

Exploring Student Perceptions of Retention Issues  
in a 3-year Baccalaureate-Level Nursing Program

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Exploring Student Perceptions of Retention Issues  
in a 3-year Baccalaureate-Level Nursing Program

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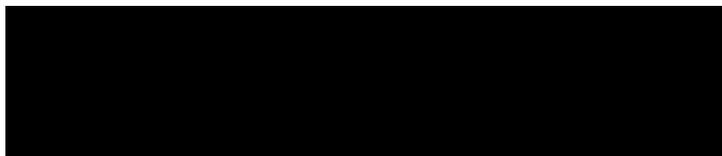


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## Abstract

The nursing shortage, a major concern for the United States, has a multitude of causative factors. Nursing education has been tasked with helping to decrease the shortage of qualified registered nurses. Poor retention of nursing students in higher education is impacting the number of qualified nurses entering the workforce. Nursing education has historically been a high attrition area due to the stress and rigor of the curriculum. The general problem is that a severe and worsening shortage of registered nurses is increasingly putting the health and well-being of society at risk. The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. A purposeful sample of recently completed nursing students from one campus in a private, for-profit nursing university will be interviewed. Six faculty members at the campus participated in a focus group to understand their perception of student retention. The findings are that faculty-student relationships and family support are important for nursing students to remain in their program and graduate to become registered nurses. Further research is recommended with students and a full-time retention nursing specialist to be on the campus.

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## Chapter 1: Introduction

A shortage of registered nurses is projected to reach 800,000 by 2020, with an additionally estimated shortage of registered nurses totaling 900,000 by the year 2030 (Juraschek, Zhang, Rangathan, & Lin, 2012; Paul & McDonald, 2014; Sanford, 2013; Yucha, Smyer, & Strano-Perry, 2014). Reasons for this shortage include the increasing size of the elderly population, the high number of registered nurses nearing retirement age, a nurse faculty shortage, and high attrition rates of nursing students (Akowuah, 2014; Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015; Tower, Blacklock, Watson, Hefferman, & Tronoff, 2015). A good nursing education can produce well-prepared students who are successful on the standardized National Council Licensure Examination for Registered Nurses (NCLEX-RN; Freidel, 2012; Horton, Polek, & Hardie, 2012; Juraschek et al., 2012). Therefore, nursing education is an essential component in alleviating the nursing shortage in the United States.

To ease the nursing shortage, postsecondary institutions that offer nursing degrees have engaged in large-scale recruitment efforts (Cameron, Roxburgh, Taylor, & Lauder, 2011; Melillo, Dowling, Abdallah, Findeisen, & Knight, 2013). Three-year baccalaureate nursing programs represent a curriculum change designed by academic professionals to help decrease the amount of time a student spends in higher education, thereby promoting rapid access to the workforce (Doggrell & Schaffer, 2016; Payne et al., 2014). In addition, the admission of nontraditional students into nursing programs has increased. Because nontraditional students generally have high student attrition rates, retention in nursing programs has become a severe problem (Cameron et al., 2011; Wiles, 2015). Factors associated with high attrition rates for nontraditional students include family

educational level, high school grade-point average, ethnicity, gender, and English as a second language (Hamshire, Willgoss, & Wibberly, 2012; Schrum, 2015).

Up to 50% of nursing students will fail a nursing course in the first year and then stop attending the program (Barra, 2013; Tower et al., 2015). The critical attrition time for college and university is the first 2 years (Tower et al., 2015). Support programs for nursing students are usually offered in the first year and decrease each year until graduation (Cameron et al., 2011; Tower et al., 2015). Retention strategies can help to decrease attrition for nursing students (Crombie, Brindley, Harris, Marks-Moran, & Thompson, 2013; Hamshire et al., 2012; McKendry, Wright, & Stevenson, 2013).

Effective retention strategies to help students to succeed with the rigorous nursing curriculum can contribute to the alleviation of the nursing shortage (Friedel, 2012; Jeffreys, 2014; Yucha et al., 2014). Leaders of nursing programs have been examining factors that affect student success (Crombie et al., 2013; Lauer & Yoho, 2013; Salvucci, 2015). However, little was known about factors that encourage nursing students to stay in their program of study and graduate successfully (Brannagan et al., 2013; Cameron et al., 2011). The extent to which the behaviors of faculty and staff members affected student success in nursing programs was unclear (Barra, 2013; Dapremont, 2014). Researchers have indicated that an additional study designed to focus on the use of retention strategies is needed to support the use of resources for student-nurse success (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). Improved retention strategies in nursing programs may lead to increased numbers of registered nurses to meet the needs of healthcare in the United States (Schrum, 2015; Trofino, 2013; Wiles, 2015; Yeom, 2013).

## **Background**

The nursing shortage will begin to affect individuals in the United States as early as 2020 (American Association of Colleges of Nursing [AACN], 2015; Barra, 2013; Doggrell & Schaffer, 2016; Feldman, 2015; Paul & McDonald, 2014; Tower et al., 2015; Yeom, 2013). Individuals throughout the world will be affected (Jeffreys, 2015; Maher & Macallister, 2013; Mooring, 2016; Tower et al., 2015; Yucha et al., 2014). Several groups of nursing leaders, including the Robert Wood Johnson Foundation, the American Nurses Association (ANA), the National League for Nurses, Sigma Theta Tau, and the AACN, have collaborated to help minimize the harm (Gerolamo, Overcash, McGovern, Roemer, & Bakewell-Sachs, 2014; Nardi, 2013; Yedida, 2014). Nursing educators have been tasked with helping to decrease the effect of the shortage by putting more graduates into the workforce (Doggrell & Schaffer, 2016; HRSA, 2013; Lauer & Yoho, 2013).

Nursing educators continue to lack information on ways to ensure that nursing students complete the first year successfully, graduate, and pass the NCLEX-RN (Barra, 2013; Hongwei, 2015; Jeffreys, 2015; Melillo et al., 2013; Schrum, 2015; Tower et al., 2015; Wiles, 2015). The curriculum for nursing education is stressful, and as many as half of the students admitted will not persist through to graduation (Mooring, 2015; Shelton, 2012). This problem has persisted since the 1960s (Jeffreys, 2015; Jinks, Richardson, Jones, & Kirton, 2014). More research is needed in this area (Brannagan et al., 2013; Ferrell & DeCrane, 2016; Jeffreys, 2015; Scarbrough, 2013; Shelton, 2012). In particular, information is not available regarding retention and attrition in nursing programs from the perspective of the students (Brannagan et al., 2013; Gazza & Hunker, 2014; McKendry et al., 2013; Schrum, 2015).

Programs with compressed curricula are found in both baccalaureate and associate degrees in nursing and represent a change for nursing program curricula (Gazza & Matthias, 2016; Zahn & Finch, 2012). The purpose of these programs is to help students enter the workforce at a faster pace, thereby decreasing the nursing shortage (Doggrell & Schaffer, 2016; Payne, Glaspie, & Rosser, 2014; Zahn & Finch, 2012). Students are attracted to the programs to help them complete their education at a rapid pace (Peterson's, 2015). However, the pace of 3-year baccalaureate programs has been found to have an adverse effect on student retention (Smith, Carpenter, & Fitzpatrick, 2015; Wolf, Warner-Stidham, & Ross, 2015). Students admitted into the programs must be adequately prepared for the rigorous demands of the condensed curriculum. Minimal research has been conducted on 3-year baccalaureate programs (Doggrell & Schaffer, 2016; Payne et al., 2014; Zahn & Finch, 2012).

### **Statement of the Problem**

The general area of interest creating a need for this study was that a severe and worsening shortage of registered nurses was increasingly putting the health and well-being of society at risk (Friedel, 2012; Hamshire et al., 2013; Juraschek et al., 2012; Salvucci, 2015; Sanford, 2015; Schrum, 2015; Trofino, 2013). Academics have been tasked with decreasing the harm caused by the nursing shortage (Jeffreys, 2015; Schrum, 2015; Yeom, 2013). However, rates of attrition are high in both 4-year and 3-year baccalaureate nursing programs. A low rate of student retention creates problems for funding, future workforce strategies, and nursing programs throughout the world (Crombie et al., 2013; Hamshire et al., 2012; McKendry et al., 2013).

The researchable problem for this study was the failure to retain nursing students in their program of study (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). Specific motivation factors leading to degree completion have not been identified for nursing students (Cameron et al., 2011; Crombie et al., 2013; McKendry et al., 2013). Although many researchers have investigated reasons for attrition, additional research was needed to explore why nursing students were choosing to stay and graduate (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). This knowledge is needed to help guide future retention strategies. No research was located describing students' perceptions of factors that motivated them to stay in a 3-year baccalaureate nursing program and graduate (Cameron et al., 2011). Strategies to help with retention are necessary for improving the numbers of nursing professionals in the workforce and thus for decreasing the nursing shortage (McKendry et al., 2013; Salvucci, 2015; Schrum, 2015).

### **Purpose of the Study**

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. Seven nursing-school graduates at one campus in a private, for-profit nursing university were interviewed. The university has more than 20 campuses throughout the United States. The selected campus for this study was in the Midwest. Between five and nine interviews are typical for an interview-based case study (Brinkmann & Kvale, 1996), but the exact number of participants for this study was determined by the point at which the data became redundant (Merriam & Tisdell, 2016; Yin, 2015).

The sample was selected as a purposeful sample. All nursing graduates had completed the 3-year baccalaureate nursing program within 6 months of the expected graduation date. Students were recruited by means of an email sent to them by a faculty member who had instructed them within the previous 6 months. Nursing students who had already graduated were chosen to ensure that participants were able to express their perceptions freely, without fear of repercussions in the program. Additionally, six full-time faculty members at the campus received emails inviting them to participate in a focus group to discuss the support they believed they provided to the students.

Interview protocols were used, with open-ended, in-depth, semistructured interview questions (see Appendices A and B). The invitational emails gave potential participants the needed contact information, along with an explanation of the study and a statement of informed consent to sign (see Appendices C and D). The interviews and focus-group meetings each lasted approximately one hour. The students and faculty members were encouraged to express their feelings freely regarding the quality of the program and how the program met student needs. The interviews were recorded and transcribed verbatim, and the transcript was sent to the participants for review to ensure accuracy.

The interviews were analyzed in an ongoing process and organized according to recurring themes. To triangulate the study, online data indicating the retention rates of the selected campus were reviewed, along with NCLEX-RN licensing examination scores. NVivo (Version 11) qualitative software was used to assist in coding and organizing the graduate interviews and faculty focus group data according to the most frequently found themes. During data collection, constant comparison was used to

identify themes as they emerged. The identification of factors associated with persistence from the graduate perspective may help to decrease the shortage of registered nurses in the United States and globally (Barra, 2013; McKendry et al., 2013; Tower et al., 2015).

### **Research Questions**

The understanding of student retention and attrition is essential for nursing educators (Cameron et al., 2011; Dapremont, 2014; Lauer & Yoho, 2013; McKendry et al., 2013; Scarbrough, 2013). Despite the increasingly critical nursing shortage in the United States, up to 50% of undergraduate nursing students will not complete the program of study. Therefore, the need to understand retention in nursing education is urgent (Lauer & Yoho, 2013; Paul & McDonald, 2014; Trofino, 2013; Yeom, 2013).

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates of a 3-year baccalaureate nursing program regarding the factors that influenced them to overcome obstacles and remain in the program. The study may help guide future retention strategies in higher education and may contribute to increased retention of nursing students, thus contributing to ease the nursing shortage. Following are the research questions addressed.

**Q1.** How do graduates of a 3-year baccalaureate nursing program describe the challenges they faced during the first 2 years of the nursing program?

**Q2.** How do graduates of a 3-year baccalaureate nursing program describe the factors that motivated them to persist to graduation?

**Q3.** How do graduates of a 3-year baccalaureate nursing program describe the support they received from nursing school faculty and staff members to encourage or discourage their efforts in the program?

**Q4.** How do nursing school faculty members describe the support they offer to undergraduate nursing students in a 3-year baccalaureate program?

### **Nature of the Study**

A qualitative method was used because a qualitative method met the purpose of conducting an in-depth exploration of the perceptions of the participants (Houser, 2015; Yin, 2014). A naturalistic perspective guided this method. According to the naturalistic framework, individuals hold their own truth. This viewpoint is created by the participant and not by the researcher (Houser, 2018). The way an individual interprets reality is based on the individual's experience (Houser, 2018). When a naturalistic paradigm is used, interviews can reveal new perspectives that the researcher had not anticipated (Houser, 2015). A naturalistic framework is therefore well-suited to a qualitative study, such as the current study, involving interviews with participants.

The multiple-case study design was chosen to show the different viewpoints of the participants and the meaning of the phenomenon for each case. Each nursing-school graduate was treated as a single case. The focus group of faculty members was treated as a single case as well. A multiple-case study ensured that multiple perspectives were considered (Creswell, 2013). When a study is designed to enable an understanding of typical cases to achieve replication, a multiple-case study is more rigorous than a single-case study (Yin, 2014). The replication from typical cases across the nursing school campus contributed to data triangulation and assisted in the transferability of the study (Yin, 2014).

The sample for the study included seven graduates of a 3-year baccalaureate nursing program on a Midwest campus at a private, for-profit school of nursing. Faculty

members at the selected campus were also asked to participate in a focus group. A small number of participants is preferred for case-study research so that more in-depth information can be gathered (Houser, 2015). The exact number of participants was determined by the point of data saturation (Merriam & Tisdell, 2016; Yin, 2015), at which time the data being collected became redundant (Houser, 2015; Yin, 2014). NCLEX pass rates were collected and reviewed for trends from the campus chosen for the study.

The researcher is the main instrument for a case study (Webb, 2015; Yin, 2014). Interview protocols were used to assist in data collection (see Appendices A and B). The researcher in a qualitative study reveals phenomena through inferences from the data.

For interviews with the nursing graduates, demographic questions were asked, followed by questions about the experience of the participants in the 3-year baccalaureate nursing program. An interview protocol was used (see Appendix A). Open-ended questions were presented for understanding students' experiences in previous classes. Both positive and negative experiences in the program were explored (Houser, 2015).

The focus group consisted of full-time faculty members who taught at the selected campus. The faculty members were asked questions about their experiences with retention in nursing education. Faculty members gave their informed consent, and an interview protocol was used (see Appendix B). Open-ended questions were presented to understand the role of the nursing faculty in retention on the campus. The focus group lasted about one hour and was audio-recorded.

The interviews were audio recorded, with participant consent. After the completion of each interview, the text was transcribed. Each participant was emailed a

copy of the transcript to verify the accuracy of the text and the interpretation before the analysis began. This process is called member checking (Houser, 2015; Yin, 2014).

The data from the student interviews and the focus group were coded and categorized, and content patterns were identified. NVivo (Version 11) qualitative software was used to assist in the identification of themes that emerged from the data. Constant comparison was used as the data were collected. The data were reviewed and analyzed dynamically as they were collected and compared to previously collected data. A personal journal was kept of the interviews and focus group to track nonverbal findings (Houser, 2015). Findings emerged from interactions with the participants. Thick descriptions were generated and presented in the discussion of the themes.

### **Significance of the Study**

This study may enable nursing educators to understand the factors that help students remain in their nursing program. Students who succeed and graduate from their nursing programs will contribute to lessening the nursing shortage (Barra, 2013; Feldman, 2015; Lauer & Yoho, 2013; Schrum, 2015; Tower et al., 2015). Three-year baccalaureate nursing programs represent a curriculum change designed by academic professionals to help decrease the amount of time a student spends in higher education, thereby promoting rapid access to the workforce (Doggrell & Schaffer, 2016; Payne et al., 2014).

Limited research is available for nursing faculty members, administrators, and staff members to use as a resource when considering what makes a student successful in a program of nursing study (Bergman et al., 2014; Brannagan et al., 2013; Cameron et al., 2011; Ferrell & DeCrane, 2016). The current study has added to the knowledge base

with new research showing why students remain in the nursing program and what factors helped them to succeed. An understanding of the student viewpoint regarding retention in 3-year nursing programs will help educators design programs in nursing education to lessen the harm created by the nursing shortage.

### **Definition of Key Terms**

**Three-year baccalaureate nursing program.** A 3-year baccalaureate nursing program is a fast-track baccalaureate program that shortens the amount of time required to graduate (Smith, Carpenter, & Fitzpatrick, 2015). In a baccalaureate nursing program, the student can achieve a baccalaureate degree in 3 years instead of 4.

**Attrition.** Attrition is the withdrawal of students from a college or university before the students receive their degrees. Factors associated with attrition include individual and institutional attributes, culture, society, race, institutional prestige, and opportunity structure (Tinto, 1993).

**Disadvantaged student.** A disadvantaged student is a student characterized by one or more of the following circumstances: first in family to attend college, educationally deprived because of frequent moves, low performance in high school, living far from the college, inadequate high school preparation, English as second language, low socioeconomic status, living in public housing, participant in vocational rehabilitation programs, physically disabled, or having a minority-group cultural heritage (Gilchrist & Rector, 2007).

**National Council of State Boards of Nursing (NCSBN).** The NCSBN is an organization responsible for ensuring, through the process of licensure, that individuals entering the nursing profession are qualified to practice safely (Salvucci, 2015).

**National Council Licensure Examination for Registered Nurses (NCLEX-RN).** The NCLEX-RN is an examination required for every individual who wishes to practice as a registered nurse in the United States (Health Resources and Services Administration [HRSA], 2013).

**Registered nurse.** A registered nurse is a professional who plans and provides care to individuals, families, and communities with health care needs, along with education and advice to the public. To practice as a registered nurse in the United States, the individual must graduate from an accredited nursing program and pass the NCLEX-RN (HRSA, 2013).

**Retention.** Retention refers to the extent to which students remain in a higher-education program of study through to graduation and degree attainment (Mooring, 2015).

### **Summary**

A global nursing shortage is expected to affect the health and illness of individuals in the United States and throughout the world by 2020 (Juraschek et al., 2012; Paul & McDonald, 2014; Sanford, 2013; Tower et al., 2015; Yucha et al., 2014). The aging of the U.S. population is one of the most cited reasons for the nursing shortage (Akowuah, 2014; Feldman et al., 2015; Tower et al., 2015). Another factor is the shortage of faculty members in nursing education (AACN, 2014; Kirkham, 2016; Paplham & Austin-Ketch, 2015). Without faculty members with the proper teaching credentials, the schools of nursing cannot admit graduate students to help lessen the effect of the shortage (Brannagan et al., 2013; HRSA, 2013; Kirkham, 2016). U.S. schools of

nursing have been tasked with increasing the number of registered nurses in the workforce (Cameron et al., 2011; HRSA, 2013; Lauer & Yoho, 2013).

Nursing education has been considered a rigorous degree process (Brannagan et al., 2013; Schrum, 2015; Wiles, 2015). Education practitioners are looking for ways to help increase the number of nurses to care for patients (Lauer & Yoho, 2013; Schrum, 2015; Wiles, 2015). Attrition from nursing education has been a long-standing issue (Cameron et al., 2011; Maher & Macallister, 2013; Tower et al., 2015), with students leaving the program of study for many reasons (Cameron et al., 2011; Hongwei, 2015). Students from nontraditional backgrounds have been found to abandon their education in higher numbers compared to traditional students (Ferrell & DeCrane, 2016; Hongwei, 2015; Melillo et al., 2013) and to have a greater need for support in nursing programs (Hongwei, 2015; Jeffreys, 2015). Retention programs have been designed to help meet the need for learners in nursing education (Hongwei, 2015; Jeffreys, 2014; Schrum, 2015).

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. Seven nursing-school graduates at one campus in a private, for-profit nursing university were interviewed. The university has more than 20 campuses throughout the United States. The selected campus for this study was in the Midwest. Additionally, six full-time faculty members at the campus participated in a focus group to discuss the support they believed they provided to the students.

The interviews and focus-group meetings each lasted approximately one hour. An interview protocol was used, with open-ended, in-depth, semistructured interview questions. The students and faculty members were encouraged to express their feelings freely regarding the quality of the program and the extent to which the program met student needs. The interviews were recorded and transcribed verbatim, and the transcript was sent to the participants for review to ensure accuracy.

The interviews were analyzed in an ongoing process and organized according to recurring themes. To triangulate the findings, related documents were reviewed, including NCLEX-RN licensing examination scores. NVivo (Version 11) qualitative software was used to assist in coding and organizing the data. Constant comparison was used in the analysis. The identification of factors associated with persistence from the graduate perspective may help to decrease the shortage of registered nurses in the United States and globally (Barra, 2013; McKendry et al., 2013; Smith et al., 2011; Tower et al., 2015).

## **Chapter 2: Literature Review**

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. Seven nursing-school graduates at one campus in a private, for-profit nursing university were interviewed. Additionally, six full-time faculty members at the campus participated in a focus group to discuss the support they believed they provided to the students.

