Effects of an Evidence-Based Approach to Recruit and Retain Underrepresented/Disadvantaged Students in a BSN Program

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Background/Significance: The demand for culturally competent healthcare services in Delaware continues to rise, while its supply of culturally and ethnically diverse nurses remains stagnant. The growing inequality between the diversity of the residents and the healthcare workforce will worsen as Delaware’s minority population surpasses its present level (30%). Delaware’s African Americans and Latinos bear the brunt of health inequality (“Delaware primary care health needs assessment 2015”, 2016). Most residents of the state live in medically underserved areas (MUA) or are designated as medically underserved populations (MUP). Likewise, much of the state’s three counties are designated as a health professional shortage area (HPSA)(“Delaware 2010 MUAs and MUPs”, 2010). Nursing education programs in Delaware are not producing sufficient numbers of minority nurses to create a critical mass that will reflect the racial/ethnic makeup of the state. Efforts to recruit and retain nursing students from diverse backgrounds is critical to ensure culturally and linguistically competent patient care.

A Nursing Workforce Diversity grant funded by the Health Services Resources Administration (HRSA) enabled the University of Delaware School of Nursing (UDSON) to develop a comprehensive evidence-based program of recruitment and retention focused on minority and underrepresented/disadvantaged undergraduate nursing students. The program utilized evidence-based interventions to address the structural and intermediary social determinants of health (SDH)(Metcalfe & Neubrander, 2016), with the overarching goal of increasing the diversity of the nursing workforce in Delaware.

The evidence indicates that financial needs, academic needs, social and emotional support, peer support, mentoring, and community partnerships are important aspects of recruiting and maintaining minority and underrepresented/disadvantaged nursing students (Berumen, Zerquera, & Smith, 2015; Dapremont, 2011; Degazon & Mancha, 2012; Ferrell, DeCrane, Edwards, Foli, & Tennant, 2016; “Healthy People 2020: Social Determinants of Health,”; Love, 2010; Nnedu, 2009; Tinto, 2006; Voss, Mathews, Fossen, Scott, & Schaefer, 2015; Wong, Seago, Keane, & Grumbach, 2008).

Purpose: Two goals of the evidence-based program described here focus on the effects of recruitment and retention of minority, and underrepresented/disadvantaged students over the course of three years.

Method: The University of Delaware School of Nursing conducted a 3-year evidence-based and comprehensive program to enhance nursing workforce diversity that was anchored in the Social Determinants of Health (SDH) Framework between July 1, 2014 and June 1, 2017. The program was conceived with a conscious awareness that diversity can only be fully cultivated when the highest levels of power and leadership at the university actively articulate and demonstrate articulate support (Levy, Heissel, Richeson, & Adam, 2016). Evidence-based features included: 1) financial support; 2) academic support; 3) social and emotional support; 4) peer support; 5) mentoring; and 6) community experiences in medically underserved areas (MUAs) and with medically underserved populations (MUPs).

Sample: Thirty-one undergraduate minority and/or underrepresented/disadvantaged nursing students (9 juniors, 9 sophomores, 11 freshmen) at the University of Delaware.
Procedure: Students from minority and/or underrepresented/disadvantaged backgrounds were recruited by the grant team as freshmen in the fall of 2014 (n=9), 2015 (n=9), and 2016 (n=11). Qualified students were interviewed by grant staff and offers to participate in the program were made to 29 students. Participants completed an initial survey to identify personal, family, and financial strengths and challenges. The results were used to develop individualized support for participants. These included: 1) financial support (scholarships, monthly stipends); 2) academic support (Retention Coordinator/advisor; one-on-one and group tutoring; nursing specific study skills; test-taking skills, note-taking skills, time management, organizational skills; writing support through the university writing center); 3) social and emotional support (social and cultural events targeted to participants) 4) peer support through the university counseling center and a peer mentoring program; 5) professional development (individualized professional development strategies, resume writing, job search skills); 6) leadership experiences (Student Nurses Organization and Minority Student Nurses Organization; 7) experience in MUAs and/or MUPs (e.g. partnerships with agencies that serve rural or underserved areas in the state).

Analysis: Data included information on retention rates; use and evaluation of program support resources, satisfaction with the program (e.g. financial support, academic advising, tutoring, university Writing Center, leadership opportunities, participation in cultural events), and GPA.

Results: Twenty-seven of 29 participants remain in the program (93.10%). One student decided to pursue a different major and a second student left the program for personal and financial reasons. All students achieved at least the minimum GPA to remain in the nursing program. Academic advisement by, and individual meetings with, the Retention Coordinator were highly valued by participants. Financial support ranked high with program participants, as did referrals to other support services (e.g., one-on-one and group tutoring, monthly group meetings of program participants, emotional and social support from the Retention Coordinator and peers, professional and leadership opportunities in the Student Nurses Organization and Minority Student Nurses Organization) community service (e.g., blood pressure screening; recruitment at area high schools). Participants currently hold leadership positions in the Student Nurses and Minority Nurses Organizations and one participant is an officer in the Men in Nursing program in the school of nursing. The participants provided input on aspects of the program which they did not find helpful. These included group counseling/support sessions, inconvenient group meeting times, and a desire for more community outreach. Overall satisfaction with the program over the course of the three years was 4.96 (0=lowest score; 5=highest score).

