performances (Hassankhani et. al., 2015). Self-efficacy theory relates to nursing practice (McLaughlin et. al., 2007). The relationship between self-efficacy theory and nursing practice is evident in critical thinking. In order for nurses to make competent and safe critical decisions in patient care, the nurse must be confident in his or her abilities.

Tinto's Theories of College Student Retention

Tinto's Theory of College Student Retention teaches that in order for colleges to have a successful retention program, students must be involved in the college campus. Students are more likely to stay in a college that involves them as valued members of the institution. According to Tinto (1993), the frequency of contact with faculty, staff, and other students have repeatedly shown to be independent predictors of student success. In addition, the first year of college is the most critical for a student's successful completion of the program of study. His theory teaches retention programs are most successful when informal educator to student interactions are utilized in order to incorporate students into

the academic and social aspects of the college (Longwell-Grice & Longwell-Grice, 2008).

Bandura's Self-Efficacy Theory and Tinto's Theory of College Student Retention support my study because both theories correlate with students in nursing education. The theories provide information for educators to understand attrition and possible interventions to increase success in the nursing program. As stated by Harris et. al., (2014) "By understanding the current attrition rates among nursing schools, at-risk student characteristics, and attempts at increasing student success, nursing faculty can gain insight into the issues related to attrition and determine potential methods to increase success within their own programs" (p. 31). Bandura's Self-Efficacy Theory puts focus on the psychological perspective whereas Tinto's Theory of College Student Retention puts emphasis on the sociological perspective of the student within an institution (Shelton, 2012). When educators understand the reason for attrition and can identify ways to reduce attrition, then attrition rates may change.

Definitions

Key Terms Used

Defining the terms utilized in this study provides a greater understanding of the context in which the term is used. For the purpose of this study, these terms have the following definitions:

Adaptive Quizzing. This term refers to Elsevier's online quizzes used to build cognitive reasoning skills with three mastery levels including beginner, intermediate, and advanced. Adaptive Quizzing can be used in nursing courses to correlate with each chapter and may be used as a remediation tool (Ridley, 2016).

Attrition. The term is used to define the percentage of students who exit a nursing program. Students leave programs either voluntarily for personal reasons or involuntarily due to academic failure or dismissal (Jeffreys, 2012).

Care plans. This term refers to a written plan that is a part of the nursing process and outlines the plan of action that will be implemented during a patient's medical care including assessment, nursing diagnosis, planning, interventions, and evaluation (Ridley, 2016).

Clinical. This term represents observation and treatment of patients in a live environment including hospital, long-term care, mental health, medical-surgical nursing, newborn nurse, obstetrics, progressive care units, and school environments (Ridley, 2016).

Drug calculation. This term represents the math calculations utilizing the metric system for preparation of medications including conversions between measurement systems (mg to grains), conversions in a system (mg to g), administration in units (insulin, Heparin), IV flow rate calculation (ml/hr and gtts/min) and reconstitution of solutions (Whiddon & Ridley, 2012).

Nursing student who exited: The term is used to describe nursing students who did not complete the program and exited the associate-degree nursing program after at least one semester (Ridley, 2016).

Health Education Systems Incorporated (HESI) Exit Exam. This is the comprehensive exam including the entire curriculum and is used as a predictor of NCLEX success (Lauer & Yoho, 2013).

Health Education Systems Incorporated (HESI) Final Exams. These are customized evidenced-based exams created by Elsevier/Evolve to prepare students for the National Council Licensure examination (NCLEX) (Lauer & Yoho, 2013).

Health Education Systems Incorporated (HESI) Mid-curricular Exam. This is the comprehensive exam including the first half of the nursing semester and used as a predictor of academic strength (Lauer & Yoho, 2013).

National Council Licensure Examination-Registered Nurse (NCLEX-RN). This is a standardized exam each state uses to assess competency and safety to determine if a student is eligible for entry level nursing practice (NCSBN, 2016).

Nontraditional nursing student. This term defines students who may be 25 years old or older, commutes to class, male gender, member of an ethnic or minority group and speaks English as a second language, or has children (Jeffreys, 2012).

Nurse educator. This term is used to describe professional registered nurses with an advanced degree in nursing education who teach and evaluate nursing students, are academically qualified, and have experience in the content in which they teach (ACEN, 2015).

Nursing curriculum. This term defines the institutional development of a nursing program designed to follow the format and blueprint of the NCLEX-RN and meet the nursing profession standards. The curriculum design originates from the nursing program's mission, philosophy, core values, interwoven concepts, and conceptual framework and prepares students to work as an entry-level practitioner (Carrick, 2011).

Skills. These are required student competencies including Dressing changes, Foley catherizations, Intravenous insertion, Nasogastric tube insertion, Tracheostomy care, and Vital Signs (Whiddon & Ridley, 2012).

Traditional nursing student. These students enter college immediately after high school and in nursing are predominately female, white, and speak English as a first language (Jeffreys, 2012).

The following chapter two includes a discussion of topics including historical highlights of the development of nursing in the United States, Bandura's Self-Efficacy Theory, Tinto's Theory of Student Retention, The Model of Nursing Student Retention, descriptions of nursing students and educators, and nursing student attrition. Chapter three follows with an explanation of the methodology to be used for participant selection, data collection, and data analysis. A summary will be provided at the conclusion of each chapter.

Chapter II

LITERATURE REVIEW

Historical Highlights

In 1860, Florence Nightingale published *Notes on Nursing: What It Is and What It Is Not*. Nightingale developed the first nursing philosophy based on health, maintenance, and restoration. Known as the “the lady with the lamp,” Florence Nightingale established the first organized program for training nurses, the “Nightingale Training School for Nurses” at St. Thomas Hospital in London (Potter & Perry, 2013).

Florence Nightingale recruited assistants and became the first practicing nurse epidemiologist and patient advocate. She volunteered amongst strong opposition of military leaders during the Crimean War in 1853. Ms. Nightingale traveled the battlefields at night carrying her lamp. She recognized the poor conditions of dying soldiers and the lack of sanitation, nutrition, and basic facilities in the battlefield hospitals (Zborowsky, 2014). She kept statistical analyses of her findings and connected poor sanitation with diseases such as cholera and dysentery (Zborowsky, 2014). Eventually she organized and improved the quality of sanitation facilities. As a result, the mortality rate at the Barracks Hospital in Scutari, Turkey decreased from 42.7% to 2.2% in 6 months (Donahue, 1996).

Nursing care was scarce to nonexistent during the Civil War (Donahue, 1996). The general public recognized the inadequate preparation of the majority of nurses. A large number of untrained volunteer men and women participated and aided wounded

soldiers (Donahue, 1996). Several nursing leaders emerged and were significant in the advancement of the nursing profession. Recognizing the strength in Nightingale's interventions, the government appointed Dorothea Dix, a social worker, to organize women volunteers to provide nursing care for wounded soldiers on the battlefields (Donahue, 1996). Clara Barton organized and took volunteers to war zones and in 1882 founded a volunteer service we now know as the American Red Cross (Potter & Perry, 2013).

Mary Ann Ball, known as Mother Bickerdyke, organized ambulance services and walked abandoned battlefields at night looking for wounded soldiers (Potter and Perry, 2013). She was given the name "mother" from soldiers, an expression of their gratitude and eventually became known as one of the greatest nurse heroes of the Civil War (Donahue, 1996). Bickerdyke was honored by the government for her accomplishments at the launching of the hospital ship, the SS *Mary A. Bickerdyke* in 1943 (Donahue, 1996).

Looking from his tent at midnight, an officer observed a faint light flitting hither and thither on the abandoned battlefield, and, after puzzling over it for some time, sent his servant to ascertain the cause. It was Mother Bickerdyke, with a lantern. Stooping down (among the dead) and turning their cold faces towards her, she scrutinized them searchingly, uneasy lest some might be left to die uncared for. She could not rest while she thought any were overlooked who were yet living. (Baker, 1952, p. 11)

Melinda Ann Richards became the first trained nurse in the United States (Haase, 1990). She was the first out of six students to graduate in 1873 (Haase, 1990). Mary

Mahoney, the first African-American nurse graduated from the New England Hospital for Women and Children in 1879 (Potter and Perry, 2013). She placed emphasis on awareness of cultural diversity and respect for the individual, regardless of background, race, color, or religion (Haase, 1990).

The public began to gain interest in nursing and awareness of the need for training programs (Faison, 2012). Early schools of nursing in America followed the teachings of Nightingale and originated in New York and Boston (Faison, 2012). In the late nineteenth century, nursing expanded in hospitals. Community nursing gained significance in 1893 when Lillian Wald and Mary Brewster opened the Henry Street Settlement (Potter and Perry, 2013). This organization focused on the health needs of poor people who lived in dwellings in New York City (Donahue, 1996).

Nursing organizations developed in America as early as 1886. The first professional organization was the Philomena Society (Donahue, 1996). The alumnae association offered fellowship and support to nurses. Isabel Hampton formed the American Society of Superintendents of Training Schools for Nurses in 1894 (Donahue, 1996). The goal was to promote educational standards for nursing programs and eventually became an accrediting agency for schools of nursing in the United States and Canada (Donahue, 1996). In 1912, the American Society changed their name to the National League of Nursing Education and then in 1952, the National League for Nursing. In 2013, their name changed again to Accreditation Commission for Education in Nursing (ACEN, 2015) and is currently the accrediting agency for associate-degree nursing programs.

During the twentieth century as nursing practice evolved, the Army and Navy Nurse Corps developed (Donahue, 1996). Nursing programs moved out of hospitals and integrated into university settings in the early 1900's (Donahue, 1996). The first professor of nursing was Mary A. Nutting at Columbia University Teachers College in the early 1900's (Donahue, 1996). She was influential in moving the education of nurses into colleges.

A major change for nursing education occurred because of World War II. Since there were not enough nurses to serve the needs of the military or civilian population, Congress passed the Bolton Act also known as the Nurse Training Act of 1943 (Haase, 1996). The Bolton Act established the Cadet Nurse Corps, a government program created to provide grants to nursing schools (Haase, 1996). The intention of this act was to increase enrollment and decrease the length of program time to 30 months for war related industries (Haase, 1996).

After World War II, controversy existed between nursing leaders struggling to determine the best way to educate nursing students. The primary nursing programs were hospital based diploma programs and educated the majority of nurses in the United States (Haase, 1996). These three-year programs taught classes in hospitals with most students living on site. There was an abundance of issues; physicians owned hospitals and taught classes based on the type of patients frequenting the facility (Haase, 1996). Nursing students were utilized to staff the hospital while they learned how to be a nurse through long hours of caring for patients (Roberts & Glod, 2013). In some cases, the hospital director was also the nursing director and primary instructor (Haase, 1996).

Debates continued between the need for a Bachelor of Science in Nursing (BSN) degree and the diploma degree. Nursing leaders argued that four years of college was not necessary to learn and provide competent patient care. The W.K. Kellogg Foundation funded an experimental program with seven colleges (Haase, 1996). This project was known as the Cooperative Research Project in Junior and Community College Education for Nursing, was based at Teachers College, Columbia University and introduced two-year associate degree nursing programs (Haase, 1996). Because of the nursing shortage, the desire was to find more efficient ways to educate nurses. After success of this experiment, associate degree nursing programs began to emerge in the 1950's. The number of associate-degree nursing programs increased from seven in 1958 to 130 in 1965 (Donahue, 1996).

The first associate-degree nursing program started at Fairleigh Dickinson University in 1952 (Donahue, 1996). Enrollment in associate degree nursing programs increased and enrollment in the baccalaureate advanced slower while diploma programs declined (Roberts & Glod, 2013). Described as an entry-level education, nursing degrees are awarded by community colleges, technical colleges, or similar nursing schools. Through the creation of community colleges, students receive technical education and training not previously offered in four-year colleges or universities. Today, there are over 1,000 associate degree-nursing programs in the United States and 25 associate degree-nursing programs in the state of Georgia (Georgia Nursing Program Reports (2016).

As a program director and student advocate, my goal is to promote student success and retain as many students as possible. In reviewing the literature, I noticed a trend addressing theories in student attrition. I began to understand how these theories

are relevant and significant in student success. My proposed study correlates with these theories and theoretical frameworks. I developed a conceptual framework after reviewing the theories, theoretical frameworks, and reading the pertinent literature. My research questions address the issues of concern and attrition in the associate degree-nursing program. My research design aligns my goals, conceptual framework, research questions, and methodology.

The proposed study reflects my personal interests derived from my personal and professional experiences in nursing and nursing education. My experiences led me to an opportunity to obtain employment as the program director in a technical college. My new job included the development of an associate degree-nursing curriculum. In nursing, each program develops and submits a nursing curriculum to their state board of nursing. The curriculum design produced originates from the nursing program's mission, philosophy, core values, interwoven concepts, and conceptual framework. As explained by Roberts and Glod (2013), programs have been able to "create its own academic environment, separate from many of the rules of the parent university, which has allowed them to meld the needs of students without interference from the university" (p. 100).

I faced the challenges of writing an original nursing curriculum for a new program in a college that was unfamiliar with the culture of associate-degree nursing. With my professional reputation at stake along with the reputation of the college, an untested curriculum served as the foundation in a beginning associate degree-nursing program. This class demonstrated a 94.75% board pass rate on the first attempt (NCSBN, 2015). With the success of the 67% retention rate, there was the expected attrition rate of 33%. Although proud of the achievement of the new program, the

unfortunate 33% attrition rate of potentially competent students remained. As previously stated, the second class graduated with a 50% attrition, 50% retention rate and a board pass rate of 100% (NCSBN, 2016). Although the third class did have a slight increase in retention of 2%, the attrition rates remained high. The curriculum has proven effective, but the attrition rate is below the national average and can improve.

Challenges for nursing students changed during the last few decades. Students face an increased rigor in curriculum to prepare students for the many complexities in health care (Roberts & Glod, 2013). Students often have an unrealistic view of the nursing profession and are unprepared for the intensity in nursing program curriculums. Recent literature reveals students are overwhelmed with the content-packed curriculum along with learning drug calculation competencies, clinical, and skills while juggling their home and work obligations (Rogers, 2010).

Conceptual Framework

Introduction

The Model of Nursing Student Retention reflects Bandura's Theory of Self-Efficacy and Tinto's Theory of Student Retention (Shelton, 2012). The Model of Nursing Student Retention includes student persistence in wanting to complete a nursing program with successful academic accomplishments required to reach the ultimate goal (Shelton, 2012). These theories derive from previous studies that included nursing students and will serve as a basis for the framework in this study (Shelton, 2012).

Bandura's Self-Efficacy Theory

Bandura's Self-Efficacy Theory includes the belief in one's abilities to complete an action required to produce a specific result (Karabacak, Serbest, Onturk, Aslan, &

Olgun, 2012). In order to complete a course of action, a student must believe in their capability to perform the task (Shelton, 2012). Bandura's Self-Efficacy theory is one of the cognitive perception factors that influences a student's behavior (Karabacak, et. al., 2012). Students with positive self-efficacy can progress through the associate degree-nursing program with more ease than students who struggle with self-efficacy and self-esteem difficulties.

The four components of Bandura's Self-Efficacy Theory easily apply in nursing education. The first principle is enactive mastery and may illustrate a student's history of success (Wittmann-Price & Godshal, 2009). This principle is the strongest principle and places emphasis on previous successes. This principle plays a role in the student's perception of his or her ability for future success (Maddy, Cannon, & Lichtenberger, 2015). In nursing, students with a history of success in prerequisite courses and admission examinations and requirements demonstrate success in competencies and advances throughout the program.

The second principle, vicarious experiences, is the observance of a role model demonstrating a skill or technique that promotes understanding and leads to student success in return demonstration (Wittmann-Price & Godshal, 2009). Students are able to imitate the techniques used by the instructor and this method builds self-confidence by employing correct techniques in skills. By mimicking the performed skill, students acquire techniques modeled by the instructor. Students learn skills during the fundamental nursing course. Examples of skills include dressing changes, Foley catheter insertion, nasogastric tube insertion, tracheostomy care, and intravenous insertion.

The third principle, verbal persuasion, occurs when an instructor coaches a student through a specific skill or situation (Wittmann-Price & Godshal, 2009). Instructors utilize verbal persuasion in almost every laboratory and clinical setting, coaching students through intravenous access, skills, charting, and numerous activities occurring in the clinical environment. Coaching endorses emotional safety and protection to students and provides them with feelings of confidence and support.

The last principle is that of physiological states, the “gut” feeling the student feels when attempting to perform a specific skill (Wittmann-Price & Godshal, 2009). When students have high self-efficacy, they will perform at a higher level in skill performance (Karabacak et al., 2012). All of these components are crucial in nursing education because the goal in nursing education is safe and competent practice.

The self-efficacy theory includes the idea that people will do only what they think they can do (DeYoung, 2003). Williams (2010) states “There is evidence in the literature that students’ awareness of their personal development and psychosocial factors affect retention” (p. 363). An interesting concept presented by Shelton (2012) is that Bandura’s theory offers a psychological perspective but is not necessarily specific for student retention. Therefore, by increasing a student’s self-efficacy, the student is more likely to remain enrolled in a program. I have elected to use Bandura’s Self-Efficacy Theory as a part of my framework because it is applicable in nursing education.

Hassankhani et. al., 2015) reported a relationship exists between learning motivation and self-efficacy among nursing students. They reported self-efficacy determines a student’s motivation and reflects in academic performances and persistence in addressing challenges. Students with high self-efficacy are more likely to accept

challenges in nursing programs and attend more assigned class and lab assignments. Due to the rigor of nursing curriculums, students need encouragement, faculty support, and motivation to aid in success.

In the first semester, students learn the fundamental components of nursing that includes assessments, clinical skills, communication, culture, drug calculation, and theory (Potter & Perry, 2013). Persistence and determination are necessary personal traits needed for student success. Students with motivation internalize practices and habits that result in persistence and less negative consequences when facing difficult assignments (Hassankhani et al., 2015).

Tinto's Theory of Student Retention

I am using Tinto's Theory of Student Retention for several reasons. First, Tinto's theory (1993) incorporates the concept of student integration into colleges. Students must feel accepted and have the belief that their academic abilities are congruent with other students in the program. Tinto's theory offers a sociological viewpoint of what happens to a student once enrolled in a nursing program (Shelton, 2012). Tinto (1993) affirms that student engagement relates to positive social interactions with peer students and nurse educators. Students who feel accepted and valued are more likely to perform in a positive manner (Shelton, 2012; Tinto, 1993). Tinto (2004) offered suggestions to improve retention rates. Colleges must offer easily accessible support services. Social interactions influence students and support services on a college campus can influence a student's sense of connection, their ability to navigate the campus environment and eventually graduate (Tinto, 2004).

Integration into the institution depends on the degree of socialization and isolation. If a student is isolated, there are limited or no social interactions and results in conflicts with self-concept (Shelton, 2012). Students develop relationships with classmates prior to entry into the nursing program while taking required prerequisite courses. Students also engage with other students initially during orientation of the program. Peer students play an important role in student success by providing emotional support and encouragement. Students study together, build friendships and relationships, and encourage each other to meet challenges. According to Tinto, students who do not engage in the college are more likely to depart prematurely (Swail, 2004). The fundamental element of Tinto's Theory of Student Retention is student engagement, which is why I have incorporated this theory in the framework for this study. Student engagement also includes relationships with nurse educators. Educators must integrate students into the culture of the program and welcome them into an accepting environment. Students are more likely to remain in a nursing program if they feel encouraged, supported, and valued by peers and by educators. According to Goodare (2014), when a sense of belonging develops, it fosters a commitment to the profession.

Tinto's (1993) model proposes the degree of success students have in their educational endeavors influences the degree of commitment students have to the college academic goals and career goals. Tinto's theory was expanded to include the decision-making processes relating to student goal commitment and dropout and the need to match student expectations to the mission of the college, the program, and the transitions of students moving through the college process (Swail, 2004). Tinto (1993) identified student groups such as African American students, disadvantaged socioeconomic

students, adult and transfer students, and students with unique experiences requiring specific interventions and policies.

Stickney (2006) describes Tinto's theory and the three categories of attrition factors. These categories include personal and demographic, personal background and situations, and academic variables (Stickney, 2006). Demographic variables include age, gender, and race, while situation and environmental factors include student support, childcare issues, and the number of hours a student may work. Academic factors include the history of student success in previous educational experiences (Stickney, 2006). All of these factors affect student attrition rates.

In a study by Chen and Lo (2015), the authors reported evidence associates student engagement with retention. This concept is important for accrediting agencies as they have defined criteria for nursing programs to follow. Accrediting bodies propose quality outcomes for program success include completion rates, graduation rates, National Council for Licensure Exam-Registered Nurse (NCLEX-RN) pass rates, and employment rates (Chen & Lo, 2015). Important information and attributes for educators is the ability to determine if students leave college for dissatisfaction with the nursing program or from student inability in academics and curriculum (Prymachuk, Easton, & Littlewood, 2008).