Following is a review of the literature about retention for nursing students. The review begins with a discussion of student retention and attrition, the effect of the nursing shortage on the society, and nursing education. The effects of attrition and retention on the nursing shortage are then discussed. Specific issues relating to minority and adult learners in nursing education are reviewed. Research findings regarding the reasons students stay or leave their program of study are covered, followed by a discussion of strategies for retaining nursing students and the specific case of 3-year baccalaureate nursing programs. This section ends with a summary.

### **Naturalistic Paradigm**

The theoretical viewpoint of the research for this study is a naturalistic paradigm. Naturalistic research looks for in-depth meaning to the individual, family, community, and society (Abboud, Kim, Jacoby, Mooney-Doyle, Waite, Froh, & Kagen, 2017; Salkind, 2010; Yin, 2014). Education and nursing research studies have used naturalistic inquiry to answer social questions (Salkind, 2010). Multiple types of qualitative research can be done within the naturalistic paradigm. This case study research is used to find a

deep meaning for the population with flexible interpretation by the reader (Creswell, 2013; Salkind, 2010; Stake, 1995; Yin, 2014). Naturalistic studies consider the viewpoint of the researcher, the participants, and the reader in design (Stake, 1995). The problem, method, and analysis all flow from the desire to understand the personal viewpoint of the participant (Yin, 2014). Individual meaning is interpreted by the researcher and the reader of the study based on the reported findings of the sample. No single interpretation is considered true or correct in a naturalistic framework. The students in this study are presenting their view of reality for staying in a 3-year baccalaureate nursing program through to graduation. The reality is constructed by the student and progresses through the researcher to the reader. In qualitative research, the definition of reality is unique to individuals (Creswell, 2013; Houser, 2015; Salkind, 2010). The naturalistic paradigm is central to understanding the participant's experience and viewpoint. The naturalistic paradigm will allow for fluidity of the study and enable the researcher to explore the meaning of retention based on individual experience (Houser, 2015).

The naturalistic paradigm has been used as the theoretical framework in a multitude of settings to guide qualitative study designs (Abboud et al., 2017; Salkind, 2010). The naturalistic inquiry has been completed in schools, businesses, hospitals, homes, churches, and public agencies (Salkind, 2010). The framework works well with individuals and group samples (Abboud et al., 2017). This case study will include multiple viewpoints of students, faculty, and staff about retention in nursing education. Triangulation of data is necessary for the trustworthiness of naturalistic inquiry. The researcher is considered the instrument in the naturalistic paradigm (Houser, 2018). The

naturalistic framework did guide this case study of retention of students in 3-year baccalaureate nursing programs.

### **Student Retention and Attrition**

Since the founding of higher education in Cambridge and Oxford, England in the 1600s, retaining students has been a challenge (Fink & Inkelas, 2015). Many different approaches have been attempted to ensure the retention of the most talented students (Fink & Inkelas, 2015; Jinks, Richardson, Jones, & Kirton, 2014; Tinto, 1993). Tutoring is one of the oldest forms of retention activities used consistently in colleges and universities in the United States (Association for the Study of Higher Education [ASHE], 2010).

Originally, higher education was meant for only the wealthiest and most aristocratic male students (ASHE, 2010; Fink & Inkelas, 2015). Students were expected to live on campus and spend their time fully engaged with faculty members and other students. College students during and after the Civil War were often younger than 14 years old and not prepared for higher education. The colleges and universities had to help younger students to prepare for the academic demands of college work (ASHE, 2010).

In the late 1800s and early 1900s, the student bodies in U.S. universities were still comprised mainly of wealthy men. Women and people of color were considered not candidates for higher education. During the 1950s and 1960s, colleges and universities for the first time began to be accessible to diverse populations of students underprepared for higher education (ASHE, 2010; Fink & Inkelas, 2015). However, the quality of secondary education varies widely (Mooring, 2016; Tinto, 1993). Many students who come from rural, inner city, and poor backgrounds do not have the same access to college

preparation as their peers do. Primary education opportunities have not been equally disbursed in all areas of the United States, and this remains a problem for admission and retention into higher education (Hickinbottom-Brawn & Burns, 2015).

Colleges and universities in the 1970s and 1980s became accountable for maintaining a diverse student population that could be enrolled, and that could graduate (Fink & Inkelas, 2015; Sutton, 2014; Tinto, 1993). With the increase in federal funding, demand for higher education has increased (ASHE, 2010; Cameron et al., 2011). Students that once had no hope of higher education were given a chance to learn with the financial help from the federal government (Chang, Kwon, Stevens, & Buonora, 2016; Karimshah, Wyder, Henman, Tay, Capelin, & Short, 2013). Remedial programs were developed to help underprepared students to succeed. Colleges and universities were admitting underprepared students and needed to consider programs to help the broad array of students to be successful. The underprepared students often come from a variety of minority backgrounds (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Drotos, 2016). Minority students were, and continue to be, the most at risk of not completing their educational programs (Cantwell, Napierkowski, Gundersen, & Navi, 2015; Drotos, 2016). Due to the often-found view as being a subpar program, students who need remedial programs may not participate in them. Public and private higher education has maintained difficulty in retention of students of diverse minority or untraditional backgrounds (Jeffreys, 2015; Mooring, 2016).

Learning assistance centers are a service offered on many campuses to help prepare students for their education (ASHE, 2010; Fink & Inkelas, 2015). However, many students who use these services felt stigmatized and did not want to be labeled as

below-average students who required remedial services (ASHE, 2010). Developmental programs are often still stigmatized within the traditional student body (ASHE, 2010). Students feel penalized for being forced to use remediation services to increase their preparation for the demands of higher education. Many colleges and universities are using learning centers to help students to remain in their program of study with supportive care (Dill, Justice, Minchow, Moran, Wang, Weed, 2014).

Students identified as having a high-risk for failure often dropped out of higher education to pursue a job to support their families or were forced out because of low examination grades (Dill et al., 2014; Drotos, 2016; Fink & Inkelas, 2015). Early identification of at-risk students is necessary for successful remediation programs to help students to recognize their weaknesses (Mooring, 2016). Researchers have not been able to agree on what factors predict students' risk of academic failure (Dill et al., 2014). Students underprepared for academic work often need to take courses at a community college before enrolling at a university. Community colleges have helped to provide education for students unprepared for undergraduate study at a 4-year institution (ASHE, 2010). Research has shown that community college students often do not transfer to 4-year institutions once they complete their 2-year education and get into the workforce. Retention programs are an important part of helping students to succeed and graduate with a degree (Hongwei, 2015; Mooring, 2016; Tinto, 2005). Professionals in the field of higher education need a clear understanding of student admission, retention, attrition and graduation patterns (Schrum, 2015; Tinto, 1993).

Since the 1990s, diversity in education has increased without a notable change in the graduation rate (ASHE, 2010; Dill et al., 2014; Mooring, 2016; Tinto, 2005).

Increased diversity was an expectation for the expanded use of federal funding for colleges and universities (Cantwell et al., 2015; Fink & Inkelas, 2015; Nardi & Gyurko, 2013). Enrollments are high, and the cost of tuition is significant for all stakeholders (Brown, 2015; Dill et al., 2014). Less funding is available for colleges that do not show a positive return on the investment for the students and colleges (Brown, 2015; Hongwei, 2015; Jeffreys, 2015). Colleges and Universities are under increasing pressure to show that students who use federal funding can graduate and receive a degree. Retention programs are necessary to help students and higher education institutions to identify and work toward success (Brown, 2015; Cantwell et al., 2015; Dill et al., 2014).

Tinto's (1993) theory of social integration has been a helpful guide in considering student behavior and student persistence in a postsecondary program of study. Many colleges and universities use Tinto's social integration theory to help understand why students withdraw from or continue in their program through to graduation (Hongwei, 2015; Karimshah et al., 2013; Sutton, 2014). Tinto encourages higher education professionals to focus retention policy on the student relationship throughout the college experience. Most of the work of Tinto focuses on general education and considered student retention from the first contact in admissions through to graduation. Much of the work regarding attrition and retention focused on first-year college and university students. First-year students have been found to be at a higher risk of dropping out of their program of study for many academic and personal reasons (Drotos, 2016; Gazza & Hunker, 2014; Hickinbottom-Brawn & Burns, 2015; Hongwei, 2015; Tinto, 1993). Three reasons that students fail to remain in their academic program are not seeking help,

absences from class, and students not able to change their practices regarding study habits (Dill et al., 2014).

In 2005, Tinto spoke to the National Conference on Student Recruitment in Washington, D.C. and stated that leaders of institutions of higher education often failed to recognize their role in student attrition. Many educators believe that failing to complete higher education is a problem with the student and fail to recognize weaknesses within the institution (Mooring, 2015; Tinto, 2005). Several studies (Shelton, 2003; Tinto, 2005; Tower et al., 2015) have shown that the first year of higher education is a critical time during which retention activities can help support the student through to graduation. However, academic professionals and educators often perceive retention activities as less important than many other university programs, and a lower priority is placed on these ventures (Cameron et al., 2011; Schrum, 2015; Tinto, 1993, 2005; Yucha et al., 2014).

Tinto's (1993, 2005) work has been cited frequently in education literature to help guide the implementation of a student attrition and retention program (Bergman et al., 2014; Crombie et al., 2013; Hamshire et al., 2013; Hongwei, 2015; McKendry et al., 2014; Tower, 2015). Colleges and universities have many valuable programs in competition for resources. Policy makers have limited resources to give to programs that do not show a long-term benefit to the institution and ultimately to the student (Cameron et al., 2011; Schrum, 2015; Tinto, 2005). Retention activities need to have a proven positive impact on student graduation rates to remain a viable option for the resources budgeted by the college or university (Schrum, 2015; Tinto, 2005). To ensure long-term effectiveness, retention activities need to involve collaboration between student affairs, faculty members, administrators, and support staff (Chang, Kuom, Stevens, & Buonora,

2016; Tinto, 2005). The early identification of students at risk for withdrawal is essential for the implementation of retention strategies (Barra, 2013; Chang et al., 2016; Karimshah et al., 2013; McKendry et al., 2013; Wagner, 2014). Colleges and universities are using several evaluation strategies to identify high-risk students for attrition once admitted.

Professionals in the field of higher education have considered strategies to help both traditional and nontraditional students to remain in their degree program (Bergman et al., 2014; Dapremont, 2014; Tinto, 1993, 2005). Public colleges and universities have graduation rates of 48% for low-income students, compared to 67% for high-income students (Tinto, 2005). Several factors may have contributed to this finding. Students who have no family history of higher education are often underprepared for the demands of a college or university (Jeffreys, 2015; Karimshah et al., 2013). Students who have family members that have received a higher education degree can navigate and prepare for the demands better than those students with no history of higher education (Drotos, 2016; Mooring, 2016). Groups at high risk for attrition include students with financial difficulties (Jeffreys, 2015), first-generation college students, older students, women, and members of minority groups (Chang et al., 2016; Dapremont, 2014; Jinks et al., 2014; Karimshah et al., 2013; Mooring, 2016; Shelton, 2003; Tinto, 1993). Minority students have several different definitions in the research literature. Students who feel a sense of belonging to the academic and social learning community persist in greater numbers through to graduation (Tinto, 1993). Personal issues including finances, family support, health, and peer relationships, were associated with how students perceived themselves,

and these personal issues have been found to affect success in higher education (Bergman et al., 2014; Cameron et al., 2011; Tinto, 1993; Wolf et al., 2015).

Retention of students in nursing schools across the globe is an important factor to be understood. Tinto's theory of integration can be applied to retention strategies in nursing education to help students to be academically and socially engaged in the learning environment (Dapremont, 2014). The campus environment is an important determinant of student retention for adult learners (Bergman et al., 2014; Sutton, 2014). Adult learners are greater than 24 years old and have taken a break from education following the graduation from high school (Sutton, 2014). Traditional and non-traditional students are enrolling in nursing schools across the U.S. with a multitude of issues to be addressed (Hongwei, 2015). Nursing higher education is considered a high-stress degree with high attrition. The importance of retaining nursing students in their program of study at the higher education institution is an important factor for the health of society.

Many of the academic leaders and faculty in nursing education have limited experience in the management of retention and attrition (Scarborough, 2013; Wolf et al., 2015). Limited research is available for nursing academics to use to help guide practice for retention of nursing students (Brannagan et al., 2013; McKendry et al., 2013; Schrum, 2015). Different ideas have been tried to help students to be successful in nursing education. More research on retention and attrition in nursing education is necessary for a multitude of purposes (Barra, 2013; Jeffreys, 2015; Schroeder, 2013; Schrum, 2015). The nurses who left the bedside to become nurse educators often do not understand the complexities of nursing education to ensure student success (Feldman, 2015). Changes

are required in the nursing curriculum to help get more qualified nurses into the workforce to help ease the nursing shortage (Friedel, 2012; Zahn & Finch, 2012).

### **The Nursing Shortage**

Throughout the world, the lack of nursing professionals required to care for the healthcare needs of society is reaching critical levels (AACN, 2015; Barra, 2013; Juraschek, 2012; Lauer & Yoho, 2013; Schrum, 2015; Trofino, 2013; Yeom, 2013). The current and future health care of society depends on an adequate number of registered nurses to improve the quality of life and care for ill members of society. The United States, United Kingdom (U.K.), Canada, France, and Australia have some of the most documented studies on the impending nursing shortage (Crombie et al., 2013; Hamshire et al., 2013; Lauer & Yoho, 2013; McKendry et al., 2014; Schrum, 2015). Many factors have contributed to the nursing shortage. Failure to identify and deal with the issues will lead to a decrease in the quality of health care received across the globe (Feldman, 2015; Juraschek, 2012). The factors that have been described as having a consideration in the nursing shortage are the increasing age of the population, nurse faculty shortage, and the numbers of nursing professionals that are nearing retirement age, and high attrition of students from nursing programs (Brannagan et al., 2013; Jeffrey, 2014; Tower et al., 2015; Wolf et al., 2015).

The U.S. population has an increasing number of elderly persons with chronic illness, and these individuals will require increased numbers of registered nurses to care for them (AACN, 2015; Friedel, 2012; Juraschek, 2012; Lauer & Yoho, 2013). More than 500,000 additional registered nurses will be needed by 2020 (AACN, 2015; Schrum, 2015; Yeom, 2013). Currently, there are approximately 2.5 million registered nurses,

representing nine registered nurses for every 1,000 residents (HRSA, 2015). The need for safe, qualified nursing professionals is essential for the health of the population (Schrum, 2015). Registered nurses are the largest health care professional group in the U.S. (AACN, 2014; Canta, 2016; HRSA, 2013). Many government and private organizations are helping to understand the nursing shortage and researching ways to alleviate the impact on the health and well-being of society (AACN, 2014; Feldman, 2015; Juraschek, 2012; Nardi, 2013).

The nursing shortage is a concern for patient and public safety (AACN, 2014; Paul & McDonald, 2014; Jeffreys, 2015). Nurses are vital in preventing and detecting illness. Death rates are expected to rise because nurses will not be available to care for patients and find complications related to disease and lifestyle (Paul & McDonald, 2014). Nursing professionals are needed to care for the substantial number of older Americans that have chronic illness due to the current aging population (Friedel, 2012; Jeffreys, 2015; Jurascheck, 2012). The role of nurses has increased over the past few decades to include illness prevention as well as illness care (Nardi, 2013). Individuals, families, communities, and nations depend upon the knowledge of nursing professionals for a multitude of health-related concerns (AACN, 2014; Jeffreys, 2015; Zahn & Finch, 2012).

Johnson and Johnson, Robert Wood Johnson Foundation, the National League for Nursing, American Nurses Association are among the organizations that are helping to understand the nursing shortage (Gerolamo et al., 2014; Yedida, 2014). The U.S. government has also joined in to help promote students to become nurses by providing funding for schools of nursing (Feldman, 2015). Scholarships and loan forgiveness is available for many nursing students (AACN, 2014; Feldman, 2015). However, many

students that desire to become a nurse has been turned away due to lack of nurse faculty with higher educational degrees to teach the students (Brannagan et al., 2013; Feldman, 2015; Friedel, 2012; HRSA, 2013). Boards of nursing have continually reported that students cannot enter nursing programs because the faculty is not present to teach them (Feldman, 2015; Maher & Macallister, 2013; Yucha et al., 2014).

### **Nurse Faculty Shortage**

A lack of nursing faculty members is contributing to the nursing shortage (Feldman et al., 2015; Morgan et al., 2014). The nursing faculty shortage has been linked to low pay in the academic setting versus the pay structure in the clinical setting. Nurses with higher graduate degrees are compensated well for remaining in the clinical arena. The higher compensation caused nurses with higher graduate degrees to not opt for academia (Feldman et al., 2015; Nardi & Gyurko, 2013; Yedida, 2014). Nurses with advanced degrees can have better work-life balance by staying in the clinical realm (Nardi & Gyurko, 2013; Zahn & Fitch, 2012). Nurse faculty members have identified the long hours and low pay as a dissatisfier for remaining in higher education (Nardi & Gyurko, 2013). Colleges and universities in the United States cannot admit 150,000 students into nursing programs annually without the faculty to teach the rigorous curriculum (Akowuah, 2014; Feldman, 2015; Nardi & Gyurko, 2013). The nursing curriculum is highly stressful for both faculty and students.

The nursing faculty shortage will have a significant impact on the ability of the United States to produce nursing professionals to care for the health of citizens (HRSA, 2013; Morgan, Oermann, Pathman, Lynn, Konrad, Farrar, & Barman, 2014). Many states have not defined the nursing faculty shortage and the impact on the health of the

population (Feldman, 2015; Yucha, Smyer, & Strano-Perry, 2014). The current nursing faculty median age is 55 years old and doctorally qualified educators are older with a median age around 57 years old (AACN, 2014; Yedida, 2014). Most current nurse educators plan to retire from their current position within the next decade (Yedida, 2014). The loss of experienced nurses through retirement will have a tremendous impact on the nursing professionals. Colleges and universities are expanding their graduate programs to include a Doctor of Nursing Practice (DNP) to help ease the faculty shortage. The DNP is a practice degree that can be attained in a 2-year timeframe after completing a master's degree (Paplham & Austin-Ketch, 2015; Terhaar, Taylor, & Sylvia, 2016). Some higher education institutions are fast tracking the faculty by not requiring the master's degree before receiving a DNP degree (Paplham & Austin-Ketch, 2015; Yucha, Smyer, & Strano-Perry, 2014).

The lack of incentives for nursing professionals to return for a higher education degree remains a significant issue that is contributing to the faculty shortage (Nardi & Gyurko, 2013). Nurses are paid well, and many do not see the benefit of leaving their current position and becoming in debt to another degree (AACN, 2014). Hospitals are teaming with many colleges and universities to offer tuition reimbursement programs. The caveat in this is the hospitals are maintaining the higher degree nurses on their staff. This practice helps to keep the nurse faculty shortage that contributes to the overall nursing shortage. Colleges of nursing on average have a 10% shortage of their faculty (Morgan et al., 2014).

Lack of mentoring of new nursing faculty has caused many to leave academia (Bowie & Carr, 2013; Feldman, 2015). The heavy workload and stress level have

contributed to the experienced nursing faculty not being able to mentor the newer faculty as needed (Feldman, 2015; Kirkham, 2016). Nurses leave the clinical area as an experienced professional and try to assimilate into academic settings as a novice instructor. The transition is not easy, and many faculty members leave academia and return to the clinical arena (Feldman, 2015; Gerolamo et al., 2014; Gerolamo, 2011; Kirkham, 2016). The difficult transition is particularly the case for nurse faculty teaching in 3-year baccalaureate nursing programs. The quick pace and workload are tough to manage for a multitude of reasons. Proper training is often not given to newer faculty members due to inadequate staffing in many colleges of nursing throughout the United States (Zahn & Fitch, 2012).

Nursing programs are a high cost to the academic institution. The first area of the budget to be cut is often within the nursing department (Yucha, Smyer, & Strano-Perry, 2014). The budget cuts in colleges and universities have been touted as one of the reasons for the nurse faculty shortage (Nardi & Gyurko, 2013). Many colleges and universities are beginning to charge a fee to nursing students to cover the additional costs of the program (Yucha et al., 2014). The financial aspect of nursing education must be balanced with an understanding of the nursing shortage and the impact on the health of society (Brannagan et al., 2013; Jeffreys, 2015; Morgan et al., 2014). Higher wages are needed to attract and keep higher degree registered nurses in academia.

### **Nursing Workforce Nearing Retirement.**

The nursing shortage is being termed a public health emergency. Many registered nurses are approaching retirement (Bowie & Carr, 2013; Horten et al., 2012). In 2015, 120,000 registered nurses left the workforce due to retirement (Snively, 2016). The

nursing shortage will significantly affect the health of U.S. residents by 2030 if scores of nurses do not graduate to become registered nurses in all 50 states (HRSA, 2013; Juraschek, 2012; Schrum, 2015). The U.S. government and nursing leadership groups have come together to help ease the shortage with studies to understand the factors related to the scarcity and recommendations for financial support for nursing students to quickly graduate into the workforce (Jeffreys, 2015; Friedel, 2012).