Discussion: As seen in the literature, financial and academic support were highly valued by participants and were the primary reasons that many gave for their success in the nursing program. The Retention Coordinator (also was also the academic advisor for all participants) was referred to in glowing terms for helping the participants with academic, financial, and personal issues. We believe that dedicating one individual to advise all of the program participants is essential to successful retention. Participants were very active in community organizations that served minority populations. For example, several participated in a church based organization which provided education and outreach to people with HIV/AIDS. Others were active in the Delaware Preconception Peer Education program which focused on outreach to minority high school students. Still others were active in Lori’s Hands (Delaware-based non-profit providing community-based services for chronically ill, and predominantly underserved/low income, seniors).

Conclusion: This evidence-based approach was successful in recruiting and retaining minority and underrepresented/disadvantaged nursing students over the course of the three years of the program.

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Abstract Summary:
The University of Delaware utilized an evidence-based approach to recruit and retain minority and/or underrepresented/disadvantaged students in a baccalaureate program over a three year period. Retention rates high and participants were active in community outreach to underserved populations.
Content Outline:
Effects of an evidence-based approach to recruit and retain underrepresented/disadvantaged students in a BSN program.

1. Introduction:

The demand for culturally competent healthcare services in the state of Delaware (DE) continues to rise, while the supply of registered nurses (RNs) who are culturally and ethnically diverse remains stagnant. The growing inequality between its residents and its healthcare providers will only worsen as DE’s minority population exceeds the present level of 30%.

A. Delaware Statistics:

- 75% three-quarters of the state is designated as rural, with
- Majority of the population lives in medically underserved areas (MUAs) or described as medically underserved populations (MUPs).

B. Delaware Nursing Supply:

- Large areas of the state designated as health professional shortages areas (HPSA).
- Nursing shortage is especially acute in DE as the workforce ages and fewer young people choose nursing as a career.
- Only 9% of DE’s RNs are from minority groups, compared to 30.3% of the population of the state.
- Delaware has an urgent need for healthcare providers, especially RNs, who can meet the needs of culturally diverse and aging populations.

C. Social Determinants of Health (SDH)

- SDH are influenced by more than just the physical environment in which people live and grow and include the social and economic factors and health services to which people are exposed.
- Provides a structure to help nurses understand the complex interactions that lead to health disparities and identify target areas for interventions to decrease them.
- Education, as one of the SDH structural determinants, can provide individuals with health-related knowledge, problem solving skills, and coping skills which enable them to make informed healthcare decisions.

2. Evidence-based approaches to Recruitment and Retention of underrepresented/disadvantaged students to nursing

- Financial needs
- Academic needs
- Social and emotional support
- Peer support
- Mentoring
- Community partnerships

3. Method

- Innovative, comprehensive, and evidenced-based recruitment and retention model
- Designed to increase the diversity of the nursing student body
- Directly address public health disparities in Delaware.
- Based on the SDH framework and its underlying principles,
A. Financial Needs

- Scholarships to support tuition, fees, books, related expenses
- Monthly stipends

B. Academic Needs

- Comprehensive academic support
- Links to university support (e.g., Counseling Center; Writing Center
- Full-time Retention Coordinator (who serves as academic advisor)
- Nursing specific study skills
- Test-taking skills
- Nursing specific writing workshops
- Individual writing support
- Interface with other federally-funded TRIO programs

C. Social and Emotional Support

- Individual assessment of social and emotional needs
- Social and cultural events for participants
- Mentoring program (other nurses, graduate students)
- Confidential support groups (university counseling center)
- Participation in recruitment and retention events (e.g., local high schools)

D. Peer support

- Partner with university Counseling Center
- Confidential support group

E. Leadership/Mentoring

- Mentoring underclassmen in the nursing workforce diversity program
- Participation in Student Nurses Organization
- Participation in Minority Student Nurses Organization
- Participation in Men in Nursing group

F. Community partnerships/experiences

- Delaware Preconception Peer Education
- Lori’s Hands
- Beautiful Gate Outreach (HIV/AIDS)

4. Sample description (participants)

5. Procedure

- Recruit to program in summer
- Interview applicants
- Accept participants fall 2014 (n=9), 2015 (n=9), 2016 (n=11)
- Beginning of semester survey (Identify personal, family, financial strengths, and challenges
- Progress meetings with Retention Coordinator
• Coordination of academic support services
• Social activities
• Community experiences in MUA/MUP
• Participate in mentoring program
• Participate in diversity events

6. Analysis/Results

• Recruitment analysis (29 participants recruited)
• Retention (27 participants retained (1 chose a different major; one left program d/t personal and financial issues)
• GPA (all participants maintained minimum GPA to remain in nursing program)
• End of semester and end of year surveys (evaluation of program)
  o Overwhelmingly positive evaluations
  o Financial and academic support highest ratings
  o One-on-one tutoring, high ratings
  o Group tutoring, high ratings
  o Social and emotional support from Retention Coordinator), rave reviews
  o Overall evaluation 4.96 (0=lowest; 5=highest)
• Participation in program activities (e.g., community experiences, recruitment and retention activities, leadership positions)
• Suggestions for improvement from participants (group counseling not helpful; inconvenient meeting times; wanted more community outreach.

7. Conclusion

• Program retention rate over 93%.
• Program highly rated by participants
• Evidence-based approach was effective

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