The Model of Nursing Student Retention

The Model of Nursing Student Retention has been previously studied and used in nontraditional associate degree-nursing programs as reported by Shelton (2012). The model revealed variables including interaction of background, internal psychological processes, external support, and the relationships to persistence and academic

performances (Shelton, 2012). In order to complete a nursing program, Shelton described the two outcomes necessary. Persistence and academic success are essential for successful completion in nursing (Shelton, 2012). Successful students must be persistent in addition to completing the academic requirements of the program. Without persistence, students withdraw from the program and if they are not academically successful, students will ultimately fail the program (Shelton, 2012).

There are components that influence the student's decisions and ability to remain in a program. These include background variables, internal psychological processes, and external supports (Shelton, 2012). Multiple background factors such as age, ethnicity, gender, language, financial resources, family responsibilities, and employment status influence academic performance (Jeffreys, 2012). The background variables used in the Model of Nursing Student Retention arose from those of Tinto as relating to academic performance and persistence (Shelton, 2012).

Description of Nursing Students

The nursing student body is diverse in many ways (Caputi, 2010). The students in nursing programs represent multiple generations with varying ethnic, cultural, and social diversities. Historically, the nursing student was a young white female entering a nursing program directly from high school. This trend has changed because there is an increase in older adults and minority students enrolling in nursing programs and entering the profession (Caputi, 2010). The nontraditional nursing student is quickly replacing the traditional nursing student because of changes in minority population growth, immigration, and globalization (Jeffreys, 2012). The enrollment of the nontraditional

nursing student has increased over the last decade and the projected age of entry into future nursing programs is that of an older student (Jeffreys, 2012).

Park et al., (2011) reported concern for nontraditional students in nursing programs. One definition of nontraditional students describes those who do not fit the profile of the current mix of students known as Generation X or Generation Y, the millennial (Caputi, 2010). Male students are considered nontraditional students since historically nursing was a predominately-female profession (Caputi, 2010).

In order to utilize appropriate teaching strategies for the culture of various generations, nurse educators must understand the changing student body demographics (Caputi, 2010). Billings & Halstead (2009) described millennials as the “next great generation” (p. 16). These students are technologically competent and are skilled at multitasking. Their skills can be a barrier to critical thinking, a skill that is imperative in nursing care (Billings & Halstead, 2009). The Generation X or “baby busters” are children of baby boomers. These students are comfortable with change and technology. They do well with interactive, group focused, and experiential learning (Billings & Halstead, 2009). Unfortunately, these students have difficulties with independent decision-making, which is a critical component of critical thinking. Contemporary young adults between the ages of 18-29 are in no hurry to reach adulthood and a newly identified developmental stage is that of emerging adulthood (Caputi, 2010). It is important for educators to recognize and understand the developmental stage of members of the student body.

The 2014 statistical report by the National League for Nursing stated 42% of all associate-degree nursing students were over age 30 (NLN, 2016). Auerbach, Buerhaus,

& Staiger (2007) reported older women are more likely to pursue nursing as a career. The average student is an older adult with family and financial responsibilities, employed, and out of college for a number of years (Shelton, 2012). These students are entering nursing as a second career due to changes in the economy and job layoffs (Shelton, 2012). All of these factors affect the progression of nursing students.

Older students return to nursing programs for a variety of reasons. After unsuccessful attempts at careers in marketing, sales, or other eliminated jobs in times of financial difficulties, students find nursing an attractive choice for job security (Jeffreys, 2012). Along with job security, older students look for salary, job enrichment, and are generally more determined in studies (Jeffreys, 2012). Shelton's (2012) study and the description of nursing students compares to students at the institution to be included as the site for the proposed study.

Shepherd (2009) studied the issue of self-identity in young nursing students. She collaborated on Erikson's stages of development. Student nurses advance through development stages at varying rates maturing at different times. Nursing students who enter the profession before they are developmentally mature may not be quite ready to assume the responsibilities that come with the profession of nursing (Shepherd, 2009). Many students come to college for the first time and are not psychologically prepared to "navigate the murky waters of higher education." (Swail, 2004, p.6). In addition, students are not always aware of the responsibilities and challenges they will face in a nursing program. According to a study conducted by Bowden (2008), students identified themselves as not having a realistic view of the profession of nursing prior to starting the program. They found "caring for sick patients while living on a bursary" [budget] was a

barrier to their successful completion of their program of study (Bowden, 2008, p. 47). Attrition rates were higher for nontraditional students including ethnic students, low-income students, and students with disabilities (Swail, 2004).

Ethnic Diversity

The National Advisory Council on Nurse Education and Practice produced *A National Agenda for Nursing Workforce Racial/Ethnic Diversity* as a method of addressing the inadequate representation of racial and ethnic minorities in the nursing workforce (US Department of Health and Human Services, 2010). This ongoing issue has yet to be resolved. Programs are attempting to retain minority students in hopes of improving minority representation in nursing as well as in nursing education.

In the 2011 *Future of Nursing* report, the Institute of Medicine called for a diverse workforce in order to provide culturally competent care (Cantwell, Napierkowski, Gundersen & Naqvi, 2015). According to the NLN (2016), the enrollment of minority students declined from 29% in 2009 to 24% in 2011. In order to provide culturally competent care to an increasing racial, ethnic, and linguistic diverse population in the United States, programs are encouraged to increase the diversity of applicants, students, and faculty (Escallier & Fullerton, 2009). Caputi (2010) reported the number of minority students was not equal to the minority representation among all United States college students. In order to effectively teach and retain minority students and students from all generations, nursing educators must be aware of different learning styles to utilize teaching methodologies to capture all generations of students (Caputi, 2010).

There is a higher rate of attrition in minority students (Caputi, 2010). According to Murray, et. al., (2016) minority students have greater challenges with nursing

curriculum. Challenges may include financial barriers, discrimination, social and academic adjustment issues, and low preparation for college and nursing programs (Murray et. al., 2016). Minority students often experience academic difficulties in nursing education related to understanding and language differences. In addition to language barriers, these students suffer from cultural differences and have additional challenges in academia making them at greater risk for attrition (Caputi, 2010). Many of these students grew up in a non-English environment and learned English as a second language (ESL) (Caputi, 2010). These students may not participate in classroom discussion for fear of embarrassment or speaking difficulties. Caputi (2010) also reported a lack of family and financial support affected minority students. Intervention for linguistically diverse students may include faculty and student interactions through advisement, tutoring, academic support, and study groups. Cantwell et. al., (2015) discussed in her study covering May 2006 to May 2009 that out of five nursing cohorts, the culturally diverse students experienced an attrition rate of 22.4 percent compared to 2.2 percent for other students.

It is important for nursing programs to present a non-judgmental, accepting environment and culture. Congruence between traditional, nontraditional, and minority students and the nursing program must exist. Students have a variety of cultural values and beliefs. These values and beliefs guide their behaviors and decisions. These ideas are influential for some students and affect attrition (Jeffreys, 2012). In addition, Jeffreys explained educators need a high level of cultural competency in order to promote positive academic outcomes for minority students. This competency will promote retention (Jeffreys, 2012).

Educators

Higgins (2005) explained reasons educators failed to meet student needs. She reported numerous assigned tasks that took faculty away from teaching and working with students. In the same study, student responses provided a common theme as well. Responses indicated graduates had difficulty answering how they thought the program could lower attrition rates while common themes revealed students believed the program did not provide sufficient review books and students suffered from insufficient test-taking skills (Higgins, 2005).

Williams (2010) explained the effect of nurse educators on student attrition. Educators are often considered the primary facilitators for student success (Higgins, 2005). Characteristics of the nurse educator listed most likely to retain students included caring, trust, and mutual respect (Williams, 2010). There is also a need for faculty to be diverse in nursing programs. Billings & Halstead (2009) reported the need for faculty recruitment to reflect the demographics of the student body. The absence of racial, ethnic, and gender variety in faculty is an echo of the failure to employ the same range in the student population (Billings & Halstead, 2009). This lack of faculty diversity can make students feel disrespected and may promote a culture of insensitivity (Billings & Halstead, 2009).

The National League for Nursing (2013) reported an additional issue contributing to student attrition. *The Impact of Faculty Shortage on Nurse Education and Practice* indicated researchers were studying the issue of educator shortage (National League for Nursing (2013). The report identified key factors of educator shortage that includes the aging and upcoming retirement of nurse faculty, issues in educational preparation related

to teaching, a lack of public awareness of nurses to pursue nursing education, challenges in obtaining diversity in nursing faculty, and difficulties in attracting and retaining qualified nurse faculty. The shortage of nursing educators is one reason programs cannot expand and enroll more nursing students (NLN, 2013). The Southern Regional Education Board (SREB) identified faculty vacancies as one of the reasons colleges will not meet the demands of increasing student enrollment required to meet the nursing shortage needs, therefore, the nursing shortage persists (Higgins, 2005).

Educators recognize anxiety, distress, and grief students face during clinical rotations. The first encounter students have with illness and death may occur during clinical with their assigned patients. Emotional stress combined with the demands of the rigorous curriculum can be overwhelming for students (Westin, Westin, Pahl, Osterlind, Strang, Bergh, Henoeh & Hammarlund, 2014). Recognizing the emotional tolls these experiences may have on a student, educator support is imperative during clinical post-conferences (Wittmann-Price & Godshal, 2009). Beginning students may lack the appropriate coping mechanisms required to cope effectively with patient deterioration and death (Jeffreys, 2012). Students shared in post-clinical conferences their patient experiences which shapes the affective learning domain (Caputi, 2010). Nurse educators play an important role by helping students identify their feelings and how their emotions affect patient care (Liu, Su, Chen, Chiang, Wang & Tweng, 2011).

Issues of stress in nursing positions as described by Watson, Gardiner, Hogston, Gibson, Stimpson, Wrate, & Deary, (2008) are an additional area of concern. In their study, Watson, et. al., (2008), explained how demographic, personal, and the clinical environment nurses work in contributed to prolonged psychological stress. Nursing jobs

are demanding with limited staff support if any. Patient conditions change instantly and nurses manage a fluctuating or deteriorating patient status that can result in stress in co-workers and physicians. These ingredients have the potential to lead to disastrous situations. In addition, patient and family demands and expectations place additional stress on nurses (Watson, et. al., 2008).

Personality Traits

There is a relationship between personality traits and academic performances. Personality and intelligence are important predictors of academic success according to McLaughlin et. al., (2007). Students most likely to complete programs are intelligent, guilt prone, and committed to their nursing program (McLaughlin et. al., 2007). Guilt-prone students are more likely to attend additional labs and complete all assignments. In addition, successful nursing students are more likely to have increased intelligence, be more conscientious, and possess elevated social awareness and emotional maturity (McLaughlin et. al., 2007).

The relationship between personality traits and academic performances relates to Bandura's Self-Efficacy Theory because students who believe they can complete the competencies are more likely to be successful. Students with a high degree of self-efficacy in relation to a skill or goal feel, think, and act differently from students who view themselves as inefficacious (Bandura, 1986). As students encounter difficulties in the nursing curriculum, students with a higher self-efficacy belief will make increased efforts to overcome their challenges and persist longer than the students who doubt their abilities (McLaughlin et. al., 2007).

Other studies emphasized the significance of identifying “at risk” students as early in the program as possible. Davenport (2007) reported, “Those students most in need of help are usually least likely to participate in optional remediation assistance” (p. 31). Nursing student attrition wastes a considerable amount of money and effort for the students, the educators, and the college.

Attrition

Jeffreys (2012) defined attrition as students “dropping out” of the nursing program (p. 10). Students leave programs either voluntarily for personal reasons or involuntarily due to academic failure or dismissal (Jeffreys, 2012). The national average attrition rate for an associate-degree nursing program is 20% (NLN, 2016). Student nurse attrition contributes to the national nurse shortage and prohibits the ability to produce and meet the needs and demands of health care organizations. The highest attrition rates occur during the first year of the nursing program and generally during the first semester (Williams, 2010). Attrition rates are higher in two-year nursing programs than in four-year nursing programs (Cook, 2010).

Registered nurses are the largest group of health care providers employed in the United States (U.S. Department of Health and Human Services, 2010). New nurse and student nurse attrition, along with the aging workforce affects the continued nursing shortage and highlights the importance of retaining nursing students (Park et al., 2011). By 2020, the nursing shortage in the United States may reach more than 400,000 registered nurses (Buerhaus, 2001).

In order to provide for the needs of the healthcare workforce, many programs are increasing enrollment to “offset a national nursing shortage” (Rogers, 2010, p. 96). To

offset the workforce needs, students must be able to complete the program. Accrediting agencies recognize these issues and require programs to report retention rates (Rogers, 2010). As programs enroll more students, attrition rates increase and as more students are retained, NCLEX-RN rates decrease (Rogers, 2010). When programs attempt to increase NCLEX-RN rates, attrition increases (Rogers, 2010).

Students suffer from emotional distress and financial loss when unsuccessful in nursing while program reputation and accreditation status are in jeopardy (Higgins, 2005). Student obligations include loss of tuition and fees to the college or loan establishment, loss of time for the student, embarrassment, and frustration for the student. Even though attrition is financially expensive to students, the psychological aspect of attrition has the greatest impact on a student (Jeffreys, 2012).

Roberts & Glod (2013) described in the Institute of Medicine and Carnegie reports that nursing education needs to be “more rigorous in dealing with the complexity of the health care system” (p. 101). Higgins (2005) stated, “If students are retained but do not pass the NCLEX-RN, the nursing shortage and the nursing program’s accreditation status and community reputation are affected” (p. 541).

As explained in Bandura’s Self-Efficacy Theory, self-esteem and self-efficacy involve perceptions of an individual’s abilities and value including what may be accomplished. Correlations exist between self-efficacy and support systems. Positive support from an educator or role model may assist and be influential in mitigating the stress of nursing education. Integration into the program as described by Tinto’s (1993) helps students remain enrolled.

Educators play a crucial role in helping students complete a nursing program and obtain licensure (Davenport, 2007). Nursing programs are challenged with preparing students for the National Council Licensure Exam (NCLEX-RN) while maintaining the integrity of the program. In order for an increase in the workforce of registered nurses, programs need to produce sufficient graduate nurses. The following Chapter Three continues with an explanation of the methodology to be used for participant selection, data collection, and analysis.

Chapter III

RESEARCH DESIGN

Introduction

In order to explore the experiences and perceptions of educators and students in an associate degree program, I proposed a qualitative research design. Qualitative research is an approach used for exploring and understanding the meaning individuals place on an issue (Creswell, 2014). Described by Merriam (2013), qualitative research is “socially constructed by individuals in interaction with their world” (p. 3).

Because the purpose of my study was to identify associations or differences between experiences and perceptions of associate degree nursing students and educators, a qualitative study was the best research design for me to use. This type of research design was appropriate with my goals, purpose, research questions, and theoretical framework. Experiences, personal stories, and meaning from the perspective of educators and nursing students provided unique opinions or themes and made my study unique. Using multiple sources added validity to my study and was a strength for identifying themes.

Narrative inquiry was the most logical methodological choice for me to use to guide data collection, analysis, and presentation because of my history in nursing. Narrative inquiry is a framework that examines an individual’s life and reveals an interpreted story in order to understand and illustrate the individual including their background and history. Narrative inquiry defined by Clandinin & Connelly (2000) is “a

way of understanding experience.” (p. 18). This framework communicates the story about an individual and the experiences and culture from which they came (Patton, 2015). Narrative inquiry includes collaboration and social interaction between the researcher and the participants, over time, in a place or series of places (Clandinin & Connelly, 2000). In *Narrative Methods of the Human Sciences*, Reissman (2008) describes narratives as an invitation to “enter the perspective of the narrator” (p. 8). Patton (2015) described storytelling as the heart of narrative inquiry. In addition, storytelling engages the reader and creates an inviting atmosphere to view at the perspective of the narrator, and “it moves us emotionally through imaginative identification” (p. 9).

The use of narrative inquiry is documented in nursing education research, and Ingvar, Joakim, & Ingegerd (2000) reported that in the past narratives were used as a data collection tool. My study allowed me the opportunity to communicate shared stories about nursing student experiences as well as the experiences of the nursing educator. Nursing students come to class with varying degrees of life experiences and situations, and the frame of mind of each student is unique to his or her own current situation. At times, students are unable to provide the level of attentiveness to class due to personal experiences and stress from clinical practices, separation from home, or financial issues (Watson, et. al., 2008). The approach I used provided an opportunity to understand the meaning of student experiences and perceptions of an associate degree-nursing program and identify if barriers to success were academic, personal, or both. This information will hopefully benefit educators, nursing program directors, and students and lead to a

deeper understanding of nursing student attrition. It is hopeful the data will influence current policies and practices to retain nursing students.

Setting

The proposed setting was at a technical college located in Southwest Georgia. Technical colleges are a part of the Technical College System of Georgia. The technical college had full approval from the Georgia Board of Nursing. The program graduated at least three classes of nursing students who successfully passed the National Council Licensure Examination indicating curriculum and program strength.

The National League for Nursing (2016) determined the national average attrition rate for an associate-degree nursing program is 20%. The proposed site had a minimum attrition rate of 30% which indicated challenges with student retention. The selected program had potential for expansion and growth due to the number of applicants, continued student interest, and community and stakeholder support which reinforced the site as an appropriate location. Based on this criteria and as a matter of convenience, I selected the South Georgia nursing program as the site of the study. Using this identified site as the context, I will now describe additional methodological procedures.

Participants

I used purposive sampling in my study because purposeful selection is a strategy used to select individuals who can provide relevant information to address specific goals and research questions (Maxwell, 2013). Maxwell (2013) described the goal for purposeful selection as a method to select participants who will provide the best answers to research questions. Specific participants are selected to offer information relevant to research goals and questions (Maxwell, 2013). This sampling method allowed me to

select from the population and identify common or unique themes about experiences in the same setting (Patton, 2015). For my study, educators and nursing students who exited an associate degree nursing program were the best candidates who could answer my research questions because these participants were able to provide relevant information about their experiences and perceptions of the nursing program that other educators and students could not. Participants included three nurse educators and four nursing students who exited an associate degree-nursing program. The four nursing students were students who did not complete the program. The rationale for selecting three educators and four nursing student participants was to capture differences, similarities, and variety in themes, which provided value to my study. An additional advantage with using two different populations is it allowed an increased opportunity to address differences in perceptions. By using both the educator and the student as participants, data obtained from each group reduced the potential for biases and provided value to my study. Comparing people with different viewpoints examines consistency in data sources (Denzin, 1978).

Because student participants were previously enrolled in the nursing program, I have past experiences with them. I reestablished relationships with them, which had advantages and disadvantages. An advantage of an educator-student relationship is the student is more likely to participate in the study if he or she knows the researcher and may feel at ease sharing information. On the other hand, a student may be apprehensive to share information in fear of revealing information he or she is reluctant to disclose. Students who participated may be interested in returning to the nursing program and may

believe their participation could serve as beneficial in their future education. Students understood participation does not warrant external faculty support.

Shelton (2003) describes external support in faculty as a source of psychological or functional support or both. This study did not serve as a type of external student support for returning to the nursing program. Students understood participation in the study was not linked to their educational endeavors if they opted to reapply to the nursing program. A disadvantage to interviewing a previous student was my preconceived ideas relating to the student or the student's history in the nursing program. I followed my prepared research questions in order to remain focused and effectively navigate the interviews.

There are advantages and disadvantages to having previous relationships with educators. An advantage for having educational experiences with an educator is the previous relationship makes the interview process relaxed and educators may feel comfortable sharing information. A disadvantage to interviewing educators includes preconceived ideas based on the educator's history and their potential reluctance to share information that will be shared with others. I followed my prepared interview questions which helped me remain focused and helped control my biases, and utilized data credibility enhancing techniques. Educators were also hesitant to commit to the study based on time limitations.

Students

There were a limited number of available previous students because the proposed site was a new program with four graduating classes thus far. The guidelines I used for defining nursing students who exited were nursing students who did not complete the

program and exited the associate-degree nursing program after at least one semester. I used the criteria of at least one semester because the student completed at least one of the four full-time semesters in the nursing program and would have some degree of emotional commitment to the program. According to Jeffreys' (2012), these students may have left for academic (involuntary attrition) or personal reasons (voluntary attrition).

I selected four nursing students who exited the program as participants who could help me explore my research questions. I selected students with different student profile characteristics who could provide a range of life experiences rather than participants with the same profile characteristics in order to capture varying experiences and perceptions of the nursing program. The participants selected included a traditional nursing student and a nontraditional nursing student to provide the diverse range of participants. The experiences and perceptions of a traditional student may vary significantly from a nontraditional nursing student (Caputi, 2010). Park et. al., (2011) described nontraditional students as those who do not fit the profile in the current mix of students known as Generation X or Generation Y. Male students are nontraditional nursing students because nursing is traditionally a predominately-female profession (Caputi, 2010). Defined by Jeffreys (2012), students from ethnic or minority groups are considered nontraditional students. The U.S. Department of Health and Human Services (2010) described the inadequate representation of minorities in nursing. Programs are attempting to retain as many ethnic students as possible in hopes of reducing the inappropriateness of minority representation. For this reason, I wanted to include ethnic representation.