The average age of the current nursing workforce is 50 years old (AACN, 2014). Currently, 55% of the nursing workforce is older than 50 years old (Duffield, Graham, Donoghue, Griffiths, Bichel-Findley, & Dimitrelis, 2015; Snively, 2016). Many states are being impacted by the retirement of nurses who are currently working in the clinical care setting (HRSA, 2013; Juraschek, 2012; Yeom, 2013). The economic downturn in 2008 caused many of the older nurses to remain in the workforce (Duffield et al., 2015; Snively, 2016). Now that economics in the United States are improving, many practicing nurses can retire (AACN, 2014; Bowie & Carr, 2013; Duffield et al., 2015). Another factor that is leading nurses to retire is the requirement by many healthcare facilities for the nursing staff to be baccalaureate prepared. The Institute of Medicine has called for 80% of the working registered nurses to have a baccalaureate degree in nursing (AACN, 2014).

### **Nursing Shortage Demographics**

The states expected to have the highest shortages of nurses are New Mexico, Arizona, Nevada, Florida, California, Texas, and Wyoming (AACN, 2014; Juraschek, 2012). The nursing shortage in Iowa is already at a critical stage (Friedel, 2012).

Nursing educators must work in close collaboration with all stakeholders to lessen the

nursing shortage (Lauer & Yoho, 2013; Paul & McDonald, 2014). The Robert Wood Johnson Foundation has joined with the American Nurses Association and National League for Nurses to bring attention to and find answers for the impending nursing shortage (Nardi & Gyurko, 2013).

Job growth for nurses in the U.S. is increasing fast due to growing demand for healthcare services. Most registered nurses work in acute care hospital settings (AACN, 2014; U.S. Department of Labor, 2015). The demand for nursing professionals is projected to increase to 36% by the year 2020 (AACN, 2015). Most working registered nurses (59.7%) currently hold an associate's degree to become a registered nurse (AACN, 2015). The demand for new registered nurses that are qualified to care for ill patients is increasing and will not ease until colleges and universities can increase nursing graduates into the workforce pipeline.

### **Nursing Education and the Nursing Shortage**

The nursing shortage is exacerbated by high levels of attrition in nursing education (Barra, 2013; Cameron et al., 2011; Dapremont, 2013; Jeffreys, 2014; Jinks et al., 2014; Tower et al., 2015). Understanding the reasons why students are staying or leaving their nursing programs is important to decrease attrition, reduce the nursing shortage, and improve the health care of society (Gazza & Hunker, 2014; Hamshire et al., 2013; Melillo et al., 2013). The implementation of evidence-based retention policies will help to decrease the risk that students will leave the program (Jeffreys, 2014; McKendry et al., 2014). To develop retention programs grounded in research, nurse educators and administrators must understand the effect of attrition on the health of the society (Cameron et al., 2011; Jeffreys, 2015). Special retention programs are essential to

increase the numbers of qualified nurses of diverse backgrounds who can safely care for the healthcare needs of the population (Jeffreys, 2015; Nardi & Gyurko, 2013; Schrum, 2015; Trofino, 2013).

Up to half of the students admitted into a nursing program will not be successful in the program and withdraw or fail thus contributing to the shortage (Barra, 2013; Cameron et al., 2011). First-year students are at the highest risk for attrition from nursing education (Barra, 2013, Tower et al., 2015). To increase the number of nursing professionals in the workforce colleges of nursing have allowed easier access to their programs which has also been identified as a factor in high attrition (Cameron et al., 2011; Ferrell & DeCrane, 2016). Colleges and universities have decreased the admission standards allowing a multitude of students from varied backgrounds into the nursing program (Barra, 2013; Shelton, 2015; Zahn & Finch, 2012). The increased admission into nursing programs through reduced requirements has led to increased attrition (Cantwell et al., 2015; Ferrell & DeCrane, 2016; Shelton, 2012). Colleges of nursing are held to a public expectation of delivering high-quality nursing professionals to care for society often with underprepared students (Doggrell & Schaffer, 2016; Mooring, 2016; Shelton, 2012). The successful graduation of competent nurses is a health care issue that needs to be solved (Lauer & Yoho, 2013; Mooring, 2016; Shelton, 2012).

### **Nursing Education**

For many years, nursing education was not considered a part of academia (Ervin, 2014; Jinks et al., 2014). Nursing duties were below many people and meant for socioeconomically challenged females. No special training was required to care for ill people (Thomas, 2016). Awareness of a need for formal nursing education first appeared

in the United States during the Civil War (Ervin, 2014). Patients were not treated in the hospital setting until 1880 (Thomas, 2016). In 1891, the Provident Hospital in Chicago, Illinois became the first place to train Black nurses. University leaders began to consider educating nurses formally in the 1920s (Ervin, 2014). The 19<sup>th</sup> and 20<sup>th</sup> centuries were a period that nursing became organized and considered professional (Thomas, 2016).

The training that the first nurses received was based in the hospital and not in an academic setting (Ervin, 2014). Nurses were expected to work for many years after their education for free in return for their education (Thomas, 2016). Many nurses and healthcare leaders in the early 1900s believed that academic education had no place in the duties and training of a nurse (Ervin, 2014; Jinks et al., 2014). The first nurses were not allowed to know the names of the drugs they were giving to patients and were punished for asking too many questions about the specifics of the care provided (Ervin, 2014). Student nurses were working in the hospital as a duty in exchange for the training they were receiving (Ervin, 2014; Jinks et al., 2014). Service to the hospital, rather than education, was the priority for nurses.

Between 1955 and 1968, at hospitals where nurses were being trained, teachers, administrators, staff members, and medical doctors frowned upon research and inquiry conducted by nurses. Nurses were expected to be quiet and not question the physician about patient care. The nurses were scheduled to work long hours in difficult conditions in exchange for hospital-based training (Ervin, 2014; Jinks et al., 2014). Nurses were usually from poor backgrounds and were required to live in dormitories within the hospital. The teachers believed that a student who failed the nurse training was ill-suited to the demands required (Jinks et al., 2014).

In the 1950s, community colleges started to offer formal technical and vocational degrees outside of the hospital-based programs for nurses. Within the movement away from hospital-based training, accreditation requirements were developed for high-quality academic nursing education. The educated nurses began to have a stronger influence over the academic requirements to practice as a registered nurse. During the 1960s and 1970s, many baccalaureate programs within 4-year universities began to offer nursing professionals an option for higher degrees in nursing education (Ervin, 2014). The attrition of nursing students was considered a normal part of the process of nursing education, and educational leaders did not consider it an issue of importance (Jinks et al., 2014).

The NCSBN was founded as a principal factor in protecting the public from nursing graduates who are considered unsafe (Lauer & Yoho, 2013; Salvucci, 2015). New graduates are tested for proficiency by each state board of nursing to become a licensed registered nurse (Salvucci, 2015; Thomas, 2016). The NCSBN updates the tests given to nursing graduates every three years to maintain high quality and adjust for changes in practice standards (Salvucci, 2015). The nursing curriculum is considered rigorous and is a factor in high attrition rates (Schrum, 2015). The high failure rate on the NCLEX-RN can have an adverse impact on a nursing program leading to reputation and accreditation issues. NCLEX-RN pass rates for nursing programs are public information (Trofino, 2013; Yeom, 2013).

Nursing research has not kept up with the demands of education. Gazza & Hunter (2014) found in a literature review that limited research is available to help guide nursing education and retention practices. Research is scarce for all aspects of nursing education

(Brannagan et al., 2013; Doggrell & Schaffer, 2016; Kirkham, 2016; Payne et al., 2014).

Retention in nursing programs is fundamental to easing the nursing shortage. Nursing educators need to understand the factors that help keep the students in the program (Ferrell and DeCrane, 2016; Kirkham, 2016; Zahn & Finch, 2012).

### **Attrition and Retention in Nursing Programs**

Nursing attrition in higher education is an international problem (Cameron et al., 2011; Jinks et al., 2014; McKendry et al., 2013; Mooring, 2016; Shelton, 2012). In Australia, attrition in nursing education is between 10% and 40%; in the United Kingdom, 27% to 40%; in Canada 28%; and the United States, 50%. To reduce the nursing shortage, colleges and universities throughout the world have increased access to higher education in nursing (Cameron et al., 2011; Lauer & Yoho, 2013; Scarbrough, 2013; Schrum, 2015). However, the consequences of increased access to a nursing education have been higher levels of student attrition.

Students in nursing education come from a mixture of backgrounds. The cultural differences in U.S. society have not been mirrored in nursing education (Barra, 2013; Ferrell & DeCrane, 2016; Jeffreys, 2015). Less than 25% of the current nursing workforce is considered a minority, and yet the overall minority mix in the U.S. is 35% (Cowen et al., 2015; Charbonneau-Dahlen, 2015; Mooring, 2015). The backgrounds of the students at highest risk for attrition are considered minority or non-traditional (Barra, 2013; Ferrell & DeCrane, 2016; Jeffreys, 2015). Several characteristics of the highest risk students for attrition have been identified in the research literature. The features of highest risk for attrition are older adult, ethnic and cultural differences, part-time enrollment, females with young children, males, financial or health issues, underprepared

for higher education, first generation college students (Cowen et al., 2015; Hongwei, 2015; Jeffreys, 2015; Karimshah et al., 2013).

A document analysis of a nursing program was conducted in England to investigate student-nurse recruitment and attrition between 1955 and 1968 (Jinks et al., 2014). The researchers defined attrition as the withdrawal of a student from the nursing program for any reason. A thematic analysis was conducted of 641 records housed at three hospital training programs for nurses. The findings showed that main reasons for withdrawal from nursing education were family responsibilities, ill health, and academic failure (Jinks et al., 2014). These reasons remain as the major grounds of attrition in nursing education (Ervin, 2014; Jeffreys, 2015; Jinks et al., 2014).

Patterns of attrition and retention in nursing education have persisted since the 1950s (Barra, 2013; Cameron et al., 2011; Charbonneau-Dahlen, 2015; Dapremont, 2014; Jefferys, 2015). Nursing education has not improved the retention of nursing students effectively since the middle of the 20th century (Jinks et al., 2014; Mooring, 2016; Mooring, 2016). Nurse educators often do not take responsibility for the attrition or retention of students in academic settings (Scarborough, 2013; Wolf, Stidham, & Ross, 2015). Between 30% and 50% of the students who started in hospital-based nursing, training failed because of poor examination scores (Jinks et al., 2014).

Shelton (2003) in a seminal study, questioned the generalizability of Tinto's (1993, 2005) learning community work to retention in nursing education, and instead provided a model of student retention specific to nursing education. Per Shelton's model, several combined factors influence the retention of nursing students, including experience with education and nursing, intrapersonal psychological factors, and external support in

the academic and nonacademic realm. Caring relationships between faculty members and nursing students are central to the model (Dapremont, 2014; Shelton, 2003). Support for this model has come from other researchers (Bergman et al., 2014; Chang et al., 2016; Sutton, 2014), who found a positive correlation between faculty involvement and student retention. However, the model cannot be used as a stand-alone source for retention strategies in nursing education, because the study on which the model was based was conducted in a single educational setting (Shelton, 2003).

Retention in nursing education has not been well studied and understood (Brannagan et al., 2013; Cameron et al., 2011; Ferrell & DeCrane, 2016). Most studies done about nursing education have been about why students leave the program and not why they are staying (Cameron et al., 2011; Ferrell & DeCrane, 2016). The importance of retention in nursing education is pivotal to the health of society. Many different strategies have been identified in the literature. However, high attrition remains an issue for most nursing programs in the U.S. (Barra, 2013; Ferrell & DeCrane, 2016; Jefferys, 2015; Zahn & Finch, 2012). Building relationships in the educational setting between students, faculty, staff, and community have shown some positive correlation for retention of students with multifaceted learning needs (Dapremont, 2014; Ferrell & DeCrane, 2016; Tinto, 1993).

### **The Nursing Shortage and Attrition in Nursing Programs**

Each year, 100,000 nursing students in the U.S. complete a standardized examination to become registered nurses after graduating from a higher-education program. The NCLEX-RN is in place to ensure that a registered nurse is capable of high-quality and safe work before entering practice (Horton et al., 2012; HRSA, 2013;

Salvucci, 2015). The examination is designed to protect the public from new nursing graduates whose level of skill is considered unsafe (HRSA, 2013). College and university leaders in the field of nursing are attempting to meet the needs of society by ensuring that graduates are safe, qualified practitioners who can pass the NCLEX-RN (Cameron et al., 2011; Feldman, 2015; Friedel, 2012; Lauer & Yoho, 2013; Horton et al., 2012). However, 16,000 students fail the NCLEX-RN each year. This failure rate contributes to the nursing shortage (Trofino, 2013).

Attrition from nursing education is a complex issue with multiple facets (Cameron et al., 2011; Jeffreys, 2015). The balancing of the passage of the NCLEX-RN and retention of students is a difficult feat for many nursing programs (Jeffreys, 2015). Academic success in a nursing program is linked directly to decreasing the nursing shortage (Beauvais et al., 2014; Hongwei, 2015; Jeffreys, 2015). High attrition rates from nursing programs have been associated with a lack of interventions for retention (Ferrell & DeCrane, 2016). Students identified as elevated risk for attrition need to be supported by several different processes from within the institution (Mooring, 2016; Schrum, 2015; Tower et al., 2015). The identification of barriers that lead to student attrition should be understood by all higher education professionals involved in nursing education (Dapremont, 2014). The awareness of attrition factors should be tracked from admission through to taking the NCLEX-RN (Mooring, 2016). Nursing education is difficult, and the stress of the clinical experience can have negative impacts on student retention (Cantwell et al., 2015; Mooring, 2016; Wolf et al., 2015).

Students in the first year of their academic experience are the highest risk for attrition (Barra, 2013; McKendry et al., 2013; Tower et al., 2015). Many factors have put

first-year students at elevated risk for attrition. Students come to higher education settings with a multitude of personal risk factors that may impact a student's success in a nursing program (Barra, 2013; Ferrell & DeCrane, 2016; McKendry et al., 2013). Half of the students that start the nursing program will be at elevated risk for attrition during the first year (Barra, 2013; McKendry et al., 2013; Tower et al., 2015). The second time in their nursing education that puts students at risk is the sophomore year. The second year in their studies is noted for decreased support from the academic institution. The structured help of the first year stops and the students do not have the support needed during the second year to remain successful and have increasing demands upon their time with advancing content complexity (Brannagan et al., 2013; Tower et al., 2015).

Retention strategies to help students to graduate and pass the NCLEX-RN are vital to the future of healthcare in the United States (Cameron et al., 2011; Melillo et al., 2013; Schrum, 2015; Tower et al., 2015; Trofino, 2013; Wiles, 2015). The attrition of nursing students is costly to the educational institution, to students, to faculty members, to the health care of society, and for the financial interests of all stakeholders (Barra, 2013; Cameron et al., 2011; Hamshire et al., 2013; Mooring, 2016; Paul & McDonald, 2014).

### **Attrition in Nursing Education for Minority Students and Adult Learners**

Diversity is important for the future of nursing education in the United States and globally (Cantwell et al., 2015; Cowen, Weeks, & Wicks, 2015). Nursing education will need to find ways to improve retention and graduation for students with diverse backgrounds (Dapremont, 2014; Ferrell & DeCrane, 2016; Mooring, 2016). The nursing curriculum has been designed on a Caucasian model, and many students from differing

cultures and languages struggle with understanding the content (Barra, 2013; Cantwell et al., 2015; Mooring, 2015). Nursing professors cannot simply say that the student needs to learn the language to be a good nurse. The United States has multiple cultures, and all nursing students should have the best possible education to meet the needs of diverse patients (Barra, 2013; Dapremont, 2014; Smith et al., 2011).

In a seminal study (Gilchrist & Rector, 2007), found that the attrition rates in nursing education for minority students were found to range from 15% to 85%. More generally, disadvantaged students are characterized by one or more of these circumstances: first in family to attend college, educationally deprived because of frequent moves, low performance in high school, living far from the college, inadequate high school preparation, English as second language, welfare recipient, living in public housing, participating in vocational rehabilitation programs, physically disabled, or having a minority cultural heritage (Barra, 2013; Chang et al., 2016; Hongwei, 2015; Melillo et al., 2013). To help decrease the nursing shortage, nurse educators are committed to supporting minority-group and disadvantaged students in achieving a nursing degree (Melillo et al., 2013; Schrum, 2015).

The federal government and the AACN have enacted standards that require all higher education institutions to increase graduation of minority populations (Barra, 2013; Ferrell & DeCrane, 2016; Melillo et al., 2013). Nursing is a profession that deals with people from many cultural and minority backgrounds (Dapremont, 2014; Ferrell & DeCrane, 2016; Melillo et al., 2013). The current nursing workforce should reflect the mix of the U.S. minorities (Barra, 2013; Bergman et al., 2014). The meaning for nursing education professionals is to find retention policies that will help with minority issues.

Minority attrition remains high in nursing education (Barra, 2013; Bergman et al., 2014; Melillo et al., 2013). The need to understand the factors leading to minority attrition is important for nursing faculty and staff in academia (Barra, 2013; Ferrell & DeCrane, 2016; Melillo et al., 2013). Minorities that are admitted into nursing programs need support in several different areas (Barra, 2013). The support needs to come from academics, social, and financial components essential for the nursing student (Barra, 2013; Dapremont, 2014; Ferrell & DeCrane, 2016).

Most nursing students are adult learners (Jeffreys, 2014). The adult learner often requires additional help with basic courses and individual concerns for education, family and social issues (Bergman, Gross, Berry, & Shuck, 2014). A supportive campus environment has been found to help increase retention among adult learners. A strong link has been found between faculty support and student success (Cameron et al., 2011; Dapremont, 2014). Adult learners come to a nursing program with a variety of background experiences, which need be factored into retention strategies. To increase retention, nurse educators need to identify the individual needs of adult students (Bergman et al., 2014; Jeffreys, 2014; Sutton, 2014).

### **Reasons for Staying and Leaving**

The literature on nursing student attrition and retention are focused more on why the students abandon their program than on why they remain (Cameron et al., 2011; Doggrell & Schaffer, 2016; Schrum, 2015). Positive factors related to both professional and personal issues are reasons that students stay in nursing programs, but negative factors related to professional and personal issues are reasons students leave (Cameron et al., 2011; Tinto, 1993). Professional issues include working in the clinical environment

with positive or negative nursing role models and academic support from faculty and staff members at the campus (Cameron et al., 2011; Schrum, 2015).

In Australia, institutional programs outside academic departments were found to have little relationship to the retention of students of lower socioeconomic status (Karimshah et al., 2013). Faculty and staff members who came from the same background as their students could help the students persist in their education (Hope, 2015; Karimshah et al., 2013). This finding contradicted Tinto's (1993) social integration theory for retention. The desire to finish and inertia at the halfway point in a degree program were found to be the major influencing factor for persistence through to graduation (Barra, 2013; Tower et al., 2015; Trofino, 2013).

In five different countries, high-stress levels have been identified as a risk factor for attrition from nursing education (Crombie et al., 2013; Tower et al., 2015; Wolf et al., 2015). In the United Kingdom, students identified trouble with the curriculum, clinical placements, low-income family, and minimal peer support as reasons for failing to complete their education (Crombie et al., 2013). Per Crombie (2013), students stay in their nursing program if they have a positive clinical experience. In a mixed-methods study focused on the departure of students from their nursing program because of stress and personal issues (Hamshire, 2014), 80% of the students who left their nursing program cited personal reasons.

A qualitative study was conducted in Scotland to ascertain why first-year students were leaving nursing programs (McKendry et al., 2013). Students reported feeling inadequate and underprepared in the clinical setting and gave these factors as reasons for leaving the program. A negative experience in the clinical learning setting has been

found to contribute to attrition from nursing programs (McKendry et al., 2013; Wolf et al., 2015). Adult learners, who are nontraditional learners, needed a higher level of support to be successful in their nursing program (Bergman et al., 2014; McKendry et al., 2013). First-year students need more institutional resources to remain engaged in their program of study and to feel a part of the organizational culture (Scarborough, 2013; Schrum, 2015; Tinto, 1993, 2005). Students whose academic and personal expectations differ from those of the institution are at risk for attrition from the nursing program (Chang et al., 2016; Tinto, 1993, 2005). Other researchers have reported that most students who withdrew from nursing programs cited poor academic performance and a poor fit between the program and the student (Smith et al., 2015; Zhan & Fitch, 2012). More research into student attrition in nursing programs is needed (Beauvais, Stewart, DeNisco, & Beauvais, 2014; Fontaine, 2014; Jeffreys, 2015; Jinks et al., 2014; McKendry et al., 2013; Mooring, 2016; Schrum, 2015).