Because I am the program director at the proposed technical college, I had access to student records with knowledge about the college, nursing curriculum, program, student completion rates, student demographics, and graduation rates. I requested permission to access this information through the administration of the college. In the event I did not reach my desired number of participants, I would have solicited assistance from a similar Technical College System of Georgia nursing program to help find participants who fit the criteria set forth for my study.

The student profile characteristics are defined using Jeffreys' (2012) definition of the traditional and the nontraditional student. For this study, I used the following parameters for selection, and I selected students from both categories including:

- Traditional associate degree nursing student with at least one of the following criteria (Caucasian, female, no dependent children, younger than age 24)
- Nontraditional associate degree nursing student with at least one of the following criteria (Employed, married, member of ethnic or racial minority group, male, older than age 25, parent with dependent children)

Student Process

I created the below protocol for selecting participants who were good candidates for the study.

- 1) My first step in the study was to recruit participants for the study. Student participant identification occurred by reviewing the attrition lists of nursing students no longer enrolled in the program. I used the nursing student attrition log in the faculty nursing office and prepared a master student profile table for each cohort of nursing students with profile characteristics noted. The profile

characteristics were categorized into the following sections using a point legend. The categories included age, children, employment, environment, ethnicity, gender, marital status, and semester withdrawn. I completed the table placing one point for each category. The table included highest points for traditional students and highest points for nontraditional students. The table identified candidates from each cohort with participants numbered from highest number of points to lowest number of points. The points were calculated and the table shows traditional students and nontraditional students with the highest number of points for the last three cohorts. Students with the highest number of points were the best candidates for my study. Students excluded from the table included students who filed appeals or were involved in academic dishonesty.

- 2) My goal was to obtain participants from each of the last three cohorts. If students had the same number of points, I selected students based on the semester of their departure, placing more emphasis on the length of time a student was enrolled in the program.
- 3) After a thorough review of all potential candidates, I emailed the top four candidates with information about the study and asked for their agreement to participate. These four candidates had two weeks to reply to my email. If I did not receive a reply within two weeks, I resent the email and called the candidate to determine their interest. If I could not reach the candidate or if he or she declined, I moved onto the next student in my profile table. I accepted participants who agreed to participate, and if a participant elected to discontinue for any reason, I would contact the next participant with the highest number of

points to take his or her place, and I started the interview process over with the new member.

- 4) Participants were provided an overview of my study, the participant's role, and knew the results will be used in a dissertation. Information regarding participation allowed students the opportunity to understand their rights and benefits. The email included all pertinent information along with my VSU email address and phone number. Because I had established stringent methods to maintain participant confidentiality, I used a research statement which is located in the appendices as Appendix A. The research statement was read aloud to each participant at the start of each interview.
- 5) Each participant's identity remained confidential, and the information shared was with committee members while preparing the dissertation. Participants understood their participation was voluntary, and they could elect to withdraw from the study at any time. For their voluntary participation, I provided each of the selected participants a monetary compensation in the form of a gift card. The amount did not exceed \$10.00 for each interview.
- 6) Each participant could request to have specific information withheld from the study and understood the dissemination of the results of the study.
- 7) Upon confirming their agreement to participate, I sent a follow-up email (Appendix B) to these participants to thank them for their time and investment, and I then scheduled interviews.

Educators

There were a limited number of available educators because the proposed site was a new program with three graduating classes thus far. I selected three nursing educators as participants who could help me explore my research questions. The guidelines I used for defining nursing educators were full-time educators at the designated site or previous full-time educators at the designated site who participated in class, clinical, and lab.

I first sought educators employed at the selected site because these educators were familiar with this associate degree nursing program. Because I am the program director at the proposed technical college, I had access to educator records with knowledge about dates of employment and length of time employed in the associate degree nursing program. I requested permission to access the information through administration of the college. In the event I did not reach my desired number of participants, I would have solicited assistance from a similar Technical College System of Georgia nursing program to help find participants who fit the criteria set forth for my study.

For this study, I used the following parameters for selection:

- Full-time educator at the designated site or
- Previous full-time instructor at the designated site

As previously stated, each of these educators had experience participating in class, clinical, and lab components of the nursing courses. The reason for selecting educators who participated in class, clinical, and lab components is that paralleling the nursing shortage is an educator shortage (Higgins, 2005). Since there are a limited number of faculty members, programs seek to hire contingency faculty. Roberts & Glod (2013) describes consequences of “contingency” faculty who are nontenure-track or

clinical faculty members working as a graduate student or a part-time basis and may be paid less with higher workloads. There are concerns about the quality of education with alternate faculty members (Roberts & Glod, 2013). Full-time educators with experiences in class, lab, and the clinical environment would ensure faculty members had a broad range of experiences employed in a full-time capacity.

Educator Process

The protocol for selecting educators who were good candidates for the study is explained below. The following procedure for selecting participants included identification of educators who were good candidates for my study.

- 1) My first step was to recruit participants for the study. I created a master list of potential candidates. The list included faculty members employed at the proposed site and previously employed at the proposed site. I then created two master educator profile tables with parameters listed using a point legend. The first table included current educators employed in the associate degree nursing program and the second table included previous educators employed in the associate degree nursing program. The profile characteristics were categorized into the following sections and the categories included current employment, history of employment, length of employment, and number of years teaching in an associate degree nursing program. I completed the table placing one point for each category and a point for each year of teaching in an associate degree nursing program. The points were calculated and educators with the highest number of points were the best candidates for my study. The table identified candidates numbered from highest number of points to lowest number of points.

- 2) My goal was to obtain educators currently teaching in the associate degree nursing program as my participants. I planned to select these candidates as my first option. If I were unable to obtain three current educators, I would then seek educators previously employed in the associate degree nursing program. If educators had the same number of points, I would select educators based on their professional nursing experiences placing more emphasis on years of experience.
- 3) After a thorough review of potential candidates, I emailed the educators with information about my study and asked for their agreement to participate. The candidates had two weeks to reply to my email. If I did not receive a reply within two weeks, I would resend the email and call the candidate to determine their interest. If I could not reach the candidate or if he or she declined, I would move to the next candidate in my profile table. I would accept candidates who agree to participate, and if a participant elected to discontinue for any reason, I would contact the next participant to take his or her place, and I would start the interview process over with the new member.
- 4) Participants were provided an overview of my study, the participant's role, and knew the results will be used in a dissertation. Information regarding participation allowed educators the opportunity to understand their rights and benefits. The email included all pertinent information along with my VSU email address and phone number. Because I established stringent methods to maintain participant confidentiality, I used a research statement which is located in the appendices as Appendix A. The research statement was read aloud to each participant at the start of each interview.

- 5) Each participant's identity remained confidential, and the information shared was with committee members while preparing the dissertation. Participants understood their participation was voluntary, and they could withdraw from the study at any time. For their voluntary participation, I provided each of the selected participants a monetary compensation in the form of a gift card. The amount did not exceed \$10.00 for each interview.
- 6) Each participant could request to have specific information withheld from the study and understood the dissemination of the results of the study.
- 7) Upon confirming their agreement to participate, I sent a follow-up email (Appendix B) to participants to thank them for their time and investment and I then scheduled interviews.

Data Collection

Student Interviews

I planned to conduct and record three semi-structured private interviews composed of 5-7 questions in each of three 90-minute sessions. My interview questions correlated with previous research in my literature review and are located in the appendices as Appendix C.

Seidman (2013) described situations that may require exploring alternatives to the structure of interviews. Because I recognized students have busy schedules along with family and work obligations, I found I needed to “reconstruct and reflect upon their experiences within the context of their lives” (Seidman, 2013 p. 25). Seidman (2013), explained, “it is better to conduct an interview under less than ideal circumstances, than not at all.” (Seidman, p. 25). If a participant was located more than two hours away, we

could schedule a Skype or telephone interview as a matter of convenience. In addition, when I found I was able to obtain detailed data sufficient to answer my research questions, I was able to reach my goal in two interviews rather than three interviews.

I planned to explore the experiences and perceptions of nursing students using open-ended questions during the semi-structured interviews. The interviews focused on the student's experiences and perceptions while enrolled in the nursing program. According to Maxwell (2013), interviewing can be "a valuable way of gaining a description of actions and events-often the only way, for events that took place in the past" (p. 103).

The first interview established the context of the participant's experiences and perceptions by having the participant share information about the first research question. Students described experiences and perceptions that contributed to his or her unsuccessful progression in the associate degree nursing program. The second interview focused on research question 1A and students were asked to describe his or her experience and perception of faculty and peer students as supportive or non-supportive while enrolled in the associate-degree-nursing program.

The last 90-minute interview focused on support mechanisms. Students provided data that was used to answer this research question and shared what support mechanisms were helpful and motivating while enrolled in an associate-degree nursing program. During these interviews, I intended to discover intellectual and emotional connections between the participants' educational experiences and their current life. These research questions influenced the affective domain due to the sensitive nature of the questions. Students shared more information during the final interview because the relationship

strengthened during previous meetings. It was hopeful during reflection of the experiences, important and relevant data was shared. As described by Reissman (2008), working with participants over time captures the best conditions for storytelling and adds support to the validity of a study.

Educator Interviews

Using the above stated plan as a guide, I planned to follow, conduct, and record three semi-structured private interviews composed of 5-7 questions in each of three 90-minute sessions. My interview questions correlated with previous research in my literature review and are located in the appendices as Appendix C.

Because I recognized educators too have busy schedules along with family and work obligations, I found I needed to “reconstruct and reflect upon their experiences within the context of their lives” (Seidman, 2013 p. 25). Seidman (2013), described, “it is better to conduct an interview under less than ideal circumstances, than not at all.” (p. 25). Seidman (2013) described situations that may require exploring alternatives to the structure of interviews. I could have scheduled a Skype or telephone interview if a participant was located more than two hours away as a matter of convenience. As with student participants, I found that I was able to obtain detailed data sufficient to answer my research questions in two interviews rather than three interviews.

I explored the experiences and perceptions of educators using open-ended questions during the semi-structured interviews. The interviews focused on the educator’s experiences and perceptions while teaching in the nursing program. As previously described by Maxwell (2013), interviewing can be “a valuable way of gaining a

description of actions and events-often the only way, for events that took place in the past” (p. 103).

The purpose of the first interview was to establish the context of the participant’s experience by having the participant share information about research question 2. I asked questions about the participant’s history. Educators described experiences and perceptions related to nursing student attrition. The second interview focused on research question 2A and educators were asked to describe his or her perception of faculty and peer students as supportive or non-supportive for students enrolled in the associate-degree-nursing program.

The last 90-minute interview focused on support mechanisms in the associate degree nursing program. Educators provided data that was used to answer this research question and shared what support mechanisms were helpful and motivating while teaching in an associate-degree nursing program.

The interview questions correlated with previous research in my conceptual framework including Bandura’s Self-Efficacy Theory and Tinto’s Theory of College Student Retention. The interview questions are located in the appendices as Appendix C.

Data Analysis

My first step in data analysis was based on the recommendation of Maxwell. Maxwell (2013) described the initial data analysis process of reading all notes, transcripts, observation notes, and program documents. Creswell (2009) portrayed data analysis as an ongoing process of coding, describing, organizing, and recording. After completing all interviews, I reviewed and studied the data. I processed the information by critically thinking about the interviews and our conversations.

I transcribed data from recordings obtained during each interview. By transcribing the data, I have each participant's original words, and this helped me remember the conversations and reinforced what I heard during the interviews. I listened to the recordings several times in order to ensure accuracy of the portrayed information. I initially transcribed while listening. After completing all transcription, I then transcribed again while reading my written transcriptions. I finally listened to my recordings again while reading my written notes to ensure accuracy. This process allowed me to find any misrepresented or mistyped words.

Seidman (2013) recommended, "reducing the text" (p. 120) and described the process of exercising judgment in data reduction. I studied the transcripts and selected the most interesting sections. My goal was to reduce the data as my first step in order to analyze it. I was sure to keep my data organized to avoid frustration later (Seidman, 2013).

I organized the data by finding connecting threads in categories that were themes of some kind. I wrote notes and placed items in categories to organize the data into themes, concepts, and trends (Maxwell, 2013). I kept my information in categories so that I could keep my content organized. Categories were coded based on what I recognized as important with possible trends from information obtained from the participants. I looked for the trends or themes.

Thematic analysis puts focus on ideas in data and allowed me to "uncover and categorize thematically" the experiences of nursing students and educators in their nursing program (Riessman, 2008, p. 54). I was able to portray individual stories from a personal experience through my participant's narratives. Thematic analysis allowed me

to examine what my participants experienced while considering the reasons for which they framed their stories.

The material I found interesting was labelled, and in my study, included words like “academic, background, culture, or financial.” This part of my study was the most appealing to me because organizing interesting material was challenging to me. This process did “lay the ground for interpretation” (Seidman, 2013, p. 130). I sought to find meaning out of these interviews. During the data analysis process, I separated and compared notes and labelled each one with similarities or differences noted. I hoped I would discover and identify associations and links from the data obtained. After studying any identified themes, I correlated them into a cohesive report.

After completing all interviews and transcriptions, I studied the transcripts, sorted out the interesting sections, and analyzed the connections. Participants verified all transcripts and notes for accuracy. In order to promote the best possible outcomes, a planned structured approach helped ensure comparability of data (Maxwell, 2013).

In my study, the data collected through semi-structured one-on-one interviews allowed me to prepare narratives. Interviews focused on understanding and provided a description of the shared story, and provided strength as described by Maxwell (2013). It allowed me to view things from a different perspective and obtain a description of specific experiences.

Presentation of Data

My conceptual framework and research questions guided the presentation of the data. My cohesive narrative report includes the shared stories of each participant and is the outcome of collecting and analyzing each story to capture the diversity of each

participant's experience in an associate degree-nursing program. I identified likenesses and differences and shared these in my narratives. The research questions guiding my study are questions of existence for a specific population and are designed to measure how my participants understand their experiences as either nursing students or nurse educators. I demonstrated my participants' use of strength in their stories by presenting their words in my study. My findings are divided into two sections: one section for students and one section for educators.

Researcher Bias

As a researcher, I have biases that threaten the validity of my study. The most serious threats to validity are my personal subjectivity and perspectives. My preconceptions exist because of my own history as a nursing student and my personal involvement as an educator and program director. I was once a struggling student who suffered from some of the same issues students face today. I understand nursing education during my college years was a bit different without the access of an internet and easily accessible resources, and I recognize my determination, family situation, and values were drivers in my success. I understand not all nursing students have the same values and situation, and I did not project my beliefs and values on participants nor allow my biases and presumptions to cloud my interviews, the data, and results of the data obtained.

Maxwell explained validity as a concern for researchers. A validity threat is a way in which a researcher may be wrong (Maxwell, 2013). According to Maxwell (2013), it is impossible to eliminate the researcher's theories, beliefs, and perceptual lens. Maxwell (2013) also explains reactivity as the "influence of the researcher on the settings

or individuals studied” (p. 124). Because I am a nursing director, I had the potential to influence my study results. In order to prevent biases, possible threats, and to test the validity of the study, I employed strategies to keep conclusions legitimate, and I had a plan to address my biases. I had my interview questions ready and stayed focused on the questions. Seidman (2013) recommended the researcher “listen more and talk less” (p. 86). Another technique to avoid reactivity is to avoid leading questions. I did avoid leading questions by asking open-ended questions. These type of questions had less influence on the answer and allowed the participant to answer a question instead of me guiding the answer.

Triangulation provides “cross-data validity checks” (Patton, 2015). Triangulation is important in my study because my data methods allowed me to use verification to compose themes relating to nursing student and educator experiences. Patton (2015) described theory triangulation as “the use of multiple perspectives to interpret a single set of data” (p. 316). I expected to receive different types of data from interviewing students and educators because everyone interprets their experience based on their situation. Patton (2015) explained, “Different kinds of data may yield somewhat different results because different types of inquiry are sensitive to different real-world nuances.” (p. 661). An important comparison for me during the interviews is to compare for consistency of what participants say about the same issue over time (Patton, 2015). I was able to compare interview responses against program documents that validated what interview participants reported. It was important for me to understand why differences appear. Differences did not mean the data was invalid; it meant there might be an explanation.

One way that I incorporated this validation into my study is by using the diverse population as participants in the study that helped eliminate my own personal biases. I compared the information received from all sources to make sure that it was as the participant intended.

In my study, my interviews were valuable because Maxwell (2013) explained interviewing can be a way of “gaining a description of actions and events-often the only way for events that took place in the past to which you can’t gain observational access” (p. 103). Through interviewing, I learned about their history and the events that occurred while enrolled in the nursing program. In order for this technique to be effective, I needed to ask specific event questions instead of generalized questions. I was aware I needed to keep interview sessions professional and forward moving. Interviews have the potential to become academic advising sessions or counseling sessions. I have a nurse mind-set that includes nurturing and mentoring. I reduced my chances of clouding my interview sessions, by following Seidman’s recommendations. A goal for me was to gain as much depth in the interview as possible. I compared interviews with recordings to ensure accuracy in transcription. After transcribing the interviews, I played back the recordings and read the transcriptions to make sure all content was included.

Long-term participant involvement provides the most accurate and complete information about the participants than any other method (Maxwell, 2013). With my interview series, I was able to rule out premature theories and provide data with the most depth. As described by Maxwell (2013), “long-term involvement and intensive interviews enable you to collect rich data, data that are detailed and varied enough that they provide a full and revealing picture of what is going on” (p. 126). I presented

detailed narratives that was shared after my interactions with the participants. I provided explanations for any discrepancies in data collection. This technique allowed me to enhance the credibility of my findings (Patton, 2015).

Member check is a concept defined by Maxwell (2013) as “soliciting feedback about data and conclusions from people you are studying.” (p. 126). Respondent validation is a means of allowing participants to review transcripts, categories, and conclusions to confirm or deny the data (Patton, 2015). After I transcribed all notes, I requested each participant review the transcript for accuracy. Feedback and verification helped eliminate any misinterpretation. I made sure my information was exactly as the participant intended it to be and helped me rule out any misrepresentation of their intended delivery of the message. This method of verification prevented misunderstanding from participants (Maxwell, 2013).

Conclusion

My proposed study is interesting and exciting to me. With information provided by educators and students, the nursing program can make policy changes to benefit future students and help with the progression of the nursing profession. Maybe the information gained can even help other TCSG colleges. The literature review supports the need for nursing policy advancements and interventions to reduce nursing student attrition.

Most nursing students have a personal story, either of compassion for an ill or dying loved one or a dysfunctional family. Students have told me “I came to nursing school so that my family does not end up like the family I grew up in....my brother was....my father was....when I was a little girl....my mother died when I was four and I remember the nurses....and this is how I ended up here.” Their stories and attempt to

escape or understand a previous experience coincides with Seidman's (2013) explanation of context for how the participant arrived in the current situation. As a researcher, I can easily recognize that student departure from a program is not all about the curriculum and the nursing program.

Chapter IV

STUDENTS

The purpose of this study was to describe and examine the experiences and perceptions of nurse educators and nursing students on attrition, barriers to program completion, the value of relationships with nurse educators and peer students, and support mechanisms available or not available to students. In the first chapters of this dissertation, I presented an introduction to the problems nursing students face that hinder their ability to succeed in the nursing program. The literature review provided information why nursing students face intense challenges in curriculum, healthcare intensities, self-efficacy, and student engagement. Background factors influenced their ability to remain in program (Stickney, 2006). To explore this phenomenon, I conducted individual interviews with participants to address the following research questions:

Research Questions Nursing Students

- RQ1: What are the experiences and perceptions of nursing students who exited an associate degree-nursing program?
- RQ1A: How do nursing students who exited an associate degree nursing program experience and perceive faculty and peer students as supportive or non-supportive in nursing programs?
- RQ1B: What are support mechanisms students describe as helpful and motivating during the associate-degree nursing program?

Research question one was developed to gain an understanding of participant experiences and perceptions that contributed to their lack of progression in the associate degree-nursing program. This question places emphasis on the issue of nursing student attrition. Embedded in this question along with the additional research questions are the inquiries of curriculum content and program rigor. The four student participants were asked to describe their experiences and perceptions that contributed to their lack of progression in the nursing program. All of these participants identified that he or she struggled with the rigor and intensity of the curriculum. Each of these participants described the curriculum and content depth as an issue along with his or her lack of ability to identify where to place focus in their studies.

Students verbalized the content along with other academic requirements were excessive. Student participants identified Pharmacology as an area of weakness and lack of understanding with the numerous medications along with side effects and adverse reactions. As the participants described their experiences and perceptions within the academic realm of the program as difficult and overwhelming, themes were identified.

Research question 1A was developed to determine how nursing students experience and perceive faculty and peer students as supportive or non-supportive in nursing programs. The four participants were asked to describe their experiences with educators and peer students in the nursing program. Two student participants verbalized positive encounters with educators while two student participants reported previous educators in the nursing program lacked supportive attributes. Student participants verbalized drama in the classroom. All four student participants denied involvement with the student drama and one participant described a class of “chaos and drama.”

The last research question 1B was developed to determine if support mechanisms were supportive and helpful to students during the program. Student participants answered this question with difficulty, not initially understanding what support mechanisms were. Student participants verbalized the strongest asset as the Workforce Innovation Opportunity Act (WIOA), a government program designed to provide financial assistance to qualified students.