### **Strategies for Retaining Nursing Students**

Tinto (1993) wrote that the community relationship between the student and the educational environment is essential for retention. However, limited success for retention in nursing education remains a prominent issue (Cameron et al., 2011; Tower et al., 2015). A full-time retention coordinator may help with retention issues in nursing education (Schroeder, 2013; Schrum, 2015). Early recognition and intervention programs are critical to retaining students that are at high risk for attrition (Dapremont, 2014; Trofino, 2013). The students that have been identified as high risk for attrition should be followed closely throughout their nursing education for extra support with the multitude of issues that impact a student's success in the program (Bergman et al., 2014;

Dapremont, 2014; Schrum, 2015). The relationship between the faculty and students has been shown to be an important retention factor (Bergman et al., 2015; Dapremont, 2014; Tinto, 2005; Wiles, 2015; Wolf et al., 2015). Nursing students are often looking for a sense of professional belonging that can be promoted in the clinical portion of their education. Clinical settings are in community settings and student relationships with nursing professionals can have a positive effect on retention (McKendry et al., 2013).

The impact of peer support in the academic community is an important issue for retention strategies (McKendry, 2013; Tinto, 1993 & 2005; Tower et al., 2015). Students that feel they belong to the learning community are associated with higher retention (Ferrell & DeCrane, 2016). Retention strategies need to have a component to promote peer relationships (Ferrell & DeCrane, 2016; Wolf et al., 2015). Commuter campuses have a higher risk of disconnected students from the campus and each other and need to find ways to develop relationships and a sense of belonging (Ferrell & DeCrane, 2016). The students are under a large amount of stress in the nursing program and can be a support for each other through difficult situations (Ferrell & DeCrane, 2016; Tower et al., 2015). Social media can be a tool to help promote a sense of community on a campus through positive interactions (Tower et al., 2015). Students need to believe they can succeed and get through the nursing curriculum together as a team (Schrum, 2015; Tower et al., 2015).

Family support for a student should be considered with retention strategies (Bergman et al., 2014; Cameron et al., 2011; Wolf et al., 2015). The students are often trying to work, take care of family relationships, and be successful in academia (Bergman et al., 2014; Wolf et al., 2015). The class schedule and work often are in conflict and

students have a difficult time with retention if this factor does not coincide. Students with financial support have increased retention rates of 40% over those without support. An increase of retention by 61% with family support has been shown in retention literature outside of nursing education (Bergman et al., 2014).

Seven articles were written between 2007 and 2015 (Jeffreys, 2015) to help further the design of nursing education so that students could succeed. The information in the articles was virtually unchanged over time. The first study, a retroactive, evaluative study conducted in a community college setting, showed individualized help interventions to be the best support for the nursing students (Jeffreys, 2007). The model was then expanded to include all undergraduate nursing students. A finding was that to affect student retention, nurse educators had to feel empowered (Jeffreys, 2014). Some 3-year baccalaureate nursing programs were shown to lead to poor retention because the pace was fast and the time needed to complete the requirements had been underestimated (Jeffreys, 2015). However, no intervention strategies were suggested.

Retention programs are becoming more popular in nursing education (Fontaine, 2014; Jeffreys, 2014, 2015; Schrum, 2015). To understand retention and attrition, nursing educators will need to build strategies grounded in research and evidence (Wolf et al., 2015). Retention strategies will need to start with admission policies and will need to be woven throughout all aspects of the formal and informal curriculum on the campus (Fontaine, 2014; Jeffreys, 2015; Mooring, 2016; Schrum, 2015). Schrum points out that more research is needed to support nursing retention strategies in higher education.

Seven retention strategies used in a community-college program leading to an associate's degree in nursing were evaluated in a correlational study (Fontaine, 2014).

The seven interventions were stipends, learning communities, orientation programs, academic planning, counseling, peer tutoring, and community nurse mentors. Peer tutoring and orientation to the nursing program ranked the highest in the sample (Fontaine, 2014).

Commuter campuses and residential colleges have different issues that need to be considered when planning retention strategies. At the University System of Georgia, one student in three has withdrawn from the college and do not persist until graduation (Brown, 2015). Support for nursing students should begin at the earliest point in their education (Barra, 2013; Shelton, 2003; Williams, 2010). Family and social support for students are important for retention in commuter campuses. Encouragement from family help students to remain engaged in their education (Bergman et al., 2014).

Retention programs can be built and designed for student success (Shelton, 2012). An in-depth exploration is needed to understand the students' viewpoint regarding reasons not just for withdrawing from the program, but also for staying in the program (Crombie et al., 2013; Hamshire et al., 2014). A qualitative, in-depth study of student viewpoints on retention will help nurse educators to plan a program to increase retention rates for colleges and universities and ultimately decrease the nursing shortage (Beauvais et al., 2014; Brown, 2015; Cameron et al., 2011; Gazza & Hunker, 2014; McKendry et al., 2013; Schrum, 2015; Shelton, 2012). Nurse educators need further research to understand the different issues experienced by students on their campuses (Brown, 2015; Ferrell & DeCrane, 2016).

### **Three-Year Baccalaureate Nursing Programs**

Academia has been tasked with helping to alleviate the nursing shortage (HRSA, 2013; Jeffreys, 2014; Zahn & Fitch, 2012). Thus, the nursing shortage has been a major factor contributing to changes in nursing education since the 1980s (Doggrell & Schaffer, 2016; Payne, Glaspie, & Rosser, 2014; Zhan & Fitch, 2012). To decrease the nursing shortage and help students finish their degrees more quickly, 3-year baccalaureate nursing programs are becoming popular within nursing education (Brown, 2015; Doggrell & Schaffer, 2016; Payne et al., 2014; Zhan & Fitch, 2012).

The three methods currently accepted in the United States for registered nurse licensure are diploma, associates, and baccalaureate degrees (AACN, 2014; Cantu, 2016). The diploma is usually connected with a hospital or healthcare institution. The associate's degree in nursing is linked to community colleges and vocational training. The baccalaureate degree is typically received from a college or university (AACN, 2014; Cantu, 2016; Gazza & Matthias, 2016). The compressed curriculum design has mainly been identified with baccalaureate degree nursing education (Doggrell & Schaffer, 2016; Gazza & Mathias, 2016; Payne et al., 2014; Peterson's, 2014).

Curriculum changes have been designed to decrease the amount of time from admission through to nursing graduation (Ferrell & DeCrane, 2016; Zahn & Finch, 2012). The 3-year baccalaureate program decreases the amount of time for the nursing student to join the workforce, compared to the time required for a traditional nursing education (Peterson's, 2015; Zhan & Fitch, 2012). However, 3-year baccalaureate nursing programs involve much speed and stress, leading to high attrition rates (Brannagan et al., 2013; Brown, 2015; Jeffreys, 2015). The 3-year baccalaureate nursing

program is demanding for students and has various factors to consider in implementing retention strategies (Payne, 2013).

Many nontraditional adult learners being admitted into 3-year baccalaureate nursing programs also leads to high attrition rates in these programs (Doggrell & Schaffer, 2016; Peterson's, 2015; Zhan & Fitch, 2016). The students who choose a 3-year baccalaureate nursing program are most often older females with a previous college degree (Peterson's, 2014; Zhan & Finch, 2012). Men also enroll in higher numbers in 3-year baccalaureate nursing programs than in traditional baccalaureate degree nursing programs (Payne et al., 2014). Many of the students work full-time and have difficulty in finding financial aid to pay for their education because of previous college work (Wolf et al., 2015; Zhan & Fitch, 2012). The students have higher grade point averages than traditional students and outperform on the NCLEX-RN (Bowie & Carr, 2013). The students' average age is 27-28 years old and has a previous baccalaureate degree. The 3-year baccalaureate student has elevated expectations for their education and career changes following graduation (Bowie & Carr, 2013; Payne et al., 2013).

The first nursing program to become an accelerated nursing program was at Saint Louis University in 1971 (Payne, 2013; Zhan & Fitch, 2012). Accelerated programs are now found in 48 states, the District of Columbia, and Puerto Rico (Peterson's, 2015). Different thoughts about pedagogy and curriculum implementation have marked these programs and have contributed to their growth, both in the United States and around the world (Doggrell & Schaffer, 2016; Gazza & Matthias, 2016; Payne et al., 2014). The steady growth of 3-year baccalaureate nursing programs has not been met with a similar

research base to guide practice (Doggrell & Schaffer, 2016; Payne, Glaspie, & Rosser, 2014; Zhan & Finch, 2012).

The timeframe for completion of a 3-year baccalaureate nursing program varies per the previous educational level of the student (Smith et al., 2015; Zhan & Fitch, 2012). Students who have a science degree or prerequisites before admission into the 3-year baccalaureate program can finish the degree in less time (Smith et al., 2015). The 3-year baccalaureate degree in nursing is attractive to second-degree students that have a prior degree. The second-degree student has elevated expectations and expects high-quality education (Bowie & Carr, 2013; Millett, 2016; Zahn & Fitch, 2012).

The curriculum of 3-year baccalaureate degree nursing programs is compressed and rapidly paced (Smith et al., 2015; Wolf et al., 2015; Zhan & Fitch, 2012). However, the program objectives remain the same as those in 4-year baccalaureate programs (Smith et al., 2015; Zahn & Fitch, 2012). This compression of the curriculum is difficult for students and faculty. No breaks are given between sessions, and classes are run continually throughout the academic year (Smith et al., 2015; Wolf et al., 2015). Students are encouraged to decrease the hours they spend on paid work to help ensure success, which can create a financial hardship for families (Smith et al., 2015). The curriculum must provide the students with the same number of clinical hours required for accreditation and nursing licensure (Smith et al., 2015; Zhan & Finch, 2012). Students are often admitted into these programs without a clear understanding of the time commitment for success (Payne, 2013; Zhan & Finch, 2012). The first semester is the critical attrition time for students in 3-year baccalaureate nursing courses (Smith et al., 2015).

Faculty members have had to be creative in facilitating learning in the 3-year baccalaureate environment (Bowie & Carr, 2013; Payne, 2013). Laboratory simulations are often used to put the student in real-life situations without fear of harming a patient in the hospital (Bowie & Carr, 2013; Doggrell & Schaffer, 2015; Zhan & Finch, 2012). The 3-year baccalaureate nursing degree provides the student with quicker access to the workforce and financial security than would be possible with a traditional 4-year program (Peterson's, 2014; Smith et al., 2015; Zhan & Finch, 2012). The students are fearful of failure, adding to the stress level of the nursing program (Payne, 2013; Wolf et al., 2015).

### **Challenges**

Students in 3-year baccalaureate nursing programs must feel a sense of belonging to the campus and manage their lifestyle to be successful and graduate (Bowie & Carr, 2013; Zhan & Finch, 2012). 3-year baccalaureate nursing programs have a rigorous, fast-paced curriculum which is an issue for most students and faculty to manage (Bowie & Carr, 2013; Payne, 2013; Schmidt & MacWilliams, 2015). The 3-year baccalaureate nursing programs usually have a more diverse student body. The diversity of the students and the fast pace can be difficult for all involved in the nursing education (Schmidt & MacWilliams, 2015; Zhan & Finch, 2012). The students that are attracted to 3-year baccalaureate nursing programs are often the same students that are at highest risk for attrition (Smith et al., 2015). Students that do not speak English as a primary language have a difficult time in the fast-paced curriculum (Schmidt & MacWilliams, 2015; Tinto, 1993; Zahn & Finch, 2012). Minority and underprivileged student success are important to help decrease the nursing shortage. However, students that are considered non-traditional are at elevated risk for attrition from 3-year baccalaureate programs (Ferrell

and DeCrane, 2016; Schmidt & MacWilliams, 2015; Smith et al., 2015). The students that the program is most attractive to often are the students that struggle the most to graduate and pass the NCLEX-RN (Doggrell & Schaffer, 2016; Murray, 2016).

Attrition rates for non-traditional disadvantaged students are as high as 15% to 85% (Doggrell & Schaffer, 2016; Murray, 2016). Minimal research has been done to guide practice in 3-year baccalaureate nursing programs (Doggrell & Schaffer, 2016; Murray, 2016; Payne et al., 2014; Zahn & Finch, 2012). Students are not able to remain in their program of study for a multitude of reasons. Adult learners are attracted to 3-year baccalaureate nursing programs but have obvious issues to manage for success (Murray, 2016; Payne, 2013). The students often come into the program with a previous college degree and have expectations that must be met (Bowie & Carr, 2013). Clear communication from the faculty about requirements for success in each class is expected from the students (Payne, 2013; Zahn & Finch, 2012). The students have minimal time for assignments that are considered busy work. Each assignment must be of value for the students' education and goals of becoming a registered nurse (Brandt et al., 2015).

The curriculum is compressed but still must meet all the objectives of traditional nursing programs (Peterson's, 2014; Smith et al., 2015; Zahn & Finch, 2012). Often the annual curriculum is designed without breaks which affect the students, faculty, and staff (Peterson's, 2014; Zahn & Finch, 2012). Surface learning is affiliated with high-stress environments of learning and can be a factor in students' attrition from their program (Payne, 2013; Smith et al., 2015). Students are often not aware of the time commitment that is required for success (Zahn & Finch, 2012). The students with additional learning needs often find themselves unable to cope with the pressures of the nursing program

both in the classroom and clinical setting (Bowie & Carr, 2013; Murray, 2016). The curriculum must meet all requirements for the nursing education set by accrediting bodies (Zahn & Finch, 2012). Attrition from 3-year baccalaureate nursing education has been linked to the fast pace and the amount of work required to be successful (Murray, 2016; Payne, 2013; Zahn & Finch, 2012).

Stress in the clinical setting is a factor for attrition from 3-year baccalaureate programs (Bowie & Carr, 2013; Caldwell, Tenofsky, & Nugent, 2010; Payne, 2013). The students have less time than traditional students to prepare for the expectations for a safe clinical environment (Bowie & Carr, 2013). Clinical partners may not be as accepting of 3-year baccalaureate students feeling they are underprepared for the role of professional nursing (Bowie & Carr, 2013; Brandt, Boellaard, & Zorn, 2015). Students are expected to remain in clinical for 12-hour shifts which also may not work for family and job commitments (Wolf et al., 2015). The students set high expectations for themselves and often cannot cope with being considered the novice to patient care (Millet, 2016).

Financial issues are a concern for students in 3-year baccalaureate nursing programs (Caldwell et al., 2010; Millet, 2016; Murray, 2016). The students often cannot work in full-time positions while in school, and this will increase stress especially if family members depend on the student for support (Millet, 2016; Smith et al., 2015). Students with previous college degrees often have used up their financial aid and must find funds for the nursing education from various sources (Millet, 2016). Students in 3-year baccalaureate nursing programs have identified that financial issues are one of the leading causes of attrition. The students may choose to work for financial stability during their 3-year baccalaureate nursing education (Millet, 2016; Smith, Carpenter &

Fitzpatrick, 2015; Zahn & Finch, 2012). The average cost for a 3-year baccalaureate nursing baccalaureate degree is \$40,000 (Millett, 2016). The students depend on loans, savings, and working income to fund their education. Several nursing groups like the Robert Wood Foundation and the AACN has offered grants and scholarships to students to complete their degrees (Millett, 2016; Murray, 2016).

Faculty issues are a concern for 3-year baccalaureate nursing programs (Brandt et al., 2016; Payne, 2013; Zahn & Finch, 2012). The academic environment is dependent upon the faculty and their understanding of the 3-year baccalaureate curriculum (Millett, 2016; Payne, 2013). The time intensive academic realm of nursing is often thought to be inferior to working in the clinical setting where the advanced degree nurse can make more money with less stress (Yucha et al., 2014). The students in 3-year baccalaureate programs make demands on faculty due to the excelled nature of the curriculum, and many faculty feels underprepared to help students be successful (Bowie & Carr, 2013; Murray, 2016). Support for faculty members is essential to the success of the students (Caldwell et al., 2010; Murray, 2016; Zahn & Finch, 2012).

### **Strategies**

The accelerated or 3-year baccalaureate nursing program is a growing sector of nursing education to help increase the number of practicing registered nurses and alleviate the nursing shortage (Brandt, Boellaard, & Zorn, 2015; Gazza & Matthias, 2015; Schmidt & MacWilliams, 2015). The accelerated programs are offering associates or baccalaureate degree in less time than traditional nursing education (Gazza & Matthias, 2015; Murray, 2016; Zahn & Finch, 2012). The goal of nursing curricula is to condense the pedagogy while maintaining safe standards required by the public for professional

practice (Bowie & Carr, 2013; Payne, 2013; Zahn & Finch, 2012). Most the students in 3-year baccalaureate programs have a previous degree that has coursework that can be transferred for credit (Millet, 2016; Payne et al., 2014). The accelerated 3-year baccalaureate programs often have a combination of classroom and online coursework that has a clinical and laboratory component (Murray, 2016). The hybrid model for 3-year baccalaureate nursing education has allowed second-degree students to complete their program of study in 2 to 3 years versus the 4-year traditional baccalaureate degree in nursing (Brandt et al., 2015; Murray, 2016; Zahn & Finch, 2012).

Nurse faculty members need to be organized and knowledgeable of the content to help 3-year baccalaureate students to be successful (Bowie & Carr, 2013; Murray, 2016). The students are more demanding on the faculty members' time and expect detailed explanations of concepts covered (Bowie & Carr, 2013). The faculty member needs to remain current in practice and educational processes to be successful in 3-year baccalaureate education (Caldwell et al., 2010; Zahn & Finch, 2012). The faculty member is a coach and often must teach the students how to learn in the 3-year baccalaureate environment (Bowie & Carr, 2013; Murray, 2016). The nurse faculty shortage is having an impact upon 3-year baccalaureate nursing education (Snaveley, 2016; Zahn & Finch, 2012). The curricula for 3-year baccalaureate program must cover the same material as traditional programs of nursing, and this adds increased stress to the faculty members (Smith et al., 2015). Extra training is required by 3-year baccalaureate faculty members to help cope with the pace of the curriculum. Training and continuing education are necessary for faculty members that teach in 3-year baccalaureate programs of nursing (Bowie & Carr, 2013; Brandt et al., 2015; Zahn & Finch, 2012).

No significant differences have been found between traditional and 3-year baccalaureate nursing education outcomes. Students do relatively well in both types of programs if they can manage the intensity of the curriculum (Doggrell & Schaffer, 2016; Smith et al., 2015; Payne, Glaspie, & Rosser, 2014). However, the literature is limited in comparing the traditional versus 3-year baccalaureate nursing education models (Doggrell & Schaffer, 2016; Murray 2016). Students in 3-year baccalaureate programs need a focused learner-centered environment that is without extra busy work (Brandt, Boellaard, & Zorn, 2015).

The condensed 3-year baccalaureate nursing programs are an attractive option for adult learners who are returning for a second degree (Doggrell & Schaffer, 2016; Millett, 2016). The students are not interested in studying curriculum that will not benefit them in their future career (Brandt et al., 2015; Caldwell et al., 2010). This type of education has been designed for the student that has already established study habits (Millet, 2016; Schmidt et al., 2015; Zahn & Finch, 2012). However, students that need extra support for their education are enrolling in 3-year baccalaureate nursing programs (Murray, 2016). Students from various backgrounds can have a challenging time with the transition to a compressed curriculum (Murray, 2016; Schmidt et al., 2015; Wolf et al., 2015). Students who work and have families will need to consider carefully if this type of education will be of benefit due to the elevated risk for attrition.

### **Future Directions**

Research in 3-year baccalaureate nursing programs to guide practice is limited (Doggrell & Schaffer, 2016; Murray, 2016; Payne et al., 2014; Zahn & Finch, 2012). Understanding the student, faculty, and staff needs are important for the future of 3-year

baccalaureate nursing programs (Doggrell & Schaffer, 2016; Murray, 2016; Zahn & Finch, 2012). The management of stress and perceptions about 3-year baccalaureate programs by nursing professionals will need to be positive (Brandt et al., 2015; Smith et al., 2015; Wolf et al., 2015). Curriculum, financial support, stress management are a prominent issue for all stakeholders involved in 3-year baccalaureate nursing education (Millet, 2016; Murray, 2016; Wolf et al., 2015). Nurse researchers need to conduct studies to help understand the facets of this fast-paced learning environment (Doggrell & Schaffer, 2016; Payne et al., 2014; Zahn & Finch, 2012).

### **Summary**

The shortage of registered nurses in the United States is approaching the level of a crisis (AACN, 2015; Cameron et al., 2011; Crombie et al., 2013; Feldman, 2015; Friedel, 2012; Gerolamo, 2011; Hamshire et al., 2014; Horton et al., 2012; Jeffreys, 2014; Schrum, 2015; Tower et al., 2015). The shortage is being exacerbated by a rapid increase in the size of the elderly population (Lauer & Yoho, 2013). To address the problem adequately, more nurses need to graduate from nursing schools.

The high rate of attrition in nursing education is costly to the health of society (Cameron et al., 2011; Hamshire et al., 2014; Jeffreys, 2015). The problem is putting the health of the general population at risk (Lauer & Yoho, 2013; Paul & McDonald, 2014; Schrum, 2015; Trofino, 2013). The risk extends not only to the United States but also to many other countries throughout the world (Barra, 2013; Gilchrist & Rector, 2007; McKendry et al., 2013; Melillo et al., 2013; Mooring, 2015; Smith et al., 2013).