Results of Interviews with Student Participants

Pseudonyms were assigned to student participants to maintain anonymity and confidentiality. Four associate degree-nursing students participated in face-to-face interviews. Participants were previous full-time associate degree nursing students who did not complete the program and exited the nursing program after at least one semester. Each student participant has different profile characteristics with a range of life experiences. All attended the selected South Georgia nursing program. Each participant completed at least one semester in the nursing program.

The data analysis included reading and studying the notes, critically thinking about the notes, listening to the audio recordings at the end of each interview, and transcribing the interviews. Categories were identified, and placed in themes. Profiles were developed for each of the four student participants.

Table 1 provides an overview of the participant’s age, children, employment, environment, ethnicity, gender, marital status, and semester withdrawn.

Table 1

Participant Profile Table—Associate Degree Nursing Students

Student	Age	Children	Employment	Ethnicity	Gender	Marital Status	Semester Withdrawn
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Angie	23	No	No	C	F	N	Summer
Brenda	37	Yes	Yes	C	F	M	Summer
Leigh	32	Yes	No	C	F	M	Fall
Juan	26	Yes	Yes	H	M	N	Spring

Profiles of Associate Degree Nursing Students

Angie

Angie is a 23-year-old previous nursing student enrolled in the nursing program in 2016. She grew up in a small town in South Georgia and attended a local college before transferring into the nursing program. She described her childhood as initially happy, but her situation changed as she grew older. During high school, she, along with her sister and a friend, were involved in a devastating automobile accident that caused her sister to break both arms and her neck. The accident required her sister to remain in a large teaching hospital for over three months.

Because Angie was the driver of the vehicle, she indicated she suffered tremendous guilt. She claims she took care of her sister every day: bathing, dressing, and feeding her. During that time, she watched the nurses at Shands Hospital perform tasks and soon developed a desire to go to nursing school. She also claims her father was instrumental in her nursing program decision. As she was growing up, her father would encourage her and her sisters to attend college to avoid a life of financial struggles.

Angie described the effects of the accident on the family's financial situation. She indicated the family unit became dysfunctional because her father returned to alcohol use as a coping mechanism. Her father and mother separated, and she expressed her belief that the wreck was influential in the decline of the family.

Angie described her relationship with her oldest sister as very close. They entered college together and planned to go into the same nursing program. Because each sister was accepted into different nursing programs, they did not attend at the same college. They were able to offer support to each other by studying skills and Pharmacology together. Angie was not successful in the first medical-surgical nursing course and did not complete the program. Angie claims she is happy her sister graduated, but is sad she was not successful in the nursing program at that time.

Angie stated she guarded her younger sister from her parent's arguments and situation by shielding her. She described taking her little sister into a room to watch movies and prevent her from hearing parental arguments and disagreements. Angie described her relationship with her parents now, as "good", but described feeling as if she is in the middle of their relationship, as each parent will call her to discuss the situation. She claims although she is not supportive of her father's past behavior, she cannot disassociate from him because, "He is my daddy." She claims the situation is better now than before because her parents live in two different homes.

Angie claims she studied nonstop, leaving her room for small breaks at a time. She describes her study habits as excessive and believes she over-prepared for her final exam. She prepared over three-hundred pages of notes to use as her study guide. She claims her grades in the class were satisfactory, making high grades on her exams but failed the course solely on her final exam grade. Angie stated she was not successful because she suffers from test anxiety. She claims during the HESI final exam, she suffered a panic attack and was unable to recall information she previously learned. She reported the anxiety intensified because her computer would not load, and the anxiety

caused her to fail the exam. She has not seen a physician since that time and said she will be able to control her emotions in the future by using diversional cognitive activities.

Angie described herself as studious and wanted to be successful in the nursing program. She reported a strong desire to help others and did not want to remain in retail for the remainder of her career. She explained her desire to have a career in the health-care environment. She receives encouragement from her boyfriend.

Brenda

Brenda is a 37-year-old previous student enrolled in the nursing program in 2015 and 2016. After she graduated from high school, she went to a local college to obtain a certification as a certified nursing assistant (CNA). She described her desire to be a nurse most of her entire life and moved two hours away from her hometown to begin college. Instead, she got married and had a child. During 2015, Brenda was accepted into the nursing program and was halfway into the first semester but withdrew after being placed on bed-rest because of a difficult pregnancy. She returned the next year and found academic challenges with the Medical-Surgical Nursing course.

Brenda initially enrolled in Wiregrass to save money. She described the expenses of a university as “enormous” and she acquired debt from student loans. She explained she had a small child and a new baby on the way, and wanted to save as much money as possible while going to school. While taking her core classes, she was elected as the college *Georgia Occupational Award of Leadership (GOAL)* winner and was out of class from time to time to represent the college during GOAL activities. When asked if she felt this obligation contributed to her nursing program departure, she stated, “It was an additional stressor for me”, and “It took up a lot of time.”

She described satisfaction with the nursing program but was in a class and shared issues with classmates and instructors. She explained classmates were supportive during the first semester but the class culture changed during the second semester. She described the class as, “the most drama filled class I’ve ever been in. It was unbelievable.” She withdrew from participating with her primary study group because the group goals and dynamics changed from academic to personal and included heavy drinking parties and unacceptable behaviors within the group causing marital divorce and separations.

Brenda did not qualify for financial support offered at the college because her family income was four dollars above the minimum requirement. She said she had to work and would always have to work. She portrayed the balance between children, family, school, and work was difficult and may have been too much at one time. She has a strong desire to complete a nursing program. Brenda has researched other nursing programs and reviewed program requirements. She did not want to retake courses if she could resume the program instead of starting over.

During the summer semester, Brenda continued to work. She stated, “I would leave clinical, go change clothes, and go clock in at work at the hospital.” After work, she would go home, study until around 01:00AM and “sleep for a few hours”, and then get up and return to either class or clinical and start the cycle over again.

Leigh

Leigh is a 32 year-old married mother with a small child. She was raised in Maryland by parents with multiple personal issues. She stated, “I didn’t really get along with my mom; she was an alcoholic and a drug addict. My mom thinks I’m like a devil

child because I'm not on her level." She stated her relationship with her mother remained tense and her mother expired during our interviews. As far as her relationship with her father, she stated, "He worked two jobs to provide for the family." Her parents divorced and she moved in with a boyfriend shortly after high school.

During this relationship, she discovered her desire to enter the healthcare field after seeing his experiences as an emergency responder. Although the relationship ended, she credits these experiences as what brought her to the nursing profession. She joined the military and is now a veteran of the Air Force. Her husband is active in military services. She described an unstable relationship with him often resulting in intense arguments and aggressive fights with suspected domestic violence issues.

When asked about her experiences in the nursing program, she initially said, "Everything was good", but further in the conversation revealed controversial information. She contributes her program failure because she failed the HESI final exams in *Obstetrical Nursing and the Childbearing Family*, and in *Essentials of Pediatric Nursing*. She described feeling sick over the program failure and remains with an intense desire to become a registered nurse. She completed the practical nursing program in May, 2018 and would like to enter a practical to registered nursing bridge program.

When asked if personal issues contributed to her failure she stated, "Oh yeah, it did, for sure. You know, nursing school should be the focus and most people have a family, but when there is a situation like that, you just can't. You know my husband and my kid is my life and I couldn't not talk with him, argue with him, fight with him, and or tune him out." She went on to state other issues were involved and replied, "Oh, I had so

much stuff going on. I had problems with him, not to say he is the entire reason at all, but it contributed. I could not think about school work all the time.”

She confirmed drama in the classroom with peer students. She was able to form a relationship with 2-3 peer students and found benefit with smaller study groups instead of larger groups. She replied that she found a disadvantage with larger study groups as conversations moved from academic to personal, with frequent opinions about classmates, instructors, and “gossip”. She did verify “cliques” were formed in the classroom that did cause stress with other “cliques”. She claimed to “stay clear of the drama.”

Leigh received financial support from the Workforce Innovation Opportunity Act (WIOA) and the Pell Grant in addition to her Government Issue (GI) bill. This financial assistance allowed her to remain unemployed throughout the duration of both the practical and registered nursing programs. She was not involved in other campus activities and described a lack of time to commit to other activities.

Leigh verbalized discontentment with the college as a whole and stated, “I told the Vice-President of the college I was not giving another dime to the college”, and followed up with comments about the college in general. She said, “Because ever since I have started there, there has been an issue.” She described dealing with some of the same educator issues in the practical nursing program as with the RN program.

Leigh verbalized interest in returning to the RN program because at this time the Obstetrical and Pediatric courses are combined into one course, rather than two separate courses. She said with her experience and knowledge gained in the practical nursing program, she will have success in the RN program. She stated, “If they got the bridge

program and they were set up the same as some of the other programs, I would look at it, then I would go there because it is convenient and you know it is close.” She responded that because she now has two small children under the age of five, she does not want to commute out of town to another program.

Juan

Juan is an unmarried Hispanic father commuting to school at least one hour each way. He was born in Mexico and moved to America as an infant with his single mother. He is an international student, and he has not obtained United States citizenship. He is a Deferred Action for Childhood Arrivals (DACA) recipient and has a permit to drive and work in the United States. He was worried he would be deported to Mexico and stated, “Whenever mine expires, then I won’t be able to renew that and they’re trying to figure something out in the next couple of months.” He stated, “The fastest way for me to become a United States citizen is by marrying a United States citizen.” He then followed up with a reply about his girlfriend and said he is too busy to think about relationships, and not interested in getting married until he found the right woman for him.

He lives with his brother, mother, stepfather, and five-year old son. He has primary custody of his child. He is active in his child’s life and verbalized his desire to keep his child active in church and family activities. Juan drives his son to activities and reads stories to him at bedtime. He has a strong desire to be a positive role model in his son’s life. His parents did support his decision to go into the nursing program and helped him with childcare.

Because he is an international student, he is required to pay four times the regular tuition and fees. He appealed the policy to reduce the tuition rate. He did not receive

federal student grant money because of his citizenship. He received the foundation scholarship three different semesters to help pay his expenses. Juan stated, “Out of state fees are not going to stop me from going to school.” Juan started the nursing program in January of 2016.

When asked why he wanted to go to nursing school, he stated, “I heard you can make a lot of money by nursing.” During the program, Juan demonstrated exceptional work ethics. He attended all class, clinical, and lab activities without fail. He was committed and dedicated to his education. He contributed his dedication and positive work ethics to the role models provided by his mother and stepfather. He described the entire family as hard working. He enjoyed being in the nursing program and stated, “The thing that influenced me was everything was pretty cool, learning how to do things, taking blood pressure, the skills, and all the vital signs and stuff. I liked the lab.” He also described the clinical component of the *Fundamentals of Nursing Care* course as “pretty cool by getting to apply skills learned in the lab to live patient care.” He enjoyed the patients and thrived in the clinical environment.

He denied difficulty with the English language although his family speaks primarily Spanish at home. He said he did not have difficulty with understanding class content because he lived in the United States all of his life. He described the complexities with studying as the key factor that hindered his success and because he was taking an additional required core class (Microbiology and the lab). With this Biology course, Juan was enrolled in four full-time courses, two labs, and a clinical component. He also contributed his course failure due to his lack of knowledge in the medical field prior to entry into the program. He stated, “The thing that influenced me the most was

just the studying part, the lack of knowledge in seeing things. Like in Pharmacology, I have never seen or heard of those medications and things before. It was so new.”

Although he was unsuccessful in two courses, Juan continued to brag on the program to his friends. He claimed he recommended the nursing program if someone asked him and stated, “The passing rate is like 95%” and the faculty prepares students for the “state exam”. He denied interest in returning to the nursing program. This participant is a junior now majoring in marketing at the technical college.

The four student participants were asked to describe their experiences and perceptions while enrolled in the nursing program. As participants described their experiences, the following themes were identified.

Student Participant Themes

- The curriculum content is heavy and overwhelming
 - Students find textbooks difficult to understand
 - Students dislike “busy work” assignments that take away needed study time
 - Students need skill videos
- Pharmacology lacks direction in what and where to direct study time
- HESI Final Exams
 - HESI Final Exams lacks specificity
- History of unsupportive educators
- Anxiety
- Failure to Recognize Significance of External Factors on Academic Success

Discussion of Identified Student Participant Themes

Curriculum. According to student participants, the main obstacles to program completion is the intensity and rigor of the nursing curriculum. Students reported difficulty in navigating the requirements of didactic components in each course, while mastering competency in drug calculation, pharmacotherapy, nursing skills, and learning to produce and implement the nursing process in quality patient care plans. All student participants verbalized difficulty with the rigor in the curriculum and found difficulty achieving success. Participants stated the workload impeded his or her ability to complete academic achievement. Student participants described the curriculum difficulty level as overwhelming and unattainable and two students reported severe anxiety. The participants described the content as intense and they did not know where to focus in each chapter to prepare for exams.

One student, Angie, emphasized the lack of direction in what to study. Angie described a lack of direction and stated, “It was a lot of material. It was heavy. That’s why I felt like I had to study all the time.” She explained her usual method of writing important content out of a chapter, but in the nursing program, she said she felt as if the content was too much. She stated, “And like if I wrote stuff down for that Med.-Surg. book, I would have the frickin chapter written down.” A statement from Brenda included, “The content. How much it was. I was thinking it was more than I can get at one time. It’s a lot. Especially in the summer term, because it is shorter and I feel like we’re packing it in in such a short time.” When Brenda was asked about the worst part of Medical-Surgical nursing, she replied, “Well, it’s just so much. It’s hard to cover and actually comprehend all the stuff you have to learn in a chapter. It’s not like a chapter

out of any other book. It's a lot to get done. It's just a lot. If you didn't have clinical or anything else to do, then maybe, okay, but it is a lot."

Leigh, summarized this concept by stating, "Yes, and the first semester, you're trying to learn skills so you can pass the check-off, learn the paperwork, and pass the tests. It was a lot to me." Leigh described feeling dismay because she thought she needed to learn the whole book. She stated, "There's no way anyone can know the whole book, and you just don't know where they're going to pull content from and ask questions about what stuff in what chapter." She verbalized the content was overwhelming and there was so much "busy work", which took away valuable study time. Leigh stated, "I remember asking you guys, give us something, you know, help us study or something and you'd say, you just need to read the chapters three or four times and you know you couldn't get through them one time when you're doing care plans, etc. It was just too much."

Juan replied he did not know what to study. Because of the amount of pages in a chapter, he said he felt overwhelmed. Juan said he was a slow reader, uncompromised by his ethnicity, but in general, a slow reader trying to understand and comprehend each reading. He reported a deficiency in study time that is "just too fast." Juan described getting out of class and studying for up to six hours a day. When asked about the content, he replied, "You didn't know what to study. It was just so much." He enjoyed the clinical component of the course and liked performing skills during the nursing home rotation. He found difficulty with care plans and the amount of time required to complete the care plans. He said it took him "three to four hours to do a whole health plan." He described them as, "hard" and he wanted his care plans to be good.

A poignant reply about the curriculum content from Brenda included, “It’s hard, like it’s hard, I don’t know what else to tell you, it’s just hard. It’s hard work. I studied. I tried to do like I was supposed to. I studied a few hours every night. In between working and kids, and keeping up with clinical and all that good stuff, so, I gave it my all. It was hard.”

Students complained about books and reported the textbooks difficult to navigate. The comments made by a participant, Angie, included, “The nursing books are so thick, the chapters are long, not like some of the other courses you take.” Angie reported the length of the chapters as unattainable with the amount of chapters covered in one module. She stated, “It’s terrible. Feels like 300 pages or something.” Angie replied by stating, “Well, it was just so much stuff. The nursing books are so thick, the chapters are long, not like some of the other courses you take. And there’s stuff that don’t seem so important to me?” Brenda explained her difficulty in comprehending content because of the depth and length of each chapter along with other responsibilities. She stated, “If you didn’t have clinical or anything else to do, then maybe, okay, but it is a lot.” Leigh found difficulty in reading the chapters as she replied, “And you know you couldn’t get through them one time (reading) when you’re doing care plans, etc. It was just too much.” When she was asked to elaborate, she replied, “If you combine everything together, then to me, I feel like it’s a lot. I mean people do it so I’m not saying it can’t be done.” Leigh stated, “You know, it is like reading the Bible, and each chapter is 300 pages and then you’re tested on six chapters at one time.” She described the volume of each chapter without a study guide as a disadvantage to her. She said the volume of multiple chapters combined with care plans was difficult to navigate while obtaining a thorough knowledge of the

material. Leigh said a study guide might have helped her during the program. She recommended getting books easier to comprehend in addition to decreasing the number of chapters on a unit exam.

Similar statements were received from Juan regarding textbooks. When asked if textbooks were easy to understand, Juan stated, “Not for me. I had to read it over and over.” Juan claimed to have spent a lot of his study time reviewing and rewriting his notes from class. He said he did not know where to focus his study efforts because there was an enormous amount of content to study, mostly in Pharmacology. He had difficulty with understanding the textbooks. He said he was a slow reader and found difficulty with content comprehension. He claimed to read the content several times trying to understand the message. He said it “was hard” and the program was “too fast for me.” He said did not feel as if the exams matched the content covered in class.

Student participants reported an inability to achieve goals due to program requirements referred to as “busy work.” Angie said she felt as if “stuff was not so important” and when asked to describe her comments, she stated, “I don’t know really, just stuff you have to do that don’t really go to a grade.” She followed up with, “I don’t know if I can put a time frame on it, but it’d be good if you only had to do what counted in your grade.”

Leigh stated, “People were not really learning from them, it was just like it was busy work and it seemed like busy work to us because we couldn’t spend any time to study.” She preferred a grade linked to each assignment in order for students to engage in the assignment. She stated, “Well, to us, it all seemed like busy work because we didn’t get credit for it, but I think if you put some type of percentage on that work, all

work then they wouldn't think it was busy work." An additional statement included, "You can't focus. There's too much going on."

Student participants reported a desire for access to skill videos or Digital Versatile Discs (DVD's). Because students are required to demonstrate skills each semester to maintain competency, available DVD's would provide a visual support. Angie provided feedback on the need of skill videos. Her comments included, "Oh, now that'd be helpful, cause, you know, you done forgot how to do them by the time the next term rolls around. I mean, um, we have that checklist, but it'd help a lot." Brenda stated, "There are little things you forget. It'd be nice if ya'll could video tape them and put them on Angel or something." Leigh stated her response to a question regarding skill videos and said, "They would have been helpful. We needed a way to view the skill because I mean from the last semester, you don't remember it." She did use the skill video checklist, but replied, "I like viewing things visually." Juan stated, "I didn't have a DVD on how to do a dressing change or anything." During this conversation, it was discovered a content DVD might be useful for students who commute to work. Juan pointed out he could easily listen to DVD content during his 45-minute commute to class each day. He said he might have benefited by having a DVD to listen to while making his hour commute to and from class. He said he felt he could have used that time more wisely and would have helped him retain information.

Pharmacology. Student participants found academic challenges in Pharmacology. Due to the amount of medications included in the course along with the drug calculation component, students expressed a large degree of difficulty during the first semester and

contributed the difficulty not only to learning drug calculation formulas, but to the number of medications in the Pharmacology book.

Students did not know where to place focus in the Pharmacology book and the number of medications to learn was unfeasible. Student recommendations include decreasing the content in Pharmacology. Students verbalized the benefit of study guides or areas to place focus in Pharmacology and in all courses. Angie continues to prepare for drug calculation and Pharmacology for her return into a program. She described her strategy to prevent her from failing the drug calculation portion of the next attempt. She stated, “So I have drug calc. problems, pages, like 25 of em I think. I sit there and practice so when I plan to come back to take this one, it was like, I’ll have that part of it.” Brenda replied to questions about Pharmacology and stated, “I think I took the Pharmacology twice and I did pass the second time.” She described feeling anxious when taking drug calculation exams. When asking her about her comments, she stated, “Well, yeah, I can. It’s the stakes are high. You know you have to pass this test or this is it.”

Leigh provided a different rationale for her struggles in Pharmacology. One of her comments included reference to an educator as she stated, “She really made you learn it but Pharmacology, I mean, she was like, she was just like she was just lost, and we would ask her questions and she couldn’t even answer the questions.” She followed up with a lack of instruction from the educator and said, “So it was like we had no symptoms, we had no diagnostic tests, we had no medications, or interventions or anything like that, it was just like, Oh, well, Wilm’s tumor, this is it kids, get it, boom and move on to next subject.”

Juan placed emphasis on the degree of difficulty with this course. He was overwhelmed and described this class as difficult. He stated, “I probably overthought it or not but it was just pharmacology was the hardest class of all.” He replied, “Like in Pharmacology, I have never seen or heard of those medications and things before. It was so new. I did not pass Pharmacology and Fundamentals.” Juan had difficulties in Pharmacology with the number of medications to learn along with adverse effects and side effects of medications. He replied, “It was just like knowing the medications, their side effects, interactions and you know; all of the things that need to know about the medications.”