Academia has been tasked with decreasing the harm caused by the nursing shortage (Jeffreys, 2015; Schrum, 2015; Yeom, 2013). Rates of attrition are high in both

traditional and 3-year baccalaureate nursing programs (Doggrell & Schaffer, 2016; Jeffreys, 2015; Schrum, 2015). Few changes have occurred since the 1950s to improve retention in nursing higher education (Ervin, 2014; Jinks et al., 2014). Factors related to the attrition and retention of nursing students, whether in traditional or 3-year baccalaureate nursing programs, are not sufficiently understood (Cameron et al., 2011; Doggrell & Schaffer, 2016; Hamshire et al., 2014; McKendry et al., 2014; Mooring, 2016; Schrum, 2015).

Student retention and attrition have been an ongoing issue for all areas of higher education (Brown, 2015; Hongwei, 2015; Sutton, 2014; Tinto, 1993). The academic and social environment affects student retention (Tinto, 1993). The first year of study is the year during which students are most likely to leave (Shelton, 2003; Tinto, 2005; Tower et al., 2015). Nontraditional students, including adult learners, often need support in obtaining a college degree (Bergman et al., 2014; Cameron et al., 2011; Melillo et al., 2013; Tinto, 1993).

Students come from diverse backgrounds that need to be considered when designing a retention policy (Barra, 2013; Bergman et al., 2014; Tinto, 1993). Student needs are related to jobs, family, language, relationships, community, secondary education, and academic preparation (Bergman et al., 2014; Jeffreys, 2015; Shelton, 2012; Tinto, 1993). There is little empirical information available to help educators develop effective retention programs in nursing education (Doggrell & Schaffer, 2016; Murray, 2016; Payne et al., 2014; Zhan & Fitch, 2012). An in-depth study would be valuable to understand factors that encourage the retention of nursing students in 3-year baccalaureate degree programs (Crombie, 2013; Doggrell & Schaffer, 2016; Hamshire,

2014; Murray, 2016). Improving an understanding of these factors would contribute to the ability of students in 3-year baccalaureate nursing programs to stay in the program, graduate, and contribute to the global workforce.

### **Chapter 3: Research Method**

The general area of interest creating a need for this study was that a severe and worsening shortage of registered nurses was increasingly putting the health and well-being of society at risk (Friedel, 2012; Hamshire et al., 2013; Juraschek et al., 2012; Salvucci, 2015; Sanford, 2015; Schrum, 2015; Trofino, 2013). Academics have been tasked with decreasing the harm caused by the nursing shortage (Jeffreys, 2015; Schrum, 2015; Yeom, 2013). However, rates of attrition are high in both 4-year and 3-year baccalaureate nursing programs. A low rate of student retention creates problems for funding, future workforce strategies, and nursing programs throughout the world (Crombie et al., 2013; Hamshire et al., 2012; McKendry et al., 2013).

The researchable problem for this study was the failure to retain nursing students in their program of study (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). Specific motivation factors leading to degree completion have not been identified for nursing students (Cameron et al., 2011; Crombie et al., 2013; McKendry et al., 2013). Although many researchers have investigated reasons for attrition, additional research was needed to explore why nursing students were choosing to stay and graduate (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). This knowledge is needed to help guide future retention strategies. No research was located describing students' perceptions of factors that motivated them to stay in a 3-year baccalaureate nursing program and graduate (Cameron et al., 2011). Strategies to help with retention are necessary for improving the numbers of nursing professionals in the workforce and

thus for decreasing the nursing shortage (McKendry et al., 2013; Salvucci, 2015; Schrum, 2015).

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of 3-year baccalaureate nursing programs regarding the factors that influenced the graduates to overcome obstacles and remain in the program. Seven nursing-school graduates at one campus in a private, for-profit nursing university were interviewed. The university has more than 20 campuses throughout the United States. The selected campus for this study was in the Midwest. Between five and nine interviews are typical for an interview-based case study (Brinkmann & Kvale, 1996), but the exact number of participants for this study was determined by the point at which the data became redundant (Merriam & Tisdell, 2016; Yin, 2015).

The sample was selected as a purposeful sample. All nursing graduates had completed the 3-year baccalaureate nursing program within 6 months of the expected graduation date. Students were recruited by means of an email sent to them by a faculty member who had instructed them within the previous 6 months. Nursing students who had already graduated were chosen to ensure that participants were able to express their perceptions freely, without fear of repercussions in the program. Additionally, six full-time faculty members at the campus received emails inviting them to participate in a focus group to discuss the support they believed they provided to the students.

Interview protocols were used, with open-ended, in-depth, semistructured interview questions (see Appendices A and B). The invitational emails gave potential participants the needed contact information, along with an explanation of the study and a statement of informed consent to sign (see Appendices C and D). The interviews and

focus-group meetings each lasted approximately one hour. The students and faculty members were encouraged to express their feelings freely regarding the quality of the program and how the program met student needs. The interviews were recorded and transcribed verbatim, and the transcript was sent to the participants for review to ensure accuracy.

The interviews were analyzed in an ongoing process and organized according to recurring themes. To triangulate the study, online data indicating the retention rates of the selected campus were reviewed, along with NCLEX-RN licensing examination scores at the Ohio Board of Nursing public website. NVivo (Version 11) qualitative software was used to assist in coding and organizing the data according to the most frequently found themes. During data collection, constant comparison was used to identify themes as they emerged. The identification of factors associated with persistence from the graduate perspective may help to decrease the shortage of registered nurses in the United States and globally (Barra, 2013; McKendry et al., 2013; Smith et al., 2011; Tower et al., 2015).

Following are the research questions addressed.

**Q1.** How do graduates of a 3-year baccalaureate nursing program describe the challenges they faced during the first 2 years of the nursing program?

**Q2.** How do graduates of a 3-year baccalaureate nursing program describe the factors that motivated them to persist to graduation?

**Q3.** How do graduates of a 3-year baccalaureate nursing program describe the support they received from nursing school faculty and staff members to encourage or discourage their efforts in the program?

**Q4.** How do nursing school faculty members describe the support they offer to undergraduate nursing students in a 3-year baccalaureate program?

In this chapter, the research method and design are presented, followed by a discussion of the population, sample, and instruments used. The procedure for data collection, processing, and analysis is explained. Assumptions, limitations, delimitations, and ethical assurances are then discussed. The chapter concludes with a summary.

### **Research Method and Design**

A qualitative method was used for this study to meet the purpose of conducting an in-depth exploration of the perceptions of the participants (Houser, 2015; Yin, 2014). In a qualitative study, new perspectives can be discovered during interviews that were not anticipated by the researcher (Creswell, 2013; Houser, 2015). In contrast, in a quantitative study, only a narrow scope of variables can be used, and the purpose is to measure the variables with precision (Creswell, 2009). In a quantitative study, no new perspectives can be discovered during data collection except those anticipated by the researcher.

Numeric data are not needed for the current study. Instead, an in-depth understanding of the subjective perceptions of the participants met the exploratory purpose of the study. For these reasons, a qualitative method was used.

**Design.** A multiple-case design was used for this research. Several kinds of qualitative research were considered. Phenomenology was not chosen, because phenomenology is an attempt to explore the subjective perceptions of participants, regardless of what the external reality may indicate (Creswell, 2013; Houser, 2015). In contrast, a case study is designed to explore the subjective perceptions of the participants

but at the same time to account for factors in the external environment within which the participants function. Grounded theory was also considered. A grounded-theory design is used when the purpose is to develop a new theory from the emerging data (Houser, 2015). The purpose of the current study was not to develop a new theory but to explore the existing environment to understand the factors motivating students to remain in a 3-year baccalaureate nursing program.

Case-study research is effective for exploring programs and situations (Stake, 1995). A case study can supply deep, individualized evidence useful in drawing conclusions and helpful for guiding professional practice (Baxter & Jack, 2008; Yin, 2014). A case study enabled conversations with individual nursing graduates and faculty members to gather information on the challenges, motivational factors, and experiences of support encountered in the 3-year baccalaureate nursing program. A case study also enabled conversations with faculty members within a focus group to explore their perceptions of support they offered to undergraduate nursing students. A case study, therefore, enabled a deeper understanding of the experience of the participants within nursing education related to retention.

The multiple-case design was chosen to discover the different viewpoints of the participants and the meaning of the phenomenon for each case. A multiple-case study ensured that multiple perspectives were considered (Yin, 2014). When a study is designed to understand typical cases to achieve replication, a multiple-case study is more rigorous than a single-case study (Houser, 2015; Yin, 2014). In the current study, each graduate was considered a single case. All graduates had received a baccalaureate degree from the same Midwest college. The focus group conducted with faculty members was

treated as a single case as well. Each nursing graduate chosen for the research was considered to have complicated stories with multiple factors that needed to be considered (Stake, 1995). Additionally, a case study permitted the exploration of the larger environment. The multiple-case study design contributed to data triangulation and assisted in the transferability of the study (Yin, 2014). The use of NCLEX pass rates, and retention data which were collected and reviewed to understand trends and patterns in retention and attrition contributed to data triangulation as well.

### **Population**

According to the ANA (2014) and the AACN (2016), there are approximately 858 nursing programs in the United States. The number of nursing students currently enrolled in baccalaureate nursing programs is 320,074 (AACN, 2016). The population for this study consisted of all nursing students enrolled in 3-year nursing programs, estimated to be approximately 5,000 students on approximately 20 different college campuses (U.S. News & World Report, 2017)

### **Sample**

The sample for the current study consisted of seven individuals who had graduated from a 3-year baccalaureate nursing program in the Midwest in the previous 6 months. In addition, six faculty members from the program were selected to participate in a 1-hour focus group. The selected school was a private, for-profit school of nursing.

The sample allowed for a deep examination of the reasons students identified as helpful for remaining in and graduating from the program (Houser, 2015). A small number of participants is preferred for case-study research so that more in-depth information can be gathered (Houser, 2015). The sample size of seven graduates and six

faculty members enabled data saturation (Merriam & Tisdell, 2016; Yin, 2015), at which time the data being collected became redundant (Houser, 2015; Yin, 2014).

A purposeful sampling method was used. Purposeful sampling is a sampling method designed to select participants who will offer the most valuable insights for the study (Merriam & Tisdell, 2016). Purposeful sampling also works well in the selection of individual participants who may have rich differences of opinion, thereby increasing the potential for an in-depth analysis of the phenomenon (Houser, 2015). In the current study, different participants affiliated with the campus had a variety of stories to tell regarding the motivating factors that helped the nursing students to remain and graduate.

The selected graduates had successfully passed all nursing courses required in the 3-year curriculum administered in the nursing programs. All selected graduates and faculty members granted permission to participate in the study. All interviews and the focus group were audio recorded to ensure accuracy, and all recordings were transcribed and verified. Archived data regarding the current NCLEX-RN pass rate for the selected campus were reviewed. Each nursing graduate was considered a separate case, and the focus group was considered a single case.

### **Materials/Instruments**

In a qualitative study, the researcher reveals phenomena through inferences from the data. Thus, the researcher is the main instrument for a case study (Yin, 2015). Additionally, an interview protocol developed for this study was used to assist in collecting data from the participants (see Appendix A).

First, demographic information was collected. Open-ended, semistructured interview questions were then presented, with five questions addressed to the nursing

graduates and seven questions addressed to the faculty members (see Appendix A). The interview questions were designed so that each interview would take no more than 1 hour.

For nursing graduates, the questions were designed to explore the participants' background, experience, and thoughts about remaining in and graduating from the 3-year baccalaureate nursing program. After describing the overall experience in nursing education, the graduates were asked to describe barriers or difficulties they encountered and their perceptions of what was needed to remain in the program. They were then asked to talk about other nursing students who did not succeed in graduating.

Faculty members participating in the focus group were asked to describe their experiences with retention in nursing education. They were asked to discuss the barriers or difficulties they had witnessed in retaining students in the program, the needs the students appeared to have to remain in the program, and reasons some students did not complete the program. They were then asked to make recommendations for what nursing programs could do to help nursing students.

### **Data Collection, Processing, and Analysis**

Before data collection began, permission to conduct the study was obtained from the Institutional Review Board (IRB) of Northcentral University and the selected university. Faculty members who had instructed students in their final semester of the program sent emails to students who had graduated in the previous 6 months. Along with the emails was a statement of Informed Consent (see Appendix C), which participants returned by hand at the time of the interview. The consent form included the option to agree to have the interview audio recorded. All nursing graduates who participated in the

study granted informed consent and agreed to be audio recorded before data collection began. As NCLEX-RN data existed in the public domain on the NCSBN website, no consent or permission process was needed for their use.

For individual interviews with nursing graduates, interviews were conducted in the offices of the College of Nursing. I introduced myself to the participant, explained the nature of the study, reviewed the informed consent form, and clarified that all information would be kept confidential. The physical comfort of the participant was assured. The interview protocol was used (see Appendix A), and the interviews were audio recorded. Demographic questions were asked, followed by questions about the experience of the participant in the 3-year baccalaureate nursing program. Open-ended questions were presented about both positive and negative experiences in the program. Follow-up questions were then presented. Each participant reviewed a transcript to verify accuracy. This process is called member checking (Yin, 2015).

**Focus-group interview.** The 3-year nursing program has 10 full-time faculty members, all of whom received email invitations to participate in the focus group. Six faculty members agreed to participate and met in the faculty lounge at the college of nursing for approximately one hour. An interview protocol was used (see Appendix B). At the beginning of the meeting, all members signed an informed consent form (see Appendix D) and agreed to be audio recorded. The transcript was sent to each of the faculty members to verify accuracy.

All faculty members in the focus group were asked the same question and could respond as needed. The interview protocol was followed to keep the focus group on track. Each member of the group equally participated in each of the questions asked.

The NCLEX-RN pass rate for the campus was reviewed. The Ohio Board of Nursing website is a public database that holds information about RN pass rates for the previous years for each nursing program. The pass rate for the recent year was used to understand if the retention of graduates was considered successful for the college of nursing (Ohio Board of Nursing, 2017). Information available in the public domain was also examined for retention rates in the 3-year program. Retention data was collected about the campus from public websites. The websites that listed the retention statistics unique to the campus were CollegeFactual.com and Office of Economic and Business Development (OEBD.com).

The data from the interviews with the nursing graduates and the focus group were coded and categorized, and content patterns were identified. NVivo (Version 11) qualitative software was used to assist in the identification of emergent themes from the interviews of the graduates and faculty focus group. During data collection, constant comparison was used to identify themes as they emerged up to the point of data saturation for the graduate interviews. The data were reviewed and analyzed dynamically and compared to previously collected data. Findings emerged from interactions with the participants. Thick descriptions were generated from the interviews with the graduates and faculty which are presented in the discussion of the themes.

### **Assumptions**

Several assumptions were made in this study. It was assumed that all participants would speak truthfully in the answers to the interview questions. It was assumed that all graduate participants had completed the 3-year baccalaureate nursing program at the same college campus within the previous 6 months at the time of data collection. It was

assumed that the faculty members who participated in the focus group were honest in their communication. It was assumed that NCLEX-RN data from the NCSBN website were accurate.

### **Limitations**

The current study had several limitations. Case studies are limited by a small sample size, from which generalization to the larger population is not possible (Silverman, 2004; Yin, 2014). The findings from one nursing school may not apply to other nursing schools. With the exception of the archived NCLEX-RN data from the NCSBN website, findings were based entirely on self-reported perceptions. This limitation was mitigated by using numerous data sources, including nursing graduates and faculty members on the nursing campus.

### **Delimitations**

This study was delimited to include a small number of purposefully chosen participants in the 3-year baccalaureate nursing program at a national university with more than 20 different campuses. The findings were also delimited by choice of one Midwest campus from the university. Participants included nursing graduates, who were interviewed individually; and faculty members, who participated as members of the focus group. NCLEX-RN data existed in the public domain on the NCSBN website.

### **Ethical Assurances**

Before data collection began, permission to conduct the study was obtained from the IRB of Northcentral University and the selected university. All participants granted informed consent before data collection began. Participants read and understood the nature of the study and were assured of anonymity. Following the tenets of the Belmont

Report (1979), all personal identifying information was and will remain confidential (Houser, 2015). All participants were assigned a pseudonym for use throughout the study. The identity of the selected school and the chosen campus will also remain confidential. Participants were permitted to withdraw from the study at any time without consequence.

I am a faculty member at the selected university. The nursing graduates had completed the program of study at the time of data collection. None of the participants were my former students in their last year of their education, personal acquaintances, or currently enrolled in the nursing program. Therefore, any possible anxiety that could result from a dual relationship with the participants was removed, and potential bias or conflict of interest from personal involvement with the participants was minimized. The focus group of six faculty members included colleagues, but none who worked directly with me. The use of open-ended questions in the interviews mitigated the possible biases that I may have brought to the study from being a faculty member within the same university system. The interview protocols were standardized to minimize the possibility of bias in the conduct of the interviews.

All hard copies of data and audio recordings of interviews are stored in a locked cabinet to which only I have the key. I am the only person with access to the data. All electronic data are kept in a password-protected file on my personal computer. After 7 years, all electronic data will be erased, and all paper will be shredded and destroyed.

### **Summary**

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding

the factors that influenced the graduates to overcome obstacles and remain in the program. Seven nursing-school graduates at one campus in a private, for-profit nursing university in the Midwest were interviewed. The exact number of participants for this study was determined by the point at which the data became redundant (Merriam & Tisdell, 2016; Yin, 2015). Additionally, six full-time faculty members at the campus participated in a focus group to discuss the support they believed they provided to the students. Purposeful sampling was used in the selection of participants to provide information-rich cases.

The participants received emails inviting them to participate in the study and giving them the needed contact information, along with an explanation of the study and a statement of informed consent to sign. The interviews and focus group meetings each lasted approximately one hour. An interview protocol was used, with open-ended, in-depth, semistructured interview questions. The interviews were recorded and transcribed verbatim, and the transcript was sent to the participants for review to ensure accuracy.

The interviews were analyzed in an ongoing process and organized according to recurring themes. Interviews were audio recorded and transcribed, and constant comparison was performed during data collection. A personal journal was kept of the interviews and focus group to keep track of nonverbal findings (Houser, 2015). Thick descriptions were generated and presented in the discussion of the themes. To triangulate the findings, related documents were reviewed, including NCLEX-RN licensing examination scores. NVivo (Version 11) qualitative software was used to assist in coding and organizing the data. Constant comparison was utilized in the analysis.

All participants granted informed consent before data collection began. Personal identifying information was not used in the study, and complete anonymity was assured for all participants. None of the nursing graduates were my personal acquaintances, or currently enrolled in the nursing program, thereby removing any possible anxiety that could result from a dual relationship with the participants. Participants could withdraw from the study at any time without consequence. The study added knowledge to the field of nursing education regarding student retention from the viewpoint of nursing graduates and faculty members.

## **Chapter 4: Findings**

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. A purposeful sample of seven nursing-school graduates at a campus in a private, for-profit nursing university in the Midwest participated in open-ended, semistructured interviews. All nursing graduates had completed the 3-year baccalaureate nursing program within 6 months of the expected graduation date. Additionally, six full-time faculty members at the campus participated in a focus group to discuss the support they believed they provided to the students. To triangulate the study, online data indicating the retention rates of the selected campus were reviewed, along with NCLEX-RN licensing examination scores. During data collection, constant comparison was used to identify themes as they emerged. NVivo (Version 11) qualitative software was used to assist in coding and organizing the data according to themes found most frequently.

In this chapter, the trustworthiness of the study is explained. The results are then presented, starting with demographic information. The four research questions are answered, and the findings are evaluated. The chapter ends with a summary.

### **Trustworthiness of the Data**

Trustworthiness of the data for this study was assured in terms of credibility, dependability, transferability, and confirmability. The research process was carefully monitored to maintain accurate interview data and follow the planned methods for the study. Data was received from multiple sources to aid in transferability to other colleges of nursing. Recent graduates, faculty members, and public information about the college

on the internet helped to define the boundary for the study. Credibility refers to accuracy in the way the researcher has reported the findings (Bloomberg & Volpe, 2012). To assure credibility, data triangulation in this study involved three data sources: interviews with nursing graduates, focus groups with faculty members, and a review of online data regarding retention and school pass rates. These online data are discussed in this chapter under Evaluation of Findings.

The member-checking process also assisted in lending credibility to the study. Member checking with participants helped to verify the accuracy of the transcripts and any interpretations that may have occurred during transcription. Credibility was also assured by noting different perspectives and divergent viewpoints in the data.

Dependability refers to the ability to track how data were collected and interpreted (Bloomberg & Volpe, 2012). Dependability in the current study was assured by maintaining an audit trail of the data. Notes were taken carefully, and interview transcripts were made available to provide information in the interpretation of the results. The careful documentation of the research process will help in replication of the study.