HESI Final Exams. All student participants failed a course because he or she failed the HESI final exam. Participants reported difficulty in knowing how to prepare for HESI final exams, even with a study topic list.

Student participants verbalized frustration and difficulty with the HESI final exams. Even though students received study topics on the HESI final exams and not on chapter exams, students did better in class on the chapter exams than on the HESI final exams. Students verbalized the HESI final exams caused intense fear and anxiety because failure of the exam ultimately determines his or her course outcome.

Angie said she created a study guide in excess of what she really needed. She explained she went into the Evolve search bar and typed in a topic and used anything and everything that came up to support this specific topic ending up with a much larger study guide than necessary. She said her study guide was much too broad to realistically use as a guide. In hindsight, she recognized she needed to only use the course textbook. When asked how she will prepare the next study guide, she replied with a giggle, “Um, well,

I'm not going to use all those books. I'd have to look at how I made it the last time and not do that."

One student, Brenda stated, "The study things you guys give us, very vague, it was vague", and found difficulty in knowing how to study for the HESI final exam. Brenda replied, "Like one sentence could have like five different tiers, so you wouldn't know where to go." She further explained that she ended up with more content than she needed. She said, "And I found myself skimming through all of it and having too much up here and the questions would be similar to what I was studying if that makes sense, maybe." Leigh said the topic list provided for HESI final exams did not help her and were not sufficient. She stated, "I don't think the second set of topics coincided with the tests."

History of Unsupportive Educators. Students made varying comments about educators. Students described some educators as supportive and encouraging although two of the four students admitted there were faculty members they found non-supportive. Responses ranged from educator to student favoritism to educator incompetency. Students in two different cohorts explained their academic outcomes might have been different with different educators. Two student participants reported satisfaction and received support from educators while the other two students in different cohorts provided details of unprofessional behaviors and incompetency.

Leigh did not find support in the nursing faculty and she said she did not feel if they were helpful. She said the faculty were oftentimes "frazzled" and "overwhelmed with content." She believed faculty did not put effort into preparation for lectures. She explained one particular faculty member simply read from the Power Point slides and it

was a waste of time to sit in class and then go home and reread what was just read in class. She described one instructor who read the first sentence out of the chapter and nothing else, no information on lab tests, radiology tests, signs or symptoms, interventions, nothing, just a simple definition of the disorder. She complained the instructor would not use patient examples or compare to real life scenarios. She claimed another instructor was not competent to answer student questions. Leigh replied, “She’d be just reading the Power Point and she’d get to the end of the slide and you couldn’t even hear her anymore. And she would just fade off and she’d be like, okay, next slide.” Leigh changed her verbal tone with her voice eluded with frustration. She exclaimed, “It just makes you wonder why some instructors are doing what they’re doing. They should, or you would think they would love their job and want people to do good. I mean, it is a reflection of them in some sense.”

Leigh described exasperation with having to figure things out independently. She said the instructor should be dedicated to being an instructor and stated, “I just felt like she wasn’t in it for the students, I guess. I think everyone felt like that really. Like to me, if you’re an instructor, it should be important to you that your students are learning and learning everything that they can.” She claimed most of her classmates felt the same way. She described one instructor as “just lost”, and claimed peer students did not feel comfortable asking questions. She stated she gained the most knowledge from her clinical experiences.

Brenda described unprofessional behaviors of a faculty member who affected the entire class. She claims an educator favored a particular student and the student was able to benefit academically because of a personal relationship with the instructor. She claims

she, along with other classmates, felt this situation caused anger, stress, and tension in the classroom. Brenda revealed she did not find this faculty member supportive. She described the educator as unprepared and, “just read the Power Point slides or told us to read them.” We laughed and nicknamed the class, “*The Learn-It-Yourself Technical Class*.” She stated she taught herself the content from the book and from clinical experiences. She described the educator as unsupportive to her but supportive to the other student and stated, “I mean to certain people that teacher was supportive.” She described a class of chaos and drama. Her comments included, “That teacher was nice, but none of us trusted anything.” She claims this class was “Just a lot of reading. Not a lot of explanations and things.” She had a strong discontentment for this instructor and referenced the class climate and stated, “It would literally be word for word or would have us read it out loud so he wouldn’t have to.” She described a different educator as not involved and said, “They kind of lost their interest. Oh, you can just kind of tell. When teachers either put a lot into it or don’t.” She expressed the class discontentment about the unfair and unprofessional personal relationship between the instructor and the student, but described value with a different educator during clinical experiences.

Brenda described other educators as supportive and encouraging but stated they were “overwhelmed and burning out”. She found nurturing and support from one educator and gained knowledge during her clinical experience with the instructor. She described this educator at clinical as, “She rocked it out”, and learned valuable information which helps her in her current job now. Angie and Juan denied complaints with nursing educators and found their educators supportive and approachable.

Anxiety. Students described suffering from anxiety during final exams. One student sought professional care because of anxiety and the HESI final exam, and another student is considering seeking help from a health care provider. Both students described the anxiety as the primary setback in their ability to be successful with the HESI final exam. Angie stated, “I didn’t know I had test anxiety, until I got to nursing school.” When asking her further questions, she replied about her course failure and replied, “I was devastated. It was my anxiety. Just my anxiety. I studied all the time. I over studied. I know I did.” She verbalized an inability to remember anything she learned when she got into the computer room to take her exam. She stated, “cause I went in there and everything was black.”

Angie suffered a panic attack and verbalized feeling as if she could not breathe and could not remember anything she learned at that time. She stated, “My chest, it felt like it was beating so hard, it would not expand. It felt like it was beating out of my chest and my heart was straight like this and when I walked out “X” was standing there and she was like, “What’s wrong?” And I told her, “I can’t breathe, like somethings happened, I can’t breathe.” It felt like I was having a heart attack like I couldn’t breathe.”

Brenda, also reported anxiety and daily feelings of “impending doom” related to the HESI final exam. During one of the interviews, she asked if she may suffer from Post-Traumatic Stress Disorder (PTSD). She stated, “I have these feelings of impending doom, or thoughts like, “I don’t know why I’m doing all this, I’m never going to be able to pass the HESI final exam.”

Although Leigh did not verbalize anxiety, she exhibited nonverbal behaviors and comments reflected frustration with possible unresolved conflicts. She expressed

comments about her mother and stated, “Well, when you live there, you’re exposed to it every day. I hated her. I hated it. Well, I don’t mean I hated her but it was rough at times. I wanted her to just stop it. But she wasn’t going to and I had to come to terms with that.” Leigh expressed difficulty with her childhood and the effects of being an adult child of an alcoholic parent. She also expressed exasperation with her sister-in-law and the difficulties of being a military wife.

External Factors. Students failed to recognize the strength of external factors and the influence on their academic success. Angie acknowledged anxiety as a key factor in her academic failure and in the conversation revealed a distressing home environment with an alcoholic father and strained family dynamics. Angie attributed his return to alcohol as a coping mechanism after the automobile accident that resulted in an extended hospitalization for her younger sister. Because Angie was the driver of the vehicle, she possibly has unresolved feelings of guilt. She stated the accident caused financial distress for her family. She also described a loss from the death of her “best friend” due to a heart condition.

Brenda has responsibilities outside the nursing program. She is the mother of two small children, a wife to a highway patrol officer, and a hospital employee. During the time she was in the program, she described an unattainable schedule. She stated, “I would leave clinical, go change clothes, and go clock in at work at the hospital.” When she was asked when she studied, she replied, “So when I’d leave work, I’d go study until 1:00am, and go sleep for a little while and get back up the next morning.” Her lack of recognizing an unrealistic study time may have contributed to her failure in the program.

Leigh described dysfunction in her early childhood. She did not enjoy her childhood and stated she lived in a home with an alcoholic mother. She said, "My mom thinks I'm like a devil child, cause I'm not on her level." She described an unhealthy relationship without love and nurturing. She left home and entered an abusive relationship in her early adulthood. Leigh married and is currently married to a military spouse who has frequent deployments. She admitted to having relationship issues with her husband. She stated, "I don't know; it was just so much stuff. I think I talked with you about it during that time. I had problems with him, my husband. You know we had problems." She described their relationship as unstable and said, "It was distracting to me. I couldn't not think about it. I mean, it's your family. It's your husband. What do you do?" She did have times where stress and tension were present and replaced study time. She said, "And I couldn't not talk with him, argue with him, fight with him, and or tune him out." When her spouse was deployed, she said she felt loneliness and lived with his sister, although she described the sister having a few emotional and health problems. She carried all of the home responsibilities during the deployment and talked about the adjustment phase required for her and her child when her spouse returned. She replied with a slight laugh, "Yes, for me and my son. I mean, he gets used to him being gone too. Even the dog." During our weeks of conversation, Leigh gave birth to a baby girl, her mother passed away, her best friend's mother was murdered, and Leigh was unsuccessful on the licensed practical board examination.

Juan described outside factors that may have contributed to his program failure. He was concerned about his citizenship status. He worried he would not be able to remain in the United States under the new U.S. administration. Because he is a non-

citizen, he was required to pay additional tuition and fees. He worked a part-time job to help with financial concerns. Juan has a small child and lives with his mother. He has joint custody with his son's mother and states, "I am the decision maker for him."

Although he denies any type of language barrier as a problem, he admits his family speaks "primarily Spanish" at home. When asked, Juan replied, "I don't really feel like personal issues contributed to my departure from the program."

Chapter V

EDUCATORS

The purpose of this study was to describe and examine the experiences and perceptions of nurse educators and nursing students on attrition, barriers to program completion, the value of relationships with nurse educators and peer students, and support mechanisms available or not available to students. In the first chapters of this dissertation, I presented an introduction to nursing student attrition and problems educators face in nursing education. Educators play a crucial role in helping students complete a nursing program and obtain licensure (Davenport, 2007). Nursing programs are challenged with preparing students for the National Council Licensure Exam (NCLEX-RN) while maintaining the integrity of the program. The focus for nursing programs is to retain and produce safe and competent graduate nurses who are capable of passing the National Council Licensure Examination-Registered Nurse without compromising the standards of care. As stated by Rogers (2010), “the true challenge is identifying ways to increase both retention and National Council Licensure Examination-RN pass rates” (p. 96). To explore this phenomenon, I conducted individual interviews with participants to address the following research questions:

Research Questions Educators

- RQ2: What are nurse educator’s experiences and perceptions related to nursing student attrition?

- RQ2A: How do nurse educators perceive faculty and peer students as supportive or non-supportive in nursing programs?
- RQ2B: Describe if support mechanisms are helpful and motivating during the associate-degree nursing program.

Research question two was prepared to gain an understanding of the educator's experiences and perceptions of attrition in the associate degree nursing program. It was designed to understand from an educator's point of view why students fail to progress in nursing education. The three educators were asked to describe their experiences and perceptions that may contribute to understanding the lack of student progression. All of these participants identified with the intensity of the curriculum but verbalized rigor is necessary in order for students to remain successful on the National Council Licensure Examination (NCLEX). The educators stated their support in thinning the curriculum in areas. Each educator described Pharmacology as a difficult course with academic challenges for students. Two educators said medication classification would be easier for student comprehension rather than medications. One educator was adamant about keeping rigor in drug calculation competency exams to promote public safety.

Research question 2A was developed to determine how nurse educators perceive faculty and peer students as supportive or unsupportive during a nursing program. Faculty members provided a range of responses to this question but Melissa affirmed with a strong stance and stated, "Some of that depends on the culture of the program. What they let their teachers do. What they let their teachers get away with. Can they talk to students in that manner? Is that right? No, it isn't. Does it happen? All the time? And why?"

Research question 2B was developed to determine if support mechanisms are helpful and motivating during the associate-degree nursing program. A variety of support mechanisms were easily identified by the nurse educators, with the most valuable resources in the Kaplan live review course, Advanced Cardiac Life Support (ACLS), and Adaptive Quizzing.

The interviews and transcripts were transcribed and analyzed to identify categories and themes. By identifying repetitive phrases, themes were placed in categories. The themes compared across the three participants are representative of the responses from the participants as educators. The next two chapters will be presenting results of the interviews with educator participants. A participant profile table provides an overview of the educator's history in nursing and nursing education. Following the profile table, I have provided a brief summary about each educator participant, followed by the research questions.

Results of Interviews with Educator Participants

Educator participants were assigned pseudonyms to maintain anonymity and confidentiality. Three associate degree-nursing educators participated in interviews including face-to-face and telephone interviews. Participants are current and previous full-time nursing educators who are employed full-time at the designated site or a previous full-time instructor at the designated site. Educators have experiences participating in class, clinical, and lab components in the nursing courses.

The educator participants have different profile characteristics with a range of experiences. The data analysis included reading and studying all notes, critically thinking about the notes, listening to the audio recordings at the end of each interview, and

transcribing the interviews. I organized and reduced the text, removing areas of insignificance. Categories were identified and placed in themes. These categories were labelled and identified as curriculum, Pharmacology, exams, HESI final exams, and clinical and lab. Profiles were developed for each of the educator participants. Table 2 provides an overview of the participant’s employment, history of employment, years in nursing, and years in nursing education.

Table 2

Participant Profile Table—Associate Degree Educators

Educator	Employment Current or Previous	History of Employment	Years in Nursing	Years in Nursing Education
Melissa	Current	Medical-Surgical, Oncology	20	14
Lisa	Previous	Administrative Director Cardiac Intensive Care Unit Medical Intensive Care Unit Obstetrics	36	2
Dana	Current	School Nursing Progressive Care Unit Mental Health	21	4

Profiles of Associate Degree Educators

Melissa

Melissa is a 53-year-old female nursing instructor and currently works in an adjunct position in the associate-degree nursing program. Melissa works full-time as a nursing instructor in an online program and lives two hours away from the college. Melissa is completing a doctoral program and is now dedicating her time to her education. Melissa is utilized to help with course and program progression.

Melissa has been a registered nurse for 23 years and has been in education since 2004. She has experience in technical colleges and two different state universities. She began her career on a medical-surgical nursing floor and worked on an oncology unit. She has experience in the hospital environment and worked as a floor nurse while she attended college earning an associate, bachelor's, and finally a master's degree in nursing education. She brings a wealth of knowledge to the nursing program.

Melissa is a former domestic violence victim and cried when sharing terrifying experiences caused by her first husband who kidnapped and hid her small children for four months. She stated she used her past-experiences to promote positive behaviors and teach other victims about the impact of abuse. She affirmed these experiences taught her to be a better person and changed the direction of her life.

Melissa is a strong student advocate and said she believes educators are responsible to promote opportunities for success. She is a rule-follower, and placed emphasis on the mistreatment she received while a student, as well as incivility received as an educator. She wants to eliminate and remove unprofessional behaviors and biases from all nursing activities.

Melissa verbalized she believes the curriculum has excessive content and the content can be reduced. She said most nursing programs are updating their curriculum on a regular basis. She replied the program is "rushed" by students and educators and revealed she heard similar comments from educators across the state. She stated, "It may be killing the students, but look at the pass rate." She relayed hesitancy in making changes when it is "going so good."

Lisa

Lisa is a 63-year-old female and is no longer employed in the associate degree-nursing program. She accepted a position as a healthcare director for the state of Georgia and relocated to another city. Lisa was interested in participating in this study because she said she has a love for nursing and student success. Lisa has been a registered nurse for 36 years. Most of her career was in cardiac Intensive Care Units in hospitals. She worked as a director in the cardiac intensive care and rehabilitation units sometimes managing both units, physicians, and approximately 220 employees and staff members. She began working in the technical college system as an educator after experiencing burnout in the healthcare environment. She has extensive knowledge of the human body and brilliantly presented information to students enhancing their knowledge.

Lisa related her experiences as a benefit to her as an educator. She verbalized her belief that in order to have positive outcomes, you must be willing to teach, and many times, she noted individuals were unaware of the desired outcome. She said she found nursing students suffer from competition for his or her attention and time between the need to study and demands of their family and employment obligations. She said students did not learn productive study habits and states, “this accelerated program intensifies it.”

Lisa replied she did not believe content should be removed from curriculum. She said exams should be rearranged so they, “do not all coincide during the same week.” She verbalized the nursing program has strengths in the curriculum including care plans and clinical experiences. She described in detail the value of care plans, which should remain unchanged to support the nursing process. Lisa did verbalize students are challenged with care plan achievement and reported a mini-class after clinical to help

with care plan corrections could benefit students and prevent them from making the same mistakes on the following care plans, a definite area of weakness at the current time.

Lisa believes the nursing faculty is effective. She stated, “If you reflect back, we sit down and understand what was going on with them and why, and it is not a matter of us not being supportive or us not being helpful, it was a matter of I can get student X to change the way she is living in an environment with an alcoholic abusive step-father.” She followed up with, “I can’t change the fact that someone is having to work every weekend and they worked the weekend before the test and they didn’t do well on the test.” Lisa verbalized the program does not allow life circumstances to get in the way as the program does not tolerate “anything that goes off the balance.”

Lisa described educators as significant to student success. She stated, “Well, I think they listen to us. Well, I mean, some of them listen to us.” She verbalized strength in student relationships in the classroom and agreed sometimes those relationships were unhealthy.

Lisa described support mechanisms in the classroom as adequate but relayed a need with simulation mannequins. She also reflected on the need for skill digital video disks (DVDs) or some way to replay skills for students to watch and practice before skill demonstrations. She placed emphasis on the younger generation and their efficiency in technology and the benefits of education and technology. She described students are motivated by his or her desire to go to work and provide financial support to their families.

Dana

Dana is a 50 year-old married mother of two grown children. She is currently employed full-time in the associate degree-nursing program. She has a history in mental health nursing, public school nursing, and experiences on a cardiac step-down unit. She began as an educator in the practical nursing program. Dana shared her enthusiasm for working in the associate degree nursing program and plans to work until her retirement.

When asked about nursing student attrition, Dana replied, “Organization because they, students are not organized.” She said she does not feel if students are able to juggle the demands of financial, home, and school requirements. She replied she felt students are not prepared for the demands of a nursing program and stated, “Some that aren’t flexible or adaptive to what is needed in the nursing program.” She reported students do not have effective study habits.

Dana said exams could be rescheduled to help students prepare for tests one exam at a time during the week or on a particular day. She said exams during the same week are a barrier to success. At the same time, she stated, “I think we help them a lot. We do those Pharmacology study sessions, independent sessions with them all. I don’t think we can do much more as far as that area goes.”

Dana described educator support as efficient as students are allowed to drop by without an appointment in our “open door policy”. She said students have numerous opportunities and receive counseling after failed exams and are always aware of their academic status. She reported students find success in faculty stability and described an adjustment period in student learning when a new educator is introduced to the class. She

stated faculty has no control over “exterior factors” in student’s lives and sometimes things are “just not meant to be.”

Dana described benefits and disadvantages with peer relationships. She uses a technique to prevent “cliques” in the classroom. During the semester, she repositions the seating arrangement to prevent “cliques” in the classroom. She replied, “They get in their little cliques and they want their clique to do well and then they get snarly with each other.” She admits classmates quarrel with other classmates and refuse to share study guides with peer students not in their study group. She described emotional consequences students face when quarreling with each other, and at times, he or she cannot think of anything else until their peer conflict is resolved.

Dana described positive support mechanisms for students including Adaptive Quizzing, health assessment streaming videos, clinical and lab components, lab mannequins, the mental health project, mock interviews for job placement, portfolio and resume requirements. She described the clinical components including Mental Health rotations that students are prepared to perform as a professional in a variety of diverse cultural environments. She credits the Kaplan review course as a positive support mechanism for students as well as the Advanced Cardiac Life Support (ACLS) and Pediatric Cardiac Life Support (PALS) and stated these are effective tools to prepare for the NCLEX exam.

Dana expressed concern over the content of the curriculum. She stated, “It’s just that there is so much course work. It’s a lot of work. In Pharmacology alone, we cover so many medications. There’s no way they can get all of this. It’s a lot of content.” She was unsure if any content areas can be reduced because of the rigor of the NCLEX

examination. She replied, “You don’t know what the state board exams will cover. There’s no way to know and we can’t give them study guides, but maybe we can give them topics like we do with HESI.” She described her next lecture including at least 165 medications covered in nine chapters. She stated, “There’s no way anyone can learn this much.”

As the educators described their experiences and perceptions within the academic realm of the program as rigorous, themes identified:

Educator Participant Themes

- The content of the curriculum content has depth and rigor
 - Duplicate content
 - Consider designating page numbers in chapters
 - Consider revision of curriculum from four to five semesters
- Clinical and Lab
 - Develop care plan instruction module
 - Include programmed tablet with book bundle for prehospital information
 - Create skill videos
- Pharmacology
 - Develop objectives based off of medication classifications rather than medications
 - Create drug calculation remediation course
- Exams
 - Revise exam schedule

- Alternate course exams each week
- Study habits
- HESI Final Exams
 - Create remediation course for HESI final exams
- Organizational Skills
- Life Issues
- Strength of Adaptive Quizzing

Discussion of Educator Participant Themes

Curriculum. According to educator participants, experiences and perceptions related to nursing student attrition include issues related to the intensity and rigor of the nursing curriculum. Educators reported that students have difficulty with navigating the requirements of the didactic components in each of the courses while mastering competency in drug calculation and pharmacotherapy, nursing skills, and learning to produce and implement the nursing process in quality patient care plans while some students are balancing the demands of home and work responsibilities. Educators believe student progress may fail by either personal life events or academic challenges.

Melissa discussed the issues with the curriculum by saying, “Well, the content is heavy. It’s rushed. Everything is rushed. You know, we should be able to stretch everything out a little bit more, talk or teach the disease processes where students have time to comprehend, but instead we’re going from chapter to chapter covering multiple chapters in a 3-hour lecture. It’s just rushed.” All three-educator participants verbalized depth and rigor in the current curriculum. Educators verbalized the strength in the curriculum based on NCLEX board pass rates but expressed challenges with maintaining

rigor while reducing course content. When Melissa was asked about the depth and rigor in the curriculum, she described issues programs face and said, “Too much? At times. In places. There are areas to investigate as in all programs. I mean, aren’t all programs making changes and updates all the time?” Her response indicated the nursing faculty make needed adjustments and update the curriculum as areas are discovered.

Lisa indicated she did not feel the curriculum should be modified. She stated, “There is nothing wrong with the curriculum. It’s good. It is proven and it is working, so I wouldn’t change a lot of it if you decide to do that.” She reported the current design and layout of courses are appropriate. Her comments included, “I think it is well run, I think it is well-designed. I think, uh the content covered is appropriate.” Dana described her concern with reducing content and stated, “I think we need to continue to reduce content but we don’t know what will be on the NCLEX, so we’ll get to a point where we have the content where we want it.” Melissa expressed the content as “heavy” and “rushed”. She stated, “You know, we should be able to stretch everything out a little bit more, talk or teach the disease processes where students have time to comprehend, but instead we’re going from chapter to chapter covering multiple chapters in a 3-hour lecture. It’s just rushed.” Educator participants believe the content should be reduced with caution.

Because of the length of pages in each chapter, educators discussed reducing the assigned readings to designated page numbers rather than the entire chapter, which will reduce an overlap in content. While content overlap does reinforce previous learned content, students receive duplicate information that may be removed. Melissa pointed out an alternative to covering an entire chapter may be made by designating specific page

numbers of a chapter, and eliminating specializations, rather than covering an entire chapter to make the material more comprehensible. She discussed in the early stage of nursing, students are unable to select appropriate content to study and lack the ability to identify important material. She stated, “They aren’t versed enough in what we’re doing at the hospital or the disease processes to be able to pull the most pertinent information out of the chapter. So, it’s not, that they’re not studying.” She said she felt students were studying, but not always studying the right subject matter. She stated, “They can’t pick out what is significant and what isn’t.”

Lisa was not convinced reducing content was a perfect solution. She believes the program requires a balance in order to produce graduates and allow students to complete the program. She stated, “It is almost too much to do unless that is all you can do. It is, but if you change anything, baby, sick child, developmentally disabled, you’re sick, husband sick, mama dies, anything that goes off the balance, it doesn’t tolerate, it doesn’t allow for personal stress and it doesn’t tolerate anything that distracts the student and I’m not saying it is overly fast, I’m saying it is intense.” Melissa replied, “I mean it’s working. It may be killing the students, but look at the pass rate. It’s accredited. It’s got a good reputation. It’s hard to mess it up when it’s going too good.”

The nursing program is currently a four-semester program. The program was originally created as a five-semester program with the first two cohorts graduating in five semesters. Educators discussed returning the curriculum to a five-semester program instead of the current four-semester program, a change made, from the recommendation of an accrediting agency, which is now not required. Dana made an excellent point and responded, “We have a history of proven success with the four-semester program but the

first two classes when the program first started were five semesters and it did work too.” She suggested we look at the attrition rate for the first two classes and compare it to the attrition rates of the last two or three classes and “see if it’s worth it.” Lisa suggested the program might retain more students if it was “stretched out more.” Melissa answered the question and said, “The associate degree students really don’t know a lot. I think five semesters is sufficient.” Melissa believes students need the five semesters to give them more time to obtain the material. Dana also discussed disadvantages of returning the program length to five semesters. She said, “The longer the program is though, the harder for people to manage their lives that long. Nontraditional students have babies at home and harder to hang in there and manage their lives that long and extend it out.”

Clinical and Lab. All three educators expressed value with care plans as students learn to utilize critical thinking skills and the nursing process. One concern is the number of care plans required for each course and the difficulty students have initially grasping the nursing process. Lisa verbalized concern with students, as well as instructors, become backlogged with care plans because he or she does not have sufficient time to grade and return to students in a timely manner. This backlog causes students to get further behind making the same mistakes. Lisa responded to this subject by stating, “I think people get bogged down on the care plans and that steals their time from other things. But the reason they get bogged down, is they don’t know what they are doing.” She said students have difficulty with care plans for several reasons. One reason is students are backlogged with care plans because educators may be late in returning the care plans to the student. Lisa discussed the grading cycle and how students receive a care plan in class on one day but go to clinical the next two subsequent days. If a student

does not receive a care plan returned back in class, due to the educator not having time to grade, unbeknownst to the student, he or she makes the same mistakes on the following care plans as made on the previous care plans. She reported, “What happens is when they get them wrong, they keep getting them wrong. They keep getting it wrong and so that got two more care plans from last week and two of them are screwed up. So once, they start getting it wrong, it is hard for them to start digging their way out of it.” Lisa also commented on the time requirements with care plans and said students were using time for care plans rather than studying. She stated, “I think people get bogged down on the care plans and that steals their time from other things. But the reason they get bogged down, is they don’t know what they are doing.” She recommended a mini-remediation course to clarify misconceptions and prevent repeated mistakes.

Dana discussed her concerns with care plans. She said the number of care plans students are required to correct can be overwhelming. She answered, “Well, they get tangled up with not doing them right and then getting held back because they have a couple of care plans that have to be redone and then two more due this week. They start to get discouraged.” She agreed with Lisa’s recommendation of an instruction module or remediation of some sort because students, “get stuck in the interventions.” Melissa said she felt strongly about the care plan requirements. She said if students did not learn care plans from nursing educators, he or she would not learn it. She stated, “When they go to clinical to take care of a patient, they need to research everything on that patient so they can accurately take care of them and a care plan is part of it. If they don’t learn it from us, they don’t learn it.” A suggested plan of correction includes the development of a

care plan manual and a review session after a few care plans are submitted to correct deficits.

During clinical experiences, students are required to obtain pre-hospital patient information. Students review the assigned patient's chart the afternoon before the clinical experience and obtain pertinent information in order to provide proficient and quality patient-centered care. The prehospital assessment requires several hours of time to review a patient chart and complete required flowsheets and medication records.

Melissa suggested an alternate but effective method to obtain and submit patient information. Her recommendation included producing an electronic health record as a programmed tablet supplied in each student's initial book bundle with designated forms specific to the nursing program. Students electronically submit their prehospital assignment along with care plans and other post-hospital requirements following the clinical day. This method would save the student and educator hours of time. Melissa eagerly replied that this method will be a positive intervention to prepare students to perform in a technological environment and she stated students, "love the electronic health records." She discussed having each electronic health record specific to course requirements and provided an example, "When we need Mental Health, they have Erikson's Stages of Development page, the process recordings, etc." She also pointed out the time an electronic version would save educators because educators could grade submissions electronically. Lisa was in favor of this idea and supported it with reference to the amount of printer cartridges students spend in a semester. She said, "One of them told me they buy a cartridge every week or so and they use a lot of ink because of the amount of care plans they are printing out so it would also help them in that way." Dana

said students would be in favor of an electronic submission because students would “love that with all their technology abilities.”

Students are required to demonstrate skills proficiently prior to patient interactions in the clinical environment. In order to remain proficient, students are required to perform skill check-offs each semester. Students view an educator demonstrating a specific skill during the first semester. Students are required to perform a return demonstration the following week. Students use a check-off list in addition to viewing the educator performance. Educators suggested students would benefit by having access to videos to view prior to skill check-offs as many students are visual learners. To enhance learning, a recommendation included the development of skill videos specific to the nursing program for student viewing. Lisa recommended streamlining videos on the college learning system website for ease in viewing at any time. She stated, “The younger generation is so in tune with their electronics and they have a higher need for video based learning.” Melissa found benefit in program specific videos because the skill will be demonstrated exactly as the nursing program prefers. She replied, “Students can use them and they’d have something to look at every semester, so yeah, I think they’d be good.” Dana agreed and replied, “The good thing is if we have a skill video made then, they’ll be able to watch it over and over again. So, they can’t say they forgot how to do it.”

Pharmacology. Pharmacology is a course of concern for students and educators. Educators said the Pharmacology class contained an unrealistic number of medications for students to learn. Dana, the primary Pharmacology educator verbalized concern with

the number of medications in the textbook. In one chapter, she stated, “There are one hundred-sixty-five different medications in the book.”

Melissa agreed and stated, “They can’t learn all those different medications. And nobody can. We don’t know them and that’s why we have drug books.” Melissa answered the question and said, “I think um, sometimes they try to put so many medications in that book or that course. You’re just going to see the primary medications, you know, all of your Lasix, your Digoxin, your Cardizem, you know, all of them that can be categorized, they all have the same side effects.”

Dana and Melissa recommended changing the current method of teaching medications to teaching medication classifications. Educators reported that students will learn common medications in the Medical-Surgical Nursing courses when reviewing disease processes. Lisa stated, “Students will get common medications again in each medical-surgical nursing courses.” Dana responded, “Some of the content we teach in one class is repeated in another class. That seems redundant to me.” Educators suggested when material is repeated, the material could be reduced by designating page numbers instead of the entire chapter.

Lisa stood firm on her belief regarding drug calculation requirements by stating, “No exceptions there. The public needs to stay safe.” Melissa said the drug calculation requirement is necessary, however expressed some apprehension about students failing a course because of a drug calculation failure. Dana, revealed her desire to keep the drug calculation requirement to protect patients and replied, “That’s why there’s like 100,000 people every year who get harmed or die from medication errors throughout the United States and I just don’t they um all realize how dangerous medications can be.”

Educators recommended an additional workbook for dosage calculations and a possible remediation course for students who are unsuccessful with drug calculation exams instead of a course failure. Lisa said, “If somebody is not studying the way they’re supposed to be studying, then the night before the test, they’re just cramming. But Pharmacology is an area we should look at.”

Exams. Educators agreed the exam schedule is challenging for students. Some courses have overlapping exam schedules with chapter exams falling during the same week and sometimes on the same day. Educators remarked about the difficulty of exams especially when two course exams are scheduled during the same week. Educators suggested exams during the same week served as a disadvantage to students and scheduling exams during alternate weeks may help students achieve success, reduce exam cramming and enhance learning.

Dana and Lisa verbalized concern regarding students who have not developed effective precollege study habits and challenges students face with suddenly having two exams in one week. Lisa answered this question and said, “Because for those who are highly organized and their life is in control, they can manage, you know two tests this week and have a week off and whatever. Those who can’t and whose life is out of control can’t, and can about handle one test a week.” She also commented, “With their poor study habits and their distractors revealed, then they have multiple testing over a two to three-day period, they can’t handle it.” Dana said moving exams will help students and replied, “We may could move the exams out of the same week if we have two scheduled in a week.” Dana answered the question and replied, “But if they get behind this week because all they studied is for this test and they haven’t studied for the

other class content because they're studying for the test they have this week then they'll still get behind." Lisa said study habits contributed to attrition because "many of them have developed the habit of cramming and studying hard for the test" at the last minute rather than preparing during previous weeks. Educators verbalized the difficulty of rearranging exam schedules during the summer semester although rearranging the exam schedule during the remaining semesters would be easier.

Dana described poor study habits as a factor in student attrition. She replied, "Well, we do lose a certain percentage because they are not prepared in math and some of them their study habits are not as good. They got this way in high school." She followed up with a comment about student preparation and said, "Most of them will tell you they didn't study in high school and they didn't study too terribly much in their core classes." She described students who were unaware of the responsibilities that accompany the duties of a registered nurse. When asked if there was anything we could do to help students develop effective study habits, she commented, "You mean other than what we already do? I think we help them a lot. We do those Pharmacology study sessions, independent sessions with them all. I don't think we can do much more as far as that area goes." Lisa replied, "Umm. The second reason for the lack of success, I think is the lack of development of good study habits when they were in high school."

HESI Final Exams. HESI final exams are an area of discovery for educators. The HESI final exams are custom evidenced-based exams created by Elsevier/Evolve to prepare students for the National Council Licensure examination (NCLEX). The Health Education Systems Incorporated (HESI) exam is given at the end of each semester and educators provide students with a general topic list approximately four weeks prior to

final examinations. Students are provided two attempts to satisfy the course requirement. Educators agree HESI final exams are instrumental in program success and helps prepare students for the NCLEX examination. Educators are satisfied with program results. Melissa summarized her thoughts on the final exams by stating, “Well, the HESI’s help students prepare for NCLEX. When I did my research, the HESI’s were a pretty good reliable indicator of student success. It was up to 90% if you used it the right way.”

All educators considered remediation in some form to retain students in program. Currently, students who do not pass a HESI final exam receive a zero on the final exam, thus failing the course. Melissa said she did not feel the HESI final exam should be a “tell all” and did not feel students who were passing the course should be penalized for failing the HESI final exam. She shared an experience of a previous student who passed all five-chapter exams in the course and did not pass the program because of the HESI final exam failure. She suggested incorporating an online option in some cases. Dana verbalized her feelings on remediation with some apprehension, and stated, “I think remediation is good if it is used correctly.” She said remediation should be reviewed for now on a case-by-case basis. Because students are allowed two attempts to score the minimum requirement, educators may develop an alternate progression for the academically challenged student to aid in course progression. Lisa also said remediation would especially benefit returning students. She provided an example, “All of a sudden, I’m back in, okay, I hadn’t done squat in a year. I should have to go through some type of study packet, study assignment um or something in order for you to leave a program and come back in, you’ve got to do this or you’ve got to do that.” She replied that

returning students were higher risk for attrition because of his or her absence from the program.

Organizational Skills. Lisa said she felt students have difficulty dividing attention and time between his or her need to study and the demands of their family along with financial obligations. Dana answered this question and described students as “not organized.” She said that students lack necessary organizational skills and without these skills, attrition rates are affected. She stated, “Organization hinders their success and time management hinders them along with family and work stressors.” I guess you should say family, work, and financial, I don’t know if it’s in that order, but that is pretty much what it is, some of it or all of it.”

Life Issues. Educators believe student attrition may be affected by student life circumstances. Students enter the program with varying situations and family values that all contribute to his or her ability to concentrate, pass exams, attend clinical, and ultimately pass the course.

Lisa said, “I can’t change the fact that someone is having to work every weekend and they worked the weekend before the test and they didn’t do well on the test.” She discussed the difficulties of students caring for small children and described it as not impossible, but just a “harder task.” She commented on program completion by saying, “And that doesn’t mean it can’t be done, and we talked about people who can’t be successful, each one of them had extenuating life circumstances that was impeding their ability to be a good student and to perform the level they need to, to pass or to learn.” Her concern was unhealthy home environments. She replied, “And it is not a matter of us not being supportive or us not being helpful, it was a matter of if I can get student X to

change the way she is living in an environment in an alcoholic abusive step-father.” Lisa said in many cases, students were in environments which the educator did not have control over, whether that being in an abusive home environment or working over the weekends which impacted study time.

Melissa shared her thoughts and said she felt the most valuable asset for an educator is to remain optimistic with students and to avoid biases with students. She replied educators just need to “be nice.” She reflected back on her personal experiences when she was a nursing student and said because educators are not aware of the life experiences and the mindset of each student, educators should provide warmth and compassion to nursing students. Melissa talked about student attendance and the effect on attrition. She described dysfunctional home environments that oftentimes play a role on attendance and program success. She commented, “It is weird. Somebody really may have been sick, somebody really may have died, two times, it may just have happened, but who really cares anyway? If they aren’t there, they aren’t there.” She is compelled to help students who suffer from abuse and home dysfunction because of her own personal history and replied, “Help them because the students with the screwed up lives, the dysfunctional homes are the ones that are going to miss more, because mama may not be there to keep the sick baby, the kids, or uh, whoever. It just people versus being biased. They’ll say something, uh, like something like, “That’s student’s just lazy.” Or, “She’s just this or that.” Well, we don’t know. We don’t know if her husband beat her up last night. We don’t know if she worked all night.” Dana answered questions on attrition and said, “So, I mean, we don’t want to see them fail out but we’re not going to keep everyone. We can’t. Life happens and so they can’t all pass.”

Strength of Adaptive Quizzing. Educators reported a valuable benefit in the Elsevier Adaptive Quizzing requirements. Based on the successful program results on the National Council Licensure Exam (NCLEX), educators reported the Adaptive Quizzing course requirements along with program support mechanisms already in place enhance success on the state board examination. Positive program support mechanisms include the Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certifications, a Kaplan live review course, hospital preceptorship, and the leadership class.

Educators use the Adaptive Quizzing as a supplement requirement and assign quizzes to correlate with chapters covered in a class. Melissa commented on the value as a means to help students achieve higher-level questions, mimicking the NCLEX. Lisa summed up her thoughts on Adaptive Quizzing and referenced students who use the tool and said, “They’re some of your highest achievers.” She went on to share the students who did utilize the tool “are your best students because what happens is they were using it for a test review and it helped them score better on the HESI. All the people that scored high on the HESI were doing that, um the electronic tests.” She is an advocate for Adaptive Quizzing in every course. Dana agreed in support of the quizzing resource.

Chapter VI

DISCUSSION AND CONCLUSION

The purpose of this study was to describe and examine the experiences and perceptions of nurse educators and nursing students who exited an associate degree nursing program on attrition, barriers to program completion, the value of relationships with nurse educators and peer students, and support mechanisms available or not available to students. This study provided important insight into the perspectives of the educators and nursing students regarding their experiences with nursing education. The research questions addressed student experiences and perceptions faced during the nursing program along with factors that contributed to lack of program completion. My goal was to understand the experiences and perceptions of educators and the experiences and perceptions of nursing students who exited the program.

Understanding the experiences and perceptions of this group of students who may eventually transition into the nursing profession may assist in identifying specific areas of need that may then be used to assist those in danger of exiting a nursing program. In this case, my study will provide useful information for understanding nursing student attrition and improving retention of associate-degree nursing students. Obtaining unique, personal experiences and perceptions of full-time nursing students who exited the program and from educators provides nursing program stakeholders with essential information for the development of strategies to retain students. Qualitative data collected through participant interviews were used to answer the following research questions:

Research Questions

Research Questions Nursing Students

- RQ1: What are the experiences and perceptions of nursing students who exited an associate degree-nursing program?
- RQ1A: How do nursing students who exited an associate degree nursing program experience and perceive faculty and peer students as supportive or non-supportive in nursing programs?
- RQ1B: What are support mechanisms students describe as helpful and motivating during the associate-degree nursing program?

Research Questions Educators

- RQ2: What are nurse educator's experiences and perceptions related to nursing student attrition?
- RQ2A: How do nurse educators perceive faculty and peer students as supportive or non-supportive in nursing programs?
- RQ2B: Describe if support mechanisms are helpful and motivating during the associate-degree nursing program.

Comparison of Conclusions to Previous Research

In the summary of the findings described within the student and educator participant themes in previous chapters, I addressed research questions posed in the study. The student participants and educator participants had mixed experiences and views on the nursing program.

Research Question 1: What are the experiences and perceptions of nursing students who exited an associate degree-nursing program? The four participants agreed the curriculum was intense and difficult to achieve success. Students reported feeling overwhelmed with the fast-paced program and verbalized not knowing what content to study. Three student participants identified the multiple responsibilities including the didactic portion of a class combined with learning new skills, care plans, and acquiring techniques to provide patient care was significant in his or her course failure. Two student participants described the textbooks as difficult to understand. One student participant stated she felt the reason for her lack of success was related to the final exam combined with the anxiety she felt during the exam.

The intensity of the curriculum was described by all four student participants. The student participants verbalized difficulties with the demands and rigor of the nursing curriculum and withdrew during the first year of the program. This aligns with concepts reported by Jeffreys (2012). Jeffreys (2012) stated that students leave programs for a variety of reasons, but the majority of students withdraw because of unsuccessful academic performance during their first year of college.

Potter et. al., (2013) cited personal reasons including work and family along with an inadequate fit in the nursing profession as reasons why students leave nursing programs. Students often have an unrealistic view of the nursing profession and are unprepared for the intensity in nursing program curriculums (Roberts & Glod, 2013). This concept parallels with reports from student participants. One student participant, Juan stated, "I knew it was going to be hard, but I didn't think it was going to be that hard." His statement echoes similar statements from other student participants.

Research Question 2: What are nurse educator's experiences and perceptions related to nursing student attrition? Educators replied to this question with similar responses. Lisa stated, "They are not just your uh typical students for the most part and so there is a tremendous competition, I think, for their time and attention between their need to study and the demands of their family and the financial obligations." All three educators echoed these perceptions and reported that students struggle to achieve the requirements of each course didactic components while mastering competencies in drug calculation and clinical. At the same time, students learn to create and implement the nursing process in quality patient care plans, and as verified, balance the demands of home and work responsibilities. All four student participants described having difficulty keeping up with the requirements of the program, which correlates with Rogers (2010) who concluded that students were overwhelmed with a content-packed curriculum along with learning drug calculation competencies, clinical, and skills while juggling their home and work obligations.