Transferability refers to the ability of the study to provide insights sufficient to be useful in other contexts for future readers (Bloomberg & Volpe, 2012). The college of nursing is a 3-year baccalaureate nursing program. Quality measures like NCLEX-RN pass rates are important to all colleges of nursing. Retention of students for nursing education has repeatedly been shown in the literature to be an issue for all programs of study. The recent graduates had successfully passed the NCLEX-RN. The use of recent graduates helped to understand the perception of retention because their recollections of events were still recent. The faculty members were varied in their experience, but all had

a master's degree in nursing and are currently teaching in the classroom and overseeing students in the clinical environment.

Confirmability refers to the ability of the study to assure that the findings have emerged from the research rather than from the biases of the researcher (Bloomberg & Volpe, 2012)). All nursing graduates interviewed in this study had been invited by a faculty member to participate after the completion of the program. This recruitment process helped to remove researcher bias from the sample selection, thereby supporting the confirmability of the study. None of the nursing graduates had ever been involved in a personal relationship with me. Thus, there was no risk that I introduced bias into the interpretation of the results because of previous contacts. Additionally, all faculty members at the selected college of nursing were invited to participate. I had no prior classroom relationships with any of the faculty participants. The faculty members could, therefore, talk freely without anxiety concerning conflicts of interest. Every effort was made to ensure that I bracketed my personal biases and interpreted the results as evenhandedly and objectively as I could.

## **Results**

Seven graduates of the 3-year nursing program participated in individual, open-ended, semistructured, face-to-face interviews for this study. All were female and unmarried. The participants ranged in age from 22 to 25. Four participants were Caucasian, two were African American, and one had emigrated from India. Three of the seven participants had a child. Five had lived with family members throughout the program, and one had lived with family members for part of the program before moving to her apartment. All participants had previously attended college. With one exception,

all participants held paid work during this study. All nursing graduates passed the NCLEX-RN examination on the first attempt. Table 1 shows the demographic distributions of the nursing graduates interviewed for the study.

Table 1

*Demographic Data of Nursing Graduates During Studies*

| ID | Age | Race             | Number of children | Lived with family | Employment                     |
|----|-----|------------------|--------------------|-------------------|--------------------------------|
| G1 | 23  | Caucasian        | 1                  | Yes               | Part time                      |
| G2 | 24  | Caucasian        | 0                  | Yes               | Full time                      |
| G3 | 24  | African American | 1                  | Yes               | Part time                      |
| G4 | 25  | Caucasian        | 0                  | Yes               | Part time                      |
| G5 | 24  | South Asian      | 0                  | No                | No                             |
| G6 | 22  | Caucasian        | 0                  | Partly            | Some part time, some full time |
| G7 | 25  | African American | 1                  | Yes               | Two part-time jobs             |

In addition to interviews with nursing graduates, a focus group was conducted with six faculty members in the program, ranging in age from 30 to 59. All were female. The faculty members had between 2 and 6 years of teaching experience and between 1 and 6 years of experience at the university selected for the current study. Table 2 shows the demographic data for the faculty members who participated in the focus group.

Table 2

*Demographic Data of Faculty Members in Focus Group*

| ID | Age | Years of teaching experience | Years of experience at selected university |
|----|-----|------------------------------|--|
| F1 | 38  | 3                            | 6  |
| F2 | 35  | 2                            | 2  |
| F3 | 59  | 6                            | 6  |
| F4 | 30  | 6                            | 2  |
| F5 | 31  | 6                            | 2  |
| F6 | 37  | 5                            | 1  |

Following are the results for each research question for the current study.

**Research Question 1.**

**Q1.** How do graduates of a 3-year baccalaureate nursing program describe the challenges they faced during the first 2 years of the nursing program?

Six themes emerged for Research Question 1: (a) course challenges, (b) mental anxiety and personal stress, (c) insufficient help from faculty and staff members, (d) insufficient preparation for the program, (e) issues with a cohort, and (f) financial challenges. Following is a presentation of each of these themes.

**Theme 1.1. Course challenges.** Nursing graduates experienced the beginning of the program as particularly challenging and stressful. The participants described that if a life event intervened, the rapid pace of the program made recovering their ground difficult. The pace for many nursing graduates was so rapid that they sometimes forgot to attend to important issues in life, such as renewing a license plate for a car, as

happened with Participant G2. Participant G7 failed a course midway through the program and was unhappy with the new cohort, where she found people “immature.”

Participant G4 believed that students at the beginning of the nursing program needed more help from the college than they were receiving. She stated, “Students who make it through the halfway point of the nursing degree can figure out what is needed to graduate.” Participant G3 believed that she wasted time in taking online courses in subjects not related to nursing. Nursing graduates believed that attrition from the nursing program was caused primarily by course failure. Several participants believed that many of the students who had failed courses did not want to become nurses and had changed their minds about their professional goals.

***Theme 1.2. Mental anxiety and personal stress.*** Nursing graduates described an environment of great mental anxiety and personal stress. To decrease the pressure, Participant G1 kept to herself, thereby avoiding involvement in “nursing school drama.” She reported that other students in her cohort also had many issues with anxiety and that the sense of anxiety was transmitted among the cohort. Participant G6 struggled with both depression and anxiety during the program and, in particular, was plagued by test anxiety at first. Her test anxiety, however, was alleviated over time.

Participant G7 was troubled by mental health issues, including depression and anxiety, toward the end of the program. She reported that she had been thinking of suicide. “Nursing school,” she said, “can cause you to get burned out.” She was grateful that her professor took the time to communicate with her and to help her find counseling resources during this difficult period.

Participant G2 stated that students had a challenging time with managing college demands along with their personal lives. Issues in her personal life, such as renewing a license plate for her car, were neglected. Participant G2 believed that at the beginning of the program, students struggled to do what was needed. According to her, some students were set back by personal issues that left them unable to study effectively, leading to failure in the program.

Participant G4 was troubled by mental health problems in her senior year of the program. The depression and anxiety that she experienced at that time made peer relationships difficult for her. In her opinion, many students and nurses in the program neglected their self-care. Participant G4 learned during the program that caring for herself was an important aspect of succeeding.

***Theme 1.3. Insufficient help from faculty and staff members.*** Several participants believed that support at the beginning of the program was particularly weak. According to Participant G3, “At the beginning, I felt like we had support. But we had such a large class, and they were also trying to weed out who was going to stay and who was going to make it through the courses.” She did not feel comfortable speaking with her professors and found asking questions about course content difficult. She even expressed the view that staff members at the beginning of the program did not want the students to succeed.

Participant G2 was troubled by the high level of staff turnover in the Student Services department, which included academic advising and financial aid. It seemed to her as though she had had “17 different advisors.” The high level of turnover in Student Services created difficulties for her in completing paperwork and following through on

issues of concern to her. Participant G2 was also troubled by the deficiencies in communication. Communications were sent to her at a time when she was unable to address the issues, such as during a holiday. During the interview, she laughed that she was still receiving noncompliance emails 2 months after she had completed her degree.

Participant G5 was particularly challenged in working with her first clinical instructor. She lacked background knowledge in healthcare and believed that all skills took her longer to master. She stated, “The first clinical instructor told me I wasn’t going to be a good nurse.” The clinical instructor “yelled” at her in the presence of her peers and the clinical staff for being too slow, told her that she would not be a good nurse, and threatened her with failure. Participant G5 stated, “She made me feel stupid for being slower. I was trying to be as cautious as possible. That definitely dampened my self-esteem and made me feel like I couldn’t be a good nurse.” Fortunately, her classroom instructor intervened and supported her.

Participant G5 stated that recovering from this experience was difficult for her. Since that time, she had panic attacks before every clinical course on the first day, worrying that the clinical instructors would be unkind to her and would fail her for being too slow. The pain of the one initial encounter stayed with her throughout her experience in the nursing program.

***Theme 1.4. Insufficient preparation for the program.*** Most of the nursing graduates believed that they were insufficiently prepared to undertake the rigors of a difficult nursing program. Several complained that they lacked the necessary study skills and study habits. Participant G2 believed that once admitted to the program; students had to confront their lack of study skills quickly. She stated, “I do not like books.” In her

opinion, her success was based on doing what she needed to do. Participant G3 believed that students needed to understand study habits to succeed. Participant G6 believed that she had not mastered the required study skills until she was midway through the program. She reported improving in her ability to read examination questions and move through examinations quickly. Participant G3 continued to find her study habits inadequate even after graduation.

***Theme 1.5. Issues with the cohort.*** Several participants reported feeling troubled by the presence of cheating among their cohorts. Participant G5 believed that her cohort was receiving a harmful reputation and that she, personally, had to work hard to overcome issues that professors had with some “problem students” in the class. For these reasons, Participant G5 had difficulty in developing healthy relationships with other students and with faculty members.

Because Participant G6 had failed the course midway through the program, changing cohorts was difficult for her. She found students in her new cohort “immature” and unsupportive. She stated, “I failed a medical surgical class and ended up with a different cohort. It was completely different – a lot of different types of students. The maturity level was lower. Everyone was out for themselves.” Participant G6 also reported feeling troubled by cheating in her class. In her view, the lives of patients depended on the knowledge students were gaining in the nursing program. When students cheated, she believed that patient safety was being compromised.

***Theme 1.6. Financial challenges.*** With one exception, all nursing graduates in this study had outside employment, either part time or full time. Managing jobs along with the intense program were stressful and challenging. Participant G3 found managing

the scheduling between the nursing program and her job to be particularly difficult.

Participant G7 struggled about the high cost of the program. She incurred debts in the form of both student loans and money from her parents. Nursing graduates believed that course failure was more likely among students who worked full time and had families.

### **Research Question 2.**

**Q2.** How do graduates of a 3-year baccalaureate nursing program describe the factors that motivated them to persist to graduation?

Four themes emerged for Research Question 2: (a) support from professors and staff members, (b) quality of instruction, (c) family support, and (d) personal dedication and commitment. Following is a presentation of each of these themes.

***Theme 2.1. Support from professors and staff members.*** When discussing the positive aspects of the nursing program, most of the nursing graduates in this study cited the quality of the instruction and the support from the professors as the most important factor. Participant G2 identified her nursing education as the best experience of her life. She appreciated her studies and believed that faculty members taught her how to cope with demanding situations. In encouraging Participant G1 to move forward in the 3-year program, the professors told her they were “shining a diamond.” She reported that the professors believed in her, “saw something in her,” and that this perception helped her to persist through difficult academic situations.

During times when Participant G7 was suffering from depression and anxiety, her professor took the time to communicate with her and help her find counseling resources. According to Participant G3, most of the support she received from professors and staff members occurred toward the end of the 3-year program. She believed that relationships

with professors were essential for success and graduation. All nursing graduates interviewed for the study believed that the professors cared about student success and showed respect to the students.

**Theme 2.2. Quality of instruction.** Nursing graduates who participated in this study reported feeling challenged by the rigorous curriculum but indicated appreciation for the high standards held by the professors during the coursework. Participant G6 believed that the stricter standards pushed her to be a better student. She had failed a nursing program before, and she did not want to fail again. She respected the professors for not “rounding up” her grades so that she could pass the course.

Often, nursing graduates described their professors as “excellent.” Some participants cited the high NCLEX-RN pass rate for the campus as a basis for their confidence in their faculty members. However, several participants described a sense of confusion at the beginning of the program. Participant G5 stated that at the beginning, professors were confusing her with a lack of communication regarding expectations.

**Theme 2.3. Family support.** All nursing graduates in this study found their families to be an indispensable support system in their success in the program. Parents supported them financially, both by enabling the participants to live at home and by helping with their children. The grandmother of Participant G2 had a stroke shortly before one of the participant’s examinations, however, and staying focused on the program was difficult for the participant during that time.

**Theme 2.4. Personal dedication and commitment.** Several nursing graduates in the study attributed their success in the program to their motivation, hard work, dedication, and determination. Participant G2 reported that she was determined to

become a registered nurse, and Participants G3 and G4 credited their dedication to their nursing education for their success in managing the rapid pace of the program.

According to Participant G4, if students were “not all in” for their nursing education, they would not succeed.

Participant G3 believed that students needed to understand their study habits to be successful. She believed that “time management and dedication” were essential for a nursing student to graduate from a 3-year program. According to her, students had to learn the material to “apply their knowledge and think critically” about the concepts being taught. Students had to be able to take concepts learned in previous courses and bring them forward to understand the objectives for the current course. A key factor in Participant G3’s completion of the program was learning to limit her social activities so that she had time to study.

### **Research Question 3.**

**Q3.** How do graduates of a 3-year baccalaureate nursing program describe the support they received from nursing school faculty and staff members to encourage or discourage their efforts in the program?

Four themes emerged for Research Question 3: (a) insufficient support early in the program, (b) support from professors and staff members, (c) orientation and study groups, and (d) help with job placement. Following is a presentation of each of these themes.

***Theme 3.1. Insufficient support early in the program.*** Several nursing graduates reported that support in the initial phases of the program was insufficient. Participant G5 stated that she felt confused at the beginning because the professors were

not communicating their expectations sufficiently well. She believed that “more direction was needed for the beginning students.”

***Theme 3.2. Support from professors and staff members.*** Most of the nursing graduates were happy with their communication with their professors and appreciated the support they received in the classroom and clinical work. Nursing graduates described memorable experiences in their critical care, pediatric, and capstone courses. Participant G1 found one clinical practice in mental health nursing to be boring because she was not interested in the subfield. Participant G7 cited support from professors and support from family as the two principal factors in helping her to graduate.

Participant G4 was disappointed with the level of support she received from faculty members and the Deans. She described an accusation related to “homicide and suicide.” She believed that they “pushed her to the side” when she asked for help. According to her, they did not listen to her when she tried to explain her situation, and she perceived that they believed other students over her. She consulted an attorney. The decision was to keep her from school for 1 week. Fortunately, the one terrible experience did not ruin her education for her, and she reported that she had received an excellent education.

***Theme 3.3. Orientation and study groups.*** The program offered study groups that nursing graduates described as helpful. During the study groups, the professors met with students to help them grasp the concepts they needed to pass the class. Participants G1, G4, and G6 stated that one professor telephoned the students once per week during the last two classes of the program until the licensure examination was completed.

Participant G3 believed that the program provided orientation to the rapid pace of the program. Participant G7 cited the academic success center, laboratory specialists, faculty members, and clinical sites as important sources of support. In her belief, these resources, all provided by the college of nursing, were sufficient for a student to succeed. Other students mentioned the laboratory with high-fidelity simulation. Participant G2 also cited the support of the Academic Success Center, which was staffed by registered nurses as tutors. All nursing graduates except for Participant G1 availed themselves of the extra help provided by the Academic Success Center during their nursing education. Participant G1 did not believe she needed the assistance of the Academic Success Center because her grades were high enough. However, if she had needed the service, she would have used it.

During the program, Participant G5 experienced the death of a grandparent and a classmate's severe car accident. When faced with these setbacks, she indicated that the faculty and staff members in the nursing program were helpful to her. Participant G6 believed that the faculty members and the Deans had the students' best interest at heart and wanted them to succeed.

***Theme 3.4. Help with job placement.*** Participant G1 reported that one of the services provided by the college was a mock job interview before program completion. She found the mock interview helpful in securing her "dream job" in the neonatal intensive care unit. Participant G2 stated that good clinical placements were an important factor in her success after graduation.

**Research Question 4.**

Faculty participants were asked about the support they believed they offered to undergraduate nursing students in the 3-year baccalaureate program. However, the conversation within the 1-hour focus group quickly evolved into descriptions of the obstacles students faced and the difficulties the faculty members had in providing the needed level of support. Eight themes emerged for Research Question 4: (a) Caring by faculty members helps to keep students in the program, (b) the rapid pace of the program is an obstacle to providing sufficient support for the students, (c) faculty members perceive students as experiencing significant stress in managing personal issues, (d) students are insufficiently prepared for the program, (e) faculty members do not have enough time to help the students, (f) faculty support does not always meet student needs, (g) faculty support depends on faculty self-care, and (h) recommendations for improvements. Following is a presentation of each of these themes.

**Q4.** How do nursing school faculty members describe the support they offer to undergraduate nursing students in a 3-year baccalaureate program?

***Theme 4.1. Caring by faculty members helps to keep students in the program.***

Faculty participants believed that one of the main reasons students stayed in the program was that faculty and staff members cared about them. According to participants, it was important to become acquainted with the students and their interests, listen to them, understand the problems they were experiencing outside of the campus, and help them where possible. These demonstrations of caring helped the students through challenging times so that they could stay enrolled and graduate.

Participant F4, in particular, emphasized not only caring about the students but “letting them know” that the faculty member cared. Participants F4 and F5 described efforts they made to know the names of students’ children and even of their cats. Faculty members believed that they needed to assess the social and family support that existed for each of their students. In the opinion of Participant F1, students with serious family or financial issues could not succeed without help.

***Theme 4.2. The rapid pace of the program is an obstacle to providing sufficient support for the students.*** All faculty participants agreed that the rapid pace of the 3-year degree program was an obstacle to success for many nursing students. Participant F1 stated that “Often, the students do not obtain the needed clinical information until two to three weeks prior to the start. This is very problematic for working adults with families.” Such a brief time frame was insufficient for students to plan for work and family commitments. F3 stated that, “Juggling a full-time job, family, and an accelerated program doesn’t work for all of them.”

Participant F1 believed that beginning-level students had challenges in prioritizing their time to meet the demand of the 3-year curriculum. F3 stated that, “the idea of obtaining a 3-year degree sounds great to the students before they start the program.” Once the program began, however, the time commitment and rigorous curriculum had to be managed. Participant F1 added that a “child’s illness or a car breaking down” could cause a student to fail in the program. A student who missed one examination often could not recover successfully for that 8-week class. The student then had to pay out of pocket to repeat the class, adding a further financial burden.

The curriculum of the 3-year program proceeded quickly, with minimal time between course segments. The courses changed every 8 weeks without a break from July to Christmas each year. The rapid pace increased stress and caused fatigue, described as “burnout,” among both the faculty members and students. Participant F1 noted that a more traditional nursing program was organized on a semester basis, thereby allowing more time for the students’ grades to “bounce back from a major life event.” Participant F6 who had taught in a traditional 4-year baccalaureate degree program before teaching in the 3-year program found a clear difference in stress levels between the two programs.

Participants F1, F3, and F4 believed that toward the end of the program, successful students had learned how to cope with the rigorous curriculum and time requirements. Participant F4 stated, “At the end of the program the students get the pace figured out.” Toward the end of the program, the students had become professionally accountable, lending support to retention and graduation. However, many students failed multiple courses before leaving the program. Also, F2 and F4 mentioned that students were discovered cheating and engaging in other unprofessional behaviors, causing them to fail and leave.

***Theme 4.3. Faculty members perceive students as experiencing great stress in managing personal issues.*** Faculty members focused on several special issues that created stress for students in the program. The most prominent of these issues was employment and family responsibilities, particularly childcare. Other special issues drawing the attention of faculty members were the cases of homelessness, students with English as a second language (ESL), and students joining the program from the military. Each of these issues is discussed.

*Employment and family responsibilities.* All faculty members believed that working full time and caring for families, a situation existing for many of the students in the program, created obstacles to the students' success. Many students needed to work full time, especially if they had young children. According to Participants F3 and F5, working adults faced significant challenges in balancing their job schedules and child care needs with clinical placements. F3, F4, and F5 believed that the most noteworthy influence on success or failure among students was family and children.

Financial aid did not cover the full cost of the students' education. The demands of single parenting required more time from students than they could give. Students who had to work full time often did not have enough time for their studies. The combined effects of full-time work and childcare affected the ability of students to schedule their clinical and classroom time. F4 explained that the classes changed every 8 weeks, creating difficulties for students who needed to design their schedules for work and family requirements. All faculty members mentioned childcare as a problem for the students, both in terms of the time required for children and the cost of the childcare. F4 stated that, "Some students were undergoing a divorce process during the program." The students had to balance these personal demands with the requirements for tutoring, study groups, class attendance, and clinical work.

*Homelessness.* Participant F4 told a story of a homeless student enrolled in online classes. The student turned to the faculty member for help with finding a homeless shelter. The shelter did not have Internet access, and the student needed to find a library and places to do homework. While at the homeless shelter, the student was stabbed and

was admitted to the hospital. The stabbing occurred at the beginning of the nursing program, the time when students needed the most help from professional staff members.

*English as a second language (ESL).* Three of the six faculty participants (F1, F3, and F6) thought that ESL students faced particularly difficult struggles with the accelerated curriculum. Participant F3 stated, “They need to translate from another language, and this makes testing harder.” Because ESL students needed extra effort, faculty members believed they did not have enough time to help the students, and the students often did not find the support they needed.

*Students from the military.* F3 and F4 mentioned that military medics, in particular, began the program from a weak position. These students came from an environment where different skills were required, and sometimes the students had difficulty adjusting to what was expected of a registered nurse. F1 was on the admissions committee and stated that many students from the military were accepted into the program despite barely meeting the threshold requirements for admission. These students often struggled throughout the program.