Because trends in nursing education and advancements in science and medicine place emphasis on patient safety, an increase in competency requirements for the graduate nurse exists (Carrick, 2011). Roberts & Glod (2013) described in the Institute of Medicine and Carnegie reports that nursing education needs to be "more rigorous in dealing with the complexity of the health care system" (p. 101). These trends cause rigor to increase in the NCLEX-RN (Carrick, 2011). As described by Rogers (2010), unfortunately, as programs attempt to increase the state boards of nursing pass rates, attrition increases. The rigor must be present because students are required to take the

NCLEX examination. The nursing program in my study experienced attrition due to rigor in curriculum.

One factor that influences the strength and reputation of a nursing program is how many students a program retains and graduates (Higgins, 2005). Higgins (2005) stated, “If students are retained but do not pass the NCLEX-RN, the nursing shortage and the nursing program’s accreditation status and community reputation are affected” (p. 541). The nursing program correlates with the concepts described by Carrick (2011), Rogers (2010), and Roberts & Glod (2013). The nursing faculty are cautiously aware of the implications of changing course and module objectives. Rogers (2010) reported that one task for nursing programs is to retain and produce competent and safe graduate nurses who are capable of passing the National Council Licensure Examination-Registered Nurse, without compromising the standards of care. This dilemma is the same problem the nursing educators in my study met. The educators were hesitant to remove competencies because of the history of successful NCLEX pass rates and apprehensive to implement aggressive changes for fear of jeopardizing the NCLEX pass rates. One example was provided by Dana who stated, “Well, I don’t think there is any way we can fix it. I think we need to continue to reduce content, but we don’t know what will be on the NCLEX, so we’ll get to a point where we have the content where we want it. They’re still going to have to study, and they’re always going to have to study. They have to learn the content so they can pass the NCLEX.”

RQ1A: How do nursing students who exited an associate degree nursing program experience and perceive faculty and peer students as supportive or non-supportive in nursing programs? Two student participants verbalized positive encounters with

educators while two student participants verbalized unsupportive experiences with educators. During the interviews, two student participants reported previous educators in the nursing program lacked supportive attributes. These characteristics do not align with traits defined as supportive by Williams (2010) consisting of caring, trust, and mutual respect. Jeffreys (2012) reported nurse educators have the potential to influence and inspire their nursing students. By developing partnerships with students, educators create student learners who participate in the learning process and the educator focus shifts from teaching to learning (Jeffreys, 2012). According to Tinto (1993), the frequency of interactions with educators, staff, and peer students have repeatedly shown to be independent predictors of student success.

Each of the four student participants reported a positive concept of student integration into the college. Three student participants reported positive peer relationships with study groups; however, one student participant verbalized significant chaos in the classroom with peers while another student participant verbalized minimal turmoil in her cohort with peer students. Student participants reported support with college staff and faculty, mostly through Workforce Innovation Opportunity Act (WIOA). One participant said, “Yes, I thought they were supportive. Everyone was really nice. They helped me out a lot. They listened, and we could talk to them if we had questions and stuff.” Students verbalized positive engagement throughout various interactions during class, clinical, lab, orientation, study groups, and other activities.

RQ2A: How do nurse educators perceive faculty and peer students as supportive or non-supportive in nursing programs? Educators are often considered the primary facilitators for student success (Higgins, 2005). It is important for educators to recognize

the influence and significance of their role in student success (Jeffreys, 2012). By understanding challenges students face, educators can increase student success (Caputi, 2010). Lisa acknowledged the influence of educators on students and said, “I think we have a lot of meaning in our words.” Dana explained one procedure to promote student success currently in place and said, “In our program, we have an open door policy, and we have counseling after every failed exam or failed skills, anytime they have a deficiency in some area, we counsel them and try to get them on track.”

Melissa described conflicting educator to student interactions and said, “I think you have to mentor your students.” She stated, “Some of that depends on the culture of the program.” This participant went on to verbalize that biases in nursing education have a direct effect on students. She said, “Help them because the students with the screwed up lives, the dysfunctional homes, are the ones that are going to miss more because mama may not be there to keep the sick baby, the kids, or uh, whoever.”

Student performance is also influenced by the combination of student demographics and personal issues (Shelton, 2012). Students entering the nursing profession are more likely to be older adults, employed with family responsibilities and out of high school for several years (Caputi, 2010). These students are often entering nursing as a second occupation because of changes in the economy and job layoffs (Shelton, 2012). Because of personal obligations, students have time restrictions and responsibilities limiting study time. In order to utilize appropriate teaching strategies for the culture of various generations, nurse educators must understand the changing student body demographics (Caputi, 2010).

RQ1B: What are support mechanisms students describe as helpful and motivating during the associate-degree nursing program? Two student participants did not identify support mechanisms in the nursing program. Juan reported inadequate support in the college library hours and stated, “Uh, well, the college could help more maybe uh, the library hours open a bit more. I think they have classes that are open until 9:00pm here, so if the library had been open longer.” All participants verbalized value in the Workforce Innovation Opportunity Act (WIOA) program, but some did not qualify to receive financial assistance. Leigh stated, “WIOA was supportive. I got money from the WIOA. It paid what you told them to pay. We got our uniforms paid for and every week we got money for childcare and gas. It paid for a few other things too.”

RQ2B: Describe if support mechanisms are helpful and motivating during the associate-degree nursing program. All three educators identified positive support mechanisms throughout the program. One participant described the most support through the Adaptive Quizzing assignments. She described the stronger students as those students who independently utilized the resource. Her response was, “I’m going to tell you, students um, who did Adaptive Quizzing from day one, they were taking online quizzing and they’re some of your highest achievers.” Melissa replied she valued the strength of Adaptive Quizzing as a needed resource to help prepare students for the NCLEX-RN exam. She stated, “Well, the Adaptive Quizzing. Well, um, it levels them up as they pass the question. And I think it’s good. I do. And I think that they learn to critical think and they learn how to use or learn those higher level questions.”

Dana provided a response to positive support mechanisms by stating, “We do the ACLS/PALS class with our paramedics, so we get support through the paramedic

teachers too. Most schools do not offer this.” She followed up with, “Our seniors get the Kaplan live review too. So I think we have good support.”

Implications for Practice

The findings of this study indicate course or procedural changes may be beneficial for nursing programs. The following implications of practice may be utilized to improve student retention and are stated based on the results of this study.

Curriculum

The organizing framework of nursing curriculums are designed to develop knowledge, skills, and attitudes necessary for nursing (Institute of Medicine, 2008). Curriculums are designed based on the mission and philosophy of each program. According to Caputi (2010), two considerations for developing nursing curriculum include content and student characteristics. At the institution where the study was conducted, competencies, values, and elements from the National League for Nursing (NLN) Education Competencies Model (2012), Jean Watson’s Caring Science (2011), Quality and Safety Education in Nursing (QSEN), The Institute of Medicine’s report *The Future of Nursing: Leading Change, Advancing Health* (2007), The National Council of State Boards of Nursing (NCSBN), and American Nurses Association’s Code of Ethics are embedded in the framework (Whiddon & Ridley, 2012). The curriculum integrates concepts that progress from simple to complex.

Duplicate Content

Nursing programs similar to the program in this study should consider eliminating content taught in more than one course which would be beneficial to both educators and students. At this site, during the first semester in *Fundamentals of Nursing Care* and

Physical Examination and Health Assessment, the assessment of vital signs is taught in both classes. Removing duplicate content taught in more than one course would help reduce the student workload by eliminating repetitive subject material. By reducing or removing a course, students are allotted additional study time.

Clinical and Lab

Care Plans

Nursing care plans are created based on the nursing process (Potter & Perry, 2013). The nursing process is a critical thinking process used to apply evidence-based practices when providing care (Potter & Perry, 2013). Students have challenges learning to create and implement the nursing process. The three faculty members at the site in my study reported students have great difficulty learning care plan development.

In order to help students achieve success, online care plan activities could benefit students. According to Caputi (2010), a technology rich environment promotes learning.

Skill Videos

Nursing students are required to demonstrate competency in fundamental skills. These skills include sterile dressing changes, insertion and removal of Foley catheters, insertion and removal of nasogastric tubes, tracheostomy care, and vital signs. Students learn skills in a lab, demonstrated by a nursing educator. Without additional support, students often fail to recognize key elements in a designated skill or just forget the steps to a successful competency. Because students are fluent with technology, when faculty incorporate technology into the learning sessions, students respond favorably (Jones, Henderson, & Sealover, 2009). Designated skill videos designed to assist students with

remembering each steps, developed by nursing educators, could provide the additional support students need to help enhance their success.

Pharmacology

Both student and educator participants discussed flaws in Pharmacology. Four student participants complained the course lacked direction in where to place focus and direct study time. Student participants criticized the course as broad with too many medications.

One strategy nursing programs may employ to enhance learning is by implementation of a Pharmacology online course or remediation program. Active engagement in learning activities produces positive results (Caputi, 2010). Students can learn about medications including the mechanism of action, usual dose, side effects, routes of administration, patient teaching, and nursing considerations through interactive learning activities. Melissa reported the value with using technology in learning. She stated, “There were crossword puzzles, matching, click and carry games, the audiovisuals and so forth and these technology kids love that stuff.” Lisa reinforced this concept and replied, “You know, the students are technological savvy these days. They come into the program wanting to use technology and they like it. So, anything you can do to help them use technology is going to be a plus.” Students can access the online course, models, and interactive learning tools through cell phones, tablets, or computers.

A second intervention to assist nursing programs and aid in the calculation component of a course is to implement an online module to help students who struggle with dosage calculations. Mackie and Bruce (2016) reported students who participate in online resources in drug calculation have improved results and an increase in overall pass

rates. McMullan, Jones, & Lea (2011) recommend interactive online drug calculation learning support to promote student success and increase student confidence and competency.

As with most nursing programs, students at this site are required to complete a Drug Calculation exam with 100 percent accuracy every semester beginning with the *Nursing Pharmacology and Dosage Calculations* course. Students have three attempts to score 100% accuracy and if a student is unsuccessful after three attempts, the student is withdrawn from the program. The online dosage calculation modules may be integrated into programs as a requirement or remediation for students who do not score 100% competency on the drug calculation exam after three attempts, and may be used in any semester of the program. Adding online modules can provide additional sources and practice problems integrating conversions between measurement systems, conversions in a system, administration in units, reconstitution of solutions, and medication preparation administration.

Organizational Skills and Study Habits

Two educator participants verbalized concern with student organizational skills. Educators report that students are not prepared with necessary time-management skills and sometimes fail to prepare in advance. According to Caputi (2010), the nurse educator is responsible for creating an optimal learning environment. Because of the demands of nursing programs, programs may consider a Study Resources and Test Taking Tools guide that may include organization tips, learning profiles, types of learners, and possibly tips on test-taking strategies. Learning styles when incorporated

into a nursing curriculum enhance a student's experience (Cools, Evan, & Redmond, 2009).

Student Failure to Recognize Significance of External Factors.

Life Issues

All four student participants failed to recognize their personal home situation as a barrier to program success. The four student participants each described barriers to program completion, but did not comprehend the effect of their home situations. The emotional burdens and situations described by the student participants are difficult to overcome with the strain of a nursing program commitment.

All four student participants verbalized challenges with balancing studying and completing assignments due to children, employment, and family responsibilities. Leigh clearly described issues in her life, most likely unrelated to her position in the nursing program, but almost certainly exacerbated because she was a full-time student, mom, and parent. Leigh not only described a dysfunctional environment with her husband, but a former life of dysfunction with an alcoholic and emotionally absent father. She suffered the loss of her mother during our meetings.

Brenda described her home situation as supportive and loving although she was required to work outside of the home to help provide for family expenses. She was limited in time because of her obligation to her two small children, her husband, and her job. She described leaving school and going to work until midnight, then studying until she fell asleep and starting the cycle over again each day. Her unrealistic and unattainable schedule was not conducive to program success.

Juan, a single parent living with his parents also had outside obligations. He drove a two-hour commute each day from home to school and to his job. Juan worried about finances because he is not a United States citizen and paid double the usual tuition and fees, a college requirement. Although Juan did not feel his ethnicity played a role in his program failure, he described his family speaking “but mostly Spanish at home” and his difficulty with understanding the chapters. When asked if the textbooks were easy to understand, he replied, “Not for me. I had to read it over and over. I spent a lot of time every night after putting my little boy to bed, I would read. It was hard.”

In this study, student participants did not verbalize the impact of family situations as a reason for their lack of success in the nursing program, but the personal issues described by participants revealed a severe consequence in the ability to complete the program. This finding coincides with research provided by Watson et., al. (2008). In addition, Watson, et., al. (2008) reported patient and family demands and expectations place additional stress on nurses which aligns with the themes reported from student participants.

Two student participants reported suffering severe anxiety during HESI final exams. All four student participants described an endless emotional struggle to organize and rearrange their schedule to have enough time for everything. Even though all of them wanted to obtain a professional career, barriers and obstacles were obvious. Student participants did not feel personal issues contributed to his or her departure from the nursing program. According to Reilly (2014), anxiety and depression are the most prevalent concerns in college students seeking mental-health treatment. The 2017

American College Health Association reported that anxiety and depression jeopardize academic success (Helmer, 2018).

Mental health access increases student retention and student success (Reilly, 2014). Nursing programs may consider informing and promoting counseling services to students in the initial orientation so students are aware of these opportunities. Nursing programs may also consider providing students with counseling information in each course orientation as well as posted in the online learning platform.

Strength of Adaptive Quizzing

Adaptive Quizzing is an online quizzing support and is designed to mimic the NCLEX exam. Adaptive Quizzing builds cognitive reasoning skills with three mastery levels including beginner, intermediate, and advanced. Adaptive Quizzing assignments can be created during each nursing course. Educators use the Elsevier Adaptive Quizzing as a course requirement and assign quizzes to correlate with chapters covered in each class. Assignments are based on each chapter, concept, or topic, and as directed by the instructor to allow the student to progress from one level to the next level based on individual performances or course requirements. Students can also create additional quizzes in areas of weakness. Adaptive Quizzing improve students' test-taking skills and may also be used for remediation throughout the program.

All three nurse educators discussed the value of Adaptive Quizzing as a means to help students achieve higher-level questions mimicking the NCLEX. Because active learning assignments engage the student while utilizing technology, students benefit in higher-level thinking and decision-making, obtain immediate feedback, and educators are able to determine student understanding (Revell & McCurry, 2010). Nursing programs

may consider adopting online quizzing to promote student success. Nursing programs who integrate technology into the classroom have significant improvement in exam scores (Lancaster, Wong, & Roberts, 2012). Active learning techniques that engages students and requires them to critically think, supports the learning process (Caputi, 2010). In addition, active learning includes higher order critical thinking, and problem solving which follows the National League for Nursing's role competencies for critical thinking and communication (Caputi, 2010).

History of Unsupportive Educators

Two student participants verbalized the lack of support by previous educators. One student participant described an unprepared educator allowing students to participate during the lecture because the educator was not prepared to teach the lecture. She stated, "That teacher was nice, but none of us trusted anything." She reported unprofessional behaviors with the instructor favoring some students over other students. This same student participant described educators having a heavy workload and said, "I felt like they were getting stressed out, burned out. You helped if you could but everyone was as busy as we were and faculty wasn't always there because they were somewhere else. They were busy." Another student participant described educators as "not really in it for the students" and "just going through the motions."

Faculty orientation programs specific to a nursing program may be deemed beneficial for nursing programs. The orientation program may include nursing policies and procedures, clinical policies and procedures, orientation to the accreditation process, and best practices in nursing education. The orientation process may include required webinars on ethics, exam item analysis, identifying at risk students, informatics, legal

issues for nurse educators, innovative ways to engage diverse learners, prioritization and delegation, and retention and success.

One tool for mentoring is the NLN (2008) “*The Mentoring of Nursing Faculty Toolkit*” which places focus on enhancing faculty development. A handbook in nursing created by Sigma Theta Tau provides useful mentoring tools for nursing faculty (Donner & Wheeler, 2009). There are positive benefits from faculty mentoring which include increased job satisfaction, a sense of belonging, positive student success, and psychological empowerment (Chung & Kowalski (2012).

Limitations of the Study

The first limitation is the small number of student and educator participants. In this study, four student participants and three educator participants were interviewed. The second limitation is related to the youth of the program. Although the information obtained from participants is valuable, additional information from a well-established program may provide insight into other issues and results may differ with data from other participants.

Recommendations for Future Research

One recommendation is to study ten to twenty students or nursing educators to gain a broader understanding of perceptions. By using a larger number of participants, a researcher may gain different and unique perspectives not reported by the smaller group.

Second, there is need for research that explores educator-to-student engagement. Student engagement is also a measurement of academic integration and success. Student integration is essential for student success. Tinto (1993) and Shelton (2012) explained that student engagement relates to positive social interactions with peer

students and nurse educators. Students who feel accepted and valued are more likely to perform in a positive manner. Students must feel accepted and Shelton (2012) described the sociological viewpoint of what happens to a student once enrolled in a nursing program. Perceived faculty support is linked to both academic performance and student perseverance, so that students with higher perceived faculty support are more likely to complete in a nursing program (Shelton, 2012).

Conclusions

Nursing student attrition continues to be an issue for associate-degree nursing programs (Harris et. al., 2014). Nursing programs strive to maintain the curriculum balance of rigor in the curriculum without jeopardizing NCLEX pass rates (Rogers, 2010). The nursing program in my study made curriculum changes to balance the curriculum rigor without offsetting the NCLEX board rates.

A primary goal for educators is to promote nursing student success and retain as many students as possible. Another factor that influences the strength and reputation of a nursing program is how many students a program retains and graduates (Higgins, 2005). Nursing programs must integrate techniques to retain students and maintain program rigor. My research addressed experiences and perceptions related to nursing student attrition and my findings provide the field of nursing with alternate methods and interventions that may be applicable in other nursing programs. These interventions have the potential to decrease attrition and provide the nursing profession with additional graduate nurses, which is crucial for the nursing profession and for U.S health care systems.

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Appendix A
Participation Request

APPENDIX A

You are being asked to participate in an interview as part of a research study entitled “*A Qualitative Narrative Study Investigating Nursing Student Attrition in an Associate Degree Nursing Program*,” which is being conducted by Darlene H. Ridley, a *student* at Valdosta State University. The purpose of this study is to describe and examine the experiences and perceptions of nurse educators and nursing students on attrition, barriers to program completion, the value of relationships with nurse educators and peer students, and support mechanisms available or not available to students. The interviews will be audio taped in order to accurately capture your concerns, opinions, and ideas. Once the recordings have been transcribed, the tapes will be destroyed. This research study is confidential. No one, including the researcher, will be able to associate your responses with your identity. Your participation is voluntary. You may choose not to participate, to stop responding at any time, or to skip questions that you do not want to answer. You must be at least 18 years of age to participate in this study. Your participation serves as your voluntary agreement to participate in this research project and your certification that you are 18 or older. Participants will receive a \$10.00 gift card at the end of each interview provided by the researcher. Participants will be asked to sign for each gift card on the participant payment log. Each participant will have their own payment log.

Questions regarding the purpose or procedures of the research should be directed to Darlene H. Ridley at dhr Ridley@valdosta.edu. This study has been exempted from Institutional Review Board (IRB) review in accordance with Federal regulations. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-259-5045 or irb@valdosta.edu.

Appendix B
Appreciation Letter

APPENDIX B

Dear Participant

Please accept my sincere appreciation for agreeing to participate in my dissertation study, *A Qualitative Narrative Study Investigating Nursing Student Attrition in an Associate Degree Nursing Program*.

I understand how valuable your time is and I appreciate your investment and time in my study.