***Theme 4.4. Students are insufficiently prepared for the program.*** Participants F1, F3, F4, and F5 were of the opinion that many students failed to understand what would be required of them in the program, even though students were warned about the demands of the program during orientation. Participant F3 believed that students came into the program not understanding the requirements and then started failing courses. Students were required to undergo remediation for low examination scores. The focus-group members agreed that students widely considered “remediation to be a punishment” for their poor examination performance. Therefore, the students were reluctant to reach

out for help. Participant F3 believed that many of the students admitted into the nursing program were not mature enough to accept the “professional accountability” needed to be a registered nurse. According to participant F3, the lack of student accountability for their educations and careers would cause the students to be unsuccessful if it was not changed.

Faculty members F1, F3, and F6 said that sometimes students entered the nursing program expecting to be “spoon fed.” Many students became too dependent on their teachers during the program and expected the faculty members to spend an “enormous” amount of time tutoring them. In the opinion of F3, this expectation did not always help the students to succeed in the long run, because the teacher would then be doing too much for the student.

***Theme 4.5. Faculty members do not have enough time to help the students.***

Participant F3 stated that the rapid turnover of the curriculum schedule created difficulties in helping students to be successful. Participant F1 and F3 agreed that managing class needs was challenging when the faculty member was thinking about preparing for an upcoming course. Participant F1 continued that professors were “switching gears” so rapidly that they did not have time to “wrap up loose ends” from the previous course before they were occupied with planning for the next course.

Focus-group participants believed that the heavy faculty workload also affected student success. In the opinion of Participant F6, first-year students needed significant amounts of time and attention from professors to succeed, and there was not enough time available to help them all. Participant F4 had course assignments for both the freshman

and senior levels, and she explained that she did not have sufficient time for one-to-one meetings with students to help them with course content.

Faculty members F3 and F4 said that often they did not have enough time to help students with remediation. Instead, they typically referred students to the college support team in the Academic Success Center. All faculty members found the heavy workload and extensive requirements for student remediation to be burdensome and difficult to provide as needed.

***Theme 4.6. Faculty support does not always meet student needs.*** In many situations, students had personal issues that faculty members did not feel equipped to handle. According to participant F4, many students were going through “impossible situations” that required help from professionals trained to provide sufficient support. The faculty member did not think that faculty support for the students in their personal lives was a realistic expectation. Faculty F6 believed that students who had personal issues should be referred to the campus counseling services. This service was offered free for all students to take advantage of if needed. However, faculty F4 stated that when she referred students to the counseling service, the students often threw the referral in the garbage before they left the office. The personal support services offered to students were often initiated by a telephone conference, whereas the F4 believed that some students responded better to face-to-face interventions.

An important aspect of this problem was the high level of turnover in student support services during the program. Often, from one term to the next, students did not know who their academic advisor was. This high level of turnover became an issue for all the faculty participants because students then leaned heavily on the teachers for the

needed support rather than turning to other members of the staff during challenging times.

*Theme 4.7. Faculty support depends on faculty self-care.* All the faculty participants expressed frustration in the efforts to balance their work schedules and home lives. Faculty members felt too busy to care for themselves. Participant F4 described a time that she was ill and no one was available to help. She came to teach her class, hoping that she would not “poop her pants.” Participants F3, F4, and F6 reported being unable to take their vacations because they were working “nonstop.” In the opinion of Participant F6, “If we are all overwhelmed and stressed, even if you don’t intend to, it trickles down to the students.”

Participants F4 and F5 explained that yoga, kickboxing, and a meditation room were offered on campus to help the faculty members with self-care. Although the participants appreciated these campus relaxation activities, they agreed they were “too busy to participate.” Despite these available options, faculty member F5 stated that she felt no support for her heavy workload and felt as though she needed to “just grin and bear it.”

The rapid schedule changes every 8 weeks affected professors’ home lives as well. Two faculty members, F3 and F4, stated they needed to put a calendar on the refrigerator for the family every new session to help with scheduling. The accelerated schedule made planning family activities difficult. Participants F1, F2, F3, and F6 complained that, because of the heavy workload, they were unable to take their vacations. In addition, all faculty members experienced stress from the numerous changes occurring on the campus, with “little to no training” provided.

***Theme 4.8. Recommendations for improvements.*** Considering the issues that participants noted regarding the stress experienced by both students and faculty members during the program, faculty members made some recommendations for improvement. All participants agreed that the students required more care and attention from staff members at the beginning of the program. Participant F2 stated that by becoming acquainted with students at the start of the program, faculty members would be more able to identify “high-risk” students and secure the help needed. F1 and F4 suggested that introducing remediation and tutoring services early in the program might help with retention. Participant F4 wanted efforts to persuade students that remediation services did not constitute punishment. Participants F3 and F4 wanted steps taken to ensure that faculty members were listening to their students.

Participant F3 volunteered that doing group activities in the classroom would help to promote relationships among the students. The hope was that group activities would give the students more of a sense of support for each other as they progressed through the program. Participant F3 stated,

We are starting to encourage more group activity in the classroom. They get to know one another in the classroom, not just us, but one another. That’s a support group that will help you study. It will help pull you through.

Participant F4 shared an example of group support, toward the end of the program, one student was having difficulty affording the cost of school supplies for her children. The student was going to withdraw from school to work more to buy the needed supplies. The classmates of the student came together and purchased all school supplies for the student so she could remain in the program and graduate.

According to Participants F1 and F6, the students often needed face-to-face help with their faculty members or Student Services advisor. Participant F1 stated that the students needed help with time management, test taking, and the skills necessary to learn throughout the program.

Finally, several faculty members recommended on-campus childcare for the students. Participant F4 suggested that the school could provide childcare operated by students who were also parents. In this way, the students could be in the same building as the parents and the parents could be available for their children when needed.

However, faculty F4 stated,

We could observe kids for their normal development for several of our courses.

Some schools have tried it. There are a lot of laws and legislation about childcare.

Unless you're very interested in it. I know I would pick a school, if I was going back to school as a mom, which is the majority of our students, heck, I would absolutely head to a place that had childcare services.

### **Evaluation of Findings**

The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. Discussions with participants revealed many observations held in common by both nursing students and faculty members. Participants noted intense coursework challenges, mental stress, insufficient help at the beginning of the program, the importance of faculty support, and the significant role of work and family. Both nursing

graduates and faculty members were concerned that some students were cheating to succeed in the program and graduate.

Whereas nursing graduates complained that as students they were not receiving as much help early in the program as they needed, faculty members complained that they, too, were under pressure and did not have the time to offer as much support as they wanted to. However, faculty members were intensely aware of how much the students needed their support and caring. It appeared from the findings of the current study that faculty members believed they were offering more support for students early in the program than the students apparently were perceiving.

The quality of nursing education on the selected campus was excellent, as demonstrated by an NCLEX-RN pass rate of 100% for 2016 (Ohio Board of Nursing, 2017). Additionally, the retention rates for this campus in 2016 ranged from 77% to 93% (CollegeFactual.com, 2017; Office of Economic and Business Development, 2017). In contrast, the average retention rate for nursing programs in the United States is 50% (Cowan et al., 2015; Mooring, 2016). These data demonstrate that despite the rapid pace and intense stress reported by the participants in this study for the 3-year program, the ultimate outcomes for the campus were admirable.

Following is an evaluation of the results for each research question in light of existing literature.

**Q1.** How do graduates of a 3-year baccalaureate nursing program describe the challenges they faced during the first 2 years of the nursing program?

A common complaint of nursing graduates was that they received insufficient preparation during the orientation period for the rigorous pace of the program. Previous

researchers, as well, found that the orientation period was an important opportunity for nursing programs to help students and families prepare for the demands of the curriculum (Hongwei, 2015; Schrum, 2015). In addition, nursing graduates in the current study believed that they lacked sufficient support for personal anxiety, personal stress, financial challenges, and issues within the cohort early in the nursing program. The pace of the courses was challenging for the students, and many complained that support during the first 2 years was insufficient. All the nursing graduates in the study said that there was more support at the end of the program than at the beginning and that the lack of support at the start of the program increased the likelihood of not graduating. This finding confirmed the results of earlier studies (Fontaine, 2014; Hongwei, 2015; Yeom, 2013) indicating the importance of early retention activities in a nursing program. The current study was the first to show the endurance of these problems in a compressed 3-year curriculum.

**Q2.** How do graduates of a 3-year baccalaureate nursing program describe the factors that motivated them to persist to graduation?

All graduates stated that the support of the professors and staff members was essential to their success in the nursing program. This finding confirmed the results of previous research, according to which the faculty-student relationship is a key factor in the success of nursing students (Nardi, 2013; Scarbrough, 2013; Wiles, 2015). In the current study, both graduate nurses and faculty members indicated how important it was that the professors cared about the students. Similarly, researchers have shown that nursing faculty members help students by cultivating an open and caring relationship with their students (Tower et al., 2015; Wagner, 2014; Wolf et al., 2015).

The quality of the instruction received by the nursing graduates who participated in the current study helped them to persist through to graduation despite obstacles. The support of staff members was also cited as a factor for student success. However, the findings of the current study were mixed in this regard, because participants also reported a certain disruption resulting from a high turnover within the Student Services department. In previous research, student support through academic advising and financial aid services has been found to help with student retention (Jeffreys, 2015; Schrum, 2015; Yucha et al., 2014).

Both nursing graduates and faculty members considered family support as an important factor for success in the 3-year nursing program. All the nursing graduates interviewed for this study reported that the support provided by their families helped them to navigate through the difficult situations they faced regarding employment, children, and housing. In the current study, family support was shown to be indispensable for all graduates. Three of the nursing graduates had young children at the time of the study, all except one were employed, and all except one lived with family members. Similarly, earlier researchers reported that nursing students needed support from their families to help them remain in traditional 4-year programs and graduate (Karimshah et al., 2013; Schrum, 2015; Wiles, 2015). The current study was the first to show the indispensable role of family support in a 3-year nursing program with a compressed curriculum.

All participants cited the importance of personal dedication and commitment to become a nurse. Nursing graduates pushed through course failures and high-stress classes because of their commitment to becoming registered nurses. In previous studies

as well, personal dedication and commitment have been shown to be essential for success in nursing programs (Beauvais et al., 2014; Karimshah et al., 2013).

**Q3.** How do graduates of a 3-year baccalaureate nursing program describe the support they received from nursing school faculty and staff members to encourage or discourage their efforts in the program?

In the current study, nursing graduates reported that the support they received in the first years of the program was insufficient. The level of assistance increased during the final year. Several researchers (Fontaine, 2014; Hongwei, 2015; Yeom, 2013) have found that support for nursing students aimed at retention must come early in the program. The intensity and rapid pace of the 3-year nursing program evaluated in the current study only increased the need for support early in the program.

Although many of the issues in the program were perceived similarly by nursing graduates and faculty members, perceptions diverged regarding the level of support early in the program. Faculty members acknowledged that they were under intense pressure at the beginning of the program and had trouble even attending to their own self-care. However, at the same time, they believed they were attending to students' needs, including making sure that they knew the names of student family members and even pets. Many of the graduate students, however, did not report this experience in the same positive light. One of the graduates believed that at the beginning of the program, faculty members were actively trying to weed out weaker students by failing them in their coursework. This dichotomy between student and faculty perceptions is an original finding of the current study.

Both the nursing graduates and faculty members suggested a more prominent role for the orientation process at the beginning of the program. Participants called for more preparation during orientation regarding the demands of the 3-year curriculum. Similarly, previous researchers (Fontaine, 2014; Jeffreys, 2015; Schrum, 2015) have found that orientation programs can help students to prepare for the stressful demands associated with nursing education. Two nursing graduates pointed to the job placement assistance provided by the college as an important element of support in the program. The current study was the first to note job placement as an important factor in student success in nursing programs.

**Q4.** How do nursing school faculty members describe the support they offer to undergraduate nursing students in a 3-year baccalaureate program?

The faculty members stated that they provide support for the students on the campus as expected. The heavy workload does impact the amount of extra time available to help the students. The rapid pace of the 3-year curriculum has an impact upon the students and faculty members alike. The results of this study showed that family, work, and relationships on campus are critical to retention of nursing students. The increased amount of stress in nursing programs has been demonstrated to impact retention of nursing students (Brannagan et al., 2013; Schrum, 2015; Tower et al., 2015).

Faculty members did identify that the rapid pace and heavy workload does impact the student environment and may impact the success of the students. The faculty members identified students who have children, work full time, English as Second Language, military members, and poor academic performance as a risk for students to leave their program. Stress management activities managed by the faculty and students

have been shown to help with student retention (Bergman et al., 2014; Scarbrough, 2013; Wolf et al., 2015). The nurse faculty felt that self-care is an important method to help decrease the levels of stress on campus. However, all the faculty members felt they could not participate in many of the on-campus activities for stress management due to the high workload.

### **Summary**

Nursing school has been shown to be a difficult degree to complete (Jeffreys, 2015; Tower et al., 2015; Wolf et al., 2015). Both the graduates and faculty members are affected by the pace of the compressed curriculum in this study which is aligned with the research. Nursing programs are a high stress environment for program degree levels (Fontaine, 2014; Jeffreys, 2015; Schrum, 2015). The graduates identified that students at the beginning of the nursing program have a challenging time navigating the specific academic requirements to be successful. Students could not remain in the program due to academic and personal issues.

The graduates stated that relationships with faculty members and family support were pivotal to their success in the program. Family member support was shown to be essential for the students to remain in the program. The support for childcare, living arrangements, and financial was found to be necessary for remaining in the nursing program. The same findings have been confirmed by several studies in the literature (Jeffreys, 2015; Schrum, 2015; Wiles, 2015). Six of the seven graduates interviewed stated more support was given to the students at the end of the program 16 weeks before graduation. The graduates indicated that additional support for students at the beginning of the program is needed at this campus.

The first two years of the nursing program is a valuable time for student retention activities (Fontaine, 2014; Hongwei, 2015; Yeom, 2013). The faculty members stated that they provided support for the students throughout the program with their caring manner and relationships. This finding is different from the perceptions of the graduates. The students that do remain in the program have a high success rate for becoming a registered nurse after graduation (Ohio Board of Nursing, 2017). The college of nursing is successful per their current NCLEX-RN pass rate of 100% and the retention rate of 77% to 90% per public online information (Collegefactual.com, 2017; Office of Economic and Business Development, 2017; Ohio Board of Nursing, 2017). The NCLEX-RN pass rate changes per quarterly data supplied by the NCSBN (Ohio Board of Nursing, 2017).

Retention of nursing students is dependent upon a multitude of factors. This study has shown that a relationship with faculty members and family support is essential for students to succeed in a nursing program. The faculty members in this study did not state a formalized plan for retention activities on the campus. Faculty relationships with students have been found to be an important factor for student success in a nursing program (Jeffreys, 2015; Schrum, 2015; Yucha et al., 2014). All graduates and faculty members reinforced the idea of family support to help a student to successfully navigate through a nursing program with a 3-year compressed curriculum.

## **Chapter 5: Implications, Recommendations, and Conclusions**

The researchable problem for this study is the failure to retain nursing students in their program of study (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). Researchers have not shown what factors motivate nursing students to stay in their program of study from admission through to completion (Cameron et al., 2011; Crombie et al., 2013; McKendry et al., 2013). Although many researchers have investigated reasons for attrition, additional research is needed to explore why nursing students are choosing to stay and graduate (Cameron et al., 2011; McKendry et al., 2013; Tower et al., 2015). This knowledge is needed to help guide future retention strategies. The purpose of this qualitative, multiple-case study was to explore the perceptions of graduates and faculty members of a 3-year baccalaureate nursing program regarding the factors that influenced the graduates to overcome obstacles and remain in the program. Permission to move forward with the study was received by the institutional review board. Ethical considerations were upheld in the handling of electronic and paper files. The study had several limitations. The graduate sample was female in their 20's. It would be interesting to include males in the sample to see if the results would be the same. The qualitative case study research design cannot be generalized to the nursing student population. Graduates and faculty were interviewed from one school of nursing in the Midwest. A different location for this study will help to confirm the findings. This chapter includes the implications, recommendations, and conclusions to the case study research done to find out the perceptions of retention for 3-year baccalaureate graduates and faculty members.

## **Implications**

The findings of the study are family and faculty support is essential for a nursing student to complete their degree and successfully pass the NCLEX-RN. Nursing students have issues with course failure in the first two years of the program. Course failure is due to a multitude of reasons. The graduates and faculty in the study stated that once a life event causes the students to fall behind it is hard to make up in the compressed curriculum which was also confirmed by Jeffreys (Jeffreys, 2015). Nursing students deal with a multitude of issues outside of the campus that can affect their success in the nursing program (Jeffreys, 2015; Mooring, 2016; Schrum, 2015). Working full-time and child care was cited by both the faculty and graduates as being a barrier to student success in the program. Many students must work full-time jobs to help meet the financial obligations of the family (Gazza & Hunker, 2014; Jeffreys, 2015; Schrum, 2015).

All the graduates stated they needed both family and faculty support. McKendry (2014) found that students need a multitude of support for success from both the college of nursing and their social network. The graduates in this study were required to live with family members until they completed the program. Not all students have the option to live with their parents. The graduates stated the most crucial factor to their success was the support of the “people who know them the best.” Family members do help to encourage students to continue when issues arise (Jeffreys, 2015; Mooring, 2016). The family contributed to pay for financial matters related to coursework and child care when needed.

The graduates and faculty agree that having higher anxiety does affect students' ability to study and learn effectively. Stress has a negative impact on the success of nursing students (Cantwell et al., 2015; Wolf et al., 2015). Test anxiety and time management is a significant factor in the first two years of the nursing program. The graduates stated anxiety about faculty communication, clinical placements, job schedules, class schedules, finances, and a multitude of personal issues. The anxiety is often passed between students and faculty which does not promote success in a nursing program (Karimshah et al., 2013). Any mismanagement by the college within various departments will add to the stress of the students and faculty and lower student success (Mooring, 2016; Scarbrough, 2013; Tinto, 1993, 2005).

The graduates and faculty both agreed that the high turnover of student support services is also a reason for increased anxiety in the nursing program that has been shown in the literature to increase attrition (Karimshah, 2013; Mooring, 2016; Tinto, 2005). Retention programs provided by student services professionals have been shown to decrease attrition and promote student success (Drotos, 2016; Mooring, 2016; Schrum, 2015). However, the graduates in this study indicated that they could not tell who their academic advisor would be from semester to semester. The graduates would then reach out to faculty to answer the questions they had, and this would increase the faculty workload. The increased workload made it difficult for faculty to adequately care about the students and find the right balance between their own home and work environments. The importance of support for students provided outside of the classroom given by the student services staff members has been reported in the literature (Bergman et al., 2014;

Mooring, 2016; Schrum, 2015). A stable student services department will be an opportunity for growth on this campus.

Extra study groups, caring faculty manner, and holding students up to a high standard of performance helped to encourage the graduates to complete their education. Faculty-student relationships are pivotal to the success of nursing students (Mooring, 2016; Schrum, 2015; Wiles, 2015). The graduates stated the program was “hard” but appreciated the quality of the education received. The current 100% NCLEX-RN pass rate for the campus was also a big incentive for the graduates to remain in their program of study (Ohio Board of Nursing, 2017). Both the graduates and faculty stated that students figure out the requirements to be successful just beyond the half-way point in the curriculum. Clinical opportunities provided by the college of nursing is a significant factor in helping the graduates to be professionally ready to practice as a registered nurse (Bowie & Carr, 2013; McKendry et al., 2014; Wagner, 2014). The graduates stated they were placed in trauma units, intensive care units, neurological intensive care units, obstetrics units, medical-surgical units, pediatric hospital units, community health agencies, and preceptor opportunities which aided their professional competence.

All nursing graduates stated the faculty helped them with their nursing education. The faculty role is pivotal to the success of the graduates (Sutton, 2014; Wagner, 2014; Wiles, 2015). All the graduates stated they received support and encouragement from the faculty in a caring manner. The faculty members help students to navigate through difficult concepts that help students to feel competent in caring for society (Sutton, 2014; Wagner, 2014). Both clinical and didactic faculty are required to help students understand important concepts in the curriculum (Jeffreys, 2015; Wagner, 2014; Wolf et al., 2015).

Faculty members helped the graduates by providing extra support when needed with academic and personal issues. The graduates stated an appreciation of the extra time the faculty members took to analyze students thought processes to intervene to improve testing performance. The current NCLEX-RN pass rate for the campus is 100%, and the graduates trusted the faculty to guide them in what they needed to learn (Ohio Board of Nursing, 2017). The graduates stated that more support is provided to them at the end of the program compared to the beginning. The professors who taught at the end of the program called the students every week until they take and pass the NCLEX-RN. All graduates thought this was helpful to them.