Respectfully,

Darlene H. Ridley, RN, MSN, CNE

Appendix C
Interview Questions

APPENDIX C

Student Interview Questions:

Interview 1:

1. Tell me as much as you would like to share about your history. (RQ1)
2. How did your past experiences bring you to this associate degree-nursing program?
(RQ1)
3. Tell me about your experiences in the associate-degree nursing program. (RQ1)
4. Describe in as much detail as possible about conditions that led to your departure from the associate-degree nursing program. (RQ1)
5. Can you describe factors that hindered your success in the associate-degree nursing program? (RQ1)
6. How did personal issues contribute to your departure from the associate-degree nursing program? (RQ1)
7. Under what circumstances would you consider returning to the associate degree program? RQ1

Interview 2:

8. Please describe the details of your experiences with educators. (RQ1A)
9. Please share details of your understanding and experiences with educators as supportive or non-supportive during the nursing program. (RQ1A)
10. Share details of how nurse educators influenced your departure from the nursing program? (RQ1A)
11. Describe the details of your experiences with peer students during the associate degree-nursing program. (RQ1A)

12. Describe if peer students were influential in your departure from the associate-degree nursing program? (RQ1A)

Interview 3:

13. Share if support mechanisms were available to you during your time in the associate-degree nursing program. (RQ1B)

14. Explain how support mechanisms were adequate or inadequate during the associate-degree nursing program? (RQ1B)

15. What were helpful and motivating factors in the associate-degree nursing program? (RQ1B)

16. If I were your best friend, what would you advise me as beneficial or non-beneficial support mechanisms to help me successfully complete the associate-degree nursing program? (RQ1B)

17. If I were your best friend, what would you tell me is the most valuable resource in the associate-degree nursing program? (RQ1B)

Educator Interview Questions:

Interview 1:

1. Tell me as much as you would like to share about your history. (RQ2)

2. How did you become interested in being an educator in the nursing program? (RQ2)

3. What courses have you taught in the nursing program? (RQ2)

4. Tell me about your experiences in the associate-degree nursing program. (RQ2)

5. Describe what you feel hinders a student's success in the associate degree nursing program? (RQ2)

6. Describe your experiences and perceptions on nursing student attrition. (RQ2)

Interview 2:

7. Describe details of experiences and perceptions of how educators are supportive or non-supportive in the nursing program. (RQ2A)
8. Share why you feel a nurse educator can influence a student's decision to leave or remain in a nursing program. (RQ2A)
9. How are peer students supportive or non-supportive to each other during the associate degree-nursing program? (RQ2A)
10. Describe experiences of peer student relationships and the value during the associate-degree nursing program. (RQ2A)
11. Describe how would students describe you as an educator? (RQ2A)
12. Describe how would your peers describe you as an educator? (RQ2A)

Interview 3:

14. Describe support mechanisms used during the associate-degree nursing program. (RQ2B)
15. Are support mechanisms helpful and motivating for students during the associate-degree nursing program? (RQ2B)
16. Explain how support mechanisms were adequate or inadequate during the associate-degree nursing program. (RQ2B)
17. What were helpful and motivating factors in the associate-degree nursing program? (RQ2B)
18. What would you advise a student as beneficial or non-beneficial to help in success in the associate-degree nursing program? (RQ2B)

Appendix D
Research Permissions Request

APPENDIX D

Letter of Request to President

Dr. Tina K. Anderson, President
Wiregrass Georgia Technical College
4089 Val Tech Road
Valdosta, Georgia 31602

30 September 2017

Dear Dr. Anderson:

I am preparing my dissertation entitled *A Qualitative Narrative Study Investigating Nursing Student Attrition in an Associate Degree Nursing Program*. I am seeking to examine the experiences and perceptions of nurse educators and nursing students on attrition, barriers to program completion, the value of relationships with nurse educators and peer students and support mechanisms available or not available to students. This study will provide insight into the perspectives of the educators and students regarding their experiences with nursing education. I hope to illustrate the difficulties of unsuccessful nursing students to understand how their experiences may have contributed to their unsuccessful completion of the nursing program. It is hopeful educators and students will identify issues that lead to program changes in order to retain students and promote student success.

In order to continue my research, I am requesting permission to contact former associate-degree nursing students and current faculty members for the interview process. I am seeking nursing students and three faculty members for the interview process. I will contact students by email. All information will remain confidential and educators and students will be identified using pseudo-codes to ensure anonymity. My interview questions will focus on conditions that led to premature departure from the nursing program.

Respectfully,

Darlene H. Ridley, RN, MSN, CNE

Appendix E

Application for Use of Human Participants in Research

6. Biosafety

- (1) Does your research involve human blood, body fluids, cells, or tissue components? YES NO
- (2) Does your research involve recombinant DNA or a biohazardous agent? YES NO

If you answered YES to the either question above – email (or mail) your IRB application to Meredith Lancaster, Associate Director of Environmental and Occupational Safety (mlancaster@valdosta.edu) for Biosafety review.

7. EDUCATIONAL REQUIREMENTS: In accordance with federal regulations, the VSU IRB requires all responsible researchers, co-investigators, key personnel, including unaffiliated investigators, and faculty advising student researchers to complete the CITI educational program. Co-investigators from other institutions are not required to complete this if they have a certificate of completion from their own federally assured IRB.

Please visit: <http://www.citiprogram.org> to complete all of the following mandatory trainings:

1. Introduction
2. History and Ethical Principles
3. Defining Research with Human Subjects
4. The Regulations and the Social and Behavioral sciences
5. Basic Institutional Review Board (IRB) Regulations and Review Process
6. Assessing Risk in Social and Behavioral Sciences
7. Informed Consent
8. Privacy and Confidentiality
9. Valdosta State University Module

Additional modules may be required for specific types of research. Please check all that apply and complete the corresponding modules:

Study population targets	Additional CITI Modules Required
<input type="checkbox"/> a. Minors (under the age of 18)	Research with Children
<input type="checkbox"/> b. Public school Children	Research in Public Elementary and Secondary Schools
<input type="checkbox"/> c. Pregnant Women	Vulnerable Subjects
<input type="checkbox"/> d. Prisoners	Research with Prisoners
<input type="checkbox"/> e. Potentially vulnerable individuals (those whose consent maybe compromised due to socio-economic, educational or linguistic disadvantage.)	Research with Protected Populations
<input type="checkbox"/> f. Individuals in foreign countries	International Research
<input checked="" type="checkbox"/> g. Individuals from different cultures or individuals from a particular racial/ethnic group	Group Harms: Research with Culturally or Medically Vulnerable groups
<input type="checkbox"/> h. Individuals about whom data will be collected from records (e.g., educational, health, or employment records)	Records-Based Research
<input type="checkbox"/> i. Individuals from or about whom Private Health Information (PHI) subject to HIPAA compliance will be collected	HIPAA and Human Subjects
<input type="checkbox"/> j. Individuals from whom information will be collected via internet	Internet Research
<input type="checkbox"/> k. VSU Employees	Workers as Research Subjects

8. YES NO Does the primary researcher, co-investigator, or any other key person, have a potential or actual significant financial conflict of interest in performance of the research? If YES, please complete the CITI module "Conflicts on Interest in Research Involving Human Subjects" AND complete the VSU Conflict of Interest form available at the website below <http://www.valdosta.edu/grants/forms>.

9. As a researcher you are expected to follow VSU's code of ethics. Will there be an additional code of ethics followed?

Include organization's name & Web address: N/A

10. Name and location of external organization(s) providing research participants (*attach letter(s) of cooperation*):

Wiregrass Georgia Technical College

11. YES NO UNCERTAIN Does the study present more than minimal risk to the participants?

"Minimal Risk" means that the risks of harm or discomfort anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during performance of routine physical or psychological examinations or tests. Note that the concept of risk includes psychological, emotional, or behavioral risks to employability, economic well-being, social standing, and risk of civil criminal liability.

12. If the research project can be described by one or more of the categories listed below, please check all that apply:

- Category 1** - Clinical studies of drugs and medical devices only when
- (a) the research is on drugs for which an investigational new drug application (21 CFR 312) is not required or
 - (b) the research is on medical devices for which
 - (i) an investigational device exemption application (21 CFR 812) is not required or
 - (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
- Category 2** - Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture from
- (a) healthy, non-pregnant adults who weigh at least 110 pounds for whom
 - (i) the amounts drawn do not exceed 550 ml in an 8 week period and
 - (ii) collection does not occur more frequently than 2 times per week or
 - (b) other adults and children, for whom, considering the age, weight, and health of the participants, and the collection procedures,
 - (i) the amount of blood to be collected does not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and
 - (ii) collection does not occur more frequently than 2 times per week.
- (NOTE: Children are defined as "persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted.")*
- Category 3** - Prospective collection of biological specimens for research purposes by noninvasive means, including:
- (a) hair and nail clippings, in a non-disfiguring manner;
 - (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
 - (c) permanent teeth if routine patient care indicates a need for extraction;
 - (d) excreta and external secretions (including sweat);
 - (e) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
 - (f) placenta removed at delivery;
 - (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;
 - (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques;
 - (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; and
 - (j) sputum collected after saline mist nebulization.
- Category 4** - Collection of data through non-invasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Such procedures include:
- (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the participant or an invasion of the participant's privacy;
 - (b) weighing or testing sensory acuity;
 - (c) magnetic resonance imaging;
 - (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography; and
 - (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.
- (NOTE: Where medical devices are employed, they must be cleared/approved for marketing.)*
- Category 5** - Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected, solely for non-research purposes (such as medical treatment or diagnosis).
- Category 6** - Collection of data from voice, video, digital, or image recordings made for research purposes.
- Category 7** - Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Please answer each question below (13-21) in 1-3 paragraphs – submit answers as a separate document.

13. Selection of Participants and Voluntariness: Describe (a) the participant population and any special characteristics of participants, (b) methods for selecting participants, and (c) procedures for assuring that their participation is voluntary. If utilizing data about human participants, describe the strategies you will employ to access data about the participants. Attach copies of flyers, posters, and/or letters that will be used to recruit participants, if applicable.

14. Informed Consent or Parental Permission/Child Assent: Describe how you will implement the informed consent process. If English is not the participants' first language, describe how you will communicate with the participants and how you will provide an understandable written consent document. **Attach** a copy of the written informed consent and/or parental permission and child assent documents and/or provide any verbal or written explanation which will be given to the participant in lieu of a written informed consent document. If the consent process will be implemented in a foreign language, provide the foreign language script and documents as well as English versions. Please visit our website for information and examples of the IRB's Model Informed Consent Form or Parental Permission Form. If appropriate, a Child Assent Form written at an age-appropriate level should also be developed.

15. Compensation: If participants will receive payment, extra-credit points, or any other form of compensation or special consideration for participation, state the form, amount, and conditions for award. Explain alternate activities and compensation that will be available to persons who elect to not participate in the research, if applicable.

16. Deception: If participants will be deceived or misled or if information is withheld from participants, identify the information involved, justify the deception, and describe the debriefing plan, if applicable. If deception will not be used, indicate such.

17. Research Protocol: In lay terms, describe the specific procedures that relate to the participants' participation. What will the participants do and/or what will be done to them? Provide enough detail so that a lay reader will understand exactly what is going to occur in the study. **Attach** copies of all test instruments, questionnaires, and other data collection instruments that will be used. Describe how interviewers or data collectors will be trained. If appropriate, describe arrangements for referral of participants to support services or assistance that may be needed as a result of their participation in the research (e.g., referral for psychological counseling, medical treatment, etc.)

18. Privacy and Confidentiality: Explain if the participants will be identified and/or if their participation in the study might reasonably place them at risk for criminal or civil liability; or be damaging to their financial standing, employability, insurability, or reputation; or be stigmatizing. Describe the protections that will be implemented to reduce risks related to invasion of privacy and/or breach of confidentiality, including data collection, manipulation, and reporting methods and plans for long-term protection, including any methods to render the data anonymous/unidentifiable and/or disposal or destruction of participants' data or records. (Note: Federal IRB regulations require the retention of records for three years after completion of the final report. Research sponsors or the institution may impose longer retention period that must be observed by the researcher.)

19. Risks: Describe all potential risks to the participants in the study, including potential physical, psychological, social, and/or economic harms. Discuss potential risks in relation to their probability and magnitude of harm. Explain the precautions that will be taken to minimize those risks. (Note: Rarely does participation in a research project carry no risk; the more appropriate statement is that risks are minimal or that there are no known risks associated with the research procedures.)

20. Benefits: Describe benefits likely to accrue to the participant, or, if there are none likely, state such. Describe the benefits of the proposed research to science and/or society in realistic terms.

21. Prior Research: If you have conducted prior research that bears on the risk-benefit ratio of this proposed study, please provide a brief summary of the methods and results. If you have not conducted such prior research, answer "Not Applicable."

CERTIFICATIONS AND REQUIRED SIGNATURES

(Note: Applications without required signatures will be not be reviewed.)

Statement of Responsible Researcher:

I certify that I have completed required training regarding human participant research ethics and am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks. I will adhere to the policies and procedures of the Valdosta State University Institutional Review Board (IRB). I will not initiate this research project until I receive written exemption or approval from the IRB. I will not involve any participant in the research until I have obtained and documented his/her informed consent as required by the IRB. I agree to (a) report to the IRB any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions taken as a result, (b) cooperate with the IRB in the continuing review of this project; (c) obtain prior approval from the IRB before amending or altering the scope of the project or the research protocol, and (d) maintain documentation of consent and research data and reports for a minimum of three years and in accordance with approved data retention and procedures and confidentiality requirements after completion of the final report or longer if required by the sponsor or the institution. I understand that my department chair/unit director/faculty advisor (if I am a student) will receive a copy of my IRB exemption or approval report.

SIGNATURE: Darlene H Ridley RN MSN CNE Digitally signed by Darlene H Ridley RN MSN CNE **Date:** 11162017
Responsible Researcher Date: 2017.05.07 08:55:03 -04'00'

Statement of Supervising Faculty if Responsible Researcher is a Student:

I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and have completed training required by the VSU IRB. I agree to provide guidance and oversight as necessary to the above named student regarding the conduct of his/her research. I will ensure the student's timely requests for protocol modifications and/or continuing reviews, compliance with the ethical conduct of human participant research, and the submission of the final report. I understand that an IRB protocol cannot be closed until final report is submitted, and I agree that, if the student fails to complete a final report, I will be responsible for timely completion and submission of the report.

SIGNATURE: _____ **Date:** _____
Supervising Faculty

Statement of Biosafety Officer: (if applicable – review question #6)

I certify that the Valdosta State University Committee on Biosafety has reviewed the proposed research project and has found it to be in compliance with the VSU Biosafety Manual, which outlines standards for conducting experiments with biohazardous agents.

SIGNATURE: _____ **Date:** _____
Bio-safety Officer

13. Selection of Participants and Voluntariness: Student participant identification will occur by reviewing the attrition lists of former students no longer enrolled in the program. I will use the nursing student attrition log in the faculty nursing office and prepare a master student profile table for each cohort of nursing students with profile characteristics noted. The profile characteristics will be categorized into the following sections using a point legend. The categories will include age, children, employment, environment, ethnicity, gender, marital status, and semester withdrawn. I will complete the table placing one point for each category. The table will include highest points for traditional students and highest points for nontraditional students. The table will identify candidates from each cohort with participants numbered from highest number of points to lowest number of points. The points will be calculated and the table will show traditional students and nontraditional students with the highest number of points for the last three cohorts. Students with the highest number of points are the best candidates for my study. Students excluded from the table include students who filed appeals or were involved in academic dishonesty.

My goal is to obtain participants from each of the last three cohorts. If students have the same number of points, I will select students based on the semester of their departure placing more emphasis on the length of time a student was enrolled in the program.

After a thorough review of all potential candidates, I will email the top four candidates with information about the study and ask for their agreement to participate. These four candidates will have two weeks to reply to my email. If I do not receive a reply within two weeks, I will resend the email and call the candidate to determine their interest. If I cannot reach the candidate or if he or she declines, I will move the next student in my profile

table. I will accept participants who agree to participate, and if a participant elects to discontinue for any reason, I will contact the next participant with the highest number of points to take his or her place, and I will start the interview process over with the new member.

Participants will be provided an overview of my study, the participant's role, and know the results will be used in a dissertation. Information regarding participation will allow students the opportunity to understand their rights and benefits. The email will include all pertinent information along with my VSU email address and phone number. A consent form will be included and is located in the appendices as Appendix A. In consideration of confidentiality and ethical issues, the consent form includes a description that allows participants to understand the time commitment, gain permission for recordings, and recognize the importance of the study.

Each participant's identity will remain confidential, and the information shared will be with committee members while preparing the dissertation. Participants will understand their participation is voluntary, and they may elect to withdraw from the study at any time. For their voluntary participation, I will provide each of the selected participants a monetary compensation in the form of a gift card. The amount will not exceed \$10.00 for each interview.

Each participant may request to have specific information withheld from the study and will understand the dissemination of the results of the study. I will ask all participants to sign the consent form as verification of their understanding.

Upon confirming their agreement to participate, I will send a follow-up email (Appendix B) to these participants to thank them for their time and investment, and I will then schedule interviews.

Educator: I will create a master list of potential candidates. The list will include faculty members employed at the proposed site and previously employed at the proposed site. I will then create two master educator profile tables with parameters listed using a point legend. The first table will include current educators employed in the associate degree nursing program and the second table will include former educators employed in the associate degree nursing program. The profile characteristics will be categorized into the following sections and the categories will include current employment, history of employment, length of employment, and number of years teaching in an associate degree nursing program. I will complete the table placing one point for each category and a point for each year of teaching in an associate degree nursing program. The points will be calculated and educators with the highest number of points are the best candidates for my study. The table will identify candidates numbered from highest number of points to lowest number of points.

My goal is to obtain educators currently teaching in the associate degree nursing program as my participants. I will select these candidates as my first option. If I am unable to obtain three current educators, I will then seek educators previously employed in the associate degree nursing program. If educators have the same number of points, I will select educators based on their professional nursing experiences placing more emphasis on years of experience.

After a thorough review of potential candidates, I will email the educators with information about my study and ask for their agreement to participate. The candidates will have two weeks to reply to my email. If I do not receive a reply within two weeks, I will resend the email and call the candidate to determine their interest. If I cannot reach the candidate or if he or she declines, I will move the next candidate in my profile table. I will accept candidates who agree to participate, and if a participant elects to discontinue for any reason, I will contact the next participant to take his or her place, and I will start the interview process over with the new member.

Participants will be provided an overview of my study, the participant's role, and know the results will be used in a dissertation. Information regarding participation will allow educators the opportunity to understand their rights and benefits. The email will include all pertinent information along with my VSU email address and phone number. A consent form will be included and is located in the appendices as Appendix A. In consideration of confidentiality and ethical issues, the consent form includes a description that allows participants to understand the time commitment, gain permission for recordings, and recognize the importance of the study.

Each participant's identity will remain confidential, and the information shared will be with committee members while preparing the dissertation. Participants will understand their participation is voluntary, and they may elect to withdraw from the study at any time. For their voluntary participation, I will provide each of the selected participants a monetary compensation in the form of a gift card. The amount will not exceed \$10.00 for each interview.

Each participant may request to have specific information withheld from the study and will understand the dissemination of the results of the study. I will ask all participants to sign the consent form as verification of their understanding.

Upon confirming their agreement to participate, I will send a follow-up email (Appendix B) to participants to thank them for their time and investment and I will then schedule interviews.

14. Informed Consent or Parental Permission/Child Assent: The informed consent process will be emailed to all participants. All participants speak and read English and will receive the consent form as an attachment in the email. The consent form is attached.

15. Compensation: Participants will receive a gift card for each interview. Participants will receive a monetary compensation in the form of a gift card not exceeding \$10.00 for their voluntary participation.

16. Deception: Participants will not be deceived or misled in any way at any time.

17. Research Protocol: Participants will participate in three 90-minute interviews. Each interview will be recorded. A copy of interview questions is attached.

18. Privacy and Confidentiality: Participants will not be identified in the study. The researcher will use pseudo-codes to ensure anonymity. Participation in the study will not place participants in any risk for criminal or civil liability and will not be damaging to their financial standing, employability, insurability or reputation or be stigmatizing. All transcribed information will be stored on a USB jump drive that is FIPS 140-2 certified.

19. Risks: There are no known potential risks to participants.

20. Benefits: The only known benefit to participants is in the form of a gift card.

21. Prior Research: Not Applicable

Appendix F

Institutional Review Board (IRB) Protocol Exemption Report

APPENDIX F



Institutional Review Board (IRB)
For the Protection of Human Research Participants
PROTOCOL EXEMPTION REPORT

PROTOCOL NUMBER:	03566-2017	INVESTIGATOR:	Ms. Darlene H. Ridley
		SUPERVISING FACULTY:	Dr. Dianne C. Dees
PROJECT TITLE:	<i>A Qualitative Narrative Study Investigating Nursing Student Attrition in an Associate Degree Nursing Program.</i>		

INSTITUTIONAL REVIEW BOARD DETERMINATION:

This research protocol is **Exempt** from Institutional Review Board (IRB) oversight under Exemption Category 2. You may begin your study immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research.

ADDITIONAL COMMENTS:

- The Participant Payment Log must be securely maintained and accessible only by the researcher. Participants are to sign & date the payment log upon receipt of a gift card. Participant names/signatures must be kept confidential.
- All compiled data (email correspondence, email/telephone list, pseudonym/name list, payment log, etc.) must be securely maintained for a minimum of three years and then destroyed. Pseudonyms & correlating name lists must be kept in separate files.
- As part of the informed consent process – the Research Statement must be read aloud to each participant at the start of the interview. Your voice must be part of the taped recording reading the statement & answering questions. The transcript must document the reading of the research statement & assessment of participant understanding (questions).
- Audio tapes must be deleted/destroyed immediately upon creation of each interview transcript.

If this box is checked, please submit any documents you revise to the IRB Administrator at irb@valdosta.edu to ensure an updated record of your exemption.

Elizabeth W. Olphie

Elizabeth W. Olphie, IRB Administrator

12/08/2017

Date

Thank you for submitting an IRB application.

Please direct questions to irb@valdosta.edu or 229-259-5045.