The small campus allows for the faculty members to know each of the graduates. A smaller campus environment can help faculty to know the students (Hongwei, 2015). The graduates appreciated that the professors know their names and could identify if they needed extra help. One graduate stated that she was suicidal and a faculty member recognized her mood change and helped her to get free counseling through a service contracted by the nursing program. The graduate appreciated that the faculty member took the time to understand her issues and this helped with success. Tutoring and study groups were also a key factor for graduate success. Student success has been linked to the relationships the students build with each other (Sutton, 2014; Wiles, 2015; Wolf et al., 2015). Several graduates stated that they could not have made it through the medical surgical nursing class without their professor helping to solidify the concepts with additional study groups.

Two of the graduates were impacted negatively by the idea that a faculty member tried to get them out of the program at an early level. The beginning of the program is

essential to helping students to be successful (Mooring, 2016; Schrum, 2015; Tinto, 1993). The graduates impacted negatively at the beginning of the program had difficulty in trusting faculty throughout the program to help with success. Early communication by faculty and staff with nursing students is essential for their success in the program (Mooring, 2016; Schrum, 2015; Sutton, 2014). Both academic and clinical faculty members need an awareness of their impact on nursing students' success.

The faculty participants in the study understood the retention issues for the beginning students. The faculty members agree with the importance of figuring what the students need at the front end of the nursing program. None of the faculty participants stated a formalized plan for identifying and getting help for the weak students. The workload of the faculty was given as the reason for decreased support throughout the program. Half of all nursing students are not successful at the midpoint of their nursing program (Hongwei, 2015; Sutton, 2014). The faculty members that participated in the focus group taught in the beginning portions of the nursing program where the graduates stated less available support and decreased communication. None of the focus group present taught in the final semester in which the graduates stated the most support for their nursing program.

The faculty identified the same barriers to success as the graduates. They stated family, work schedules, and the pace of the 3-year curriculum as main reasons for student attrition. This finding confirms several studies about student attrition factors in nursing education (Jeffreys, 2015; Karimshah et al., 2013; Mooring, 2016). The incoming freshman students are told about the demands in orientation, but the faculty wondered if they truly hear the message. Once admitted into the program and the reality of the rapid

pace and high demands of the curriculum becomes apparent to the students the less supported students start failing courses. Once into the nursing classes, the program becomes challenging, and students can be dismissed for academic failure.

One of the faculty stated that “we do not do the students any good by doing too much for them.” However, research has shown that nursing students must be provided with support to understand what is needed to be successful (Karimshah et al., 2013; Sutton, 2014; Wiles, 2015). More staff and faculty are required in the beginning classes to support the students nursing education (Tinto, 1995; Yucha et al., 2014). The faculty stated the students are not reaching out to them for support and one of the graduates stated they did not feel they could reach out for additional help at the beginning of the program. All the graduates stated the support of the faculty was a key factor in their success. The differing viewpoint is an interesting finding with the study.

Both the graduates and faculty members stated the quick turnaround of the courses makes it difficult for the students to succeed. The curriculum design leads to increased stress for the faculty which in turn impacts the students. The faculty members would like to have more time for student retention activities but now can only teach the courses in front of them. Retention activities that are planned and consistent have been shown to positively affect students’ education (Jeffreys, 2014; Mooring, 2016; Schrum, 2015). Resources are lacking for retention activities inside and out of the classroom which has been confirmed in the nursing education literature (Gazza & Hunker, 2014; Hongwei, 2015; Schrum, 2015). This study confirms the lack of retention support for nursing students on this campus. According to Schrum, (2015), a full-time nursing

retention specialist on each campus may increase retention activities on campus and help students to graduate and become registered nurses and ease the nursing shortage.

### **Recommendations for application**

The orientation of students to the program must come with a tool box to help the students to understand the expectations required by the students and family for success in the nursing program. The time commitment must be understood by all students and their families at the beginning of a nursing program (Chang et al., 2016; Gazza & Hunker, 2014; Schrum, 2015). Students need to feel support through the transition into the nursing program by their professors, college staff members, and clinical faculty (Chang et al., 2016; Jeffreys, 2015; Sutton, 2014). Academic advisors must remain consistent to help know the students and their needs to support their efforts (Jeffreys, 2015; Mooring, 2016).

The faculty members need to remain approachable and help students to feel valued (Scarborough, 2013; Sutton, 2014; Wiles, 2015). The students should not feel like they are being “weeded out” at the beginning of the program. Each student should feel that they could succeed with the right amount of support (Chang et al., 2016; Mooring, 2016). Study groups in all classes will help the students with content mastery and enhance relationships with each other and faculty members. Extra time spent with the students will assist the faculty member to understand the individual needs of students (Cantwell et al., 2015; Schrum, 2015; Wiles, 2015) Most students leave the nursing program in the first two years (Hongwei, 2015; Tinto, 1995). More resources should be provided at the beginning of the program to support the faculty with retention ideas and to monitor for trends (Jeffreys, 2015; Maher & Macallister, 2013). A supportive teaching

environment with sufficient retention activities may help the faculty and academic support team to be increasingly involved with student issues.

Student services is a key factor for support (Chang et al., 2016; Jeffreys, 2015; Schrum, 2015). The students need help that is provided by an open, caring environment that is stable with knowledgeable staff. Research has shown that student services are important for the socialization of the students on campus (Cantwell et al., 2015; Schrum, 2015; Tinto, 1993). Retention activities managed by the student services team is a fundamental component on the campus that is not being effectively managed due to the high turnover of staff. The administration and faculty will need to understand the importance of the campus socialization to the success of their students (Chang et al., 2016; Jeffreys, 2015). Schrum (2015) and Schroeder (2013), found that a designated retention specialist may help to direct the campus efforts to help students to be successful. The collaborative efforts between the student services department, administration, faculty, and family may contribute to retain students and improve outcomes (Chang et al., 2016; Sutton, 2014; Tinto, 1993). The findings of this study mirror the importance of dedicated faculty and staff members that can effectively plan and execute retention activities for nursing programs.

### **Recommendations for future research**

Retention programs in nursing education need to be further researched and utilized (Brannagan et al., 2013; Gazza & Hunker, 2014; Schrum, 2015). The current state of the nursing shortage is a strong factor in favor of retaining students through to graduation and NCLEX-RN success. Condensed nursing programs are one tool to help get baccalaureate degree graduates into the workforce quicker than the traditional route to

licensure. Nursing programs throughout the world need to strengthen their understanding of student attrition and retention (Chang et al., 2016; Jeffreys, 2015; Schrum, 2015).

Students that are currently not successful in a nursing program may have graduated and passed NCLEX-RN with additional support. The future of healthcare in the United States is dependent upon a strong nursing workforce (Friedel, 2012; Schrum, 2015).

Nursing programs have stress at multiple levels that impact both the students and faculty members. This study did confirm the link between anxiety and course performance. Future research is needed to understand the impact of a formalized retention program upon student success by combining efforts of family, faculty, and student services staff that is specific to nursing education (Jeffreys, 2015). Improved efforts by a combined effort to support students inside and outside of the program need to be further understood (Chang et al., 2016; Jeffreys, 2015; Schrum, 2015).

## **Conclusions**

This study is important to add knowledge to higher education research for increased student retention and graduation from nursing programs to ease the current nursing shortage in the United States (Beauvais et al., 2014; Mooring, 2016; Wiles, 2015). The population in the United States is becoming majority older and will need to be cared for by a quality competent nursing staff in sufficient numbers (Brannagan et al., 2013; Yeom, 2013). The importance of nursing program retention has become a public health issue (Lauer & Yoho, 2013; Mooring, 2016). Retention strategies must be constructed from research-based evidence to support resource allocation in specific departments that make a difference to the nursing student (Chang et al., 2016; Drotos, 2016; Mooring, 2016). This study has helped to add to the literature that students remain

in their nursing program because of family and faculty support. Further research will need to be done with other nursing programs to confirm the findings of this study. The support of family and the nursing education environment cannot be underestimated (Chang et al., 2016; Schrum, 2015; Wiles, 2015). Increased numbers of successful nursing students will strengthen the nursing workforce to care for health and wellness of the population.

Course failure and high attrition is an issue in nursing education. Graduates in this study stated that a multitude of problems contributed to nursing students failing their courses. Up to 50% of nursing students are not successful in the first year of the program (Hongwei, 2015; Scarbrough, 2013; Tower et al., 2015). Resources put in the front of the program may help with the high attrition of nursing students (Drotos, 2016; Mooring, 2016; Tower et al., 2015). The students must be supported by faculty, student services team, and family to be successful in nursing school (Brown, 2015; Jeffreys, 2015; Mooring, 2016). All students must sense they are critical to the future of healthcare and be devoted to their education to become a registered nurse. Increased faculty support is a major factor that must be encouraged to help retain students in the beginning courses and throughout their education (Maher & Macallister, 2013; Tower et al., 2015; Wiles, 2015).

To ease the nursing shortage the admission and retention of non-traditional students is a key factor (Cantwell et al., 2015; Melillo et al., 2013; Trofino, 2013). The impact of the nursing shortage is beginning to take effect with the current workforce. Nurses are leaving faster than coming into the profession (Gerolamo et al., 2014; Nardi, 2013; Yeom, 2013). Colleges of nursing will need to be financially supported to maintain and recruit high-quality faculty and staff to educate the future nursing workforce

(Mooring, 2016; Nardi, 2013; Yucha et al., 2014). Students should feel the support in the beginning with continued support through to graduation. This study showed that most of the students felt more support at the end of the program from the faculty members. The student perception related to decreased support at the beginning of the program should be alarming to nursing educators. Nursing students need to be supported from start to finish with a more focused effort for retention activities aimed at faculty relationships and family support.

The faculty members in this study were feeling tired and were frustrated in keeping up with the stress and pace of the 3-year baccalaureate nursing program. Nursing faculty must understand the stress of nursing students to help with retention initiatives (Hongwei, 2015; Schrum, 2015; Wolf et al., 2015) However, the faculty on this campus do not feel supported to do an excellent job and retain nursing students' due to increased workload. A severe faculty shortage is a driving factor in nursing education that does impact the retention activities on campus and healthcare needs of society (Yedida, 2014; Yucha et al., 2014) The faculty in this study cannot deal with one more initiative that will not help the students or themselves. The faculty participants understand the needs of the nursing students and would like to help if possible to retain students.

The nursing shortage is impacting healthcare services in the United States (Chang et al., 2016; Lauer & Yoho, 2013; Mooring, 2016). Nursing programs in colleges and universities are tasked with graduating students that can pass the NCLEX-RN and become professional nurses. Nursing education has a high attrition rate that is impacting the nursing shortage. Resources are needed to support designated personal for retention activities to promote faculty relationships and family support for the students in nursing

education (Chang et al., 2016; Hongwei, 2015; Schrum, 2015). All departments within the college of nursing need to understand the importance of family support and faculty-student relationships on the campus for the retention of nursing students. Nursing students need help from admission through to graduation and passing the NCLEX-RN. Colleges and universities will need to partner with multiple stakeholders to help retain students and reduce the health impact of the nursing shortage. The collaborative interventions designed for retention in nursing education must start at the beginning of the program and follow the student throughout their education (Hongwei, 2015; Mooring, 2016; Schrum, 2015).

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## Appendix A: Interview Protocol for Nursing Graduates

### Interview Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Participant #: \_\_\_\_\_ Location Notes: \_\_\_\_\_

### Interview Pre-Brief:

Thank you for participating in this study on retention of nursing students in accelerated nursing programs. Your participation is voluntary and you can decline to answer any question. You can also withdraw from the study at any time. Did you receive the interview questions in advance? You completed an informed consent form before we began; do you have any questions about your participation in this study that I have not already answered?

The interview will be audio recorded and I will be taking notes during the interview. Feel free to stop me and ask questions or return to a previous question at any time. I am very interested in finding out about the supports provided to foster care students, and finding out your thoughts about the supports and services needed, so please be detailed in your answers. You can stop the interview at any time. I will have your interview transcribed and provide you a chance to review it. Do you understand these instructions? Do you have any questions before we begin?

### Demographical Information:

1. Tell me who you are? Age? Married? Work full or part-time during your BSN program?
2. What is your experience with education? HS? College? Parents with college degree?

[The following questions will guide the interview towards answering the study's research questions. However, the interviewer will use follow up questions as necessary to solicit detail from the participant.]

1. Tell me about your experiences with nursing education?

2. What barriers or difficulties have you witnessed with accelerated nursing program retention?
3. What are your perceptions of what is required to remain in an accelerated nursing program?
4. Tell me about some of the nursing students that did not complete to graduation. Please do not give any names of students who have left the program. Please state your answer in a general format.
5. Please describe some internal and external barriers to remaining in a nursing degree program.
6. How can the nursing program that you graduated from help to keep nursing students?
7. Do you have anything else to add?

## Appendix B: Faculty Focus Interview Form

Interview Information:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Participant #: \_\_\_\_\_ Location Notes: \_\_\_\_\_

### Focus Group Pre-Brief:

Thank you for participating in this study on retention of nursing students in accelerated nursing programs. Your participation is voluntary and you can decline to answer any question. You can also withdraw from the study at any time. You completed an informed consent form before we began; do you have any questions about your participation in this study that I have not already answered?

The interview will be audio recorded and I will be taking notes during the interview. Feel free to stop me and ask questions or return to a previous question at any time. I am very interested in finding out about the supports provided to nursing students, and finding out your thoughts about the supports and services needed, so please be detailed in your answers. You can stop the focus group at any time. I will have the focus group interview transcribed and provide you a chance to review it. Do you understand these instructions? Do you have any questions before we begin?

### Demographical Information:

1. Tell me your role in the accelerated nursing program? Faculty? Staff?
2. What is your experience with nursing education? Years? Type of program?

[The following questions will guide the interview towards answering the study's research questions. However, the interviewer will use follow up questions as necessary to solicit detail from the participant.]

1. Tell me about your experiences with retention in nursing education?

2. What barriers or difficulties have you witnessed with 3-year baccalaureate nursing program retention?
3. What are your perceptions of what is required for a student to remain in a 3-year nursing program?
4. Tell me about some of the nursing students that did not complete the program to graduation. Please do not give any student names that could identify them.
5. Please describe some internal and external barriers to remaining in a nursing degree program.
6. How can the nursing programs help to keep nursing students?
7. Do you have anything else to add?

Focus Group De-Brief:

Thank you very much for your time. As a reminder, I will have this focus group transcribed. You will receive an email of the transcript for an opportunity to review it for accuracy and make revisions as necessary. I will maintain your confidentiality to the greatest extent possible, but I cannot guarantee your confidentiality especially if you voluntarily share the focus group content with others.

## **Appendix C: Graduate Consent Form**

### **Introduction:**

My name is Rebecca Taulbee. I am a doctoral student at Northcentral University. I am conducting a research study on the retention of nursing students at Chamberlain College of Nursing 3-year baccalaureate nursing program in Columbus, Ohio. I am completing this research as part of my doctoral degree for my dissertation. I invite you to participate.

### **Activities:**

If you participate in this research, you will be asked to:

1. Tell your story in a 1:1 interview about staying in the 3-year baccalaureate nursing program at Chamberlain College of Nursing in Columbus, Ohio. This will take an hour to complete.
2. Talk about your experience with what went well and not well for you to finish the nursing program.
3. An email will be sent for you to review the transcript of the interview for content and accuracy which will take about 30 minutes.

### **Eligibility:**

You are eligible to participate in this research if you:

1. Graduated from a 3-year baccalaureate nursing program at Chamberlain College of Nursing in the past 6 months.
2. Have the time available for a 1-hour interview.
3. If I have not taught you in a clinical setting or wrote a letter of reference for you.

You are not eligible to participate in this research if you:

1. Have graduated from a nursing program greater than 6 months ago.
2. Unable to spend 1 hour for the interview.
3. I have been your clinical instructor or wrote a letter of reference for you for a scholarship or job.

I hope to include 6 to 9 people in this research.

**Risks:**

There are minimal risks in this study. Some possible risks include: discomfort in answering a question, loss of data by myself and others finding out about your participation in the study. It may be uncomfortable to talk about questions with a current faculty member (myself).

To decrease the impact of these risks, you can: skip any question, and/or, stop participation at any time.

**Benefits:**

If you decide to participate, there are no direct benefits to you.

The potential benefits to others are: understanding what keeps nursing students in the program. Your story may help to decrease the nursing shortage and help Chamberlain College of Nursing to help students to remain in the program. Faculty and staff who work in nursing programs may better understand students.

**Confidentiality:**

The information you provide will be kept confidential to the extent allowable by law.

Some steps I will take to keep your identity confidential are: I will keep your name separate from your answers.

The people who will have access to your information are: myself, my dissertation chair, and my dissertation committee. The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: locking it in a filing cabinet, and locking the computer file with a password. Electronic data will be protected via password or encryption while on computer or external drive.

I will keep your data for 7 years. Then, I will delete electronic data and destroy paper data.

**Contact Information:**

If you have questions for me, you can contact me at [REDACTED] or

[REDACTED]

My dissertation chair's name is Michael Shriner, PhD. He works at Northcentral University and is supervising me on the research. You can contact him at:

[REDACTED] or [REDACTED]

If you have questions about your rights in the research, or if a problem has occurred, or if you are injured during your participation, please contact the Institutional Review Board at [REDACTED]

[REDACTED]

**Voluntary Participation:**

Your participation is voluntary. If you decide not to participate, or if you stop participation after you start, there will be no penalty to you. You will not lose any benefit to which you are otherwise entitled.

**Compensation:**

To thank you for your participation, you will be offered a \$20 Kroger gift card.

**Audiotaping:**

I would like to use a voice recorder to record your responses. You can still participate if you do not wish to be recorded.

Please sign here if I can record you:

---

**Signature:**

A signature indicates your understanding of this consent form. You will be given a copy of the form for your information.

Participant Signature

Printed Name

Date

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Researcher Signature

Printed Name

Date

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## **Appendix D: Faculty Focus Group Consent Form**

### **Introduction:**

My name is Rebecca Taulbee. I am a doctoral student at Northcentral University. I am conducting a research study on the retention of nursing students at Chamberlain College of Nursing 3-year baccalaureate nursing program in Columbus, Ohio. I am completing this research as part of my doctoral degree for my dissertation. I invite you to participate.

### **Activities:**

If you participate in this research, you will be asked to:

4. Talk about faculty or staff role in helping students to stay in a nursing program. This focus group will take an hour to complete.
5. Talk about your experience with what works well and what is difficult for you to help students stay in a nursing program.
6. An email will be sent to you after the interview to verify the transcript for accuracy which will take about 30-45 minutes to complete.

### **Eligibility:**

You are eligible to participate in this research if you:

4. Work or teach at Chamberlain College of Nursing 3-year baccalaureate nursing program as faculty or staff in Columbus, Ohio.
5. Have the time available for a 1-hour focus group.
6. I do not have any supervisory role over you that will affect your employment, pay, or benefits at Chamberlain College of Nursing.

You are not eligible to participate in this research if you:

4. Do not work or teach at Chamberlain College of Nursing 3-year baccalaureate nursing program as faculty or staff.
5. Unable to spend 1 hour for a focus group.
6. If I do have a supervisory role over you at Chamberlain College of Nursing.

I hope to include 5 people in this research.

**Risks:**

There are minimal risks in this study. Some possible risks include: discomfort in answering a question, discomfort answering a question in a focus group setting, loss of data and others could find out your participation in the study, loss of confidentiality among focus group members.

To decrease the impact of these risks, you can: skip any question, and/or, stop participation at any time, expect your identification to be kept private by the researcher.

**Benefits:**

If you decide to participate, there are no direct benefits to you.

The potential benefits to others are: understanding what keeps nursing students in their program of study, decrease nursing shortage, guide nursing education workers to help students. Some of the information found from the study may be shared to help Chamberlain College of Nursing to retain 3-year baccalaureate students in their program of study.

**Confidentiality:**

The information you provide will be kept confidential to the extent allowable by law.

Some steps I will take to keep your identity confidential are: I will keep your name separate from your answers.

The people who will have access to your information are: myself, my dissertation chair, and my dissertation committee. The Institutional Review Board may also review my research and view your information.

I will secure your information with these steps: locking it in a filing cabinet, and locking the computer file with a password. Electronic data will be protected via password or encryption while on computer or external drive

I will keep your data for 7 years. Then, I will delete electronic data and destroy paper data.

**Contact Information:**

If you have questions for me, you can contact me at: [REDACTED] or

[REDACTED]

My dissertation chair's name is Michael Shriner, PhD. He works at Northcentral University and is supervising me on the research. You can contact him at:

[REDACTED]

If you have questions about your rights in the research, or if a problem has occurred, or if you are injured during your participation, please contact the Institutional Review

[REDACTED]

[REDACTED]

**Voluntary Participation:**

Your participation is voluntary. If you decide not to participate, or if you stop participation after you start, there will be no penalty to you. You will not lose any benefit to which you are otherwise entitled.

**Audiotaping:**

I would like to use a voice recorder to record your responses and all members of the focus group.

Please sign here if I can record you:

---

**Signature:**

A signature indicates your understanding of this consent form. You will be given a copy of the form for your information.

Participant Signature

Printed Name

Date

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Researcher Signature

Printed Name

Date

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